Table of Contents

Present Danger……..…….2

Information Collection Domains (Family Assessment Areas)…….8

Information Sufficiency……12

The Information Collection Protocol for Child Protection Investigations……..…15

Pre-commencement……..……11

Commencement……..19

Commencement with Child at Home, Order of Interviews……19

Commencement with Child Not at Home……19

Commencement Interview with Parents/Legal Guardians…….……..19

Commencement: Interview with Identified Child……21

Assessing the Maltreatment……..23

Interviews with Siblings……..24

Interview with Non-Alleged Maltreating Parent……..24

Interview with the Alleged Maltreating Parent……27

Closure with Parents/Family……30

Impending Danger ……..….31

Caregiver Protective Capacities……..……..33

Safety Plans……..……..…..54

Assessing Child Strengths and Needs……..57

Stages of Change…….64

Family Time…….……..……68

Evaluation of Case Plan Outcomes……70

Overall Case Plan Compliance Ratings…….73

Present Danger

Definition: Present danger threats are identified when the threat(s) are:

- **immediate**,
- **significant**,
- **clearly observable**, **and**
- **actively occurring** at the point of contact.

Present danger is usually identified at initial contact, however can occur during the course of an investigation or while the family is receiving case management services. Serious harm will result without prompt investigation and/or case manager response.

Present Danger exists as an immediate, significant, and clearly observable family condition, child condition, individual behavior or action or family circumstances which are in the process of occurring and which obviously endangers or threatens to endanger a child and requires immediate action to protect. In present danger, the dangerous situation is in the process of occurring which means it might have just happened (e.g. a child presents at the emergency room with a serious unexplained injury); is happening (e.g. a young child is left unattended in a parked car); or happens all the time (e.g. young children were left alone last night and are likely to be left home alone again tonight). In Present Danger, the danger is active – it exists or is occurring. When a child is in Present Danger, the fact of the danger itself is sufficient for you to act, and the intervention must be immediate.

1. **Qualifiers that must exist to justify present danger**:
   a. **"Immediate"** for present danger means that danger in the family is happening right before your eyes. You are in the midst of that which endangers or threatens to endanger the child. The dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, it is actively in the process of placing a child in peril.

   b. **"Significant"** for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out of control, extreme. The danger is recognizable because what is happening is onerous, vivid, impressive, and notable. What you encounter – what is happening exists as the dominant matter that must be addressed immediately. Significant is anticipated harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death.

   c. Present danger is **"Clearly Observable"** because what is happening or in the process of happening is totally transparent. You see and experience it in obvious ways. There is no guesswork; if you have to interpret what is going on to be present danger … it is not present danger. Usually, when Present Danger exists because of

extreme family conditions, a child's condition, individual behavior or acts, or family circumstances you will know even without conducting interviews. There are clearly observable actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described which directly harm the child or are highly likely to result in immediate harm to the child.

2. **Danger Threats may manifest as Present Danger when**:
   a. **Parent/legal guardian's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child**. 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 willfully to act in a manner in which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt. Examples may include but are not limited to:
      - *Parent/legal guardian or caregiver actions were directed at the child to inflict injury; parent/legal guardian or caregiver shows no remorse for the injuries. Initial information supports that the injuries/child's condition is a result of the deliberate preconceived planning or thinking which the parent/legal guardian or caregiver is responsible. Serious injury locations for present danger should be considered when located on the face/head/neck. Child's injuries may or may not require medical attention.*
      - *Bone breaks, deep lacerations, burns, inorganic malnutrition, etc. characterize serious injury.*
      - *Children that are unable to protect themselves have sustained a physical injury as a result of the parent/legal guardian or caregiver intentional and willful act. Could include parent/legal guardian or caregiver who used objects to inflict pain.*

   b. **Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver explanations are inconsistent with the illness or injury.** This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family condition or what is happening is bizarre and unusual with no reasonable explanation. Generally this will be a danger threat used only at present danger. Examples may include but are not limited to:
      - *A child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot or will not explain the injuries and the child is very young or non-verbal.*

   c. **The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions**

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; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Examples may include but are not limited to:

- *The child's living condition is an immediate threat to the child's safety. This would include the most serious health conditions, such as:*
  - *Living condition in the home has caused the child to be injured, such as digesting toxic chemicals and/or material and the child requires immediate medical attention.*
  - *Home has no egress and child is vulnerable, unable to access an exit and dependent on parent/legal guardian who has not or will not act.*

d. **There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.** This threat refers to situations the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward the investigator or case manager, is totally avoiding staff, refusing access to the home, hides child, or refuses access to the child and the reported concern is significant and indicates serious harm. The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information, which describes a child being physically confined within the home or parents who avoid allowing others to have personal contact with the child, can be considered 'reported concern is significant and indicates serious harm' for example. The act of physically restraining a child within the home might be a maltreatment of bizarre punishment or physical injury, and would indicate use of this danger threat.

   The threat is qualified by the allegation of maltreatment, information from prior case history and current reports regarding the child. There should be concern for present or impending danger based upon information provided to the agency that would result in serious harm to the child. Generally this will be a danger threat used only at present danger.

e. **Parent/legal guardian is not meeting the child's essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed.** This refers to medical care that is required, acute, and significant that the absence of such care will seriously affect the child's health. "Essential" 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 essential needs, will not or cannot meet the child's basic needs. Examples may include but are not limited to:

- *There is an emergent quality about the required care.*
- *Child has Type 1 diabetes and is unable to self-administer their medication and the parent/legal guardian or caregiver has not been administering medication to ensure child safety.*

f. **Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian is unwilling or unable to manage.** This refers to specific deficiencies in parenting that must occur for the "exceptional" child to be unsafe. 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. Examples may include but are not limited to:

- *Present danger considerations are focused both on the child's emotional needs and the parent/legal guardian or caregiver ability to meet those needs. Child's emotional symptoms are serious in that they pose a danger to others or themselves, this could include self-harming, fire-setting, and sexual acting-out on others. Parent/legal guardian or caregiver response places the child in present danger.*
- *Child that requires acute psychiatric care due to self-harming that the parent/legal guardian or caregiver will not or cannot meet despite the resources and ability to attend to the child's needs.*

g. **Parent/legal guardian is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.** Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active. 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 absence of caregiver self-control that places vulnerable children in jeopardy. When violence includes the perpetrator dynamics of power and control it is considered "domestic violence." Physical aggression in response to acts of violence may be a reaction to or self-defense against violence.

For purposes of child protection interventions, is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident. It should be noted that the Florida criminal code for domestic violence (Florida Statute 741), which provides for law enforcement responses and investigations is narrower in scope.

Impulsive means that one does not think before one acts. It may mean that you blurt things out or take actions without thinking about the consequences. Impulsivity (or impulsiveness) is a multifactorial construct that involves a tendency to act on a whim, displaying behavior characterized by little or no forethought, reflection, or consideration of consequences. Impulsive actions typically are "poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation that often result in undesirable consequences, which imperil long term goals and strategies for success. Impulsivity appears to be linked to all stages of substance abuse and is linked to sexual abuse.

Those who discount delayed reinforcers. Extreme difficulty controlling impulses or urges despite negative consequences. Individuals suffering from an impulse control frequently experience five stages of symptoms: compelling urge or desire, failure to resist the urge, a heightened sense of arousal, succumbing to the urge (which usually yields relief from tension), and potential remorse or feelings of guilt after the behavior is completed.

Dangerous parents may be behaving in violent ways; however this is intended to capture a more specific type of behavior. Examples may include but are not limited to:

- *Child has experienced sexual abuse and/or exploitation and perpetrator has on-going access to child.*
- *Parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways.*

Careful consideration when determining present danger should be made when assessing domestic violence and family violence. Parent/legal guardian or caregiver may not be “actively” violent in the presence of the worker, however the domestic violence dynamics within the household could be active. In addition, there should be consideration of information that indicates that a child and spouse are being mistreated. Concerns are heightened when abuse of a child and spouse are both occurring.

h. **Parent/legal guardian is not meeting child’s basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.** “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 to provide for a minimal standard of care if they were available. Examples may include but are not limited to:
   - *For present danger, consideration of the parent/legal guardian or caregivers who are unable or unwilling to provide for food, clothing, and/or supervision. The parent/legal guardian or caregiver may be currently intoxicated and/or*

unavailable, thus leaving the child without supervision and the child is children are unable to protect themselves.

- *Child is found unsupervised in a dangerous condition—such as being left wandering the streets. There is no parent/legal guardian or caregiver that is currently providing for supervision of the child.*
- *Lack of essential food, clothing, and/or supervision that result in child needing acute medical care due to the severity of the present danger.*
- *Hospitalized child due to non-organic failure to thrive.*

i. **Parent/legal guardian is threatening to seriously harm the child; is fearful he/she will seriously harm the child.** 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." Examples may include but are not limited to:

- *At present danger this refers to parents/legal guardian or caregivers who express intent and/or desire to harm their child.*
- *Parent/legal guardian or caregiver may have a history of harming children in the past and has identified a need for intervention due to their fear of harming their child. Intent should be considered for present danger, in addition access and ability to harm child.*

j. **Parent/legal guardian views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child**. "Extremely" is meant to suggest a perception, which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate. Examples may include but are not limited to:

- *This is the extreme, not just a negative attitude towards the child. It is consistent with seeing the child, as demon possessed, evil, and responsible for the conditions within the home. Consideration of parent/legal guardian or caregiver's viewpoint of the child as being in action for present danger.*

k. **Other** This category should be used rarely. Consultation with a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions.

INFORMATION COLLECTION DOMAINS (FAMILY ASSESSMENT AREAS)

The information domains represent the fundamental information that must be gathered and assessed about the household which is the focus of the FFA in order to understand enough about family functioning to identify danger threats, caregiver protective capacities and whether children are in impending danger. The information domain for child functioning will be developed separately for each child in the household. The information domains for adult functioning, parenting and discipline/behavior management will be developed separately for each parent/legal guardian or caregiver in the household with significant responsibilities for the care and protection of the child(ren). Other household members, intimate partners and members of the family resource network who do not have significant responsibility for the care and protection of the child(ren) will be described in the context of any impact they have on adult functioning, parenting and discipline.

EXTENT OF MALTREATMENT

This domain is concerned with the maltreating behavior and immediate effects on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, lack of supervision, etc.). The assessment also results in a finding/identification of maltreatment (as in an allegation or verification of the alleged maltreatment). This is typically the focus of most hotline reports and investigations; so, it is very important. However, relying only on information from this domain is inadequate for assessing safety. Information that informs this domain includes:

a. Type of maltreatment
b. Severity of maltreatment
c. Description of specific events
d. Description of emotional and physical symptoms
e. Identification of the child and maltreating caregiver
f. Condition of the child

SURROUNDING CIRCUMSTANCES OF THE MALTREATMENT

This domain is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that l) precedes or leads up to the maltreatment, or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, circumstances that accompany the maltreatment are important and are significant in-and-of themselves and qualify how serious the maltreatment is. Information that informs this domain includes:

a. The duration of the maltreatment
b. History of maltreatment
c. Patterns of functioning leading to or explaining the maltreatment

d. Parent/legal guardian or caregiver intent concerning the maltreatment; (assessment of intent re: parenting/discipline vs. intent to harm)
e. Parent/legal guardian or caregiver explanation for the maltreatment and family conditions
f. Unique aspects of the maltreatment, such as whether weapons were involved
g. Caregiver acknowledgement and attitude about the maltreatment and
h. Other problems occurring in association with the maltreatment

CHILD FUNCTIONING

This domain is concerned with the child's general behavior, emotions, temperament, development, academic status, physical capacity and health status. It addresses how a child functions from day to day, their current status, rather than focusing on a specific point in time (i.e CPI contact, time of maltreatment event, CM home visit). A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child and/or any special needs or developmental delays. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the "normalcy" standard. Among the areas to consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known. In terms of a child who is currently receiving ongoing case management, this information should reflect areas of current child need, such as a medical condition that must be managed, symptoms of depression and/or trauma, poor academic performance. If the child is in out-of-home care, it should include information as to the child's stability in the current placement." Information that answers this question includes:

a. General mood and temperament
b. Intellectual functioning
c. Communication and social skills
d. Expressions of emotions/feelings
e. Behavior
f. Peer relations
g. School performance
h. Independence
i. Motor skills
j. Physical and mental health
k. Functioning within cultural norms

ADULT FUNCTIONING

This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This domain is concerned with how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis. The domain

focuses on current adult functioning separate from parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers. This assessment area is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. It is important that recent (adult related) history is captured here such as employment experiences, criminal history and what that tells us about the adult's behavior, impulse control, etc; previous relationships and associated dynamics; and so on. Information that answers this question includes:

a. Communication and social skills
b. Coping and stress management
c. Self-control
d. Problem solving
e. Judgment and decision making
f. Independence
g. Home and financial management
h. Income/Employment
i. Citizenship and community involvement
j. Rationality
k. Self-care and self-preservation
l. Substance use
m. Mental health
n. Family and/or domestic violence
o. Physical health and capacity
p. Functioning within cultural norms

GENERAL PARENTING

This domain explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction in more substantive ways. When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences. Information that answers this question includes:

a. Reasons for being a caregiver
b. Satisfaction in being a caregiver
c. Parent/legal guardian or caregiver knowledge and skill in parenting and child development
d. Parent/legal guardian or caregiver expectations and empathy for a child
e. Decision making in parenting practices
f. Parenting style
g. History of parenting behavior

h. Cultural practices
i. Protectiveness

DISCIPLINE OR BEHAVIOR MANAGEMENT

Discipline is considered in a broader context than socialization; teaching and guiding the child. Usually, staff focuses on discipline only within a punishment context, so emphasis on the importance of viewing discipline as providing direction, managing behavior, teaching, and directing a child are considered in answering this question. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline. Information that answers this question includes:

a. Disciplinary methods
b. Approaches to managing child behavior
c. Perception of effectiveness of utilized approaches
d. Concepts and purpose of discipline
e. Context in which discipline occurs
f. Cultural practice

Information Sufficiency

It is imperative that all child welfare professionals exercise due diligence in gathering the information needed to have a **sufficient** basis for assessment, development of safety plans, the development and modification of case plans. When information gathered in the six domains is not sufficient, it will lead to inaccurate identification of danger threats, child vulnerability and caregiver protective capacities. Ultimately, safety plans and case plans will not be based on the identification of the right issues. Getting the best possible outcomes for children and families depends on a foundation of sufficient information in each of the domains that the child welfare professional documents in a Family Functioning Assessment-Investigation, Family Functioning Assessment-Ongoing or Progress Update.

1. **VALIDATION OF INFORMATION: Does any of the information gathered need to be validated or corroborated?**

All significant information should be validated by either the child welfare professional's direct, personal observation or corroborated through multiple collateral sources. For example, if a child says that he/she is "doing great" in school, has that been validated by a parent and a school teacher? If a child says that they were injured by falling off their bike, did the child welfare professional confirm that child has a bike? In such a case, the absence of a bike, or the fact that the bike is in an unusable condition (no chain, two flat tires, etc.) is critical information to confirm the likelihood that the injury was not the result of a bike accident.
Note: Corroboration is defined as credible and reliable information obtained from multiple (more than solely the initial reporting source). "Attempted" contacts would not count as corroboration.

Example of Corroboration: The case notes document, "*The mother states her 14 year-old daughter is a very reliable babysitter (provides supervision) for her 5 and 6 year-old siblings after school).*"
In this instance, the child welfare professional would want to gather additional information to corroborate the daughter's reported level of "responsibility." More than likely, this could come from collateral sources, such as the family's neighbors who are home in the afternoon when school is out.

2. **RECONCILIATION OF INFORMATION: Does any of the information provided by the investigator need to be reconciled because of unaddressed discrepancies?**

There are multiple valid reasons why a case might initially contain a number of apparent discrepancies in information. Research has consistently shown how much eyewitness accounts can vary among subjects when interviewed immediately after an incident. Informational discrepancies can also occur because family members are unsure of how the child welfare professional will use the information and are therefore either intentionally deceitful or only share partial information about factual details. Similarly, collateral sources interviewed can be biased

for or against the family and present compromised or inaccurate information in an attempt to influence the outcome of the investigation or ongoing services.

In light of these problematic but regularly encountered challenges, information reconciliation does not mean there are no discrepant or "at odds" statements recorded in the file per se, but there are no unexplained discrepancies in recorded information and the child welfare professional has made a concerted effort to obtain additional information to reconcile the inconsistencies and/or explain why one account is more credible than the other.

Example of Reconciliation: The case notes document, "*The child victim states she got into an argument with her mother about what clothes she could wear to school. Her mother "lost it" and threw her down on the kitchen floor*." The next entry documents, "*The alleged victim's younger sibling states her sister got a whipping for watching TV when she was not supposed to*."

Reconciliation of the reported information is critical because if left unaddressed the information would raise more questions than answers and lead to concerns about which child's account should be considered more credible. Conflicting information from children frequently results because each child simply recalls or describes events from each child's unique, individual perspectives – with their recollections shaped by peripheral factors (to the maltreatment) most important or meaningful to each person.

For instance, the younger sibling was describing an incident that took place in the afternoon after school while the victim shared information about an incident that occurred in the morning before school. (Note: This is why open-ended questions – "*Tell me about what happened in your home the other day.*" - sometimes need to be qualified by close-ended questions – "*Is this the only trouble you got into that day*?")

The younger sibling was upset because she missed her favorite afternoon TV show so she naturally recalled the details surrounding that incident. The older sibling was much more upset about not getting to dress the way she wanted for school so she disclosed those details to the investigator.

While not all information can be so easily reconciled by additional questioning, the child welfare professional is expected to make the diligent efforts needed to try and resolve any significant discrepancy that will have a bearing on an assessment and interventions.

3. **INFORMATION COMPLETENES: Has complete information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?**

Incomplete or inaccurate information in any one or more of these domains will likely compromise the thoroughness and accuracy of the assessment of the family's overall functioning. There are four essential criteria to judge the completeness of the information:

a. *Information is described or contained in the appropriate domain category (i.e., you're not reading about child functioning in the adult functioning domain).*

b. *Only pertinent information is provided (i.e., relevant information about a child's peer interactions does not mean naming every friend the child has).*

c. *The core or principal elements that define the information domain are described (i.e., the severity of the maltreatment should always be fully described in Domain One - Extent of the Maltreatment, etc.).*

d. *Each domain is described completely enough to provide sufficient detail for the supervisor to gain a clear picture or understanding of what has or is happening.*

An on-going supervisory consultation process should explore and determine information completeness prior to any FFA or Progress Update being presented for approval.

4. **DEMONSTRATION OF CRITICAL THINKING: Do all decisions reflect the use of critical thinking as evidenced by the rationale provided to justify or explain the conclusion reached?**

Despite the axiom that any decision is only as good as the information it is based upon, having essential information available to inform the decision making process does not necessarily guarantee the "right" decision is reached. The final criterion for information sufficiency is:

The FFA provides any reader with a clear understanding of (1) what information went into the decision making process; and (2) how this information is interrelated to provide the rationale for the decision reached.

While the child welfare professional's use of critical thinking should be assessed throughout all phases of the case – three decision points are preeminent in the consideration of critical thinking around child safety:

1. The overall determination of safe – unsafe as a result of the correction application of the safety formula components, and;
2. The determination that safety planning is adequate to control danger threats in the home to ensure child safety.
3. The on-going services determination over the course of case management as to whether there is progress in achieving change in caregiver protective capacities.

The child welfare professional must determine that sufficient information was obtained to adequately inform the decisions above, provide and document rationale that clearly supports the decisions made.

The Information Collection Protocol for Investigations

Pre-Commencement

Purpose: Pre-Commencement activities begin the process for direct involvement with the family-the Family Functioning Assessment. 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 will assist you in creating that atmosphere.

The protocol provides 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.

The foundation of information collection is the six domains. These domains form the basis for intervention and sufficiency of information collection. Throughout intervention, staff must be aware of the domains and seek to identify information to inform sufficient information collection across all six domains:

1. Extent of Maltreatment
2. Surrounding Circumstances that Accompany the AllegedMaltreatment
3. Child Functioning
4. Adult Functioning
5. General Parenting Practices - the overall, typical, parenting practices used by the parents/legal guardians
6. Disciplinary Approaches/Behavior Management Strategies used by the parents/legal guardians, and under what circumstances

Pre-commencement begins for the Child Protection Investigator (CPI) at the time they receive the intake. The purpose of pre-commencement activities is to prepare the worker for information collection, as well as ensure a systematic and structured approach with the family that creates the atmosphere for information collection.

1. The CPI should begin by thoroughly reviewing the information gathered at intake. Special attention should be paid to information which was unknown to the intake process, but which may influence the threats to child safety.
    a. It is important to consider any previous knowledge about the family that may be available from files, records, and other staff or service providers.
    b. Access case information, including all Department history, through FSFN desktop. Casebook and Personbook functionality provides an overview of the case and

person history with the Department and should guide the worker to key areas within the Case Record for further information regarding the family.

c. Anticipate whether information suggests that the CPI may need to conduct one or more interviews-such as if the child needs a forensic interview or if the child is currently receiving medical treatment and the interview will be limited. 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 are necessary, should be considered prior to beginning the initial contacts.

2. The CPI should seek consultation and/or teamwork with external subject matter experts and agency partners to assist in developing the Family Functioning Assessment intervention strategy including:
   a. What information is known with regard to child functioning, general parenting, discipline/behavior management, and adult functioning from case records?
   b. Is the allegation narrative clear? Is it representative of present danger?
   c. Are there collateral information sources?
   d. Response time to initiate the report.
   e. Are there worker safety concerns?
   f. Plan for contacting the family.
   g. Are there questions about information collection? In particular, what is the focus of information collection needed surrounding the six domains?
   h. You begin the "focus" on the household family and your purposes as you form your plan.
      - How you introduce the referral
      - How you explain yourself, who you are, why you're there, what the agency mission/goal/purpose is – that being to protect children first and foremost and to make every effort to preserve and maintain families, as well as to provide assistance and services to accomplish that
      - How you manage parent anger over the report or CPI interference
      - How you will interview all necessary persons
      - How you will manage and balance information needs against relating to parents/children
   i. How you will manage time:
      - number of interviews
      - extensive, relevant information gathering
      - your organizational skills
      - your technical ability in content and skill
      - balancing time demands against client focus

3. To effectively proceed through the information collecting/interviewing portion of Family Functioning Assessment, the CPI must consider a number of crucial issues.
   a. Engaging and Assessing the Parent(s). The most successful interviews will likely be associated with the parent(s)' sense of worker respect which has occurred during the

process. Who is the agency's client? 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. Engaging and assessing the parent can be enhanced through a number of actions:

- You should identify with their feelings and the situation from their point of view. What do things mean to them?
- Give parents information. To do so empowers them.
- Use an approach that reduces your power and authority.
- Seek assistance from the parent(s) in completing the Family Functioning Assessment process.

b. Controlling Yourself. This relates to two areas of self-control: controlling your emotions (intimidated? over-identifying? insensitive?) and controlling your focus or concentration. As an agency or contracted child protection investigator, 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.

- 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** is essential. You must be able to focus yourself as you respond to the parent/child situation in appropriate and purposeful ways.
- Controlling yourself includes self-awareness and management of your values and intentions.
- You must remain open as you proceed to understand the situation. You must be relaxed; un-offended; not defending yourself, your agency, or your purpose for being in the home.
- Self-control should also be thought of as including depersonalizing verbal assault from clients. Client negative emotion, even against the agency or you, should be expected. This should not be held against the client but rather embraced and processed.
- 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.
- Controlling yourself demands that you recognize clients in positive, open terms. Avoid stereotypes!
- How you present yourself to the client/child/family is a part of controlling yourself. This refers to the professional "state of being" which you represent. You are a representative of the agency and the state.

- 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 at investigation.

4. As you proceed with the Family Functioning Assessment-Investigation interview(s), you are working with a particular agenda:
   a. Inform the parent(s)/legal guardian(s) or caregiver(s) of the concern being expressed about their family. "What do you think about there being others who are concerned about how your family is doing?"
   b. Identify the parent(s)'/legal guardian(s)' or caregiver(s)' concerns about their situation and about agency intervention. "What is it like for you to have Department intervention or a child protection investigation? How do you feel about all of this?"
   c. Identify challenges, difficulties, limitations and/or strengths, which explain the family situation.
   d. Evaluate allegations set forth in the intake and any others identified during the course of the investigation.
   e. Identify/understand danger to children.

Commencement

Purpose: To the extent possible and practicable, 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. 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. While the protocol suggested here relates to the initial contacts, it must be remembered that the entire Family Functioning Assessment process relates to all interviews, not only the initial contacts.

1. **Effective application of the protocol includes**:
   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 interviewer.
   c. You should prepare for the interviews in such a manner as to be able to discuss relevant issues while controlling emotional responses.
   d. If the protocol cannot be followed, it is important that documentation provide an explanation as to the reasons why the protocol cannot be carried out.

2. **Commencement with Child in the Home, order of interviews**:
   a. Introduction with parents
   b. Interview with identified child
   c. Interview with siblings
   d. Interview with other household members, as relevant
   e. Interview with non-alleged maltreating parent
   f. Interview with alleged maltreating parent
   g. Closure with parents/family

3. **Commencement with Child Not at Home**. 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 removed by law enforcement, interview/see the child first before meeting with the parents.

4. **Protocol Commencement: Interview with Parents/Legal Guardians**
   a. Introduction with the Parents/Legal Guardians. 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: Florida – Rights and Responsibilities Brochure
   b. Do not assume that ANY client knows how to read. It is important that the parents' rights be explained. It is crucial that interviews be conducted with an interpreter, including a sign language interpreter, as the case dictates.

c. Parents have a right to know what the verbally summarized content of the report entails but not the identity of the reporter.
d. Prior to the commencement of any legal proceeding, the parents' interaction is voluntary.
e. The parent cannot be compelled to appear at any conferences, produce documents, visit any place, or otherwise reveal any information.
f. 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.
g. If the parent cannot afford an attorney, a court appointed attorney might be provided, if qualified.
h. Parents have all their civil rights as guaranteed under the U.S. Constitution.
i. 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.
j. You must complete introductions, which include who you are, what your agency is about, your purposes, and the essence of the report. You should emphasize your intent to help and understand.
k. 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.
l. Remain "where the parent is" in terms of concerns, emotions, and reactions.
m. Stay in the "here and now" with the parent(s)—(how they are feeling, reacting, thinking).
n. Identify with the parent(s)' feelings and concerns. Accept emotion. Let them "vent" or express themselves.
o. Observe and understand/appreciate the parent(s)'/caregiver(s)' responses:
    - Emotional responses and reactions
    - Attempts to defend themselves
    - Denial and disclosure
    - Expressed explanations, rationale, and justification
    - Reality perception
    - Reasoning
    - Communication clarity and cohesiveness
p. When covering the report, probe into the parent(s)'/caregiver(s)' perception about the reason for the report.
    - "What do you think may have lead to someone having a concern about your family to contact the Abuse Hotline?"
    - "Who do you think may have contacted the Department with a concern about your family?" (This is a good way to gather information about potential collateral resources.)
    - While avoiding reporter identity, do not avoid discussing the fact and reality that the family was reported.

q. During the introduction, allow the parent(s) to talk about the maltreatment issue, but also plan to come back to it later.
   - 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.
   - 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 can appreciate that 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 your perspective about the report and about your family as well as talk with me about what you want. But for now, let's move on into you helping me understand and get to know your family...."*
   - During the introduction, you should begin assessing the immediate situation for the present danger, which could suggest a timely response by you to protect yourself, seek help, and/or protect a child.
   - Soliciting assistance from the parent(s) in understanding the family concludes the introduction. Ask the parent(s) 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.
   - Tell parent(s) that you expect them to take the responsibility to participate to increase your understanding.
   - Seek the parent(s)' perception about all matters. Consider and acknowledge their cognitive reasoning and feeling responses, which influence your understanding.
   - Your work is a professional endeavor based on professional methods and practices. Share with them that you routinely proceed 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.

5. **Protocol Commencement: Interview with the Identified Child.**
   a. 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 and also based on the age and developmental status of the 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.
   b. 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 building rapport with 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.

c. 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. Young children can 'recite' time but more often than not, do not know "time" conceptually. It is important to understand child development throughout. Here are some sample questions, which can be used to initiate the interview:

Family

- *Who is in your family? (Family Functioning)*
- *Who lives at home with you? (Family Functioning)*
- *What kinds of things does your family do together? (Family Functioning)*
- *How do you get along with your brothers/sisters? What kinds of things do you do with them? (Family Functioning)*
- *Tell me about your mom, dad, brother, grandparents, aunts, uncles, etc. (Support)*
- *What are the 'rules' in your house? (Family Functioning)*

Child

- *What kinds of things do you do in school? Who is your best friend at school? Your favorite teacher/subject? Any areas where you have problems? Are there times when things are easy? (Child Functioning)*
- *Who do you hang out with at school? Who are your friends? (Child Functioning)*
- *Do you belong to any clubs, or participate in any organized activities? Play any sports? Who is your favorite (football, baseball, soccer, etc. – child's interest) team? (Child Functioning)*

Parent

- *How do you get along with your mom/dad? (Adult Functioning/Parenting)*
- *What happens when things aren't going well with mom/dad? What happens if you break one of the rules in the house? How do your parents react? (Adult Functioning) What kind of things do they do? (Parenting and Discipline)*
- *What about your brothers/sisters, how do your parents deal with your brother/sisters? (Adult Functioning/ Parenting)*
- *Do your parents belong to any organizations, have any friends etc.? (Support) Who are your parents' friends?*
- *When mom and dad aren't getting along, how do you know? What does that look like? If they are not getting along and you walk in the room, what do you see? What do you hear?*
- *Let's talk about alcohol and drugs a little. Tell me what kinds of drugs you know about, or have seen. Where did you learn about these? Have you seen any of these at home? Mom or dad taking or using any of these? What is mom/dad's behavior like when you see or think they are using this drug? Where are you when mom/dad use this drug? How often does mom/dad behave like that? (repeat for alcohol)*

d. 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 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, seek it as the interview continues.
e. 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.

6. **Assessing the Maltreatment**. *Note that as applicable to a child's visible physical injuries:*
   a. Inquire of the child's explanation of physical injuries. Note for each injury observed:
      - Size-
      - Location on body-
      - Color-
      - Does observed injury appear consistent with explanation based on knowledge, skills, experience, training, education?
   b. Consult Child Protection Team (CPT) as may be required.
   c. Here are some sample questions, which can be used to explore the alleged maltreatment:
      - *As I mentioned to you earlier, I talk to lots of kids and families when someone has a worry or concern about them. Would you help me understand 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.) Let's talk about what happened at your home last weekend?* (Maltreatment)
      - *What else happened? (Maltreatment) (As a rule you will often ask this type of question to fully explore with the child the extent of the maltreatment.) What happened next?*
      - *Has anything like this happened to you before? Has anything like this happened to your other brothers/sisters?* (Maltreatment) *When was the last time?* Explore history, increasing frequency, etc.
      - *What did your other parent (if there is a non-alleged maltreating parent) say, do, etc.?* (Nature)
      - *When this occurred, how did it happen? What was happening around the home* (situation) *when this occurred? What else was occurring?* (Nature)
   d. As you proceed toward the end of this interview, you should consider how the child is feeling (Child Functioning), any fear he is experiencing (Child Functioning), determine where he is going after the interview (Child Functioning), assess his level

of vulnerability (Child Functioning), and inform him of your next steps and when/how you will get back to him.

e. The information here reflects only general guidance. It should be recognized that sufficient information collecting would 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.

5. **Protocol Commencement: Interviews with Siblings**. Following the information gathering during the interview with the identified child, you interview that child's siblings similarly to that with the identified child. The purposes of these interviews are:
   a. To determine what has been happening with those children (Maltreatment). 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 (Family Functioning).
   c. To gather further information about the parents' actions, behaviors, and emotions (Adult Functioning/Parenting).
   d. To gather information about the siblings, their behaviors, feelings, and emotions (Child Functioning).
   e. To assess the siblings' level of vulnerability (Child Functioning).
   f. To seek information which you were unable to gather from the identified child.
   g. The process of interviewing siblings is similar to that of the identified child. It should be emphasized that a significant proportion of these interviews is formed from the foundation of interview and results of the interview with the identified child.
   h. Your approach should focus on providing a comfortable atmosphere for the child and paying attention to the feelings and emotions of the child (Child Functioning).
   i. 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.
   j. The sample questions provided to you for interviewing the identified child can be used during sibling interviews.

6. **Protocol Commencement: Interview with Non-Alleged Maltreating Parent**
   [Note: This protocol is designed for a two-parent/caregiver family; admittedly many 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 CPI to make adjustments to how this guidance applies to a particular case. That includes how to proceed in interviewing, inquiries, skills, and use of

self. 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 significant caregiving as a responsibility, it is important to determine the nature, expectations, and limits of that involvement.]

a. The interview with the non-alleged maltreating parent is critical for a variety of reasons:
   - It is this parent who may be required to provide protection for the child(ren).
   - The non-alleged maltreating parent will often be the first parent who is informed of what intervention may mean to the family.
   - An assessment of this parent's behavior/feelings must be made to determine the safety of the child(ren).
   - Your interaction with the non-alleged maltreating parent will often determine your approach to the alleged maltreating parent.

b. 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.

c. The key to the interview with the non-alleged maltreating parent is to involve this person in a joint effort with you. Often, asking the non-alleged maltreating parent to make a choice between the child and the alleged maltreating parent is a mistake. This approach will not work because it requires a person in crisis to decide something, which he or 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.

d. The circumstances of the interview with the non-alleged maltreating parent will determine the process of the interview and the order of questions/responses. Usually, you will 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 and protect the child.

e. 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. Here are some example questions, which you may use in this interview:

   Child

   - *Tell me about your child. What is he or she good at? What do you think are your child's strengths? What do you think are your child's challenges? What does he or she struggle with?*
   - *How does your child behave/act in general? Tell me about your child's behaviors that "push your buttons," escalate you, or cause you to feel angry?* (Child Functioning)
   - *Tell me about your child's friends*. (Child Functioning)
   - *In what ways have you tried or are willing to try to keep the child and the alleged maltreating parent from being alone with each other?* (Child Functioning)
   - *Does the child have any current or past health related problems that affect him today?* (Child Functioning) *Describe them for me.*

- *Does the child have any current or past developmental challenges? Educational challenges?*
- *What are the disciplinary approaches you use? Under what circumstances?*

Parent

- *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 CPI believes are being exhibited and follow up on those.* (Adult Functioning, History, Family Functioning)
- *What is the most special thing about parenting your child? The most difficult thing?* (Parenting)
- *Explore with non-alleged maltreating parent how they believe their child is doing, what they are experiencing. Examine issues relating to bonding, attachment, concern, empathy, worry, anxiety, etc.* (Adult Functioning, Parenting)
- *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? How were you disciplined? What did you get in trouble for growing up? What were the rules or behaviors around drinking and drugs? Hitting? Sex? How often do you/your children talk with or see your parents/siblings/relatives?* (History)
- *What do you do with your friends? Who are your friends? What do you share with your friends?* (Support)
- *Do you belong to any groups, organizations, religious affiliations, etc.?* (Support)
- *What about <u>Alcohol/Drugs</u> (type/frequency/amount)? Describe your drinking?*
    - *Are you currently prescribed any medications? Reasons, frequency, effect on behavior?*
    - *Were you prescribed any medication? What is/was it?*
    - *Any prior hospitalizations? For? Where? / Psychotropic medication / hospitalization?*
- *Have you ever had a Mental Health diagnosis? For? When?*
    - *Were you prescribed any medication? What is/was it?*
    - *Any prior hospitalizations? For? Where? / Psychotropic medication / hospitalization?*
- *How do you and your partner resolve conflict?*
- *How do you / partner manage his/her daily life and how does the parent generally adapt in life? Employment? Income?*
- *When things are going well, how do they manage? When things are not going well, how do they manage?*
- *What is the family's daily routine?*

Family

- *What types of things are you responsible for in the home and with the family—chores, routine, structure, meals, etc.?* (Family Functioning, Parenting)
- *How do the family members show they care about each other? What affection is demonstrated?* (Family Functioning)
- *Who gives orders in the home? Who is in charge?* (Family Functioning)

- *What happens when the orders given are not followed?* (Family Functioning)
- *Talk about the marriage/relationship. What are the things that make it good? Things you wish you could change? Communication difficulties? Sexual relationship?* (Family Functioning)
- *Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?* (Support)
- *Influences regarding the demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.*

Maltreatment

- *What are your thoughts, feelings, attitudes, and beliefs about the maltreatment? (Nature)*
- *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. (Maltreatment)
- Explore with the non-alleged maltreating parent the alternatives to provide protection to the family. Can this person, with your assistance, do such? (Nature)

Reaction to Intervention

- 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.
- Explore with the parent the meaning of intervention. *Have they had assistance before (this state or any other state)? What was the reaction and response to that assistance*?
- 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.

7. <u>Protocol Commencement: Interview with the Alleged Maltreating Parent</u>

[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.]

a. The interview with the alleged maltreating parent may cause you a variety of concerns, such as:
   - What will the person's reaction be?
   - Will the level of anger, hostility, or denial make it impossible to interview the parent?
   - What should the alleged maltreating parent be told?
   - How should I interact with the parent?

b. 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 they have done.

c. The purposes of this interview are to:
   - 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.
   - Assess the parent's ability to become involved with the agency, focusing on controlling for the child's safety.
   - Identify family conditions, which may require further study (such as substance use, domestic violence, emotional disturbance).
   - Share with the parent what has occurred related to the other interviews.

d. 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.

e. 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.

f. Here are some sample questions, which may be used during this interview:

Child

- *Tell me about your child. How does your child respond to you? Is the child easy-going? Difficult? What do you mean?* (Parenting)
- *What type of things do you expect your child to do around the house, with siblings, for you?* (Parenting)
- *What type of behaviors and emotions does your child show?* (Child Functioning)
- *Does your child have friends?* (Child Functioning)
- *Does your child have any health-related problems that affect the child today?* (Child Functioning)

Parent

- *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. (Adult Functioning, History, Family Functioning)

- *What is the most special thing about parenting your child(ren)? The most difficult thing?* (Parenting)
- Explore with the alleged maltreating parent how they believe their child is doing, what the child is experiencing. Examine issues related to bonding, attachment, concern, empathy, worry, anxiety, etc. (Adult Functioning, Parenting)
- *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?* (History)
- *What do you do with your friends? Who are your friends? What do you share with your friends?* (Support)
- *Do you belong to any groups, organizations, religious affiliations, etc.?* (Support)
- *What about <u>Alcohol/Drugs</u>* (type/frequency/amount*)? Describe your drinking?*
    - *Are you currently prescribed any medications?* Reasons, frequency, effect on behavior?
    - *Were you prescribed any medication? What is/was it?*
    - *Any prior hospitalizations? For? Where? / Psychotropic medication / hospitalization?*
- *Have you ever had a Mental Health diagnosis? For? When?*
    - *Were you prescribed any medication? What is/was it?*
    - *Any prior hospitalizations? For? Where? / Psychotropic medication / hospitalization?*
- *How do you and your partner resolve conflict?*
- *How do you / partner manage his/her daily life and how does the parent generally adapt in life? Employment? Income?*
- *When things are going well, how do they manage? When things are not going well, how do they manage?*
- *What is the family's daily routine?*

Family

- *How do the family members show they care about each other? What affection is demonstrated?* (Family Functioning)
- *Who gives orders in the home? Who is in charge?* (Family Functioning)
- *What happens when the orders given are not followed?* (Family Functioning)
- Talk about the marriage*. What are the things that make it good? Things you wish you could change? Communication difficulties? Sexual relationship?* (Family Functioning)
- *Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?* (Support)
- *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?* (Family Function)
- Influences regarding demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

Maltreatment

- When you begin to talk to the parent about the maltreatment, minimal information should be given at that point in the conversation. It is critical that you not engage in a battle of wills; refocus the parent to their own feelings.
- *What do you want to do about this? How can we make sure nothing like this happens again?* (Maltreatment)
- *Tell me what has been going on with you. Have you been under stress? What from? Drinking? Marital problems? Job-related problems?* (Nature)
- 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

- 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.
- Explore the issue of what intervention means to the parent. Have they had assistance before? What was the reaction and response to that assistance?
- 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.

8. <u>Closure with Parents/Family</u>

a. 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 summary of interviews closure with the family may occur after the initial contacts, 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.
b. Seek individual responses concerning perceptions and feelings. Take care not to reopen the whole process.
c. 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.
d. 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.
e. Reassure them that you have been seeking to understand the family, which will require time to think about the information.

Impending Danger

Definition: "Impending danger" refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe 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.

Threshold Criteria: The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threat is based on a specific description of how negative family conditions meet the danger threshold criteria. The Danger 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 Danger Threshold and become Impending Danger 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. Threshold criteria are:

1. **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.

2. 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 also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

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.

3. 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.

4. **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.

5. Severe

Includes such severe harm effects as serious physical injury, disability, terror and extreme fear, impairment and death.

Danger Threats and Impending Danger Examples

1. **Parent/legal guardian/caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.** Examples may include:
    - *Fractures, deep lacerations, extensive bruising, burns or inorganic malnutrition characterize serious injury*
    - *Typically involves the use of objects to inflict pain/cause injury*
    - *Child has no ability to protect themselves from physical injury or excessive corporal punishment*

2. **Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver explanations are inconsistent with the illness or injury. Examples may include:**
    - *Multiple injuries or singular severe injury that could not have occurred accidentally*
    - *Despite seriousness of injury, parent reportedly does not know how child was injured*
    - *Explanation for how child was injured changes over time*

3. **The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.** Examples may include:
    - *Extreme lack of hygiene with potential to cause serious illness*
    - *Toxic chemical or materials easily within reach of child*
    - *Unsecured, loaded firearms/ammunition in child's presence*
    - *Illicit or prescription drugs accessible by children*

4. **There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to**

avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm. Examples may include:

- *Family is intentionally avoiding contact with CPI*
- *Caregiver is hiding child with relative or family friend and refuses to disclose location*

5. **Parent/legal guardian/caregiver is not meeting the child's essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed.** Examples may include:
    - *Parent is not maintaining child's medical regimen or meeting treatment needs despite the seriousness of the injury/illness*
    - *Parent has not called 911 to seek emergency medical response*

6. **Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian/caregiver is unwilling or unable to manage.** Examples may include:
    - *Child is self-injurious*
    - *Child is setting fires*
    - *Child is sexually acting out*
    - *Child is addicted to drugs or alcohol*

7. **Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.** Examples may include:
    - *Child is being sexually abused and perpetrator has on-going access to child*
    - *Caregiver is physically assaultive/threatening*
    - *Caregiver is brandishing a weapon*
    - *Domestic violence dynamics are present in the household*
    - *Caregiver is involved in substance misuse.*
    - *Caregiver is violating "no contact" supervision restrictions by order of the court.*

8. **Parent/legal guardian/caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed. Child is hospitalized due to non-organic failure to thrive.** Examples may include:
    - *Child is unsupervised in a dangerous environment or condition*
    - *Lack of basic, essential food, clothing, or shelter that result in child needing medical care or attention*
    - *Child needs to be hospitalized for non-organic failure to thrive*

9. **Parent/legal guardian/caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child**. Examples may include:
    - *Parent expresses intent or desire to harm child*

- *Parent makes statements about the family's situation being hopeless*
- *Child describes extreme mood swings in parent, drug or alcohol use that exacerbate parent's volatility and frustration with child*

10. **Parent/legal guardian/caregiver views child and/or acts toward the child in extremely negative ways and such behavior has or will result in serious harm to the child.** Examples may include:
    - *Parent describes the child as evil or has singled the child out for being responsible for the family's problems*
    - *Child expresses fear of being left with caregiver*
    - *Child describes being subjected to confinement or bizarre forms of punishment*

11. **Other.** Any other observation or information which would indicate a threat to the child's safety. This category should be used rarely. Consultation with a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions.

Caregiver Protective Capacities

Purpose: Personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.
Criteria for Determining Caregiver Protective Capacities

a. The characteristic prepares the person to be protective
b. The characteristic enables or empowers the person to be protective
c. The characteristic is necessary or fundamental to being protective
d. The characteristic must exist prior to being protective

Definitions:

1. **"Behavioral Protective Capacity**" means specific action, activity, performance that is consistent with and results in protective vigilance. The following are behavioral protective capacities.
    a. **Behavioral Protective Capacity: The parent/legal guardian/caregiver demonstrates impulse control.** This refers to a person who is deliberate and careful, who acts in managed and self-controlled ways. Examples may include:
        - *People who do not act on their urges or desires*
        - *People that do not over-react as a result of outside stimulation*
        - *People who think before they act*
        - *People who are able to plan*

        Case Management Scaling Guide:

        A. Parent/Caregiver consistently acts thoughtfully regardless of outside stimulation, avoids whimsical responses, and thinks before they take action. Parent/Caregiver is able to plan in their actions when caring for children and making life choices.

        B. Parent/Caregiver regularly is acts thoughtfully regardless of their on their urges or desires, avoids acting as a result of outside stimulation, avoids whimsical responses, thinks before they take action, and are able to plan when caring for children and making life choices. When parent/caregiver does act on urges/desires, they do not result in negative effects to their children or family.

        C. Parent/Caregiver routinely (weekly/monthly) acts upon their urges/desires, is influenced by outside stimulation, thinks minimally before they take action, and are notable to plan, resulting in their actions having negative effects on their children and family.

D. Parent/Caregiver frequently (daily) acts upon their urges/desires, is highly influenced by outside stimulation, does not think before taking action, and do not plan. Parent/Caregiver's inability to control their impulses results in negative effects on their children and family.

b. **Behavioral Protective Capacity: The parent/legal guardian/caregiver takes action.**

Takes action refers to a person who is action oriented as a human being, not just a caregiver. Examples may include:

- *People who perform when necessary*
- *People who proceed with a course of action*
- *People who take necessary steps*
- *People who are expedient and timely in doing things*
- *People who discharge their duties*

Physically able refers to people who are sufficiently healthy, mobile and strong. Examples may include:

- *People who can move quickly when an unsafe situation presents (e.g. active toddlers who may dart out toward the street or water source, pool, canal, etc.)*
- *People who can lift children*
- *People who are able to physically manage a child's behaviors*
- *People with physical abilities to effectively deal with dangers (e.g. a child with special needs who may be prone to 'running' away, a child who requires close supervision, etc.*

Assertive and responsive refers to being positive and persistent. Examples may include:

- *People who are firm and purposeful.*
- *People who are self-confident and self-assured.*
- *People who are secure with themselves and their ways.*
- *People who are poised and certain of themselves.*

Adequate energy refers to the personal sustenance necessary to be ready and 'on the job' of being protective.

- *People who are alert and focused*
- *People who can move, are on the move, ready to move, will move in a timely way*
- *People who are motivated and have the capacity to work and be active*
- *People who express force and power in their action and activity*
- *People who are not lethargic to the point of incapacitation or inability to be protective*
- *People who are rested or able to overcome being tired*

Uses resources to meet basic needs refers to knowing what is needed, getting it, and using it to keep a child safe. Examples may include:

- *People who get people to help them and their children.*

- *People who use community public and private organizations*
- *People who will call on police or access the courts to help them*
- *People who use basic community services such as food and shelter*

Case Management Scaling Guide:

A. Parent/Caregiver takes action, is assertive and response, and is physically able to respond to caregiving needs, such as chasing down children, lifting children, and is able to physically protect their children from harm consistently. Parent/Caregiver may have physical limitations, however demonstrates the ability to accommodate those physical limitations in order to take action.

B. Parent/Caregiver is able to take action, is assertive and responsive, and/or is physically able to respond to caregiving needs, however requires assistance on occasion to be able to meet children's needs. Parent/Caregiver may have a physical limitation, and occasionally is not able to demonstrate the ability to accommodate those physical limitations in order to take action.

C. Parent/Caregiver regularly is not able to take action, be assertive and responsive, and/or physically respond to caregiving needs. Parent/Caregiver needs assistance on a regular basis (weekly). Parent/Caregiver may have a physical limitation, an on a regular basis is not able to accommodate those physical limitations in order to take action.

D. Parent/Caregiver is not able to take action, be assertive and responsive, and/or physically respond to meeting caregiving needs of children. Parent/Caregiver requires assistance routinely (daily). Parent/Caregiver may have a physical limitation, and routinely is not able to accommodate that physical limitation in order to take action.

c. **Behavioral Protective Capacity: The parent/legal guardian/caregiver sets aside her/his needs in favor of a child.**
This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own. Examples may include:
- *People who do for themselves after they have done for their children.*
- *People who sacrifice for their children.*
- *People who can wait to be satisfied.*
- *People who seek ways to satisfy their children's needs as the priority.*

This refers to people who adjust and make the best of whatever caregiving situation occurs. Examples may include:
- *People who are flexible and can adapt*

- *People who accept things and can move with them*
- *People who are creative about caregiving*
- *People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting*

Case Management Scaling Guide:

A. Parent/Caregiver identifies their child's needs as their number one priority. Parent/Caregiver has demonstrated through their actions that they place their child's needs above their own by waiting to be satisfied, sacrificing for their children, and through seeking ways to satisfy their child's needs as a priority. Parent/Caregiver does not need to be prompted by others in viewing their needs as secondary to the child's.

B. Parent/Caregiver views the child's needs as a priority, however at times struggles to place their children's needs before their own. The lack of viewing the child's needs as a priority does not result in the children being maltreated or exposed to danger.

C. Parent/Caregiver recognizes the need to place their child's needs as a priority, however is not able to set aside their own needs in favor of their child's needs, resulting in the child being maltreated and/or exposed to danger.

D. Parent/Caregiver does not recognize the need to place the child's needs as a priority and does not set aside their own needs in favor of the child's, resulting in the child being maltreated and/or exposed to danger on regular occasions.

d. **Behavioral Protective Capacity: The parent/legal guardian/caregiver demonstrates adequate skill to fulfill caregiving responsibilities. This refers to the possession and use of skills that are related to being protective.** Examples may include:
   - *People who can feed, care for, supervise children according to their basic needs*
   - *People who can handle, manage, oversee as related to protectiveness*
   - *People who can cook, clean, maintain, and guide, shelter as related to protectiveness*

Case Management Scaling Guide:

A. Parent/Caregiver is able to feed, care for, and supervise child. Parent/Caregiver has the skills necessary to cook, clean, maintain, guide and shelter child as related to protectiveness.

B. Parent/Caregiver is able to feed, care for, and supervise child, however at times requires assistance in fulfilling these duties. Parent/Caregiver is able to seek assistance in meeting child's needs and the need for assistance does not result in the child's needs being unmet and/or children being maltreated.

C. Parent/Caregiver has minimal skills related to providing for the basic needs of child. Parent/Caregiver lacks the ability to consistently feed, and/or care, and or/supervise child resulting in maltreatment and/or danger. Parent/Caregiver recognizes the need for assistance, however does not act to seek resources to assist in fulfilling caregiving responsibilities.

D. Parent/Caregiver has little to no skills related to providing for basic needs of child. Parent/Caregiver does not feed, and/or, care, and/or supervise child resulting in child being maltreated and/or in danger. Parent/Caregiver does not recognize the need to provide for basic needs of child and/or the parent/caregiver will not or cannot seek resources to assist in fulfilling caregiving responsibilities.

e. **Behavioral Protective Capacity: The parent/legal guardian/caregiver is adaptive as a caregiver.** This refers to people who adjust and make the best of whatever caregiving situation occurs.
   - *People who are flexible and can adapt*
   - *People who accept things and can move with them*
   - *People who are creative about caregiving*
   - *People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting*

Case Management Scaling Guide:

A. Parent/Caregiver is flexible and adjustable, is able to accept things and move, is creative in their caregiving, and are able to come up with solutions and way s of behaving that may be new, needed and unfamiliar but are fitting to their child's needs.

B. Parent/Caregiver is able to be flexible and adjustable in most situations, is able to accept most things and move forward, displays some creativity in their caregiving, and is able to come up with solutions and ways of behaving that are

new, needed, and unfamiliar with some assistance. On occasion the parent/caregivers adaptation is not fitting to their child's needs, however this does not result in maltreatment and/or danger.

C. Parent/Caregiver lacks flexibility in most situations, including routine caregiving responsibilities. Parent/Caregiver struggles with adapting to meet child needs, including identifying solutions for ways of behaving or caretaking that does not result in maltreatment and/or danger to child. Parent/Caregiver acknowledges their struggle with flexibility and adaptation, however has not sought assistance in changing their behavior.

D. Parent/Caregiver is not flexible and/or adaptive in caregiving duties, resulting in children being maltreated and/or in danger. Parent/Caregiver cannot or will not acknowledge their lack of flexibility and/or adaptability in caregiving. Parent/Caregiver has not sought assistance in changing their behavior.

f. **Behavioral Protective Capacity: History of Protecting.** This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples may include:

- *People who have raised children (now older) with no evidence of maltreatment or exposure to danger*
- *People who have protected their children in demonstrative ways by separating them from danger, seeking assistance from others or similar clear evidence*
- *Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident*

Case Management Scaling Guide:

A. Parent/Caregiver has raised children (older) with no evidence of maltreatment or exposure to danger, have demonstrated ways of protecting their children by separating them from danger, seeking assistance from others. Parent/Caregiver can describe events and experiences where they have protected children in the past.

B. Parent/Caregiver has raised children (older) with minimal exposure to danger or evidence of maltreatment. This may or may not include prior child welfare system involvement with the family. Parent/Caregiver is able to seek assistance from others and can describe events and experiences where they have protected their children in the past, as well as describe how they were not able to protect their children in past. Parent/Caregiver is able to differentiate between prior protective actions and lack of protective actions.

C. Parent/Caregiver has demonstrated minimal ability to raise children without exposure to danger or maltreatment. Parent/Caregiver has had frequent (three or more contacts with the child welfare system due to repeated exposure to maltreatment and parental conduct. Parent/Caregiver is not able to articulate how they have protected their children in the past and/or how they could take protective measures to ensure that their children are protected.

D. Parent/Caregiver has not been able to raise children without exposure to danger and/or maltreatment. Parent/Caregiver has had repeated contact with child welfare system (three or more reports within 1 year) due to repeated exposure to maltreatment and parental conduct.

2. "**Cognitive Protective Capacity**" means specific intellect, knowledge, understanding and perception that results in protective vigilance. The following are cognitive protective capacities.
    a. **Cognitive Protective Capacity**: **The person is self-aware as a parent/legal guardian/caregiver.** This refers to sensitivity to one's thinking and actions and their effects on others or on a child. Examples may include:
        - *People who understand the cause – effect relationship between their own actions and results for their children*
        - *People who are open to who they are, to what they do and to the effects of what they do*
        - *People who think about themselves and judge the quality of their thoughts, emotions and behavior*
        - *People who see that the part of them that is a caregiver is unique and requires different things from them*

        Case Management Scaling Criteria:

        A. Parent/Caregiver understands the cause-effect relationship between their own actions and effects on child. They are open to who they are and to what they do and the effects of what they do. They are able to think about themselves and judge the quality of their thoughts, emotions, and behaviors. They are able to view their role as a caregiver as being unique.

        B. Parent/Caregiver is able to understand the cause-effect relationship between their own actions and effects on children, however at times struggle to be open in regards to themselves and the quality of their thoughts, emotions, and behaviors in relation to providing for care of the child. The Parent/Caregiver struggles do not result in child being maltreated and/or being in dangerous situations.

C. Parent/Caregiver is able to understand the cause-effect relationship between their own actions, however are not able to relate their actions to the effects on their child. Parent/Caregiver is not open in reflecting their own thoughts, emotions, and/or behavior in relation to providing for care of their children, resulting in children being maltreated and/or in danger. Parent/Caregiver recognizes the need for understanding the causal relationship and the effects on child.

D. Parent/Caregiver is not able to understand the cause-effect relationship between their own actions and is not able to relate those actions to the effects on their child. Parent/Caregiver is not open in regard to their own thoughts, emotions, and/or behavior, resulting in child being maltreated and/or in danger. Parent/Caregiver does not recognize the need for understanding the causal relationship of their actions and the effects on child.

b. **Cognitive Protective Capacity**: **The parent/legal guardian/caregiver is intellectually able/capable. Adequate Knowledge to Fulfill Caregiving Duties** This refers to information and personal knowledge that is specific to caregiving that is associated with protection. Examples may include:

- *People who know enough about child development to keep kids safe*
- *People who have information related to what is needed to keep a child safe*
- *People who know how to provide basic care which assures that children are safe*

Case Management Scaling Criteria:

A. Parent/caregiver possesses essential knowledge regarding caregiving and child development. Parent/caregiver seeks to increase their knowledge in correlation with child's needs and is able to recognize the need for increased knowledge as being essential to providing for child safety. Parent/caregiver may have cognitive limitations, however has supports and/or resources to assist in knowledge development.

B. Parent/caregiver possesses essential knowledge regarding caregiving and child development, however at times struggles in recognizing the correlation with child's needs and the need for increased/varied knowledge for providing for child safety. Parent/caregiver is open to seeking assistance and may or may not have a support network to assist in increasing their knowledge regarding child development. Maltreatment has not occurred as a result of the parent/caregiver's knowledge capacity.

C. Parent/caregiver lacks essential knowledge regarding caregiving and child development and does not correlate the lack of knowledge to the

responsibility for child safety and development. Parent/caregiver may have a cognitive delay that affects their ability to increase their knowledge regarding caregiving and safety and the lack of resources or supports for their cognitive delay is a contributing factor to the parent/caregiver intellectual capacity. Parent/caregiver is not or will not seek assistance in increasing their knowledge. Maltreatment has occurred as a result of the parent/caregivers knowledge capacity.

D. Parent/caregiver lacks essential and basic child development knowledge in regards to caregiving needs and child safety. Parent/caregiver may have a cognitive delay that is debilitating and is not being addressed through informal or formal supports. The parent/caregiver knowledge is such that it leaves children in danger and has resulted in maltreatment. Parent/caregiver is not or will not seek assistance in increasing their knowledge or accessing supports to develop knowledge regarding child development and child safety.

c. **Cognitive Protective Capacity**: **The parent/legal guardian/caregiver recognizes and understands threats to the child**. 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. Examples may include:

- *People who recognize threatening situations and people*
- *People who are alert to danger about persons and their environment*
- *People who are able to distinguish threats to child safety*

Case Management Scaling Criteria:

A. Parent/caregiver is attuning with their surroundings, in particular to their perceptions regarding life situations, recognizing dangerous and threatening situations and people. Parent/caregivers are reality orientated and consistently operate in realistic ways.

B. Parent/caregiver is aware of their surroundings and life situations. Parent/caregiver is aware of dangerous and threatening situations and people, however at times struggles to correlate the impact of dangerous and threatening situations and people with their role as a parent/caregiver. Parent/caregiver ability does not result in children being maltreated and/or unsafe. Parent/caregiver is able to recognize the need for increased awareness and is able to access resources without assistance in increasing their mental awareness in regards to providing for safety of children.

C. Parent/caregiver frequently is not aware of their surroundings and life situations. In particular this occurs when presented with dangerous and/or

threatening situations. Parent/caregiver is not able to recognize the correlation with child safety and mental awareness, resulting in children being maltreated and/or unsafe. Parent/caregiver is not or will not access resources to increase their mental awareness without assistance.

D. Parent/caregiver is not aware of their surrounding and life situations, particularly when caring for children. Parent/caregiver does not recognize dangerous and/or threatening situations/people, resulting in children being maltreated and/or unsafe. Parent/caregiver may have an unmanaged mental health condition that affects their ability to be aware. The unmanaged mental health condition is known to the parent/caregiver and they have not or will not seek assistance to manage the mental health condition.

d. **Cognitive Protective Capacity**: **The parent/legal guardian/caregiver recognizes the child's needs.** This refers to seeing and understanding a child's capabilities, temperament, needs and limitations correctly. Examples may include:

- *People who know what children of a certain age or with particular characteristics are capable of.*
- *People who respect uniqueness in others*
- *People who see a child essentially as the child is and as others see the child*
- *People who recognize the child's needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why*
- *People who see and value the capabilities of a child and are sensitive to difficulties a child experiences*
- *People who appreciate uniqueness and difference*
- *People who are accepting and understanding*

Case Management Scaling Criteria:

A. Parent/caregiver consistently recognizes the child's needs, strengths and limitations. Parent/caregiver is able to appreciate the uniqueness and differences in children with acceptance and understanding. Parent/caregiver is sensitive to the child and their experiences.

B. Parent/caregiver recognizes the child's needs, strengths and limitations. Parent/caregiver is able to appreciate the uniqueness and differences in children, however at times struggles in understanding and accepting the child's differences and uniqueness. At times the parent/caregiver struggles with identifying with the child and their experiences. Parent/caregiver is aware during these times and may have sought assistance in continuing to

develop their parenting skills in regards to recognizing child's needs and differences. The parent/caregiver has supports and/or resources available for assistance. Children have not been maltreated and/or unsafe due to the parent/caregiver capacity of being able to recognize child needs and strengths.

C. Parent/caregiver does not identify with the child's needs, strengths, and/or limitations resulting in the parent/caregiver acting in ways that have resulted in the child being maltreated and/or unsafe. The parent/caregiver is able to recognize their inability to identify with children and is open to assistance in increasing their parenting capacity.

D. Parent/caregiver does not identify with the child's needs, strengths, and/or limitations that have resulted in the child being maltreated and/or unsafe. The parent/caregiver does not see value in the capabilities of the child and are not sensitive to the child and their experiences. Parent/caregiver view of the child is incongruent to the child and how others view the child. Parent/caregiver is not able to recognize their inability to identify with child and the child's needs and are not willing or able to seek assistance in increasing their parenting capacity.

e. **Cognitive Protective Capacity**: **The parent/legal guardian/caregiver understands his/her protective role.** This refers to awareness. This refers to knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child. Examples may include:
- *People who possess an internal sense and appreciation for their protective role*
- *People who can explain what the "protective role" means and involves and why it is so important*
- *People who recognize the accountability and stakes associated with the role*
- *People who value and believe it is his/her primary responsibility to protect the child*

Case Management Scaling Criteria:

A. Parent/caregiver values and believes that is their primary responsibility to protect the child. Parent/caregiver is convicted in their beliefs and posses an internal sense and appreciation for their protective role. Parent/caregiver is unwavering in their protective role and is able to articulate the significance of their role.

B. Parent/caregiver believes that protecting their child is a primary responsibility, however at times struggles with their internal sense and appreciation for their

protective role resulting in times where the parent/caregiver has abdicated their role for protectiveness to others without regard for the protectiveness of the alternate caregiver. Parent/caregiver recognizes their limitations in regards to protectiveness and their actions have not resulted in maltreatment and/or an unsafe child.

C. Parent/caregiver does not value and/or believe that their primary responsibility is to protect the child. Parent/caregiver may have an internal sense for being protective, however does not or cannot internalize the primary responsibility for protection of the child. Parent/caregiver does not or cannot accept responsibility for child protection, resulting in children being maltreated and/or unsafe.

D. Parent/caregiver does not recognize and/or value the responsibility to protect children as a primary role of a caregiver. Parent/caregiver does not have an internal sense for being protective and takes no responsibility for keeping children safe, resulting in children being maltreated and/or unsafe.

f. **Cognitive Protective Capacity**: **The parent/legal guardian/caregiver plans and is able to articulate a plan to protect children.** This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan. Examples may include:

- *People who are realistic in their idea and arrangements about what is needed to protect a child*
- *People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child*
- *People who are aware and show a conscious focused process for thinking that results in an acceptable plan*
- *People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient*

Case Management Scaling Criteria:

A. Parent/caregiver has developed, either currently or in the past, plans to protect children. Parent/caregiver is realistic in their planning and arrangement about what is needed to ensure child safety. Parent/caregiver is aware of danger and is focused on their processing and development of a plan for safety.

B. Parent/caregiver is realistic in their plan for child safety and is able to make arrangements to ensure child safety, however may or may not have developed a plan for protection in the past. Parent/caregiver is able to

articulate a plan and has the resources to execute the plan if needed. Parent/caregiver is realistic in their plan for child safety and is able to make arrangements to ensure child safety, however may or may not have developed a plan for protection in the past. Parent/caregiver is able to articulate a plan and has the resources to execute the plan if needed.

C. Parent/caregiver does not recognize the need to plan for child safety and has not developed a plan in the past or has developed plans that were unrealistic to ensure safety, thus resulting in maltreatment and/or children being unsafe. Parent/caretaker may have cognitive limitations that affect their ability to conceptualize a plan for protection and are open to assistance in developing plans and/or accessing resources.

D. Parent/caregiver does not recognize the need to develop a plan to ensure child safety and has not developed a plan in the past or has developed plans that were unrealistic, resulting in children being maltreated and/or unsafe. Parent/caretaker does correlate the inaction of developing a plan and children being maltreated and/or unsafe. Parent/caretaker may have cognitive limitations that affect their ability to conceptualize a plan for protection. Parent/caregiver is unwilling or unable to seek assistance in developing plans and/or accessing resources to assure child safety. Parent/caregiver is unrealistic and unaware of the necessity as parents/caregivers to develop and execute plans for protection of children.

3. "**Emotional Protective Capacity**" refers to specific feelings, attitudes, identification with a child and motivation that result in protective vigilance. The following are emotional protective capacities.
    a. **Emotional Protective Capacity: The parent/legal guardian/caregiver is able to meet own emotional needs.** This refers to the parent/caregiver satisfying their feelings in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular children. Examples may include:
        - *People who use personal and social means for feeling well and happy that are acceptable, sensible and practical*
        - *People who employ mature, responsible ways of satisfying their feelings and emotional needs*
        - *People who understand and accept that their feelings and gratification of those feelings are separate from their child*

Case Management Scaling Criteria:

A. Parent/caregiver recognizes and understands their own emotional needs and is effectively manages their needs in ways that do not interfere with their ability to parent and does not take advantage of others. Parent/caregiver

makes choices in regards to satisfying their feelings and emotional needs that are mature, acceptable, sensible, and practical.

B. Parent/caregiver recognizes their own emotional needs, however struggles to manage their needs in ways that do not interfere with their ability to parent and/or takes advantage of others. Parent/caregiver makes choices in regards to satisfying their emotional needs that at times are not mature and/or acceptable and/or sensible and/or practical. Parent/caregiver choices do not result in maltreatment and/or unsafe. Parent/caregiver has and uses resources necessary to ensure children are safe while ensuring their emotional needs are met.

C. Parent/caregiver shows limited understanding and recognition of their own emotional needs. Parent/caregiver often seeks to satisfy their own emotional needs through means that take advantage of others, primarily their children. Parent/caretaker uses avenues to satisfy their own emotional needs that are unacceptable, resulting in children being maltreated and/or unsafe.

D. Parent/caregiver does not recognize their own emotional needs, resulting in their needs being unmanaged and interfering with their ability to parent children. The unmanaged needs results in children being maltreated and/or unsafe.

b. **Emotional Protective Capacity: The parent/legal guardian/caregiver is resilient as a caregiver.** This refers to responsiveness and being able and ready to act promptly. Examples may include:
- *People who recover quickly from setbacks or being upset*
- *People who spring into action*
- *People who can withstand challenges and stress*
- *People who are effective at coping as a caregiver*

Case Management Scaling Criteria:

A. Parent/caregiver has demonstrated that they are able to recover from or adjust easily to misfortune and/or change. Recovery and adjustment are focused on maintaining their role as a caregiver and providing for protection of their children. Parent/caregiver recognizes the need for resiliency as a caregiver and is effective at taking action and coping as a caregiver.

B. Parent/caregiver has demonstrated that they are able to recover from or adjust under most situations in regards to misfortune and/or change. Recovery and adjustment are mostly focused on their role as a caregiver and for providing protection. Parent/caregiver struggles with coping and taking

action during these times. Children are not maltreated and/or unsafe due to the parents coping and/or taking action.

C. Parent/caregiver when faced with adversity/challenges is not able to recover or adjust. Recovery and adjustment requires frequent interventions by support and resources. Parent/caregiver cannot focus their role during these times to caretaking, resulting in children being maltreated and/or unsafe.

D. Parent/caregiver does not respond to adversity/challenges and recovery or adjustment is not existent. Parent/caregiver does not respond to interventions by supports and resources and children are maltreated and/or unsafe due to the parent/caregivers responses.

c. **Emotional Protective Capacity: The parent/caregiver is tolerant as a caregiver.** This refers to caregiver who is able to endure trying circumstances with even temper, be understanding and sympathetic of experiences, express forgiveness under provocation, broad-minded, and patient as a caregiver. Examples may include:

- *People who can let things pass*
- *People who have a big picture attitude, who don't overreact to mistakes and accidents*
- *People who value how others feel and what they think*

Case Management Scaling Criteria:

A. Parent/caregiver maintains an even temper and patience under trying circumstances. Parent/caregiver recognizes the need for tolerance as a caregiver and works to ensure that they are open minded and understanding as a caregiver.

B. Parent/caregiver frequently maintains an even temper and displays patience under most situations. Parent/caregiver at times struggles with temper and patience, however does not impact their role as a caregiver or result in maltreatment and/or unsafe children. Parent/caregiver is aware of their challenges with tolerance and has the ability to access resources to assist in increasing their tolerance.

C. Parent/caregiver frequently cannot or will not maintain their temper and/or patience while providing care for children. Parent/caregiver are aware of their decreased tolerance however are not able to correlate the need for tolerance in parenting. Parent/caregivers lack of tolerance has resulted in children being maltreated and/or being unsafe. Parent/caregiver is willing to access resources and/or supports to increase their tolerance as a caregiver.

D. Parent/caregiver cannot or will not maintain their temper and/or patience while providing care for children. Parent/caregiver is not aware of their decreased tolerance and are not able to correlate the need for tolerance in parenting. Parent/caregiver lack of tolerance has resulted in children being maltreated and/or being unsafe. Parent/caregiver cannot or will not access resources and/or supports to increase their tolerance as a caregiver.

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

Case Management Scaling Criteria:

A. Parent/caregiver is able to relate to their child and demonstrates actions that are reflective of expressing love, affection, compassion, warmth, and sympathy for the child and their experiences. Parent/caregiver is able to explain child feelings and emotions and is able to respond accordingly.

B. Parent/caregiver is able to relate to the child, however at times struggles to demonstrate either physically or verbally, love affection, compassion, warmth, and sympathy. While the parent/caretaker acknowledges their love, compassion, warmth, and sympathy, they struggle with displaying affection to the child. This does not result in child being maltreated and/or unsafe.

C. Parent/caregiver frequently cannot or will not relate to their children's feelings. Parent/caregiver doe not express love, empathy, and/or sympathy for the child on a frequent or consistent basis. Parent/caregiver is able to recognize the absence of relating to the child's feelings. The parent/caregiver's feeling towards the child result in the child being maltreated and/or unsafe.

D. Parent/Caregiver is not able to relate to the child's feelings. The parent/caregiver does not express any love, empathy, and/or sympathy for the child. The parent/caregiver's lack of feelings towards the child results in the child being maltreated and/or unsafe.

e. **Emotional Protective Capacity: The parent/caregiver is stable and able to intervene to protect children.** This refers to the mental health, emotional energy, and emotional stability of the parent/caregiver in providing for protection of children.
   - *People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately*
   - *People who are not consumed with their own feelings and anxieties*
   - *People who are mentally alert, in touch with reality*
   - *People who are motivated as a caregiver and with respect to protectiveness*

   Case Management Scaling Criteria:

   A. Parent/caregiver's mental, emotional stability and energy are sufficient to meet the needs of the child. Feelings and emotions are not paralyzing to the parent/caregiver. Parent/caregivers are alert and reality orientated to their own emotions/feelings and actions. Parent/caregiver is motivated in ensuring their own mental, emotional stability and energy are sufficient to ensure that the child is safe.

   B. Parent/caregiver's mental, emotional stability, and energy are sufficient under most daily routines, however during times of adversity or challenges the parent/caregiver's struggle to maintain their stability. Parent/caregiver seeks resources and supports during these times and accesses resources to ensure that child is safe.

   C. Parent/caregiver is frequently not able to maintain emotional stability during daily routines, resulting in the child's needs not being met. Parent/caregiver is aware of instability, however is immobilized in taking action to access resources or supports to provide for child safety, resulting in child being maltreated and/or unsafe.

   D. Parent/caregiver is not able to maintain emotional stability during daily routines and challenging life events. Parent/caretaker is not aware of their instability and has taken not action to access resources and/or supports to ensure for child safety, resulting in child being maltreated and/or unsafe.

f. **Emotional Protective Capacity: The parent/caregiver is positively attached to the child.** This refers to a strong attachment that places a child's interest above all else. Examples may include:
   - *People who act on behalf of a child because of the closeness and identity the person feels for the child*
   - *People who order their lives according to what is best for their children because of the special connection and attachment that exists between them*

- *People whose closeness with a child exceeds other relationships*
- *People who are properly attached to a child*

Case Management Scaling Criteria:

A. Parent/caregiver demonstrates their attachment to the child through actions such as ordering their lives according to what is best for their child, displays affectionate regard for their child and the child's experiences, and identifies their closeness with the child exceeds other personal relationships.

B. Parent/caregiver demonstrates their attachment to the child through actions, however at times struggles with ordering their lives according to what is best for the child, displaying their affection for the child, and identifying the closeness of the relationship with the child. Parent/caregiver attachment struggle are not intentional and the parent/caregivers is aware of the struggle. Parent/caregiver has or has the ability to seek resources and/or supports for increasing their parenting capacity. Children have not been maltreated and/or unsafe due to the parental and child attachment.

C. Parent/caregiver frequently does not demonstrate their attachment to the child. This is evidenced by the ordering of their lives, lack of affectionate regard for the child, and the parent identifying other relationships as being their primary relationship. Child has suffered maltreatment and/or is unsafe as a result of the parent/caregiver's lack of attachment to the child.

D. Parent/Caregiver has no attachment to the child, shows no regard for the child and the parent/caregiver relationship. Parent/caregivers does not identify them as a parent/caregiver. Parent/caregiver cannot or will not seek resources and/or supports to enhance their attachment and does not recognize the correlation between the lack of attachment and maltreatment.

g. **Emotional Protective Capacity: The parent/legal guardian/caregiver is supportive and aligned with the child**.
Supportive refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being. Examples may include:

- *People who spend considerable time with a child filled with positive regard*
- *People who take action to assure that children are encouraged and reassured*
- *People who take an obvious stand on behalf of a child*

Aligned refers to a mental state or an identity with a child. Examples may include:

- *People who strongly think of themselves as closely related to or associated with a child*
- *People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety*
- *People who consider their relationship with a child as the highest priority*

Displays concern for the child. This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure. Examples may include:

- *People who show compassion through sheltering and soothing a child.*
- *People who calm, pacify and appease a child.*
- *People who physically take action or provide physical responses that reassure a child, that generate security.*

Case Management Scaling Criteria:

A. Parent/caregiver demonstrates that they are strongly related and/or associated with the child, thus showing compassion for the child by calming, pacifying, and appeasing children as needed. Parent/caregiver is aligned with the child, as demonstrated by the actions and responses towards the child. Parent/caregiver identifies their relationship with the child as being the highest priority.

B. Parent/caregiver frequently is aligned with the child through their actions, however at times struggles in demonstrating compassion for the child and/or being responsive. The parent/caregiver's actions do not result in the child being maltreated and/or unsafe. The parent/caregiver acknowledges their struggle, and has the resources and/or supports to increase their responsiveness and compassion for the child.

C. Parent/caregiver does not identify with the child through their actions and lacks compassion for the child. Parent/caregiver infrequently non-responsive to the child when the child needs to be calmed, pacified, and/or appeased. The parent/caregiver acknowledges their inability to align with the child however cannot or will not take actions to increase their alignment with the child. The parent/caregiver actions have resulted in children being maltreated and/or unsafe.

D. Parent/caregiver is not aligned with the child as demonstrated by their non-responsiveness to the child and the lack of compassion for the child. Parent/caregiver does not express concern and/or does not acknowledge their lack of alignment with the child. The lack of parent/caregiver actions has resulted in the child being maltreated and/or unsafe.

All Safety Plans

Purpose:

1. **CONTROL** the behavior, emotion, or condition that results in a child being unsafe (as opposed to "treatment" or other services to remedy or change the underlying, contributing family condition).
2. The effect of a safety plan is immediate, protecting the child today.
3. May use formal and informal "safety service" providers, including family members and family-made arrangements with a responsible adult caregiver.
4. A safety management action on the safety plan must achieve its purpose fully each time it is delivered.
5. May be exclusively an in-home plan, an out of home plan, or a combination of both.
6. No promissory commitments. (e.g. Mom will not spank; parents will remain sober; mom will file an injunction and will not let the batterer back in the home; dad will not use drugs, etc)

When Safety Plan is in response to Present Danger

1. Identifies extended family or other adults who know the child who could serve to manage the danger and whether they are:
   a. willing, able to care for the child, and responsible
   b. understand and believe the danger threats
   c. are aligned with the plan.
2. Identifies immediate family needs that must be addressed (e.g., housing, food, some sort of care) and impact on safety planning.
3. Is a temporary and short term measure that will sustain the family and control for safety while information for the FFA is gathered.
4. Is re-evaluated at the conclusion of the FFA to consider options for safety planning that are less intrusive for managing safety.
5. Results in an expedited process to complete the information collection and FFA to inform the ultimate safety determination so that the plan can be either terminated or amended to manage impending danger if identified at FFA completion.

When Safety Plan is in response to Impending Danger

1. Information to complete FFA and adequately inform the safety determination has been gathered; final system documentation completion will occur soon.
2. Safety Plan is developed in collaboration with the family at informal or formal Safety Plan Conference with parents and other "safety service" providers.
3. When safety plan at the completion of the FFA involves out of home arrangement or placement of child, the conditions for return with an in-home safety plan are clearly described.
4. Responsibility for safety plan management, case plan, and case management transfers to case manager when case is formally transferred at Case Transfer Meeting/Conference.

5. Family-made arrangements (grandma will keep the kids forever and ever)does not dismiss any safety plan but is in essence part of the safety plan that must be managed while case management and treatment services are coordinated and the parents participate in services designed to support sustained behavior change.

Sufficiency of Safety Analysis

1. Does the documentation associated with the 6 assessment areas in the FFA sufficiently answer the 6 assessment questions?
   a. Are there "gaps" in information?
   b. Is there need for further clarification regarding documented information?
   c. Are family, caregiver, and child functioning sufficiently understood?

2. Do you understand how impending danger is occurring in the family?
   a. Does documentation in the FFA support the identification of impending danger?
   b. Is it obvious how threats to child safety are operating in the family?
   c. Is impending danger justified, clearly and precisely described in the FFA and safety analysis?
   d. Is further information needed to understand the safety determination?

3. Can the family adequately control and manage for the child's safety without direct assistance from Department ongoing intervention?
   a. Does documentation support the decision that the family can sufficiently manage safety on its own? Sustainability?
   b. Is there an adequate basis for determining that a non-maltreating caregiver has the capacity and willingness to protect?
   c. Is further clarification indicated?

4. Can an in-home safety plan sufficiently manage impending danger?
   a. Does the safety planning analysis documentation clearly support the decision to use an in-home safety plan?
   b. Do identified safety plan actions match up with how impending danger is manifested in the family to control the danger while treatment services are initiated for behavior change?
   c. Does the in-home safety plan provide a detailed and sufficient level of effort to control threats and augment parent/caregiver protective capacities?
   d. Is it clear who is responsible for providing what safety action?
   e. Is the CPI/case manager clear on what safety management will entail with each safety service provider (natural supports, informal or formal provider)?
   f. Are there gaps in the safety plan information and safety actions that require immediate follow-up?
   g. Is there a need for further clarification and supervisory consultation?

5. Does out-of-home placement continue to be necessary?

a. Does the safety plan analysis documentation confirm the need for children to remain in placement outside of the home?
b. Is there a need for further clarification regarding the decision to place?
c. Have you summarized the conditions for return if children are out of home placement? What needs to change related to the 5 criteria for in home safety plan; what needs to change related to behavior, associated DANGER threats, and associated diminished CPCs for kids to go home with in-home safety plan?

6. Identification of Caregiver Protective Capacities
   a. Does documentation identify specific strengths associated with the caregiver role?
   b. Is there need for clarification regarding caregiver protective capacities?
   c. Consider what possibilities may exist for discussing and using caregiver protective capacities during the ongoing family functioning assessment process.

Assessment of Child Strengths and Needs

Purpose: Child strengths and needs measure the extent to which certain desired conditions are present in the life of the child within a recent timeframe. The child indicators are directly related to a child's well-being and success (e.g. emotion, behavior, family and peer relationships, development, academic achievement, life skill attainment). When the department is involved with families whose children are unsafe, the case manager is responsible for assuring that the child's physical and mental health, developmental and educational needs are addressed by their parents, as well other caregivers when children are in an out of home setting. A current description of child strengths and needs will be provided in the FFA as part of "child functioning."

Scaling Criteria for Case Managers:
An "A" or "B" rating for any indicator reflects that a child is doing well in that area; a "C" or "D" rating reflects that a child is not doing well and requires attention. The assessment of these indicators should be used to systematically identify critical child needs that should be the focus of thoughtful, case plan interventions. The information needed by the case manager to complete this assessment will be gathered from the child, parent and other caregiver(s), and collateral sources such as a child care provider, teacher, and/or professional evaluator.

Organizing constructs:

A= EXCELLENT
Child demonstrates exceptional ability in this area

B=ACCEPTABLE
Child demonstrates average ability in this area

C=SOME ATTENTION NEEDED
Child demonstrates some need for increased support in this area

D=INTENSIVE SUPPORT NEEDED
Child demonstrates need for intensive support in this area

SPECIFIC CHILD STRENGTH AND NEED DEFINITIONS AND RATINGS

1. **Emotion/trauma: The degree to which, consistent with age, ability and developmental level, the child is displaying an adequate pattern of appropriate self-management of emotions.**
   A. Child is able to experience a wide range of emotions and can manage emotions to the best of developmental ability. Child recovers readily from experiences.
   B. Child may have occasional brief periods of anger, sadness, worry, etc. that are temporarily disruptive but these periods do not interfere with building friendships with peers or adults in their social, educational or family life. Child may have occasional nightmares, but tolerates these without major disruption.
   C. Child's experience of anger, sadness, worry, etc. are frequent enough to cause some disruption in social, educational, or family life.

      OR

      Child has some symptoms of trauma such as a startle response, frequent difficulty sleeping or staying awake, bed wetting, overeating or under-eating, and these symptoms are causing some distress for the child.
   D. Child experiences out-of-control anger, profound sadness or worry so much that child is unable to maintain friendships, is falling behind academically.

      OR

      Child has pervasive trauma symptoms such a s a startle response that is so severe child cannot tolerate many environments; sleep disruption that is causing severe academic or health problems; bed wetting; eating patterns that are causing significant weight gain or loss; or child is experiencing despair or hopelessness to the point of thinking of self-harm.

2. **Behavior: The degree to which, consistent with age, ability and developmental level, the child is displaying appropriate coping and adapting behavior.**

3. **Development /Early Learning (applies to children under the age of 6 years): The child is achieving developmental milestones based on age and developmental capacities; child development in key domains is consistent with age and ability appropriate expectations.**
   A. Child's physical and cognitive skills are above age expectations in all domains based upon normal developmental milestones.

      OR

      Child with developmental delays is receiving special interventions and is demonstrating excellent progress.
   B. Child's physical and cognitive skills are at or near age expectations in most of the major domains.

      OR

      Child with developmental delays is receiving special interventions and is beginning to demonstrate some progress.

C. Child's physical and cognitive skills are mixed, near expectations in some domains but showing significant delays in others.

OR

Child with developmental delays is or may be receiving special interventions and is demonstrating very slow gains that are below desired goals.

D. Child's physical and cognitive skills show significant delays in most domains.

OR

Child with developmental delays is or may be receiving special interventions and is showing minimal to no improvement.

4. **Academic Status (applies to children 6 years of age and older): The child, according to age and ability, is actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program.**

A. Child is reading at or well above grade level and is meeting and exceeding all requirements for grade-level promotions.

OR

Child is exceeding goals set forth in an IEP or Section 504 plan.

B. Child is reading at or close to grade level and is adequately meeting all requirements for grade-level promotions.

OR

Child is adequately meeting goals set forth in an IEP or Section 504 plan.

C. Child is reading a year below grade level and is meeting some but not all requirements for grade-level promotions.

OR

Child is only meeting some of the goals set forth in an IEP or Section 504 plan.

D. Child is reading two years below grade level and is not meeting core requirements for grade-level promotions.

OR

Child is not meeting any of the goals set forth in an IEP or Section 504 plan.

5. **Positive Peer/Adult Relationships: The child, according to age and ability, demonstrates adequate positive social relationships.**

A. Child interacts with other children and with adults above expectations for developmental level. Child excels in making and keeping friends.

OR

Child is not old enough to think about life choices and behaviors. (Children 0-3 would meet this criteria)

B. Child interacts with other children and adults in ways that would be expected for developmental level.

C. Child has some difficulty making or keeping friends and/or has some discomfort relating to adults. However, child has sufficient social interactions outside of the household.
D. Child has extreme difficulty making or maintaining friendships and experiences social isolation, ostracism, or bullying.

6. **Family Relationships: Child demonstrates age and developmentally appropriate patterns of forming relationships with family members.**
   A. Child experiences his/her family as a safe and supportive place and has a strong sense of belonging. Child does not express any concerns about safety nor shows any symptoms of fear or trauma.
   B. Child is generally comfortable in his/her family. Child expresses some concerns or worries about family conflicts that appear to be normal. Child has a basic sense of safety and security.
   C. Child has some conflicts with one or more family members that disrupt the child's feeling of safety or belonging.
   D. Child experiences no security or belonging with family; child experiences persistent conflict with one or more family members that makes it extremely uncomfortable to be present in the family.

7. **Physical Health: Child is achieving and maintaining positive health status which includes physical, dental, audio and visual assessments and services. If the child has a serious or chronic health condition, the child is achieving the best attainable health status given the diagnosis and prognosis.**

   A. Child is demonstrating excellent overall health.

      OR

      If child has a chronic condition is attaining the best possible health status that can be expected given the health condition.
   B. Child is demonstrating an adequate level of overall physical health status.

      OR

      If child has a chronic condition is responding adequately to medical treatment.
   C. Child is demonstrating an inconsistent or inadequate level of overall physical health. The child's physical health may be outside normal limits for age, growth and weight range.

      OR

      If child has a chronic condition the symptoms are becoming problematic.
   D. The child is demonstrating a consistently poor level of overall physical health. The child's physical health is significantly outside normal limits for age, growth and weight range. Any chronic condition is becoming more uncontrolled, possibly with presentation of acute episodes.

8. **Cultural Identity: Important cultural factors such as race, class, ethnicity, religion, LGBTQ, or other forms of culture are appropriately considered in the child's life. (NOTE: the goal of responding to a C or D would not be to change the cultural identity or belonging, but to resolve the conflict or help the child cope with the conflict.**

   A. Child identifies with his/her culture, has a sense of cultural awareness, and/or is motivated to explore his/her culture. Child has an identified support network to assist in exploring and/or identifying with his/her culture.

   OR

   Child is of an age where they are not aware of their culture; however they have a support network that will cultivate the child's sense of cultural identity.

   B. Child identifies with his/her culture, has a sense of cultural awareness. Child shows some motivation to explore his/her culture.

   OR

   Child is of an age where they are not aware of their culture; however their support network shows some motivation to cultivate the child's sense of cultural identity.

   C. Child does not identify with his/her culture, but does have a sense of cultural awareness. Child does not have a support network to assist in exploring and/or identifying with his/her culture.

   OR

   Child is of an age where they are not aware of their culture and their support network shows little motivation to cultivate the child's sense of cultural identity.

   D. Child does not identify with his/her culture, lacks a sense of cultural awareness, and expresses no motivation in exploring and/or identifying their culture. Child has minimal supports to assist with motivation, exploration, and/or identification of culture.

   OR

   Child is of an age where they are not aware of their culture and their support network shows no motivation and/or support for cultivation of the child's cultural identity.

9. **Substance Awareness: The assessment of substance awareness is multi-dimensional. First, the assessment includes the child/youth's awareness of alcohol and drugs, and their own use. Second, for children who have experienced the negative impacts of parent/caregiver substance misuse within their home, the assessment includes their awareness of alcohol and drugs and treatment/recovery for their parent(s).**

   A. Child can voice the dangers of alcohol and drugs and the negative effects on daily life choices and makes conscious decisions to refrain from use of drugs and alcohol.

   OR

Child is aware of the affects of drugs and alcohol within the family dynamic, including treatment and recovery for their parent(s), and makes daily life choices to refrain from the use of drugs and alcohol.

OR

Child is of an age where it is not reasonable to understand any of the family dynamics related to drug and alcohol use within the family.

B. Child is somewhat aware of alcohol and drugs and their negative effects on daily life choices. Child has refrained from use of alcohol and drugs.

OR

Child is aware of the affect of drugs and alcohol with the family dynamic, and is aware of some basic information in regards to treatment and recovery for their parent(s).

C. Child is aware of alcohol and drugs. Child chooses to use alcohol on limited occasions. Alcohol use has not resulted in disruption to school and/or relationships.

OR

Child is partially aware of the affect of alcohol and drugs within the family dynamic, and has no information in regards to treatment and recovery for their parent(s).

D. Child uses drugs and/or alcohol on a regular basis and this has led to decreased school performance, disruption of social network, arrest, injury, or illness.

OR

Child is not aware of drugs or alcohol use within the family, including information regarding treatment and recovery for their parents.

10. Preparation for Adult Living Skill Development (applies only to children 13 and over). Child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing and other capacities necessary for functioning upon adulthood. Also includes adolescent sexual health and awareness.

A. Child excels with developing long-term life skills, supportive relationships and connections. Child is motivated in their life skill development and recognizes the significance of developing life skills. Child has an identified support network to assist in achieving life skill development. According to age and ability, is developing necessary life skills for adult living.

B. Child is making adequate progress with developing long-term life skills, relationships and connections. Child displays motivation, however requires assistance with maintain their motivation. Child has a support network in place to assist in achieving life skill development and motivation. According to age and ability has gained adequate for adult living.

C. Child is making less than adequate progress with developing life skills, long-term supportive relationships and connections. Child is minimally engaged with life skill development, despite the level of support present. Child may or may not have a

support network in place for life skill development. According to age and ability is beginning to gain life skill capacities that are not yet adequate.

D. Child is making very limited progress with developing life skills, long-term supportive relationships and connections.

OR

Child is not aware of the need for developing life skills, long term supportive relationships, and connections. Child may or may not have a support network in place for life skill development According to age and ability is not gaining necessary life skill capacities.

Stages of Change

Pre-contemplation. Not currently considering change. Not ready to change.
The parent/legal guardian or caregiver is yet to consider the possibility of change. The caregiver does not actively pursue help. Problems are often identified by others. Concerning their situation and change, caregivers are reluctant, resigned, rationalizing or rebelling. Denial and blaming are common.

The parent/legal guardian or caregiver is communicating during ongoing family functioning assessment conversations that he does not acknowledge that there are problems and he does not consider the need to change. The parent/legal guardian or caregiver who is in the pre-contemplation stage of change tends to demonstrate some level of resistance. They are reluctant to participate in conversations during the ongoing family functioning assessment. They may express "fake cooperation" as a form of resistance and may even acknowledge that they are willing to complete services, but in reality they do not have intentions to change or they do not believe that change is possible. They may be rationalizing problems or blaming others; make excuses; or accusing the ongoing case manager of interfering in their lives. They could be actively rebelling against intervention by being overtly argumentative during conversations.

The majority of parents/legal guardians or caregivers who begin the ongoing case management process do so as involuntary clients. These parents/legal guardians or caregivers tend to be in pre-contemplation about all, or some, of the problems that were identified during the investigation. They likely feel forced or coerced to be involved with case management and as a result, they feel a sense of powerlessness.

Contemplation. Thinking about change. Ambivalent about change: "Sitting on the fence"

The parent/legal guardian/caregiver considers change, and rejects it. The parent/legal guardian/caregiver might bring up the issue or ask for consultation on his or her own. The parent/legal guardian/caregiver considers concerns and thoughts, but no commitment to change.

Parents/legal guardians/caregivers may begin the ongoing family functioning process thinking about problems and considering the need to change but they have likely not made a decision that change is necessary. The conversations that occur during the ongoing family functioning assessment are intended to facilitate parents/legal guardians/caregivers to begin weighing the pros and cons for change. Parents/legal guardians/caregivers who are in the Contemplation Stage for change are ambivalent. They consider the need for change, but they are hesitant to fully acknowledge problems, and they are not sure they want to give up negative patterns of behavior.

When parents/legal guardians/caregivers begin the assessment as highly resistant, efforts to facilitate change should concentrate on moving caregivers from pre-contemplation to a mindset

of contemplating the need for change. Simply getting parents/legal guardians/caregivers to minimally acknowledge problems and start thinking about the need for change is a realistic objective for intervention in the short term when parents/legal guardians/caregivers are very resistant to participating in the ongoing family functioning assessment much less open to thinking about change.

Preparation. Getting ready to make a change. Parent/legal guardian/caregiver has some experience with change and is trying to change: "Testing the waters"

This stage represents a period of time when a window of opportunity to move toward change opens. The parent/legal guardian/caregiver may be modifying current behavior in preparation for further change. A near-term plan to change begins to form.

As a result of the raising of self-awareness that occurs during the ongoing family functioning assessment, many parents/legal guardians/caregivers will move toward taking increasing ownership for their problems (or at least some of their problems) and they will start talking about not only the need for change, but what specific behavioral change would look like. When conversations are productive with respect to eliciting parent/legal guardian/caregiver feedback regarding what must change, there emerges a period of time when a window of opportunity opens for engaging parents/caregivers to commit to taking steps to change.

Action. Ready to make a change. Parent/legal guardian/caregivers are practicing new behavior for 3-6 months. The parent/caregiver engages in particular actions intended to bring about change. There is continued commitment and effort.

Parents/legal guardians/caregivers who are in the Action stage are not only taking steps to change, including participating in a change process with the ongoing case manager and other changed focused services, but they also express a belief and attitude that the actions taken to address problems will result in things being different. In effect, when a parent/legal guardian/caregiver completes the ongoing family functioning process and commits him/herself to participating in services and working toward achieving outcomes and case plan outcomes, s/he is moving into Action stage. If at the conclusion of the ongoing family functioning assessment or in the months following the implementation of the case plan, a parent/legal guardian/caregiver communicates that s/he is ready, willing and able to make change and then proceeds to take the steps to do so, s/he is in the Action stage.

Maintenance. Continuing to support behavior change. Continued commitment to sustaining new behavior post-6 months to 5 years.

The parent/legal guardian/caregiver has successfully changed behavior for at least 6 months. He or she may still be using active steps to sustain behavior change and may require different skills and strategies from those initially needed to change behavior. The parent/legal

guardian/caregiver may begin resolving associated problems.

A parent/legal guardian/caregiver does not reach the Maintenance Stage of change until s/he demonstrates sustained behavioral change for at least 6 months. Parents/legal guardians/caregivers may still be actively involved in completing their case plans and participating in services, but significant progress has been made toward the achievement of outcomes related to caregiver protective capacities and child well-being. It is important to note that a parent/caregiver is not likely to be in the Maintenance stage for all outcomes in the case plan at the same time. In most cases, it will be more likely that parents/caregivers could be in the Maintenance stage for one outcome related to caregiver protective capacities while still remaining in the Action stage or even Contemplation stage related to other outcomes. In ongoing case management, the change process is evaluated at least every 90 days, or at critical junctures during the ongoing case management and services to determine when sufficient change has occurred such that no intervention is required and the case can be closed.

Relapse (Stage of Change Specific to Substance Use) Resumption of old behaviors: "Fall from grace"

The assessment of stage of change has been incorporated into most substance abuse treatment programs, and treatment interventions should be thoughtfully matched to the stage of change in which the individual is currently. Addiction programs may use stages of change models that have been customized around addiction. The first five stages of change in this curriculum are appropriate for a range of challenges. The six stage of “relapse” has been added and is specific to addictions.

Substance abuse is a complex and chronic disease that has biological and behavioral components. A comprehensive treatment program, tailored to the individual, is necessary for the treatment success. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. Most people working to overcome an addiction experience relapse. It is much more common to have at least one relapse than not.

Relapse is not the same as treatment failure. Recurrence of substance use can happen at any point during recovery. When a parent relapses, it is important to help the parent recognize the difference between lapses (a period of substance use) and relapse (the return to problem behaviors associated with substance use), and to work with the parent to re-engage him or her in treatment as soon as possible.

It also important to note that a urine toxicology screen will not tell you whether the individual has had a lapse versus a relapse. Part of effecting long-term change includes working with parents to identify the specific factors that preceded their substance use — What were the emotional, cognitive, environmental, situational, and behavioral precedents to the relapse?
Child welfare workers can help a parent/legal guardian/caregiver plan for the potential of relapse

and for ensuring safety of the child. Parents who learn triggers can become empowered to plan proactively for the safety of their children and to seek healthy ways to neutralize or mitigate the trigger. One element in the process of recovery is to develop a relapse prevention plan.

Family Time

Definition: Meaningful and regular contact intended to allow the parents the opportunity to gain confidence and practice what they are learning. It affords parents the opportunity to see how their children are doing. Family time also allows children the opportunity to be with parents and other family members they care about. Family time includes opportunities for the parents to:

- Attend any type of school, sporting, or extracurricular activity;
- Attend (in person or by phone) a doctor's appointment, medication management, therapy sessions (such as family, speech, vocational, or physical), or special needs training (such as nebulizers);
- Participate in monitored telephone calls, face-time, skyping, e-mails, letters, exchange of photographs, etc. Even while in court with a speaker phone, a quick "hello" or "I love you" between an absent parent and child is enormously effective for both.

Chapter 39 addresses and encourages family time (also known as "visitation") on three family relationship levels: 1) family time between the parent and child; 2) family time among siblings who are separated in various placements; and 3) grandparent visitation. The Florida Dependency Judges Bench Book for 2012 offers guidance on the effective use and support of "Family Time."

Family Time/Visitation Quality Ratings

An assessment of the overall "frequency" and "quality" of family time and other visitation opportunities is a required component of Judicial Reviews. In order to standardize the criteria used for frequency and quality, the following ratings have been developed.

1. **Visitation Frequency** ("Compliance" with Case Plan) Evaluation of the overall visitation frequency. Visits that are appreciably shortened by unreasonable late arrival/early departure should be considered missed. Ratings are as follows:
   a. **Consistent:** Caregiver regularly attends visits or calls in advance to reschedule (90-100% compliance).
   b. **Routine:** Caregiver may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance)
   c. **Sporadic:** Caregiver misses or reschedules many scheduled visits (26-64% compliance)
   d. **Rarely or Never**: Caregiver does not visit or visits 25% or fewer of the allowed visits. (0-25% compliance).
2. **Quality of Face-to-Face Visits.** Quality of overall visits and other family time opportunities is based on case manager's direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc. Ratings are as follows:

a. Excellent. Parent/Legal Guardian/Caregiver **Consistently:**

- Demonstrates parental role
- Demonstrates knowledge of child's development
- Responds appropriately to child's verbal/non-verbal signals

- Puts child's needs ahead of his/her own
- Shows empathy toward child

b. **Adequate**. Parent/Legal Guardian/Caregiver **Occasionally**:
- Demonstrates parental role
- Demonstrates knowledge of child's development
- Responds appropriately to child's verbal/non-verbal signals
- Puts child's needs ahead of his/her own
- Shows empathy toward child.

c. **Not Adequate**. Parent/Legal Guardian/Caregiver **Rarely**:
- Demonstrates parental role
- Demonstrates knowledge of child's development.
- Responds appropriately to child's verbal/non-verbal signals.
- Puts child's needs ahead of his/her own.
- Shows empathy toward child.

d. Adverse. Parent/Legal Guardian/Caregiver **Never**:
- Demonstrates parental role
- Demonstrates knowledge of child's development
- Responds appropriately to child's verbal/non-verbal signals
- Puts child's needs ahead of his/her own
- Shows empathy toward child.

Evaluation of Case Plan Outcomes

The *Ongoing Family Functioning Progress Evaluation Criteria* are used to evaluate outcome progress and change. **An outcome** identifies specific behavior that is a demonstration of an enhanced caregiver protective capacity thus remediation of danger threat. Therefore, the criteria assess progress related to (1) that specific behavior and (2) caregiver readiness to change. Related to progress assessment, the completion of the Progress Evaluation occurs when the criteria have been applied to all outcomes in the case plan.

Terms Used in the Progress Evaluation Criteria

The following are every day terms, but to encourage reliable use of the criteria it is important that users understand how these terms are defined and applied as part of the criteria.

- **Behavior** means observable responses, actions, conduct, and manner as represented and identified in an outcome set in the case plan.
- **Consistent** means recurring as in a pattern or developing pattern
- **Criteria** means for measuring behavior change, for judging the change of a behavior
- **Demonstrated** means to show as a means of proof that a behavior is occurring
- **Diminished** means lessened in usefulness or significance with respect to a personal characteristic's effect
- **Enhanced** means already heightened and significant (with respect to a personal characteristic's effect)
- **Evident** means ***e***asy to see, clear, obvious, apparent
- **Outcome** means specific behavior change that is supported, agreed to, and expected
- **Repeated** means done again and again, done enough to represent a possible developing pattern
- **Sustained** means to keep up for several weeks to months to years; to become habitual in manner.

Progress toward Outcome Achievement Ratings

1. **Excellent Progress means that parent is demonstrating actions that are evidence of significant progress towards achieving changes in one or more protective capacities. Parent is demonstrating considerable commitment of time and energy.**
   Indicators of Excellent Progress:
   - The caregiver takes ever increasing responsibility for demonstrating behavior as an expression of self-sufficiency.
   - The caregiver adjusts priorities in his or her life in relationship to parenting and protective responsibilities.
   - The caregiver is more self-aware about the behavior and can explain it in relationship to the reason for Department/agency involvement.
   - The caregiver is open about the value of the changed behavior, the need for the changed behavior, and the circumstances that required the changed behavior.
   - The caregiver sees and accepts the effects of the changed behavior and values the

effects.

- The caregiver indicates satisfaction about the changed behavior.
- The caregiver prefers the changed behavior over previous ways of behaving.
- The caregiver recognizes the possibility of relapse and the inevitable consequences.
- The caregiver can reflect on the positive benefits resulting from the changed behavior.
- The caregiver is motivated to work on other changes and adjustments in his or her life.
- There is evidence of secondary gains such as changes in life circumstances, changes in child behavior, changes in relationships, and so on.

2. **Acceptable Progress means that parent is demonstrating actions that are evidence of beginning progress towards achieving changes in one or more protective capacities. Parent is demonstrating an acceptable level of commitment and energy.** Indicators of Acceptable Progress:
   - The caregiver is actively participating in planned services.
   - The caregiver acknowledges the need to change.
   - The caregiver is committed to addressing what must change.
   - The caregiver acknowledges his or her responsibility for child protection.
   - The caregiver makes the correlation between his or her diminished protective capacities and threats to child safety.
   - The caregiver assertively takes action to address what must change.
   - The caregiver is beginning to demonstrate enhanced protective capacities associated with what must change to create a safe environment.
   - The caregiver demonstrates change in perceptions, attitudes, motives, emotions, and behaviors that are associated with his or her protective capacities.
   - The caregiver is purposively using services (i.e., counseling, skill building, education) to enhance protective capacities.

3. **Not Adequate Progress means that the parent is demonstrating minimal actions that do not reflect a sufficient commitment of time or energy to achieve the necessary changes in one or more protective capacities; or, Parent is ready and willing to participate in services but progress is not being made based on service/treatment availability, service/treatment accessibility or service/treatment is not of sufficient intensity.** Indicators of Not Adequate Progress:
   - The caregiver seems to be contemplating the need to change (is moving from pre-contemplation to contemplation).
   - The caregiver may not agree completely with what must change, but he or she is open to discussing issues.
   - The caregiver vacillates back and forth between considering change and being motivated to maintain problematic behavior.
   - The caregiver generally maintains appointments with the Department/agency.

- The caregiver is willing to participate in services related to enhancing a particular caregiver protective capacity.
- The caregiver's involvement at this point may be more related to compliance than change, but he or she generally follows through on participating in planned services.
- The caregiver is beginning to reflect how his or her actions/behavior is impacting his or her ability to adequately parent, to assure protection.
- The caregiver has a sense that things may need to change or at least that the current status quo is not working.
- The caregiver may not fully acknowledge and agree with what must change, but he or she can communicate the negative consequences of continuing with the way things are.
- The caregiver is open to discussing alternative ways of behaving, thinking, and/or feeling.
- The caregiver is somewhat receptive to seeking specific feedback, knowledge, skill regarding what must change.
- The caregiver is somewhat assertive in communicating needs.
- The caregiver appears to demonstrate increased problem solving related to the reasons that the Department/agency is involved.

4. **No Progress means that parent is demonstrating behaviors that are a significant indication that the parent has not made any commitment of time or energy to achieve the necessary changes in one or more protective capacity.** Indicators of No Progress:
   - The caregiver maintains that problems are separate from him or herself.
   - The caregiver continues to blame his or her problems on others.
   - The caregiver maintains that problems are unchangeable.
   - The caregiver maintains that there is not a problem that needs to be addressed.
   - The caregiver continues to have rigid beliefs about his or her right to behave how he or she wants.
   - The caregiver refuses or avoids participation in services which enhance a particular caregiver protective capacity.
   - The caregiver rejects discussion or feedback related to what must change.
   - The caregiver is completely non-assertive and is withdrawn from engaging in intervention.
   - The caregiver is completely closed off regarding the need to address what must change.
   - The caregiver's current functioning makes it unlikely that he or she could benefit from change interventions.
   - The caregiver is inflexible and avoids contact with the Department/agency and/or treatment service providers.
   - The caregiver may verbalize commitment but does not follow through; interaction is characteristically passive aggressive or "fake cooperation."

Overall Case Plan Compliance Ratings (Judicial Cases)

Purpose: Judicial reviews require an overall assessment of the extent to which parents are compliant with the overall goals of their case plan. These ratings apply to the progress being made on all case plan outcomes. It is an overall professional judgement made by the case manager.

1. **SUBSTANTIALLY COMPLIANT**

Parent is demonstrating actions that are evidence of **significant progress** towards achieving changes in one or more protective capacities. Parent is demonstrating **considerable** commitment of time and energy to accomplish all case plan outcomes. The circumstances which caused the creation of the case plan have been significantly remedied to the extent that the safety and well-being of the child will not be endangered upon the child's remaining with or being returned to the child's parent.

2. **PARTIALLY COMPLIANT**

Parent is demonstrating actions that are evidence of **beginning progress** towards achieving changes in one or more protective capacities. Parent is demonstrating an **acceptable** level of commitment of time and energy to accomplish case plan outcomes.

3. **NOT COMPLIANT**

Though able to do so, parent is demonstrating minimal actions that do not reflect a sufficient commitment of time or energy to achieve case plan outcomes.