



Trainer Guide

Writing Skills Workshop

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Child Welfare Training Consortium

University of South Florida



Writing Skills Workshop

Important Information for Trainers

Design of Workshop:

The focus of this workshop is to revisit concepts discussed, learned, and practiced in the previous three (3) workshops, introduce the importance of professional documentation and practice individual “Writing Skills” so the child welfare workforce can confidently document in a concise, succinct manner for the purposes of professional development in written work.

This workshop is designed around the fifth competency component within Safety Methodology.

The five competencies within Safety Methodology are:

1. I know what information I must learn about a family. I know what information I must collect on each case I am assigned.
2. I understand the purposes or reasons for needing to know this information.
3. I demonstrate the ability to gather the information.
4. I demonstrate awareness that everything I do to reconcile and validate information influences the overall quality of the information.
5. I can discuss and write about information I collected logically, succinctly, and in a way that justifies my conclusions.

Target Audience for Workshop:

It is presumed that those attending and participating in this workshop are already carrying a caseload, have experience in the field working with families, providers, other professionals and stakeholders within the system of care. This workshop is meant to provide information and practice opportunities geared toward the experienced child welfare professional and strives to enhance skills by recognizing that those attending have practical experience with families, including various challenges and barriers present within the field of child welfare. The respect demonstrated, by the trainer, for the participants’ experience will serve as the basis for successful class discussions, a safe learning environment and an opportunity for staff to develop and practice skills that can be immediately applicable in the field.

Trainer Attitude and Attention to Content:

This workshop is designed with many application activities. There are content point discussions with examples and many reference materials for the participants to use in helping them organize their thinking and writing skills for the practice activities. The content points for delivery in this workshop are a springboard for the more important and necessary work of practice and application by workshop participants.



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It is anticipated that trainers will know their audience well enough to know how to facilitate and establish the expectations for full class participation. Most work in this workshop will be done as a large group and will also include individual practice.

It is important that trainers are mindful that writing skills are often an area of great struggle for participants and there are many styles and techniques that will be acceptable, even if it is not an illustration of the highest standard desired. Many participants are sensitive about their own skill level and may be reluctant to seek feedback or share work product efforts. Attitudes of trainers and a heightened awareness of the learning environment related to these concerns is crucial for a successful and productive workshop. This does not negate the necessity to reinforce the requirement for participation and time managed accountability for participants to stay on task during activity application.

Within this workshop, it is essential that the **trainers demonstrate and model** their own writing skills **WITH** the class. There are **NO** perfect examples and most written work can be and is critiqued by many levels of professionals in the child welfare profession. This critique is frequently perceived as a personalized assault on the efforts and intelligence of the individual to whom the work belongs. Trainers **MUST** “model” that each of us can develop professionally and learn from experience. Trainers **MUST** demonstrate how “authoring” of information takes thinking and organizing, at a cognitive level, it is not simple, and it requires a determined effort.

While examples and sample responses are provided for the trainers, as a guide, it is essential that trainers allow for participants to use their critical thinking skills without the necessity for an EXACT correct response, unless noted in the materials. The primary skill required of trainers conducting this workshop is the ability to facilitate discussions with participant groups.

Timing and Agenda:

It is recommended class size not exceed 20* due to the experiential nature of the application activities. Timing may vary on discussions, practice applications and content delivery with smaller class sizes. It is up to each trainer’s discretion to determine time management, based on skill development needs and progress on delivery processes. This workshop is designed for a full six (6) hour training day of content delivery, activities, lunch and two breaks.

** If an individual trainer is facilitating this workshop without partnering with a co-trainer, the optimal suggested number of participants is 12. If two trainers are facilitating, it is still suggested for purposes of space and content that no more than 20 participants are in the workshop. The reasoning is that the trainer must be able to assist EACH participant by carefully monitoring the writing application activities and rotating around the room for brief periods to review and make constructive/corrective editing suggestions if needed, as well as provide for positive reinforcement for practice efforts and outcomes.*



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Trainer Tips and Suggestions:

This is a one day workshop. ***The volume of information within the trainer guide and participant guide is driven by the need for participants and trainers to have reference materials, handouts and visuals to assist with the application activities.*** This workshop revolves around three primary application activities in which participants are working on documentation practices related to their own daily work. The goal is for this workshop day to be productive enough that it serves to allow participants to leave with a work product that can be used in their currently assigned roles.

Review the content materials carefully. Every effort has been made to match up your trainer guide materials, power points and participant materials, but it is key that trainers review materials with advance time to gain familiarity and comfort with content and facilitation requirements.


Extra effort will be needed to assure that all preparation for the room, electrical outlets, space and pre-requisites for participation are followed, including advanced notification of the necessity to bring cases and laptops.

Monitor and enforce class size restrictions for an optimal learning environment.

There are areas in the trainer guide with suggested examples **for you**, as the trainer. This information is a **guide** and **not the only** definitive style or example possible.



KEY

Icon	Description
	Trainer Note
	Agenda
	Competency 5
	Learning Objectives
	Key Concepts/Discussion
	Activity
	Pre/Post Test



Writing Skills Workshop

Workshop Length: 6 hours

Pre-requisite for participants: Participants should have completed the six (6) hour Critical Thinking workshop, the six (6) hour workshop on Motivational Interviewing and the three (3) hour workshop on Synthesis & Analysis before participating in this workshop on Writing Skills.

Each class participant will need to bring their own laptop and any materials needed to work on active cases in Microsoft Word. Working within a Word document is easier for editing purposes, group discussion and allows for the trainer to review and help with editing during application activities.

It is suggested that participants bring at least three (3) current cases in which they are working on completing the PDA summary, FFA and additional documentation such as notes, present and/or impending danger safety plans.

FSFN access is **not** necessary if CPI prints out current case work with the notes and brings all to class for review and reference during practice activities.

Trainer prep recommendation: To successfully facilitate this workshop, it is helpful to have it in either a computer lab or in a location with plenty of desk or table space. Prepare ahead with multiple extension cords and access to electrical outlets for computer plug in for each participant.

Introductions: Have participants share the following information during their introduction in a 30 second or less time frame. (Provide time parameters before starting class introductions). Refer participants to the corresponding PowerPoint slide with these questions:

- Name/role and how long have you been working cases in the new Practice Model?
- What is an area of documentation within assessments that works well for you and you think you have grasped pretty well?
- What is an area of struggle or challenge in regard to documentation?



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Establish working agreement: Cell phones, *laptops**, punctuality, minimal sidebar discussions, full attendance, mutual respect for class discussion and debate. Confidentiality of information shared in class and a commitment to full participation by all.

***Laptops:** For this workshop trainers should request that participants bring their own laptops for the purpose of participating in practice efforts and be able to take a “work product” back for use in their casework.

It is important to establish a “**hands on and hands off**” rule as to your expectations for them related to attending to class content with a “**hands off**” and screens half down during content delivery and participatory discussions.

During practice and application activities it will be a “**hands on**” time for them to work on assigned practice activities. It is crucial that trainers are very clear in reviewing the expectations that time with laptops are focused on the objectives and work assigned from class. Replies to emails and other non-class related work with laptops must be discussed clearly as an expectation in order for optimal attention to application activities.



Opening Discussion (Concrete/Reflection): Trainer facilitates class discussion.

Engage class in discussion of reasons for documentation and the importance of accuracy in the development of records within child welfare.

Some of the responses may have to do with answers such as:

- For legal.
- For others to review.
- For supervisors to know what is happening on cases.
- For there to be a “permanent record” of what was happening in the family.
- To “cover yourself” related to your job and your actions.



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- Read the following history of a child who grew up in foster care in Florida. Use some drama and pauses when reading the story.
- Lisa’s story is in trainer guide only.
- After the review of the account of “Lisa” in the scenario do a quick discussion of what it may have been like to be a child who had experienced that type of trauma and was trying to fill in the pieces of her life, as an adult.

Lisa’s Story:

Lisa was 14 when she was taken into custody. Her family moved to Florida when she was 13. She was not an “easy” child victim to work with. She ran from shelter care repeatedly, cursed at the foster parents on a routine basis, threw wild tantrums in the home, alienated and bullied other children and did poorly in school ---mostly due to skipping school.



Even though she had been sexually abused for years by her stepfather, the disclosure of those family dynamics had not come to light until the move to Florida. Lisa was in Middle School and her behavior was getting her a lot more attention than when she lived in her home town back in Tennessee. The kids in Florida made fun of her for her accent. She gained attention quickly among the boys and was frequently seen as the aggressor of casual intimate interactions. Lisa gave the appearance of not caring about what others said and it was difficult for adults in the “helping profession” trying to work with her. Her therapists, teachers, case managers and others all were conflicted about Lisa’s ongoing self-destructive actions. None doubted her intelligence or potential. It was always the use of that intelligence that seemed elusive, in spite of all available interventions. Lisa was adamant about her “reasons” for her behavior. During her initial disclosure she made comments of trying to “keep it in check” at home for her younger sisters.

The court hearings were train wrecks. Lisa’s mother called her a liar on the witness stand, screamed at her and was verbally and physically threatening to all the agency workers and supervisors. She never believed Lisa and blamed her repeatedly for being the cause of anything that had ever “actually” happened between Lisa and her step-father.

Lisa wavered back and forth between maintaining her original disclosure and recanting. Not unusual for a child of 14 who just wanted to go home, have her sisters go home, and have her mother love her again. She wanted everything to go back to “normal,” regardless of how awful “normal” may have been experienced in her family.

Lisa’s two younger sisters did not disclose or acknowledge information that they had yet become victims of their step-father. The step-father went to prison for his actions with Lisa.



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The younger children were in custody and the mother worked her case plan just enough to regain custody of the younger girls and, of course, the step-father was out of the picture for a very long time. The mother had no interest however in ever working a case plan and have Lisa returned home. She saw her as a liar and a “husband stealer” (the nicest term she ever used about Lisa). Lisa never went home. Her visits were less and less and more and more negative with her mother, as time went on. Her younger sisters also turned against Lisa and saw her as the source of their mother’s unhappiness and the family’s break up. At ages 7 and 8, they were aligned with their mother against Lisa and saw her in the same negative way. Eventually they refused to have visits with her in foster care.

Lisa was, of course, in a multitude of placements over the remainder of her teen years. She never went home. She was never adopted. She aged out of the system in the state of Florida. She dropped off the radar within the system of care. Twelve years after Lisa was placed in Florida’s care, and at the age of 26, Lisa returned to Florida. She had taken a long journey from foster care, lived in a few other states and returned to Florida. She never had further contact with her sisters or her mother in spite of efforts to find them and reconnect.

However it happened, she was able to get into school, pursued community college and went on to get her Bachelor’s in Social Work. Who knows what the turn-around was? Who would have suspected this would have been the outcome? What’s really interesting is what she did when she returned to Florida. She went to Tallahassee, figured out how to ask for her records. She tracked down one of the former workers, who happened to be the investigator who had removed her when she was 14. Child Welfare professionals are easy to find if you remember their names. Lisa had read her files. She had been working to come to some peace with her experiences with her stepfather, mother and sisters. She was able to retrieve the chronicle of her life that was “lost” to her for many years. She was fascinated with everything that was written about her, her mother, her sisters, the efforts that were made to get her some help, the account of the court proceedings, the official court reports and summaries of what happened, after revealing her family’s secret. She called to say “thank you” and to let the investigator know that it all made sense to her now and that in spite of all the “back and forth” reflected in the records that it (the sexual abuse) was, in fact, all accurate and true. She thanked the investigator for writing it all down because it was exactly as it happened and it was “helpful to know about her life.”

This is the reason we take the time to tell our family’s stories. It does matter!



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- Reinforce that documentation serves a much more important function than that of “busy work,” tasks or anything that has unnecessary purpose.
- Reinforce that children can, by law, have their records and see what has been written about them and their family. It is important to remember this, as we strive for professionalism in our documentation. (See next page for FL Statute reference handout on child record requests).



39.00145 Records Concerning Children

(1) The case record of every child under the supervision of or in the custody of the department, the department's authorized agents, or providers contracting with the department, including community-based care lead agencies and their subcontracted providers, must be maintained in a complete and accurate manner. The case record must contain, at a minimum, the child's case plan required under part VII of this chapter and the full name and street address of all shelters, foster parents, group homes, treatment facilities, or locations where the child has been placed.



(2) Notwithstanding any other provision of this chapter, all records in a child's case record must be made available for inspection, upon request, to the child who is the subject of the case record and to the child's caregiver, guardian ad litem, or attorney.

(a) A complete and accurate copy of any record in a child's case record must be provided, upon request and at no cost, to the child who is the subject of the case record and to the child's caregiver, guardian ad litem, or attorney.

(b) The department shall release the information in a manner and setting that are appropriate to the age and maturity of the child and the nature of the information being released, which may include the release of information in a therapeutic setting, if appropriate. This paragraph does not deny the child access to his or her records.

(c) If a child or the child's caregiver, guardian ad litem, or attorney requests access to the child's case record, any person or entity that fails to provide any record in the case record under assertion of a claim of exemption from the public records requirements of chapter 119, or fails to provide access within a reasonable time, is subject to sanctions and penalties under s. 119.10.

(d) For the purposes of this subsection, the term "caregiver" is limited to parents, legal custodians, permanent guardians, or foster parents; employees of a residential home, institution, facility, or agency at which the child resides; and other individuals legally responsible for a child's welfare in a residential setting.



(3) If a court determines that sharing information in the child's case record is necessary to ensure access to appropriate services for the child or for the safety of the child, the court may approve the release of confidential records or information contained in them.





(4) Notwithstanding any other provision of law, all state and local agencies and programs that provide services to children or that are responsible for a child's safety, including the Department of Juvenile Justice, the Department of Health, the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Education, the Department of Revenue, the school districts, the Statewide Guardian Ad Litem Office, and any provider contracting with such agencies, may share with each other confidential records or information that are confidential or exempt from disclosure under chapter 119 if the records or information are reasonably necessary to ensure access to appropriate services for the child, including child support enforcement services, or for the safety of the child. However:

- (a) Records or information made confidential by federal law may not be shared.
- (b) This subsection does not apply to information concerning clients and records of certified domestic violence centers, which are confidential under s. 39.908 and privileged under s. 90.5036.

History.—s. 1, ch. 2009-34; s. 2, ch. 2009-43; s. 40, ch. 2011-213.



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 <p>A white rectangular note with a red pushpin at the top left corner. The text "Trainer Note" is written in red on the note.</p>	<ul style="list-style-type: none">• As you conclude this discussion, advise the class they will be taking a baseline assessment about documentation.
 <p>A yellow sticky note with a black border and a hole punch at the top left. The text "Test Today!" is written in black on the note.</p>	<p>Pre-test: Do it and Document it!</p> <ul style="list-style-type: none">• Provide each participant with a pre-test and allow 15 minutes to complete.• Collect all tests when participants are finished.• Test answers are bolded in Trainer Guide (TG) only.• Pre/Post Test included in back of TG as a full handout (without answers) to be copied and handed out to all participants.



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Writing Skills Pre/Post Test

1. What is the purpose of summarizing priors?
 - A. To make a list of what referrals have been made to DCF in the past five years and report on follow through by the family about intervention services.
 - B. To show, in writing, the criminal activities that have happened with the family in the past.
 - C. To review when and how the family obtained services in the past two years.
 - D. To synthesize the information about what type of priors, how many and if there are any patterns related to same victims, similar alleged offenders or types of maltreatments.**

2. What is the purpose of documenting an analysis within each domain in the Family Functioning Assessment?
 - A. To provide reviewers with the short version of the most important information in that domain.
 - B. To provide the reviewer with the meaning and significance of the information that was presented in the domain information.**
 - C. To document really important summarizations of the allegations to remind the reader of what the case was about when called to the hotline.
 - D. To document specific important and significant statements from the family members and alleged perpetrators.

3. What are the Methodology elements or constructs the analysis should revolve around when a child welfare professional is authoring an analysis?
 - A. Present danger, impending danger and protective capacities.
 - B. Danger threats, child vulnerability, caregiver protective capacities.**
 - C. Fidelity, sufficiency and validation.
 - D. Safe, unsafe and danger threshold criteria.

4. What is the meaning of reconciliation when documenting information within the FFA (either in one domain or information that crosses over between domains?)
 - A. It means that you have repeated and documented the same information in many different ways so that anybody can understand it.
 - B. It means that you have decided who is responsible for the maltreatment and can make a determination about your findings.
 - C. It means you are evaluating the informational discrepancies collected during interviews during your Family Functioning Assessment.**
 - D. It means you have completed all six information collection domains and your FFA is completed.



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5. When you are documenting in the notes, what does it mean to document in a way that gives the interviewee “a voice.”
 - A. You let interviewee talk in a free form way and request that they give you time to write it all down during interviews.
 - B. You write everything the interviewee said because you are advocating for very complete information in the notes
 - C. You use an electronic device to record them so you can play it for yourself and write it word for word.
 - D. You document in outline/bullet form so you can reference it later when you write the FFA.**

6. The purpose of documentation in the Family Functioning Assessment is to:
 - A. Tell word for word exactly everything that was said by family members and collateral contacts about the caregivers in the household.
 - B. Evaluate and document the psychological fitness of the caregivers in the household upon which the FFA is focused.
 - C. Provide the reader with your personal determination of what they need to know about how this family and if the child is safe of unsafe,
 - D. Organize, present and articulate in writing information that accurately content of all domains and demonstrates how a child safety decision was reached.**

7. The PDA must be documented in FSFN when:
 - A. You are working on case closure and must get everything documented before the due date.
 - B. You have done enough evaluation of the situation to determine if and how present danger exists.**
 - C. You commence the case and you are showing that you did your on- site face to face visit in a timely manner.
 - D. You know your maltreatment findings for the case specific to all the allegations.





8. Documentation bias is often seen when:
 - A. You don't want to document everything.
 - B. You are not sure what you should document.
 - C. You document in a way that shows your emotions, personal values and attitudes about the family members about whom you are documenting.**
 - D. You document so that your supervisor clearly knows your stance on how child safety decisions were made.



 <p>Trainer Note</p>	<p>What Can Be Expected?</p> <p>Review agenda with class participants.</p>																						
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="232 510 337 642">  </div> <div data-bbox="651 575 993 680" style="text-align: center;"> <p>Workshop Agenda: 9am–4pm</p> </div> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">9:00am</td> <td style="padding: 5px;">Introductions/Reflection/Lisa’s Story</td> </tr> <tr> <td style="padding: 5px;">9:30am</td> <td style="padding: 5px;">Pre-Test</td> </tr> <tr> <td style="padding: 5px;">9:45am</td> <td style="padding: 5px;">Purpose of Documentation</td> </tr> <tr> <td style="padding: 5px;">10:30am</td> <td style="padding: 5px;">Break</td> </tr> <tr> <td style="padding: 5px;">10:45am</td> <td style="padding: 5px;">Read it, Review it, Try It! (Activity 1) & Debrief</td> </tr> <tr> <td style="padding: 5px;">12–1:00pm</td> <td style="padding: 5px;">Lunch</td> </tr> <tr> <td style="padding: 5px;">1:00pm</td> <td style="padding: 5px;">Domain Documentation Practice (Activity 2) & Debrief</td> </tr> <tr> <td style="padding: 5px;">2:15pm</td> <td style="padding: 5px;">Break</td> </tr> <tr> <td style="padding: 5px;">2:30pm</td> <td style="padding: 5px;">What is your Analysis? (Activity 3) & Debrief</td> </tr> <tr> <td style="padding: 5px;">3:30pm</td> <td style="padding: 5px;">Post-Test</td> </tr> <tr> <td style="padding: 5px;">3:45–4pm</td> <td style="padding: 5px;">“What adds up?” and Wrap up</td> </tr> </table>		9:00am	Introductions/Reflection/Lisa’s Story	9:30am	Pre-Test	9:45am	Purpose of Documentation	10:30am	Break	10:45am	Read it, Review it, Try It! (Activity 1) & Debrief	12–1:00pm	Lunch	1:00pm	Domain Documentation Practice (Activity 2) & Debrief	2:15pm	Break	2:30pm	What is your Analysis? (Activity 3) & Debrief	3:30pm	Post-Test	3:45–4pm	“What adds up?” and Wrap up
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	<p><u>Information Collection Competencies:</u></p> <p>I know what information I must learn about a family. I know what information I must collect on each case I am assigned.</p> <p>I understand the purposes or reasons for needing to know this information.</p> <p>I demonstrate the ability to gather the information.</p> <p>I demonstrate awareness that everything I do to reconcile and validate information influences the overall quality of the information.</p> <p>I can discuss and write about information I collected logically, succinctly, and in a way that justifies my conclusions.</p> <p> This workshop will focus on the <u>fifth</u> competency.</p>
	<p>Competency 5 → I can discuss and write about information I collected logically, succinctly, and in a way that justifies my conclusions.</p>
	<p>Review the following objectives with the class and make sure to describe the benefit of each objective to participants. Try to tie the benefit of each objective to some part of discussion from earlier when you asked participants about their most challenging aspect of documentation within our assessment processes.</p>



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- Distinguish the role and purpose of documentation assessment instruments and develop a Present Danger Assessment summary that reflects practice standards.
- Define and develop how the elements of information organization of case facts and written presentation supports a logical, objective and coherent flow of information within the FFA.
- Construct and author an analysis, using the key components of the Practice Model to express and defend how danger threats, protective capacities and child vulnerability are reflected and evaluated within a domain, contributing to a justifiable and supported safety decision.

1



Distinguish the role and purpose of documentation assessment instruments and develop a Present Danger Assessment summary that reflects practice standards.



“Hands off” computers for content delivery points.



Solve for x

$$2(x + 5) = -3x - 6$$

$$\begin{array}{r} 2x + 10 = -3x - 6 \\ +3x \quad +3x \\ \hline 5x + 10 = -6 \\ -10 \quad -10 \\ \hline 5x = -16 \\ x = -\frac{16}{5} \end{array}$$

Good work

Methodology is like Math

- How do you “show your work” for the job that you do?
- How do you “give yourself credit” for the work you do?



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Let's Talk Purpose!

When we get a case and go in the field, we take notes.

Purpose of Notes:

- To document who we saw, what they said, what we did and how we conducted our data gathering for our assessments.
- The notes are about the CPI tasks, actions and duties.
- It is a log of contacts, phone numbers, addresses, telephone contacts, referrals and general communications needed to obtain information.
- It also reflects an **OUTLINE** of the information for the purpose of developing the Present Danger Assessment (PDA) summary and later for the Family Functioning Assessment (FFA).
- Notes do not need to include extensive narratives or even full sentences, but must have enough information for the supervisor a peer or a reviewer in our system to pick up the case and see what has happened prior to the completion of the PDA and FFA or any safety plans. What actions were taken, who was interviewed, what information was obtained.
- The notes **DO NOT** tell the story of the family, but instead provide the elements that are necessary for the CPI to accurately author the family's situation and demonstrate how the assessment decisions were reached, based on the information.
- A sample of notes are below:



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Note examples with three (3) different sources:

***The following are note type examples for documentation purposes in FSFN. These examples are representations of possible note information obtained from the mother and other sources; however, this is not an exhaustive list or meant to be all inclusive for every information collection domain.*

4/25/XX- Face to face interview at the family's home, 123 Drew St. Tampa, with Ms. Landry/Mother of Kiera (10). Ms. Landry provides the following information about her child's injury and information about her child:

- Kiera fell out of tree in neighbor's backyard yesterday.
- Neighbor angry that Kiera was climbing tree in her yard.
- Feuds happen all the time with this neighbor. "She (neighbor) is mean and her kids are mean."
- Kiera climbed tree fast to get away from kids and lost her footing.
- Kiera fell hard and broke her arm. Neighbor angry that she had to handle crisis when it happened. Ms. Kravitz came knocking at Landry home door to get Ms. Landry. She was screaming and red faced.
- Mom went to backyard area and got Kiera. Took her to ER immediately, as her arm was puffy and painful.
- Kiera's broken arm caused by fall. Will provide medical record of ER visit. Nobody caused Keira's broken arm or hurt Kiera. Mom signed a Release of Information for Medical records for DCF to obtain records.
- No problem signing records. "I got nothing to hide and nobody hurt Kiera."
- Keira is an active and very outgoing child. She has lots of friends, is a leader at school and in activities and gets along well with everyone except this neighbor lady.
- Kiera is an "independent kid" and mom loves spending time with her. She enjoys how much life and fun she is with other people. Kiera is "fearless" in how she lives her life and one day she will "do something really big and great".

Observation: Mom's attitude when describing her child was joyful, smiling and positive about Kiera's personality traits that she admired.

- Kiera is the "joy of her life" and while she can be a handful she thinks the "journey" will be worth it.



4/26/XX–TC to Susan Smith, social worker at County General ER. (Phone: 555–555–5555) Left message that CPI would be faxing a release to her today. CPI Faxed her release of information signed by Ms. Landry for medical records related to Kiera’s ER visit yesterday.



4/26/XX –Susan Smith called back within the hour and reviewed that Doctor’s notes indicate that Keira said she fell out of neighbor’s tree and nobody hurt her. There are no other visits for this child to the hospital or the ER. No other concerns, per doctor’s note.

4/26/XX—Face to face interview of family’s neighbor, Ms. Kravitz at her home, 134 Drew St. Tampa. (555–123–5555). She advised:

- Kiera never stays in her own yard.
- She thinks Kiera is a “hyperactive and nosey little girl” who is always using Ms. Kravitz tree to overlook into Kravitz family’s yard and screen porch area.
- Kiera is always all over the neighborhood and involved with every family on the block.
- Her mom takes her to all sorts of sports activities and she is on lots of teams, but she just “wears you out” with how “busy” she is in the neighborhood.



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	<p>Refer participants to the example of notes handout in their Participant Guide (PG) pages 8–9, as you continue with the following discussion points.</p>
	<p>Continued Discussion on Purpose of Notes:</p> <ul style="list-style-type: none"> • Decrease the emphasis of details and narrative in the notes and place more focus on “authorship” within your assessments, as the primary report to reflect your assessment of the information you retrieved. • Avoid overuse of excessive fillers such as “<i>stated, reported, indicated, and said</i>” whenever possible. • Since you will identify in your notes the source of your interview data, it is presumed that the identified interviewee is the one providing the information. • Notes can be written to give a “voice” to the “interviewee” without repetitively reminding the reader by “stating, reporting or indicating” for each piece of information offered. • If there is an “observation” it is important to note it as an observation so that it is distinguished from the “voice” of the interviewee. <ul style="list-style-type: none"> ▪ Observation: <i>Mother shaky during interview, eyes red, hands trembling. Kept looking back at the room where her husband was waiting. Her responses were almost in a whisper and emotional affect seemed as if she was fearful.</i> • It is a record of what we have done. Notes are like a journal to record the actions of the child welfare professional.



Writing Skills Workshop



- The notes *support* the work we do when we “author” within our assessments such as the Present Danger Assessment, Present Danger Safety Plans, Family Functioning Assessment, Family Functioning Assessment–Ongoing, Case Plans and Progress Updates.
- Notes serve as our outline and our chronology, but notes are not, and should not, be the definitive document we rely on to tell us what and how we are making our decisions.
- Avoid requiring the file reviewer to fit all the pieces of the case together with a total reliance on notes.
- Notes should not be copied and pasted into our assessments, instead we need to “author” in a more succinct and cohesive manner. Do not “note dump” into the PDA or FFA.



Refer participants to the “Where do we show our work” handout on the next page as you continue with discussion points about notes, PDA’s and FFA’s. Handout in PG page 10.



Writing Skills Workshop

Where Do We “Show Our Work?”

Notes	
<ul style="list-style-type: none"> • Purpose is to document who we saw, what they said, what we did, and how we conducted our data gathering for our assessments. • The notes are about the CPI tasks, actions and duties. • It is a log of contacts, phone numbers, addresses, telephone contacts, referrals and general communications needed to obtain information. • Avoid overuse of excessive fillers such as “<i>stated, reported, indicated, and said</i>” whenever possible. 	
Present Danger Assessment	Family Functioning Assessment
<p>Present Danger assessment occurs when we have seen the child/children and/or have enough information to determine there is or is not present danger. Present danger refers to immediate, significant, and clearly observable harm or threat of severe harm occurring to a child in the present time, requiring immediate protective actions on the part of the investigator. Present danger can be manifested at any point throughout the investigation.</p>	<p>The FFA is a comprehensive assessment conducted by the investigator using information from all six information domains to identify impending danger based on three fundamental safety constructs: danger threats, child vulnerability, and the absence of caregiver protective capacities to manage danger threats.</p>

Solve for x

$$2(x + 5) = -3x - 6$$

$$2x + 10 = -3x - 6$$

$$\begin{array}{r} 2x + 10 = -3x - 6 \\ +3x \qquad \qquad +3x \\ \hline 5x + 10 = -6 \\ -10 = -10 \\ \hline 5x = -16 \\ x = \frac{-16}{5} \end{array}$$

Good work

Notes + PDA + FFA = Complete Assessment



Writing Skills Workshop



Role of Documentation in Assessments:

- Let's look at the various assessments that are necessary in Florida's Practice Model.
- We start with our Present Danger Assessment.
 - The purpose of the Present Danger Assessment is exactly what it sounds like.
 - It is to assess for present danger. It happens when we have seen the child/children or have enough information to determine there is or is not present danger.

Look at the following sample of a Present Danger Assessment summary:

"The child was not hurt. The mom was at grandma's house. Nobody does drugs in the house and the children are not afraid of anybody according to the children. Dad was not home when it happened. The oldest child gets home earlier than the younger kids so it was okay. The oldest child was home when it happened. No present danger."



Allow participants to discuss and critique this sample for a few minutes.

- Do you know what happened? Do you know what didn't happen?
- Do you know who was involved?
- Do you know age of the child or how many children we are talking about?
- Do you know what "it" was about?
- If you reviewed this information, as the PDA summary, would you know the context, content or meaning of the documentation?



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Documentation for Present Danger, as defined in the Practice Guidelines:

Purpose: Present danger refers to immediate, significant, and clearly observable harm or threat of severe harm occurring to a child in the present time requiring immediate protective actions on the part of the investigator. This protective response is developed in detail and implemented with the family through a Present Danger Safety Plan. Because family and individual circumstances are dynamic and not static in nature, present danger can be manifested at any point throughout the investigation. Assessing for present danger by the investigator should therefore be an on-going process, not limited to the first contact with the family.

Documentation: The investigator will document a Present Danger Assessment and a Present Danger Safety Plan, if any, using FSFN functionality within the following timeframes and parameters.

1. As soon as possible, but no later than 48 hours from the point present danger is identified.
2. Within two business days when present danger is not identified.

The supervisor will document the consultation around present danger in FSFN using the supervisor consultation module.



Present Danger: An immediate, significant and clearly observable family condition occurring in the present tense, endangering or threatening to endanger a child and therefore requires a **prompt** Child Protective Services (CPS) response.

Examples of Present Danger (not an exhaustive list):

- ⚠ Inflicted or unexplained injuries to the face and/or head
- ⚠ Allegations of sexual abuse in combination with a parent who is unwilling/unable to protect
- ⚠ Premeditated maltreatments
- ⚠ Hazardous living conditions
- ⚠ Bizarre cruelty toward a child
- ⚠ Children requiring immediate medical care
- ⚠ Parent or guardian unable to provide basic care
- ⚠ Caregiver out of control or under the influence of substances posing an immediate

Danger Threats:

- 11 Danger Threats
- Threat must be identified and qualified
- Family conditions must be immediate, significant and clearly observable



Safety Planning:

- Investigator or case manager will not leave a home when a child is in present danger without establishing a safety plan that goes into effect immediately and controls for danger.
- Present Danger plan shall not be in effect for more than **14 days** without a staffing.
- Supervisor Consultation is required and all present danger plans will be reviewed by the supervisor within 24 hours of their creation. If the child remains in the home or a family arrangement is used, a 2nd Tier Consultation is required.

Documentation:

- The investigator will document a Present Danger Assessment and a Present Danger Safety Plan, if any, using FSN functionality within the following timeframes and parameters.
 1. As soon as possible, but **no later than 48 hours** from the point present danger is identified.
 2. **Within two business days** when present danger is not identified.
- The supervisor will document the consultation around present danger in FSN using the supervisor consultation module.

Handout Help

- This handout should be familiar to most participants.
- Call attention to the circled documentation time frames, as noted in the Practice Guidelines.



Writing Skills Workshop



- The present danger assessment should be seen as a “stand alone” document. This assessment is the first step in our work with families.
- Writing the Present Danger Assessment summary should provide enough information for reviewers to understand the following elements:
 - Who was involved?
 - What required us to initiate contact with the family?
 - What was it that either did or did not constitute present danger?
- The following are some examples of Present Danger Assessments that provide enough information for the reviewer to understand all necessary elements of what was or was not present danger.
- The focus of each summary is on present danger only and does not presume to know more than *what is or is not* in need of immediate attention, as it relates to present danger.
- Note the examples where present danger exists.
- The narrative is clear as to how present danger exists within the context of that case and how it specifically meets the criteria for present danger.
- In the examples where present danger does not exist, there may be some type of concern, but it does not rise to the level of present danger as defined by a danger threat and the criteria.





NO Present Danger Identified:

The parents, Tim and Amy Adams, were overheard arguing loudly about the mother missing a counseling appointment. There were no reports, observations, or confirmations that a physical altercation occurred. No violent, impulsive, or out of control behaviors were witnessed or confirmed that could pose a threat to the children. The mother does have substance abuse history and is currently in a substance abuse outpatient program. The children, Sierra (10) and Connor (8), did not disclose awareness of drug involvement or physical altercations by either parent and expressed no fear of their parents.

NO Present Danger Identified:

Desire described she was playing in the woods and scraped her arm on some scratchy leaves a couple days ago. The mother, Janae Jackson, took her daughter to the doctor almost a week after the incident because she did not think the rash was serious and Desire was not complaining of pain. Prior to CPI involvement, the mother was provided with topical medicated cream to apply to Desire's arm. Based on the child's statement of no intentional action by caregivers in causing her skin irritation and the fact the mother sought medical care once the rash would not subside, the circumstances do not warrant concern for present danger.





NO Present Danger Identified:

The parents, Bobby and Gina Klosinski, live in an old trailer home with some cosmetic concerns and extreme clutter within the home. The children, Gabby (6) and Jimmy (7), also live in the home. The home, while not visually appealing from the outside, is sufficient in regard to providing adequate and hazard free housing for the family. The living conditions are cramped but health hazards are not visible or present inside or outside of the home. The children are in good health and have not sustained any illnesses or injuries due to their home environment. There is an ongoing history of environmental hazard concerns for this family, who live in a rural area and whose home is visible to a major highway. Based on internal living environment assessment and outside observations of the home, the children are not in present danger at this time.

NO Present Danger Identified:

The child, 2 year old Kelsey Floyd, has a burn mark on the left side of her face resembling a cigarette burn. The maternal grandmother, Roxanne Carter, lives in the home with the family and cares for this child on a daily basis. While the mother, Sarah Carter was at work, Roxanne took Kelsey to the beach. Roxanne was sitting in a lounge chair at the beach and was smoking a cigarette while Kelsey was playing next to her in the sand. Roxanne did not see Kelsey go around the back of her chair to show her some sea shells and Kelsey was inadvertently burned by the grandmother's cigarette. Roxanne immediately took Kelsey to the emergency room due to the burn mark being near her eye. Roxanne also called the mother to have her meet them at the hospital. The actions of the grandmother were not intentional or planned to burn or injure the child. There is no history of abuse or neglect with this grandmother as a caregiver of her own children or grandchildren. Based on interviews and observations there is no present danger.



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Present Danger IS Identified: 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.

Clearly
Observable

Significant

Immediate

Joseph, 6 months, was seen today at County General Hospital where he was examined and found to have a skull fracture and subdural hematomas. The mother and her boyfriend were not able to provide a reasonable explanation for Joseph's injuries. The mother, Kelly Jones, reported Joseph fell off the couch (about 6 inches) onto the carpeted floor, but she was not in the room when it happened. The boyfriend, Mark Smith, said he saw Joseph roll off the couch onto the floor. Dr. Johnson from CPT informed CPI that the mechanism of injury is not consistent with the explanation provided by the caregivers.

Present Danger IS Identified: 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 serious harmed.

Clearly
Observable

Significant

Immediate

The mother, Natasha Bennett, has a history of chronic drug use and abuse. On 9/16/14, the single mother was found by her neighbor Kendra to be unresponsive, on the floor of the mother's home. The mother mixed several prescription medications not prescribed to her together and ingested these medications. Empty pill bottles were lying next to the mother on the floor. The mother was unconscious for an unknown amount of time while caring for her one year old daughter, Torri. When Kendra found the mother in this condition, Torri was unsupervised and crying in her crib. Due to Torri's age, she is dependent on her mother to provide for her daily care such as food, clothing, and supervision. The mother was taken to the hospital via ambulance and Torri was in need of a caregiver. Present danger is confirmed based on child's need for caregiver at this time.



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Present Danger IS Identified: Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.

Clearly Observable

Significant

Immediate

The father, Kent Rollerson, was arrested last evening after a physical altercation with the mother, Jennifer Baker. There is a reported and unreported history of domestic violence with this couple, with the father as the aggressor. The child, 8 year old Chase, was home during the altercation and reported seeing his father slap his mother in the face and then kick her in the side, as she fell to the ground. Chase then ran to his bedroom and stayed there until law enforcement arrived. The mother called 911 and indicated this is not the first time she has been hit by the father. The child and mother remain in the family's home but are fearful the father will return after he is released from jail and the violence will continue. Present danger is confirmed based on this information.

Present Danger IS Identified: 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.

Clearly Observable

Significant

Immediate

The department received concerns that the child, 12 year old Tamara Rodgers, is being isolated and confined within the home by the mother, Carol Rodgers. Upon initial contact, the mother would not allow the department or law enforcement access to the home or to see Tamara. Tamara has not been to school all week, relatives have not spoken to Tamara recently, and neighbors have not seen Tamara outside in over a week. Last week a neighbor overheard Tamara telling her friend, on their walk home from the bus stop, that Carol frequently locks Tamara in her room. Sometimes her confinement is for days at a time and the mother will not allow her to eat, in hopes she will lose weight. Based on information about confinement of 12 year old Tamara and a refusal of access to this child present danger is confirmed and action will be taken to pursue face to face evaluation/interview of child and family circumstances in the home.



IDENTIFICATION OF THREATS OF DANGER TO A CHILD

I. DANGER THREATS

(Severity and significance of diminished Parent/Legal Guardian Protective Capacities as it relates to child vulnerability which creates a threat to child safety. The vulnerability of each child needs to be considered throughout information collection and assessment)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. 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.
<input type="checkbox"/>	<input type="checkbox"/>	2. 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.
<input type="checkbox"/>	<input type="checkbox"/>	3. Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.
<input type="checkbox"/>	<input type="checkbox"/>	4. Parent/Legal Guardian/Caregiver is threatening to seriously harm the child, Parent/Legal Guardian is fearful he/she will seriously harm the child.
<input type="checkbox"/>	<input type="checkbox"/>	5. 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.
<input type="checkbox"/>	<input type="checkbox"/>	6. Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that Parent/Legal Guardian/Caregiver is unwilling or unable to manage.
<input type="checkbox"/>	<input type="checkbox"/>	7. 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.
<input type="checkbox"/>	<input type="checkbox"/>	8. 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.
<input type="checkbox"/>	<input type="checkbox"/>	9. 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.
<input type="checkbox"/>	<input type="checkbox"/>	10. 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.
<input type="checkbox"/>	<input type="checkbox"/>	11. Other: Explain:

II. SAFETY INTERVENTION

No Present Danger Threats are identified.

Danger Threat(s) identified - Present danger threat is identified. Proceed to develop or modify existing Safety Plan, continue information collection and Family Functioning Assessment.

Briefly describe assessment of the Parent/Legal Guardian/Caregiver's historical and current capacity to, ability to, and willingness to protect the child.

If at any time during agency intervention a danger threat is determined, immediately proceed to implementing a Safety Plan and conducting an In-Home Safety Analysis.

Handout Help

- This handout references the PDA in FSFN.
- Call attention to the order of the danger threats, as this will assist in following along with the next handout.
- The PDA narrative is typed after section II in paragraph form.

Handout Help

The information on the **next several pages** is a reference guide for all 11 Present Danger Threats. The Danger Threats are listed in the **same order** as they appear in FSFN in the Present Danger Assessment and include examples and associated maltreatments that *may* apply if present danger exists within the context of each case.





Danger Threat

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.

"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.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable** and **Actively Occurring** at the point of contact.

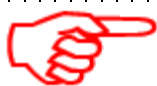
Present Danger Examples		Associated Maltreatments
<p>For present danger, consideration of the parent/legal guardian or caregivers who are unable or unwilling to provide for food, clothing, and/or supervision. The parent/legal guardian or caregiver may be currently intoxicated and/or unavailable, thus leaving the child without supervision and the child is/ children are unable to protect themselves.</p> <ul style="list-style-type: none"> • 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 results in child needing acute medical care due to the severity of the present danger. • Hospitalized child due to non-organic failure to thrive. 	 	<ul style="list-style-type: none"> ➤ Abandonment ➤ Failure to Protect ➤ Failure to Thrive ➤ Inadequate Supervision ➤ Malnutrition/Dehydration






Danger Threat

Parent/legal guardian or caregiver's intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or 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.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>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 support 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.</p> <ul style="list-style-type: none"> • 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's intentional and willful act. • Could include parent/legal guardian or caregiver who used objects to inflict pain. 	  	<ul style="list-style-type: none"> ➤ Asphyxiation ➤ Bizarre Punishment ➤ Bone Fractures ➤ Burns ➤ Death ➤ Internal Injuries ➤ Physical Injury ➤ Sexual Abuse



Danger Threat




Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm 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.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>Dangerous parents may be behaving in violent ways; however this is intended to capture a more specific type of behavior. Present danger would be considered when:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>In addition, there should be consideration of information that indicates that a child and spouse are being mistreated. Concerns are heightened when this is occurring.</p>	  	<ul style="list-style-type: none"> ➤ Bizarre Punishment ➤ Family Violence Threatens Child ➤ Human Trafficking ➤ Mental Injury ➤ Sexual Abuse ➤ Substance Misuse




Danger Threat

Parent/legal guardian/caregiver 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.”



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>At present danger this refers to parents/legal guardian or caregivers who express intent and/or desire to harm their child.</p> <p>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.</p>		<p>➤ Threatened Harm</p>




Danger Threat

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.

“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.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>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.</p> <p>Consideration of parent/legal guardian or caregiver’s viewpoint of the child in an extremely negative way as being actively occurring for present danger.</p>		<ul style="list-style-type: none"> ➤ Threatened Harm ➤ Mental Injury





Danger Threat

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.

This refers to specific deficiencies in parenting that must occur for the “exceptional” child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “exceptional” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>Present danger considerations are focused both on the child’s emotional needs and the parent/legal guardian or caregiver’s ability to meet those needs.</p> <p>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.</p> <p>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.</p>	 	<p>➤ Mental Injury</p>



Danger Threat

Child has a serious illness or injury (indicative of child abuse) that is unexplained or the parent/legal guardian/caregiver's 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 conditions or what is happening is bizarre and unusual with no reasonable explanation. An example of children who are absent within the community, their whereabouts and conditions are unknown or unexplained.

Child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot explain the injuries and the child is non-verbal.

NOTE: This threat is presented as a present danger threat, as the danger is immediate, significant, and occurring now. When this danger threat is identified, it is always responded to as present danger.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>This refers to serious injury which parents/legal guardians or caregivers cannot or will not explain.</p> <p>While this is typically associated with injuries, it can also apply when family conditions, or what is happening, are bizarre and unusual with no reasonable explanation. An example of children who are absent within the community, their whereabouts and conditions are unknown or unexplained.</p> <p>Another example might be 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.</p>	  	<ul style="list-style-type: none"> ➤ Asphyxiation ➤ Bone Fractures ➤ Burns ➤ Death ➤ Failure to Thrive ➤ Internal Injury ➤ Physical Injury ➤ Sexual Abuse







Danger Threat

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 whom might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>Information for housing is specific to the child's living condition that is an immediate threat to the child's safety. This would include the most serious health conditions, such as:</p> <ul style="list-style-type: none"> 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 or caregiver who has not or will not act. 	   	<ul style="list-style-type: none"> ➤ Environmental Hazards ➤ Inadequate Supervision



Danger Threat

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 where 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 or caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward welfare staff, totally avoiding, 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 restrained 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, the danger threat of which is reflected here.

The threat is qualified by the allegation of maltreatment and information contained from history and current reports regarding the child. The concern for present danger is active based upon information provided to the agency that would result in serious harm to the child.

Note: This threat is a present danger threat only, as the danger is immediate, significant, and occurring now. When this danger threat is identified, it is always responded to as present danger.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>The parent/legal guardian/caregiver is hiding the child to avoid agency intervention, refusing to speak with welfare staff or allow agency staff to see the child, despite diligence by the agency, AND the reported concern is significant and indicates serious harm.</p> <p>Information describes a child being physically restrained within the home or parents who avoid allowing others to have personal contact with the child.</p>	 	<p>➤ Threatened Harm</p>




Danger Threat

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.

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.



Present Danger is identified when the threat is: **Immediate, Significant, Clearly Observable and Actively Occurring** at the point of contact.

Present Danger Examples		Associated Maltreatments:
<p>There is an emergent quality about the required care.</p> <p>For example, 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.</p>		<p>➤ Medical Neglect</p>



Writing Skills Workshop



Activity #1

Read it, Review it, and Try it!

Purpose: To read and review documented present danger assessments and then re-work and/or create a new assessment summary based on the identified criteria and sufficiency of information.



Directions to Trainer:

- Have class review the PDA summaries from their own cases.
- Ask for examples of what participants may now see, from comparisons, that they may author differently next time they write a PDA summary.
- Ask for a volunteer to quickly verbally share a case that was assessed as “Present Danger.”
- Let class know that purpose of this sharing is not to “staff a case” or evaluate assessment skills.
- It must be assumed that the CPI already reviewed case facts with their supervisor who agreed that they had “Present Danger.” Make sure class is aware of what you are looking for before asking anyone to share an example.
- The purpose of the sharing is for class to have an example to work on *with the trainer* to “author together.”
- The Trainer will ask the person sharing the case to write key elements of the case on a white board or flip chart paper in the classroom for all to see.
- Ask the class to help “author” how the PDA should be written for the example provided.
- On a Word document, have someone act as the “scribe” for the class to assist group in authoring the PDA.



Writing Skills Workshop

- The scribe is NOT responsible for developing the class example from their own thoughts. The “scribe” is the “authoring agent” for the class, as everyone determines how the PDA should be documented.
- Allow for lots of editing and input. Use humor by showing the class there is a “magical button” on the computer with the word “delete” that will help everyone know that writing means editing and deleting and re-wording is acceptable.
- Let class know that this should take about 10 minutes total because there are so many people in class working on it together.
- Allow for critique, input, changes and challenge class to settle out with a sample that they find acceptable, based on standards reviewed and examples provided.
- Reinforce the teamwork it took to author the PDA summary.
- Following this activity and at conclusion of “processing” and completion, have participants work on one of their own current cases that needs a PDA or have them “re-work” one they recently completed as a sample for themselves.
- Allow people to partner with those next to them to get “editing” suggestions while you monitor and rotate around to individuals to provide feedback and editing suggestions.
- Make sure that class knows you expect them to be working on the development of a PDA and that you will be reviewing, as you come around the room. (If two co-trainers divide the group so that only one trainer is giving input to a specific half of the class).



Writing Skills Workshop



- Class example should be a basic and simple outline such as:
 - Young children, age 3 and 4.
 - Found in the streets in the middle of the day.
 - No adult supervising.
 - Children found by a passerby.
 - Mother did not know children were missing from house and she was observed on the couch sleeping to the level that it took law enforcement significant noise level to get her to respond through the screen door.
 - Screen door was not latched. No other exits from apartment.
- In the absence of someone willing to share an example the alternative option is to use the one above.







Directions to Participants:

- This is a “hands on” activity.
- Work together with trainer, as whole class authors a PDA together.
- After class example, review the cases you brought today.
- If a case still needs a PDA, work on writing the PDA summary.
- If you do not have one that needs a PDA at this time, look at or recall a recent case in which you documented your PDA summary in a way that you think you could have done differently. Re-work that PDA in this exercise for practice.
- Make sure to focus on the elements of the case that will clearly describe who is in the family, why we got involved with this family, and whether or not present danger exists.
- Feel free to partner up with someone next to you to share editing feedback as you “author” your assessment.
- Be prepared to share aloud in class when the trainer is ready to process with the class.



Writing Skills Workshop

	
 	<p>Trainer Debrief:</p> <ul style="list-style-type: none"> • “Hands off” computers for activity debrief. • At conclusion of activity ask for 3–4 volunteers to share their PDA summaries and encourage them to share what they learned as they authored and what challenges were experienced. • After activity debrief, continue with discussion of key points with focus now on the FFA.
	<p>Discussion of Key Points:</p> <p>Let’s look at the purpose of the FFA once we have completed our PDA.</p> <ul style="list-style-type: none"> • The purpose of the FFA is to document what is happening in the family and how there is or is not impending danger, as a result of the family conditions. • Just as the PDA is all about PRESENT DANGER the FFA is all about IMPENDING DANGER. • The FFA pulls together all the information needed to show how we made decisions and what information led to those decisions.



Writing Skills Workshop

Documentation for Impending Danger, as defined in the Practice Guidelines:

Purpose: The Family Functioning Assessment (FFA) is a comprehensive assessment conducted by the investigator using information from all six information domains to identify impending danger based on three fundamental safety constructs: danger threats, child vulnerability, and the absence of caregiver protective capacity to manage danger threats. The interplay of these three critical safety constructs results in an overall determination of safe or unsafe, and in the case of unsafe, the need for an impending danger safety plan to manage the identified threats while allowing case management services to initiate

- **The danger threshold criteria must be considered and applied to identify impending danger. All five aspects of the threshold criteria must be present for impending danger to exist:**
 - A family condition is **out of control**.
 - A family condition is likely to result in a **severe** effect.
 - The severe effect is **imminent**.
 - The family condition is **observable** and can be clearly described and documented.
 - There is a **vulnerable child**.

Documentation:

- The investigator documents the FFA – Investigation using FSFN functionality.
- If Impending danger is identified, FFA completion should be expedited, as you have unsafe child/children and ongoing case management services are required.
- The supervisor will document the consultation using the supervisor consultation module.



- The information on the next several pages is a reference guide for Impending Danger Threats. Danger Threats are listed in the same order as they appear in the FFA and include examples and associated caregiver protective capacities that *may* be diminished based on the selection of a danger threat, within the context of each case.



Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?




Danger Threat

Parent/legal guardian or caregiver’s intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or 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.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety:
Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>This safety threat may seem to contradict the criterion “out of control,” however people who “plan” to hurt someone are very much under control. It is important to remember that “out of control” also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that (1) the acts were intentional; (2) the objective was to cause pain and suffering; and (3) nothing or no one in the household could stop the behavior.</p> <p>Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.</p> <p>While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time—soon. This threat includes both behaviors and emotions.</p> <p>Examples:</p> <ul style="list-style-type: none"> • The incident was planned or had an element of premeditation and there is no remorse. • The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns), and there is no remorse. • Parent’s/caregiver’s motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse. 	  	<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Is able to control impulses.</p> <p>Behavioral: Takes action.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Recognizes threats to the child.</p> <p>Cognitive: Is able to articulate a plan for protection.</p> <p>Emotional: Is stable and able to intervene to protect the child.</p> <p>Emotional: Is positively attached to the child.</p>



Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?



Danger Threat

Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver's 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 conditions or what is happening is bizarre and unusual with no reasonable explanation. An example would be children who are absent within the community, their whereabouts and conditions are unknown or unexplained.

Child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot explain the injuries and the child is non-verbal.

Note: This threat is presented as a present danger threat, as the danger is immediate and significant, occurring now. This threat should be qualified through identification of an additional danger threat. This threat cannot be used as an impending danger threat.



This Threat CANNOT be used as an Impending Danger Threat!

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p><u>N/A</u></p> <p>No <u>Impending Danger</u> examples. This danger threat is only applicable in situations of Present Danger. If this was the danger threat at present danger, an association with another danger threat needs to be made to establish impending danger.</p>		



Writing Skills Workshop

Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?





Danger Threat

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 whom might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child's safety:
Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>To be out of control, this safety threat does not include situations that are in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.</p> <p>The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions. Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Housing is unsanitary, filthy, infested, a health hazard. • The house's physical structure is decaying, falling down. • Wiring and plumbing in the house are substandard, exposed. • Furnishings or appliances are hazardous. 	   	<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Is able to control impulses.</p> <p>Behavioral: Takes action.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Recognizes threats to the child.</p> <p>Cognitive: Is able to articulate a plan for protection.</p> <p>Emotional: Is stable and able to intervene to protect the child.</p> <p>Emotional: Is positively attached to the child.</p>



Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?



Danger Threat

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.


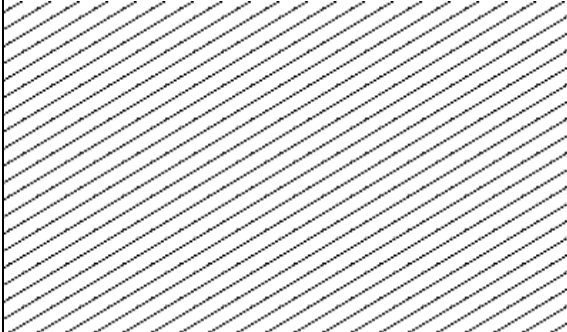
This threat refers to situations where the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian or caregiver refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward welfare staff, totally avoiding, 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 restrained 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, the danger threat of which is reflected here.

The threat is qualified by the allegation of maltreatment and information contained from history and current reports regarding the child. The concern for present or impending danger is active based upon information provided to the agency that would result in serious harm to the child.

Note: This threat is presented as a present danger threat, as the danger is immediate and significant, occurring now. This threat should be qualified through identification of an additional danger threat. This threat cannot be used as an impending danger threat.



This Threat **CANNOT** be used as an Impending Danger Threat!

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p><u>N/A</u></p> <p>No <u>Impending Danger</u> examples. This danger threat is only applicable in situations of Present Danger. If this was the danger threat at present danger, an association with another danger threat needs to be made to establish impending danger.</p>		



Related to Domain of Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment?

What surrounding circumstances accompany the alleged maltreatment?

Danger Threat

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.

This refers to medical care that is required, acute, and significant. 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.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety: **Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.**

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>The caregiver’s ability and/or attitude are what are out of control. If you can’t do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.</p> <p>This does not refer to caregivers who do not do very well at meeting a child’s needs. This refers to specific deficiencies in parenting that must occur for the child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “essential” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.</p> <p>The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to very soon.</p> <p>Examples:</p> <p>Child has a physical or mental condition that, if untreated, is a safety threat.</p> <ul style="list-style-type: none"> • Parent/legal guardian or caregiver does not recognize the condition. • Parent/legal guardian or caregiver views the condition as less serious than it is. • Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons. • Parent/legal guardian or caregiver lacks the capacity to fully understand the condition or the safety threat. • Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition. Parent/legal guardian or caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition. 		<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Is able to control impulses.</p> <p>Behavioral: Takes action.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Recognizes threats to the child.</p> <p>Cognitive: Is able to articulate a plan for protection.</p> <p>Emotional: Is stable and able to intervene to protect the child.</p> <p>Emotional: Is positively attached to the child.</p>



Related to Domain of Child Functioning

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.



Danger Threat

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.

This refers to specific deficiencies in parenting that must occur for the "exceptional" child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child's safety:
Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities & Child Vulnerability
<p>The caregiver's ability and/or attitude are out of control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either.</p> <p>This does not refer to caregivers who do not do very well at meeting a child's needs.</p> <p>The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to very soon.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Child has a physical or mental condition that, if untreated, is a safety threat. • Parent/legal guardian or caregiver does not recognize the condition. • Parent/legal guardian or caregiver views the condition as less serious than it is. • Parent/legal guardian or caregiver refuses to address the condition for religious or other reasons. • Parent/legal guardian or caregiver lacks the capacity to fully understand the condition or the safety threat. • Parent/caregiver's expectations of the child are totally unrealistic in view of the child's condition. 	 	<p><u>Parent/legal guardian or caregiver:</u></p> <ul style="list-style-type: none"> • Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities. • Cognitive: Recognizes the child's needs. • Cognitive: Recognizes and understands threats to the child. • <u>Is the child vulnerable?</u> <ul style="list-style-type: none"> ➤ Dependent on others for protection ➤ Exposed to circumstances that child is powerless to manage ➤ Susceptible to a threatening person in authority over the child ➤ Children from 0–6 years ➤ Older children unable to protect themselves or seek protection from others ➤ Children with physical, emotional, developmental needs



Related to Domain of Adult Functioning

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Danger Threat




Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm 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.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child's safety: **Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.**

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>To identify this impending danger threat there must be specific information to suggest that a caregiver's impulsive behaviors, addictive behaviors, bizarre behaviors, the individual cannot control compulsive behaviors, depressive behaviors, are in fact out of control. The out-of-control behaviors result in the inability or unwillingness of the caregiver to provide for the basic needs and safety of the child.</p> <p><u>Application of the Danger Threshold Criteria Related to Impulse Control:</u></p> <p>This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, and loss of control during high stress or at specific times, like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.</p> <p>Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-</p>	  	<p><u>Parent/legal guardian or caregiver:</u></p> <ul style="list-style-type: none"> • Behavioral: Demonstrates impulse control. • Behavioral: Takes action. • Cognitive: Recognizes and understands threats to the child. • Cognitive: Is intellectually able. • Cognitive: Able to articulate a plan for protection. • Emotional: Is able to meet his or her own emotional needs.



awareness and the lack of control is concerned with serious matters as compared, say, to lacking the self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

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

Application of the Danger Threshold in Relation to Violence:

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

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

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

Examples:

- Parent/legal guardian or caregiver is chemically dependent and unable to control the dependency's effects.
- Parent/legal guardian or caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/legal guardian or caregiver makes impulsive decisions and plans, which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Family violence involves physical and verbal assault on a parent in the presence of a child; the child witnesses the activity and is fearful for self and/or others.
- Family violence is occurring and a child is assaulted.
- Family violence is occurring and a child may be attempting to intervene.
- Family violence is occurring and a child could be inadvertently harmed even though the child may not be the actual target of the violence.



- **Emotional:** Is stable and able to intervene to protect children.
- **Emotional:** Is resilient as a caregiver.

Parent/legal guardian or caregiver:

- **Behavioral:** Demonstrates impulse control.
- **Behavioral:** Takes action.
- **Cognitive:** Recognizes and understands threats to the child.
- **Cognitive:** Is intellectually able.
- **Cognitive:** Able to articulate a plan for protection.
- **Emotional:** Is able to meet his or her own emotional needs.
- **Emotional:** Is stable and able to intervene to protect children.
- **Emotional:** Is resilient as a caregiver.



Related to Domain of Parenting

General – What are the overall, typical, parenting practices used by the parents/legal guardians?

Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Danger Threat

Parent/legal guardian/caregiver 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.”



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety: **Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.**

Impending Danger and Examples Application of Danger Threshold		Associated Caregiver Protective Capacities
<p>Out of control is consistent with conditions within the home having progressed to a critical point. The level of dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver feels out of control. The caregiver is afraid of what he or she might do. A request for placement is extreme evidence with respect to a caregiver’s conclusion that the child can only be safe if he or she is away from the caregiver.</p> <p>Presumably, the caregiver who is admitting to this extreme concern recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.</p> <p>The caregiver establishes that imminence applies. The admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time, and it could be in the near future.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Parents/caregivers state they will maltreat the child. • Parent/legal guardian or caregiver describes conditions and situations, which stimulate them to think about maltreating. • Parent/legal guardian or caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child. • Parent/legal guardian or caregiver identifies things that the child does that aggravate or annoy the parent/legal guardian or caregiver in ways that make the parent want to attack the child. 		<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Sets aside his or her own needs in favor of a child.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Is adaptive as a caregiver.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Is self-aware as a caregiver.</p> <p>Cognitive: Is intellectually able and/ or capable.</p> <p>Cognitive: Recognizes the child’s needs.</p> <p>Cognitive: Understands their protective role.</p> <p>Cognitive: Plans and is able to articulate a plan to protect children.</p> <p>Emotional: Is tolerant as a caregiver.</p> <p>Emotional: Expresses love, empathy, sensitivity to the child.</p> <p>Emotional: Is stable and able to intervene to protect children.</p> <p>Emotional: Is positively attached to the child.</p> <p>Emotional: Is supportive and aligned with the child.</p>



Related to Domain of Parenting

General – What are the overall, typical, parenting practices used by the parents/legal guardians? **Discipline/Behavior Management** – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?


Danger Threat

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.

“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 selected, these types of perceptions must be present and the perceptions must be inaccurate.



The Danger Threshold is the point at which a negative family condition goes beyond being concerning and becomes dangerous to a child’s safety:
Observable, Vulnerable Child, Out-Of-Control, Imminent, and Severe.

Impending Danger and Examples Application of Danger Threshold		Caregiver Protective Capacities
<p>The caregiver’s negative perceptions toward the child are apparent and overtly negative to a heightened degree that there are implications that the child is likely to be severely harmed.</p> <p>This refers to exaggerated perceptions. It is out of control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver: to react to the child, avoid the child, mentally and emotionally terrorize the child, or allow the child to be in dangerous situations. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver’s perception or explaining it away to the caregiver. It is out of control.</p> <p>The extreme negative perception fuels the caregiver’s emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.</p> <p>The extreme perception is in place, not in the process of development. It is pervasive concerning all aspects of the child’s existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.</p> <p>Examples: Child is perceived to be the devil, demon-possessed, evil, a bastard, deformed, ugly, deficient, or embarrassing.</p> <ul style="list-style-type: none"> • Child has taken on the same identity as someone the parent/legal guardian or caregiver hates and is fearful of or hostile towards and the parent/legal guardian or caregiver transfers feelings and perceptions of that person to the child. • Child is considered to be punishing or torturing the parent/legal guardian or caregiver. • One parent/legal guardian or caregiver is jealous of the child and believes the child is a detriment or threat to the parent/primary caregiver’s relationship and stands in the way of their best interests. • Parent or caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing. 		<p><u>Parent/legal guardian or caregiver:</u></p> <p>Behavioral: Sets aside his or her own needs in favor of a child.</p> <p>Behavioral: Demonstrates adequate skill to fulfill caregiving responsibilities.</p> <p>Behavioral: Is adaptive as a caregiver.</p> <p>Behavioral: Has a history of protecting.</p> <p>Cognitive: Is self-aware as a caregiver.</p> <p>Cognitive: Is intellectually able and/ or capable.</p> <p>Cognitive: Recognizes the child’s needs.</p> <p>Cognitive: Understands their protective role.</p> <p>Cognitive: Plans and is able to articulate a plan to protect children.</p> <p>Emotional: Is tolerant as a caregiver.</p> <p>Emotional: Expresses love, empathy, sensitivity to the child.</p> <p>Emotional: Is stable and able to intervene to protect children.</p> <p>Emotional: Is positively attached to the child. Is supportive and aligned with the child.</p>



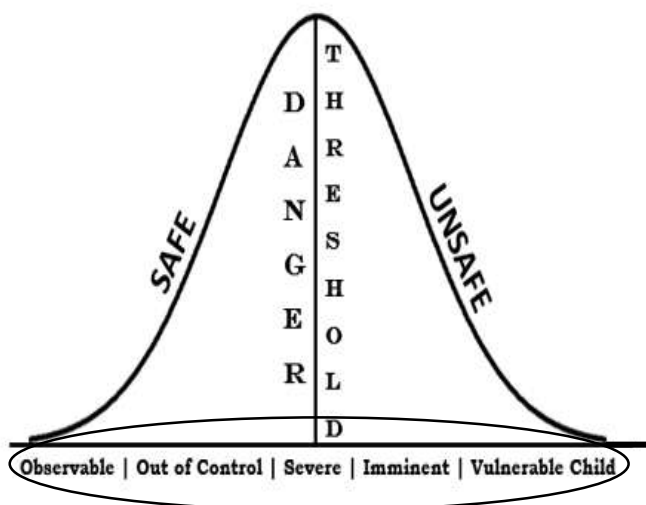
Impending Danger: Threats that are typically more subtle in nature than present danger and require establishment of existence using the danger threshold criteria:

- Child living in or being in a position of continual or pervasive danger.
- Threats are not immediate, obvious or active at the onset of the investigation.
- Threats are identified and understood upon gathering sufficient family functioning information.

Safe Child:
Negative family conditions are able to be controlled/managed by the family

Threshold Criteria:
Observable, Out of Control, Severe, Imminent, Vulnerable Child

Unsafe Child:
Negative family conditions have crossed the danger threshold and are no longer able to be managed/controlled by the family



Sufficient Information:

Enough information to meet the needs of a situation or a proposed end. The information contained in the Family Functioning Assessment is seeking to answer; Safety, Impending Danger, Planning for Safety.



Handout Help

- This handout should be familiar to most participants.
- Reference the circled threshold criteria for Impending Danger and emphasize **ALL 5** criteria **MUST** be met in order to support the selection of a danger threat.



Writing Skills Workshop



Structure and Fields within our Family Functioning Assessment Instrument:

Look at the work sample on the next few pages.

- Notice how the information should be organized and structured. This structure helps guide the writer and the reader to attend to the crucial elements of the case and decision points.

VERY IMPORTANT:

- Based on practice trends, possible confusion over the specifics of content narrative and the need to clarify, there are more details in this structured work sample than the original that may have been seen by most participants and trainers.
- This is not a revised or “different” instruction about the FFA. It is an effort to clarify, with more detail and some examples, of what is to be documented in the FFA and how it is to be consistently documented within the state.
- The information within the structure and samples are aligned with Methodology materials, have input from Subject Matter Experts and were approved from the Office of Child Welfare.
- While the Practice Model will evolve, it is important to reassure participants that, *at this time*, this is the most current information known about the intent of the state and the requests about efforts, related to documentation practices within the FFA.



Case Name: Work Sample

Initial Intake Received Date:

Worker Name:

Date Completed:

FSFN Case ID:

Intake/Investigation ID:

I. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Summary of allegations from intake(s):

This is the reason for DCF involvement, the need for a family functioning assessment. The reader will want to know, how did the family get here? What safety concerns were reported to the Hotline regarding the children in this home? This is NOT a cut and paste of the actual intake from the Hotline but a few lines summarizing what the intake was about, include all allegations in the summary. If additional/supplemental reports were received, ensure they are summarized here as well.

Maltreatment: (Domain 1 Information)

This is **not** a listing of the coded maltreatments from the Hotline. This is the section of the FFA that actually describes what was discovered about the incident as it pertains to the "incident" reported. This is a factual section that reports the details of existence or lack of existence of one or more specific maltreatments. Describe the specific event, what did or did not occur; (i.e. using statements from all household members (adults and children), witnesses, collaterals, law enforcement, etc.), describe the type of maltreatment or lack of maltreatment, the severity, condition of the child, and be sure to identify the maltreating caregiver.

Nature of Maltreatment (Surrounding Circumstances): (Domain 2 Information)

This domain seeks to explain what was going on in this home or with this family leading up to or surrounding the incident. What are the provided explanations by the caregivers, children, and collaterals of how these circumstances occurred or are occurring? Is there a history of this type of circumstance with the family or was this an isolated event or an accident? What was the intent of the maltreating caregiver? The "circumstances" often help us determine what kind of patterns may be happening in the family.

Summary of all priors:

What has been this family's involvement with DCF from their first report to the present? Summarize any long term patterns with maltreatments or perpetrators and/or recent patterns (over the past year) and a summary of their significance. Do not list out each prior individually.

The provision of a list does not give the reader enough information to understand how priors may relate to the bigger picture. Looking at prior history from the perspective of time lines and possible trigger events for the family pulls the reader's attention to the importance of the priors in the documentation of this section.

An example of this would be a concern that all past history involved a repeated pattern of physical injuries to the children (or a specific child in the family) when a specific caregiver is in the home.

Case Example: The youngest child, Jason, has received a number of injuries that were reported over the past three years with the identified alleged abuser always being Dale Carson, the mother's long term live in partner, who has lived in and out of the family's home at various intervals over the past three years. It is significant to note that during times of Dale's residential absence from the home, there were no reported injuries to Jason, who is now age 10.



Sources/people interviewed (separately/privately), collaterals and observations:

This should be a list of first and last names of all the people providing information for the above 2 domains only and their role if not listed above. The sources is a simple list of who was interviewed for this specific domain and what their role is in or to the family. It is not a listing or running narrative of what each person said during interviews. Sources should be interviewed separately and viewed as a type of citation or reference list as to who provided interview data. Record reviews can also be listed. Example: Review of past CPT records, retrieval and review of "call out" reports to home from Palatka Police from past 5 years.

Example: Susan Sanders, Mother to children; Sam Sanders, father to Joshua and Jenny; Ms. Betty Beasley, neighbor to family; Detective Billy Good, Palatka Police Department.

Findings:

List the findings as to the coded maltreatments for your case; i.e. family violence threatens child was verified/not substantiated/no indicated. The justification for your findings is captured in domains one and two already so there's no need to repeat that information here.

Analysis:

The analysis section should be your professional judgment of the meaning of the gathered information within the context of your case? How does the information you have collected inform the danger threats below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Impending Danger Threats	Impending Danger Threat?	
	Yes	No
Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.		
Parent's/Legal Guardian's or Caregiver's intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.	<input type="checkbox"/>	<input type="checkbox"/>
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.	<input type="checkbox"/>	<input type="checkbox"/>
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 the child's physical health.	<input type="checkbox"/>	<input type="checkbox"/>
There are reports of serious harm and the child's whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be serious harmed.	<input type="checkbox"/>	<input type="checkbox"/>
Other. Explain:	<input type="checkbox"/>	<input type="checkbox"/>



II. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

Child 1:

This domain seeks to answer, who is this child? Your focus should be on the child's general mood and temperament on a daily basis. You are seeking to understand if this child has any serious emotional symptoms, lacks behavioral control, or has self-destructive behaviors that the caregivers are unable/unwilling to manage. In order to answer this, information needs to be obtained regarding this child's daily activities and physical capacity, not just how this child was on the incident date.

Sources/Interviews (separately/privately), collaterals and observations:

Is a teacher collateral relevant for this child? Is a doctor or therapist collateral relevant? What did the parents and/or siblings say about this child? Ensure your collaterals are relevant within the context of the case.

Example: Janice Jones, child's teacher; Susan Sanders, mother; Sam Sanders, father; Shelby Carter, CPT specialist.

Analysis:

Each child will have an analysis section as children all function and behave differently within a family. Your analysis should reconcile what the collected information means for each child and determine child vulnerability. How does the information you have collected inform the danger threat below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Child Functioning Impending Danger Threats:

Based on information related to child functioning and the caregiver's response, indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.

Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian/Caregiver is unwilling or unable to manage.

Impending Danger Threat?

Yes No



III. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Caregiver 1:

This domain seeks to understand who this person is as an adult on a daily basis. Information collected here helps inform this adult's protective capacities or lack of protectiveness based on general life management, social and personal relationships (domestic violence?), problem solving, effects of criminal history, self-control, stability, employment history, self-awareness, physical capacity, community involvement, mental health issues or substance use.

Sources/Interviews (separately/private), collaterals and observations:

Who did you interview that provided relevant and specific information about this adult? Is a neighbor collateral relevant? Is a former spouse or partner collateral relevant? Is a counselor, therapist, probation officer, law enforcement, and/or family collateral relevant? What do the children say about the daily activities of this adult? What do the other household members say about how this adult acts/behaves?

Example: Susan Sanders, self-reported; Sam Sanders, husband; Donna Thompson, maternal grandmother; Sarah McHenry, friend of the mother's.

Analysis:

What does the information you have gathered on this adult mean? Are you able to articulate how this adult is or is not acting violently/impulsively/dangerously? How does the information you have collected inform the danger threat below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Adult Functioning Impending Danger Threats:

Based on information related to adult functioning indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.

Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.

Impending Danger Threat?

Yes No

IV. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians?

Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Caregiver 1 Parenting:

Information collected for this domain seeks to explore the general nature and approach to parenting which forms the basis for understanding caregiver-child interactions. What is the style of parenting this caregiver has adopted and where did this style originate from? What are the expectations/wishes this parent has for their children and how do they perceive each of their children? Are the children seen as a burden or is this parent's perception positive? Describe historical and present parenting practices/behaviors this caregiver has experienced.

Caregiver 1 Discipline:

Information here goes beyond the punishment of children for doing something wrong. This information seeks to understand the general guiding and teaching of children as provided by each caregiver in the home. When speaking to parents/caregivers, it is important to determine their views on discipline but emphasis on managing behaviors, teaching right from wrong, attitudes and expectations of behavior management, the meaning of discipline, and the source/reasons for this viewpoint should also be explored.



Writing Skills Workshop

Sources/Interviews (separately/privately), collaterals and observations:

List the names of all of your sources here who provided information as to each caregiver as a parent and how they view discipline/behavior management. Other adults/caregivers in the home may be able to provide relevant information for these domains. What did the children say about their parents/caregivers for these domains? Are there any relevant family collaterals? Are you able to obtain any information from a parent/partner not in the home? Does the school or daycare have information as to these caregivers?

Analysis:

This analysis will cover both domains and what the information means in terms of parenting and behavior management. What does the provided information say about knowing if/how basic needs are being met? Are any of the caregivers threatening to harm any of the children in the home and how do you know this? How does the information you have collected inform the danger threats below? Do you have the lack of or presence of caregiver protective capacities, an identified danger threat, and a vulnerable child to that identified danger threat?

Related Parenting Impending Danger Threats:	Impending Danger Threat?	
Based on information related to General Parenting and Disciplinary/Behavior Management practices indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.	Yes	No
Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will likely result in serious harm to the child.	<input type="checkbox"/>	<input type="checkbox"/>

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

	Capacity Categories and Types																		
	Behavioral						Cognitive					Emotional							
	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	History of Protecting	Is self-aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
Adults																			

Parent/Legal Guardian Protective Capacity Determination Summary:

Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability? Yes No



VI. CHILD SAFETY DETERMINATION AND SUMMARY

Child	Safety Determination
	<input type="checkbox"/> Safe – No impending danger safety threats that meet the safety threshold. <input type="checkbox"/> Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. <input type="checkbox"/> Unsafe

Child Safety Analysis Summary:

In this section, you are providing your final justification in support of the determination of safe or unsafe for the child/children. It should be a compilation of the most significant issues related to the constructs of danger threat identification, child vulnerability to the identified danger threat and information associated with protective capacities of concern or, if no concerns, those that serve to define and provide information for the reviewer about why and how the child/children are safe. The information draws the reviewer's attention to the most significant dynamics in the family, looks at contributing actions and history that factor into how danger manifests in the home and reviews child vulnerability concerns related specifically to how danger threats exist and pose a hazard to the child/children.

This is the written articulation that puts the whole puzzle together of how safety decisions were derived, as supported by all of the information presented in the domains and through a clear and thorough evaluation of caregiver protective capacities.

SAFETY ANALYSIS AND PLANNING:

The Parent/Legal Guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers. Yes/No?

The home environment is calm and consistent enough for an in-home safety plan to be implemented and or safety service providers to be in the home safely. Yes/No?

Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home. Yes/No?

An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger. Yes/No?

The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan. Yes/No?








Writing Skills Workshop

Summarize **reason for Out of Home Safety Plan** or removal/placement (if applicable) and **conditions for return**. Conditions for return should be related to reasons for removal and behaviorally based. These are parent/legal guardian actions and behaviors that must be demonstrated over time to sufficiently address the impending danger and allow for the child to safely return home.

If any of the above safety analysis questions are answered “No,” continue to the justification section below which will automatically pop up. Remember, responding “No” to even one (1) of the Safety Analysis questions requires an out-of-home safety plan. This section is where you first explain your reasoning for an out-of-home safety plan, justification for all “No” selections. The next part of this summary describes the conditions for return. A condition for return would reflect what must change within the home or with the caregivers so that **ALL 5** safety analysis questions could be answered with a “Yes” and the children could safely be returned to their home.

Practice Guidelines: The “Conditions for Return” are a written statement or statements of the specific behaviors, conditions, or circumstances that must exist within a child’s home before a child can safely return and remain in the home with an in-home ongoing safety plan while the parents continue to work toward reaching case plan outcomes. While the statements are based on the common criteria that must be met in order to establish an in-home safety plan, they are uniquely tailored to the specific behaviors, circumstances or conditions of each family.




	5 Safety Analysis Questions	Conditions for Return
Question 1	<p>The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.</p> <ul style="list-style-type: none"> This doesn't mean they were cooperative with the investigator or they are willing to cooperate with services. It's a basic level of agreement. Are they willing for someone to come into their home, assess the safety of the child, and take action to protect the child when the child is in danger? They don't have to like it or agree with it, they just can't interfere with it. Caregiver is open to having candid conversation about the reason for safety plan what the safety plan would involve regarding child and the need for a safety plan. Expresses genuine remorse about maltreatment toward child and is willing to discuss the need for a safety plan. Expresses genuine interest in doing what is necessary to have the child returned to the home. Willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers, as required to assure child safety. Can talk about how they felt before when not being willing to cooperate with an in home safety plan and how they feel differently now. 	<p>What does the parent need to do to demonstrate commitment to cooperating with providers in the home?</p> <ul style="list-style-type: none"> Example: "The father will allow his sister in the home on a daily basis and if the sister feels the child is unsafe the father will allow the sister to remove the child from the home." 
Question 2	<p>The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.</p> <ul style="list-style-type: none"> Is the environment predictable? Do we understand how and when the danger threat manifests? Can the environment accommodate an in-home safety plan? Is the environment non-threatening and will the safety service providers be able to safely implement the in-home safety plan? The home environment is consistent (describe what would be different) enough for in home safety services to be put in place. Specific individuals no longer reside in the home and the caregiver's commitment to keeping them out of the home is sufficiently supported by in home safety services. No longer expresses or behaves in such a way that reasonably will disrupt an in home safety plan, expresses acceptance of the in home safety plan and concern for the child. Specific triggers for violence in the home are understood and recognized by the caregivers and/or in home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness. There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in home safety services can supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance. All individuals residing in the home are known to the agency, cooperative, and open to intervention. 	<p>What must be different to make the home environment calm and consistent?</p> <ul style="list-style-type: none"> Example: "The father will refrain from verbal or physical threats and/or any acts of intimidation towards the safety service providers." 
Question 3	<p>Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.</p> <ul style="list-style-type: none"> Do we understand how the danger manifests and how to protect against it? If 24/7 supervision and care is required we can't control the danger in the home. Do we have the resources to control for the danger when it manifests? If it manifests daily we need resources daily. How predictable is the danger threat? There are sufficient and sustainable safety service resources at a level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance, etc. (Identify what the specific safety service is needed to manage safety in the home). 	<p>What safety services need to be available to sufficiently manage the danger in the home, what resources have to be available?</p> <ul style="list-style-type: none"> Example: "There will be a clear understanding of how and when the danger threat manifests and the family will have sufficient resources to manage the danger threats." 
Question 4	<p>An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations.</p> <ul style="list-style-type: none"> This does not refer to services or treatment. This means that we need a professional evaluator (usually Mental Health) to tell you how the danger threat manifests and how it can be managed. You need this evaluation to help you determine whether this will be an in-home or out-of-home safety plan. 	<p>What needs to be learned from the professional evaluation and how will the evaluation inform the conditions for return.</p> <ul style="list-style-type: none"> Example: "A psychologist will provide a recommendation of interventions or safety services that will be necessary prior to safely returning the child home with an in-home safety plan." 
Question 5	<p>The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (shelter, tent, house, etc.)</p> <ul style="list-style-type: none"> There is home to implement the safety plan in and they will be there as long as the safety plan is needed. It's an identified location and we can expect to find the parents there and safety actions can be taken there. Caregiver has reliable, sustainable, consistent residence in which to put an in home safety plan in place. Maintains a residence and there is confidence that the living situation is sustainable. Demonstrates the ability to maintain sustainable, suitable, consistent residence. Condition of the residence is suitable and structurally adequate to safely put an in home safety plan in place. Reasonable plan for how they will use resources to maintain stable residence. 	<p>What needs to happen in order for the parents to have a physical location in order to implement an in-home safety plan?</p> <ul style="list-style-type: none"> Example: "The parents will have a safe stable residence in which to implement an in-home safety plan." 

Handout Help


- This handout references the five (5) Safety Analysis Questions.
- Reference these examples to clarify how these questions should be answered for unsafe children.





Practice Points to Ponder!

February 2015
Department of Children and Families and
University of South Florida Training Consortium



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How do we create clear and specific conditions for return that are associated with the development of an in-home safety plan?

How we answer these questions determines the least intrusive safety actions necessary, including whether an in-home safety plan would be appropriate. If an out-of-home plan is necessary, what must be different in order for the children to be returned home safely? For all the "no" responses below see how the conditions for return are addressed by the associated YES examples.

Can you have an in-home safety plan?

Yes
 No

Question 1: The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.

YES: Mother will demonstrate that the grandmother is welcome in the home on a daily basis by allowing her to assist in care and supervision of the child. Mother has allowed the grandmother to take the child from the home when the grandmother determined the child was not safe in the care of the mother by herself.

NO: Mother will not allow the grandmother to come into her home daily because she doesn't see the need for additional help with her child and thinks DCF is overreacting.

Question 2: The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.

YES: All caregivers and individuals residing in the house will be known to the agency and the home environment will support the necessary in-home safety service providers through known predictability about the family's daily schedule and willingness to engage with the identified safety service providers.

NO: Home environment is threatening due to the constant, unpredictable drug activity with numerous unknown adults coming and going from the home at odd intervals of time, both day and night.

Question 3: Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.

YES: The mother and father share custody of their child and will demonstrate a willingness to work together. The father is willing and available on the days/nights the mother works to pick up his child from the school bus and have his child stay with him overnight and is willing to bring him to school the following day.

NO: The mother works 3 nights a week and cannot supervise her child after school and into the evenings. The child, age 7, has been leaving the house after getting home from school and is causing trouble in the neighborhood. No safety services are available to participate in the safety plan at this time.

Question 4: An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations. (Does not refer to "services" or "treatment").

YES: A psychologist will evaluate the aunt and provide recommendations of interventions or safety services that will explain what will be necessary prior to returning the child home with the parents and aunt, with an in-home safety plan in place.


NO: The aunt/caregiver in the home with the family has severe symptoms indicative of mental health problems, but it is unclear how her behavior is or could be related to impending danger threats within the home.

Question 5: The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (Shelter, tent, house, etc.)

YES: The parents will have a safe stable residence in which to implement an in-home safety plan.

NO: The parents are "couch surfing" from friend to friend frequently and do not have a surable or stable place of their own in which to implement any safety services.

Practice Points to Ponder—Pam Aeppel & Shawna Thomas
Collaborating to support and sustain our new practice model.





Handout Help

- This handout references the five (5) Safety Analysis Questions.
- Reference these examples and utilize the additional sample on the previous page, as a source for how to clarify the way in which these questions may be answered for children determined unsafe.
- This handout is being provided as a source, but should be reviewed by the trainer.
- There is no activity that is associated with it other than a review and a possible comparison for the participant. These examples are not fully inclusive of all possible responses and are specific to the case scenario depicted for example only.



Writing Skills Workshop

<p>2</p>		<p>Define and develop how the elements of information organization of case facts and written presentation supports a logical, objective and coherent flow of information within the FFA.</p>
	<p>Content Discussion Points:</p> <p>Revisit the following concepts discussed in previous workshops to support the assessment process.</p> <p>What does it mean to have Sufficiency of Information, Reconciliation of Information, and Validation of Information?</p> <ul style="list-style-type: none"> ▪ Poll the class to see who remembers the definitions of each and can explain their importance within everyday case work. ▪ Information collection efforts should seek to determine sufficiency, reconciliation and validation of all information. 	
	<p>Sufficiency is the condition or quality of being adequate. Enough information to meet the needs of a situation or a proposed end.</p> <ul style="list-style-type: none"> • <i>According to the Practice Guidelines:</i> “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.” 	



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Reconciliation ensures that relevant information is presented consistently, no unexplained discrepant statements in assessment and/or rationale is provided to explain why more weight or credibility is given to one statement over another.

According to the Practice Guidelines: “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.”



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- 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.**



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Validation is the act, process, or instance of determining the degree of reliability. The information should be analytical but must be based on specific describable information and not open speculation.

- *According to the Practice Guidelines:* “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. **(Note:** corroboration is defined as credible and reliable information obtained from multiple sources (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.
 - **Example of validation:** 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.



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What does it mean to Synthesize information?

- It is the combination of separate elements to form a coherent whole. Synthesizing is a process. It involves breaking information down, once you've gathered it, and sifting through that information to determine which pieces fit best, within context of the case. It is then necessary to integrate those "pieces" into an approach best suited for a particular family.
 - **Example:** Separate interviews and collateral contacts are brought together to form a whole assessment— FFA.
 - **Example:** DCF priors. Each case is read and reviewed and then brought together to form a complete assessment about a family's prior history so we can see their "whole picture."



Information Collection Efforts Should Seek to Determine...

SUFFICIENCY:

The condition or quality of being adequate. Enough information to meet the needs of a situation or a proposed end.



RECONCILIATION:

Ensures that relevant information is presented consistently, no unexplained discrepant statements in assessment and/or rationale is provided to explain why more weight or credibility is given to one statement over another.



VALIDATION:

The act, process, or instance of determining the degree of reliability. The information should be analytical but must be based on specific describable information and not open speculation.



Handout Help




Visual reference to assist in participants' comprehension of concept definitions. Also in PG page 53.



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Handout Help

Information for handout taken directly from the Practice Guidelines to assist in participants' comprehension of concept definitions and examples. Also in PG page 54.

<p>Sufficiency of Information: 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.</p>			
<p>Reconciliation of Information:</p> <p>There are multiple valid reasons why a case might initially contain a number of apparent discrepancies in information. Informational discrepancies can 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.</p>	<p>Validation of Information:</p> <p>All significant information should be validated by either the child welfare professional's direct, personal observation or corroborated through multiple collateral sources. <i>Note: (corroboration is defined as credible and reliable information obtained from multiple sources (more than solely the initial reporting source)).</i> "Attempted" contacts would not count as corroboration.</p>		
	<p>Example: 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."</p>		<p>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.</p>



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Writing Style and Written Presentation: Caution Needed!

Overuse of Quotes:

Overuse of quotes may look sarcastic and diminish the importance or context of what you are attempting to express. Overuse of quotes decreases the significance of the documentation, as reviewers stop attending to what is in quotes since it carries no real value. The information in quotes will not “stand out” if everything is in quotes.

- **Avoid** this style of documentation:

“The mother was “amazed” to see this CPI again and was “agitated.” She looked “dazed” and was “glassy-eyed.” During assessment interviews she frequently “forgot” what time the interviews were scheduled or that she had “agreed” to meet at that time and date. She gave many “reasons” for not being available and “insisted” that she had not made appointments and had not missed out on court “on purpose.”

Watch Your Tone and Biases:

Watch your tone within your writing. Careful not to be overly *casual* in your descriptions or characterizations. Check that your own value system is not getting in the way of your professional judgment, which should be supported by facts.

Tone and bias takes attention away from the assessment purpose and final safety determinations.

- **Avoid** this style of documentation:

“The mother is in no position to be a mother right now. She has no ability to understand her child’s needs and has made very poor picks in her life by hooking up with a lot of men who she supports financially when they mooch off of her. They have all been abusive to her children and then leave her. She always finds these men at bars and already has a drinking problem herself. She should know better than to think she can find anybody in a bar, especially when she is usually impaired when she is at the bar.”



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Minimizing Language:

“Minimizing language” is subtle and signals out a variety of attitudes and approaches that are read and perceived as more personal than professional.

Below is an example of *author attitude* and minimizing language that disempowers:

- **Avoid** this style of documentation:

“Mother wants to go to school to be a nurse. She can only get so far. She was asked how she could possibly expect to be a nurse and get a license with her history of drug use. She can’t even be a CAN (Certified Nursing Assistant) because of her criminal record. When all of this was pointed out to the mother she had nothing to say.”

- **NOTE:** While the above is accurate from a pragmatic and legal perspective it demonstrates an attitude of negativity and minimization of efforts for future potential of the mother. The writer is displaying how the interaction with the mother, about her goals, was likely a “shame based” interaction using sarcasm.
- It signals the author’s *disapproving attitude* about the mother with verbal disrespect if, in fact, the interaction happened, as documented. It is clear the author holds little hope for the mother. Notice all of the words such as “only”, “even” and other words or phrases that diminish and devalue the mother or her efforts.

Feuding Files:

Feuding files diminish professional credibility of the author. Negative critical documentation targeting other professionals is easily transparent to readers, related to emotionally driven frustration on the part of the author.

Feuding with other professionals in case files, through sarcasm or blatant dismissal of their input, serves to offer fuel in court that can be easily targeted by defense counsel and takes the focus



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away from important assessments that were completed to determine child safety.

Caution should be used when having conflict with external agency providers or even within the agency. Interagency and interagency conflict takes the focus off of the family and safety related efforts.

When reviewers read the ongoing narratives related to personal interactions between professionals they evaluate the *author* poorly or get caught up in reading about unprofessional turf wars, as opposed to keeping focus on the family. Objectively summarize the consultations and input from other professionals carefully in your documentation and watch your tone and characterization of other professionals. (This same principle applies to caution required when describing interactions with family members involved with the case).

- **Avoid** this style of documentation:

“Case conference with supervisor. Reviewed PDA (Present Danger Assessment). Because the baby is in the hospital he is safe with medical providers, getting good care and is not with parents now. This CPI does not see any present danger, but CPIS (CPI supervisor) told this CPI to file a shelter petition anyway, even though baby will probably not be released for another three days.”

“Conference call with Barbara Beatty GAL (Guardian Ad Litem). She doesn’t agree with visits. She doesn’t understand that visits have to happen even if she doesn’t like it. She is unrealistic about visitation requirements and is never reasonable. She always thinks the parents should be kept away from their children because they don’t deserve visits. She was told that a visit will be arranged and she can call CPI supervisor if she doesn’t like it or understand. This CPI will not talk to her again about this and she can just talk to the CPI supervisor.”



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Refer participants to the following handout to reinforce concepts and have a visual reference with examples.



Writing Style and Written Presentation Caution Needed!



Overuse of Quotes: This can diminish the importance or context of what you are attempting to express. Reviewers stop attending to what is in quotes since it doesn't seem to carry real value.



Avoid this style of documentation: "The mother was "amazed" to see this CPI again and was "agitated." She looked "dazed" and was "glassy-eyed." During assessment interviews she frequently "forgot" what time the interviews were scheduled or that she had "agreed" to meet at that time and date. She gave many "reasons" for not being available and "insisted" that she had not made appointments and had not missed out on court "on purpose."



Tone and Biases: Careful not to be overly *casual* in your descriptions or characterizations. Check that your own value system is not getting in the way of your professional judgment, which should be supported by facts.

Avoid this style of documentation: "The mother is in no position to be a mother right now. She has no ability to understand her child's needs and has made very poor picks in her life by hooking up with a lot of men who she supports financially when they mooch off of her. They have all been abusive to her children and then leave her. She always finds these men at bars and already has a drinking problem herself. She should know better than to think she can find anybody in a bar, especially when she is usually impaired when she is at the bar."



Minimizing Language: Can be subtle and signals out a variety of attitudes and approaches that are read and perceived as more personal than professional.

Avoid this style of documentation: "Mother wants to go to school to be a nurse. She can only get so far. She was asked how she could possibly expect to be a nurse and get a license with her history of drug use. She can't even be a CAN (Certified Nursing Assistant) because of her criminal record. When all of this was pointed out to the mother she had nothing to say."



Feuding Files: Diminish professional credibility of the author. Negative critical documentation targeting other professionals is easily transparent to readers. Feuding with other professionals in case files, through sarcasm or blatant dismissal of their input, serves to offer fuel in court that can be easily targeted by defense counsel and takes focus away from important assessments that were completed in determining child safety.

Avoid this style of documentation: "Case conference with supervisor. Reviewed PDA (Present Danger Assessment). Because the baby is in the hospital he is safe with medical providers, getting good care and is not with parents now. This CPI does not see any present danger, but CPIS (CPI supervisor) told this CPI to file a shelter petition anyway, even though baby will probably not be released for another three days."



Writing Skills Workshop



Activity #2

Domain Documentation Practice

Purpose: To write either an Adult Functioning domain or a Parenting General domain for a case brought in by each participant.



Directions to Trainer:

- Let participants know that on their computer you want them to work on a domain for either Adult Functioning or Parenting Domains.
- Those domains were selected because they are generally more difficult to document.
- Be specific in your instruction that you want them to document the domain information and sources only, **NOT** an analysis.
- The third activity of this workshop is where participants will craft an analysis.
- Refer participants to the examples below, also in PG pages 57–62. Upon review, point out how the domain information is a narrative of what is known about adult functioning and parenting/discipline from various sources including self-report, and is not a “he said, she said” or a “stated, reported, indicated” type of “note.”
- Reinforce when reviewing the examples with participants that the domain information **does not** re-visit maltreatment issues or reflect information about child functioning, as the focus is on adult functioning or parenting/discipline.



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Example (1): Ron Baker

Adult Functioning:

Ron (38) currently resides in Tampa, Florida. He was born and raised in Florida and aside from a few years he spent in the military, he has always lived in the area. It was always Ron's dream to become a police officer and follow in the footsteps of his father. He comes from a large law enforcement and fire department serving family and takes great pride in the work that he does. Ron has been employed with the local police department for the last twelve years and has a rotating shift schedule. He has been a stable employee and has many friends, mostly co-workers. Ron is known to his friends as being reliable, dependable, and so loyal and committed that he even helped one friend check into a drug treatment program. He attributes his last three failed long-term relationships, each lasting 2-3 years, to his busy work schedule. Ron often has trouble committing to personal time and feels as if he is in "work mode" much of the time. This lack of personal time caused arguments in his past relationships, which all resulted in mutually agreed separation. Ron is currently in a relationship with Cheryl and they have been together for 3 years, live together, but are not married. Ron and Cheryl met at a work party and were introduced by mutual friends. Ron's friends and family describe him as being very happy, easy going, and more committed to Cheryl than he was to the women in his previous relationships. Ron and Cheryl are in agreement most times as to boundaries, household roles and rules, but do have occasional verbal disagreements, mostly about money. Cheryl appreciates Ron's work ethic and in their relationship, Ron's busy work schedule has not led to any of their disagreements. Ron continues to have concerns about committing in terms of marriage, but he is putting more thought than ever into marriage at this point in his life.

Sources/people interviewed (separately/privately), collaterals and observations: Ron Baker/father, Cheryl Brown/mother, Mike Miller/co-worker, Betty Baker/paternal grandmother.



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Parenting General:

Ron is the biological father of one child, his son, Chase. Ron describes his parenting as “very good.” He acknowledges that he works a lot, has rotating shifts, and is not always present when his son gets up in the mornings or when it is time to put Chase to bed; however, he feels he makes every effort to be a dad when he is around his son. He speaks very highly of his son and loves the fact that he has Chase. He takes pride in being a father and even though the pregnancy may not have been something he planned, it has been the best experience thus far. Ron has a close relationship with his own father and has adopted parenting tips from him, as his father had a similar rotating work schedule and was not always home when he was younger. Ron remembers playing baseball with his father and running errands with him on the weekends and he hopes to be able to do those things with his son too. Ron thinks giving Chase baths and playing with toys at their home are some of the best times they have together. Cheryl loves seeing Chase with his father and thinks Ron is a “great” dad when he is home and is able to spend time with him as a family. She was nervous at first about Ron’s commitment to be a father but he has surpassed her expectations. She thinks he is a “hands on” father and feels he provides a good role model for Chase to show that men can be both warm and comforting. Ron’s father, James Baker, describes Ron as a “proud father” and is happy to see that Ron is experiencing the joys of fatherhood, as this has softened him emotionally and Chase has brought out some important qualities in Ron, such as responsibility and commitment.

Discipline/Behavior Management:

Ron considers himself the “fun” parent with his son and does not take on much of a disciplinarian role when he is home. Ron gives a lot of credit to Cheryl for taking daily care of Chase and managing his behaviors now that he is 2 years old and starting to talk back a little and have a mind of his own. Ron grew up in a strict household with many rules and consequences, to include spankings with a belt from his father when he was disrespectful to his mother. Ron does not believe in using a belt as a form of punishment with Chase and he and Cheryl have discussed that they plan to continue using time outs for two minutes and then talking with Chase about his behaviors and



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redirecting verbally if needed. For the most part, Chase is a well-mannered little boy with challenges around bed time. Ron has also been very involved in efforts at toilet training with Chase and is neither pushy nor punitive about toileting accidents and/or lack of progress. Family members and friends have remarked that Ron's tolerance and patience, especially since he does shift work is admirable. When instruction is given for bedtime and challenges arise, Ron will sometimes be called on the phone to speak with Chase, if he is not home, or assist in settling Chase down when he is home. Ron thinks this process has gone well and he plans to continue this method of behavior management. He understands that at the age of 2 Chase is trying to establish himself with some independence. Ron's father, James Baker has described that he perceives his son as much more patient and understanding of his toddler age son than he was when Ron was of a similar age and he respects that Ron has different ideas about discipline for his son than what was used on Ron.

Sources/people interviewed (separately/privately), collaterals: Ron Baker/father, Cheryl Brown/mother, James Baker/paternal grandfather.



Example (2): Wendy Wyatt

Adult Functioning:

Wendy (26) is originally from Ohio, has lived in several states throughout her life, but moved to Florida when she was 15 years old to live with a maternal great aunt. Wendy moved around a lot due to the death of her mother from a drug overdose when Wendy was 7. Her father left her with a variety of relatives when he moved away from the family when she was 10. Once in Florida, Wendy never felt a sense of belonging and ran away quite often from her aunt's home and did not attend school regularly. When she did attend school, Wendy interacted more with her male classmates than females and did not develop any close friend relationships. Wendy had many short term relationships in high school and this has continued into adulthood. Wendy meets most of the men she dates at her on again and off again employment at different bars/restaurants, as a waitress. She establishes these short term relationships with men much older than she; however, ends them quickly, as she "does not want the commitment, obligation or outside influences" in her life. Wendy has not maintained stable employment because she has come to work intoxicated on numerous occasions. Wendy blames others for her lack of employment and thinks that others are "out to get her" and make her life more difficult. Wendy does not think she can get any other kind of job because she has been arrested for driving under the influence and for battery on several occasions. Wendy initiates verbal and physical fights with people when she gets irritated, most often after she has been drinking. Many of these incidents have been reported to local law enforcement, other incidents with family members and ex-paramours have gone unreported. Wendy is not currently in a relationship. She is not able to identify the father of her daughter. She acknowledges having multiple casual intimate partner relationships and has described that she is a "free spirit" and it should not matter if she cannot identify her child's father. Wendy has had 6 different places of residence in the last 4 months and describes this as being "normal" for her life. The neighbor/friend has expressed concern that Wendy is very indiscriminate with her relationships and worries that one day she will bring home someone who will hurt her, as she has seen a variety of many men come and go from Wendy's life in short amounts of time. Wendy's cousin confirms similar worries about Wendy's choice of "associations" and that she "bounces" from place to place with people she has recently met. Wendy is well known to law enforcement because of numerous physical altercations and domestic related calls for service.



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Sources/people interviewed (separately/privately), collaterals and observations: Wendy Wyatt/mother, Jennifer Johnson/neighbor and friend, Crystal Carpenter/cousin, Pasco County Sheriff's Office records.

Parenting General:

Wendy has one biological child, her daughter Emma, age 3 months. Wendy has never given much thought to being a parent but acknowledges that she has not always taken measures to prevent a pregnancy. Wendy does not recall a very positive personal childhood, as she has moved around a lot and was cared for by different relatives and does not have a good sense of what it means to be a "mom." She describes her own parenting to be "not good." She believes she has been neglectful of her daughter at times and knows she has cared for Emma and driven her in the car while she has been under the influence of alcohol. She knows this is not good parenting behavior but she is not sure how else she can manage. She never thought she would be a mother and although her aunt did take pretty good care of her, she knows she has not learned enough about what it takes to be a parent. She thinks it is very hard right now but does think she did a good thing by enrolling Emma in day care. She does get frustrated when she has to take her day care so early in the morning, but likes being able to come home and sleep "without screaming and crying in the house." She does not identify anyone in her life as a role model and the only friend she has does not have children herself so she does not usually ask anyone for advice. She thinks looking things up on the internet or asking people at the day care are her best ways of gaining parenting advice. Day care staff confirm Wendy has asked multiple times about what to do when Emma is fussy and how to prepare formula. Wendy is not completely sure she wants to raise Emma full time and knows she cannot do it on her own. She is worried that she might get too frustrated by Emma's crying and won't know what to do about it. She does not know who Emma's father is and does not think it is important. She is sure that Emma will ask when she older and she has not thought of what she will tell her, except that "it shouldn't matter." Wendy's friend, Jennifer, does not think Wendy has what it takes to be a mother and rarely sees Emma with her. She acknowledges seeing Wendy take the baby to day care some mornings but doesn't usually see any other interactions between them. She believes the baby is with Wendy a lot and kept in the crib or watched by



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various acquaintances the mother meets. Jennifer did babysit for Emma when she was first born but then Wendy got upset with her when she was unable to keep the baby longer when she (Wendy) wanted to stay out later and she has not been asked to watch the baby since. Jennifer is especially worried about Emma spending too much time in her crib with wet diapers and little contact from Wendy when she is home.

Discipline/Behavior Management:

Wendy has not given much thought to discipline practices she may use when Emma gets older. She does not have clear expectations and cannot describe developmentally what it might take to manage the behaviors of an infant, into toddler years and beyond, as she didn't pay attention to authority in general and thinks people are too "harsh" about discipline and rules. Wendy does not think that Emma should be crying as much as she does right now and has difficulty hearing her baby screaming all the time. She is especially agitated by the crying when she has been out late and feels like she has done everything she can do to feed and change her and she still won't "shut up." Jennifer Johnson has heard Wendy scream "shut up" to her baby over and over again, especially when she has been out late and has been drinking. She is also very worried about Wendy driving with the baby sometimes because she has seen that the baby is not strapped in the car seat very well.

Sources/people interviewed (separately/privately), collaterals: Wendy Wyatt/mother, Sue Sanders/Daisy's Day Care-owner, Jennifer Johnson/neighbor and friend.



Directions to Participants:

Review the examples of domain information in PG pages 57–62.

- Instruct participants this is a "hands on" activity.
- Using the case you brought, work on either Adult Functioning or Parenting/Discipline. These are the only domains in which to work for this "hands on" activity.



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- Work on the domain to include sources, but do **NOT** develop the analysis. The trainer(s) will be rotating in the room to provide input and help with critique.
- Feel free to get “editing” input from your class mates sitting near you, but please remain focused on documenting your own domain information as quickly as you can and be prepared to share elements of the domain with others in class when it is time to process the activity.





Trainer Debrief:

- “Hands off” computers for activity debrief.
- Ask the class for volunteers to share what they wrote that may be different than the way they used to develop domain information in the past.
- If nothing is different than past efforts that is okay. Class participants are sometimes reluctant to acknowledge that they have not always documented in this manner.
- Ask for a brief “sharing” by having participants read a few sentences from their developed domain.
- Listen very carefully and strive to find something within the style or way in which participants documented that can result in a positive and specific comment from you to the class.
- Example: “I like how you were specific in your description of the mother’s work history and pattern of residential transiency.”
- While this may seem unimportant in terms of feedback to the participants it is crucial that the trainer is aware of the need for specificity in providing feedback and engaging in a way that provides for a safe learning environment to reinforce participation.
- Take as many examples as offered and as time allows, but do **NOT** call individuals out to read aloud without them “volunteering.”



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<p>3</p>		<p>Construct and author an analysis using the key components of the Practice Model to express and defend how danger threats, protective capacities and child vulnerability are reflected and evaluated within a domain, contributing to a justifiable and supported safety decision.</p>
	<p>Discussion of Content Points:</p> <p>Re-visit analysis discussion originally introduced in the Synthesis and Analysis Workshop.</p> <p>What is an Analysis?</p> <ul style="list-style-type: none"> • A detailed examination of elements, as a basis for interpretation. It is a division of a whole into necessary parts to examine or determine their relationship or value to each other. <ul style="list-style-type: none"> ▪ Example: Dividing information into each domain, information provided through research, and from multiple interview sources. This information is closely examined to determine its meaning/value within the context of each case. ▪ Example: DCF priors are recorded one by one. This requires close examination of each prior, looking for patterns in maltreatments, patterns of allegations, patterns of perpetrators, patterns of victims, etc. in order to determine the whole meaning within context of each case. <p>What an Analysis is NOT...</p> <ul style="list-style-type: none"> ▪ <i>A factual statement, a repeat of interview data, a quote from a collateral, or a list of DCF case numbers for priors. These examples do not have meaning/value.</i> 	



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- **Synthesizing** and **Analyzing** information collected requires that the information is organized to provide “order” and “meaning.” If the author omits the structure of “order” and “meaning,” the information is just data. Data alone is *not* the essential ingredient for effective safety decision making.
- In child welfare, there isn’t a “one size fits all” solution to negative family conditions.

Each case is unique and requires proper information collection, synthesis of that information, and accurate analyses of all information.

It is: “The Meaning”	It isn’t: “Interview Data”
<ul style="list-style-type: none"> • A detailed examination of elements within a case. 	<ul style="list-style-type: none"> • NOT a repeat of interview data gathered during information collection.
<ul style="list-style-type: none"> • A determination of the relationship or value derived from case elements. 	<ul style="list-style-type: none"> • NOT a series of factual statements that repeat case specifics already documented.
<ul style="list-style-type: none"> • A professional judgment about the meaning of the information collected and documented within the FFA. 	<ul style="list-style-type: none"> • NOT a list of quotes gathered during information collection.
<ul style="list-style-type: none"> • A theory, based on case information, forming a coherent whole about the effects on child safety. 	<ul style="list-style-type: none"> • NOT a list of DCF prior case numbers along with the findings of those reports.

Handout Help

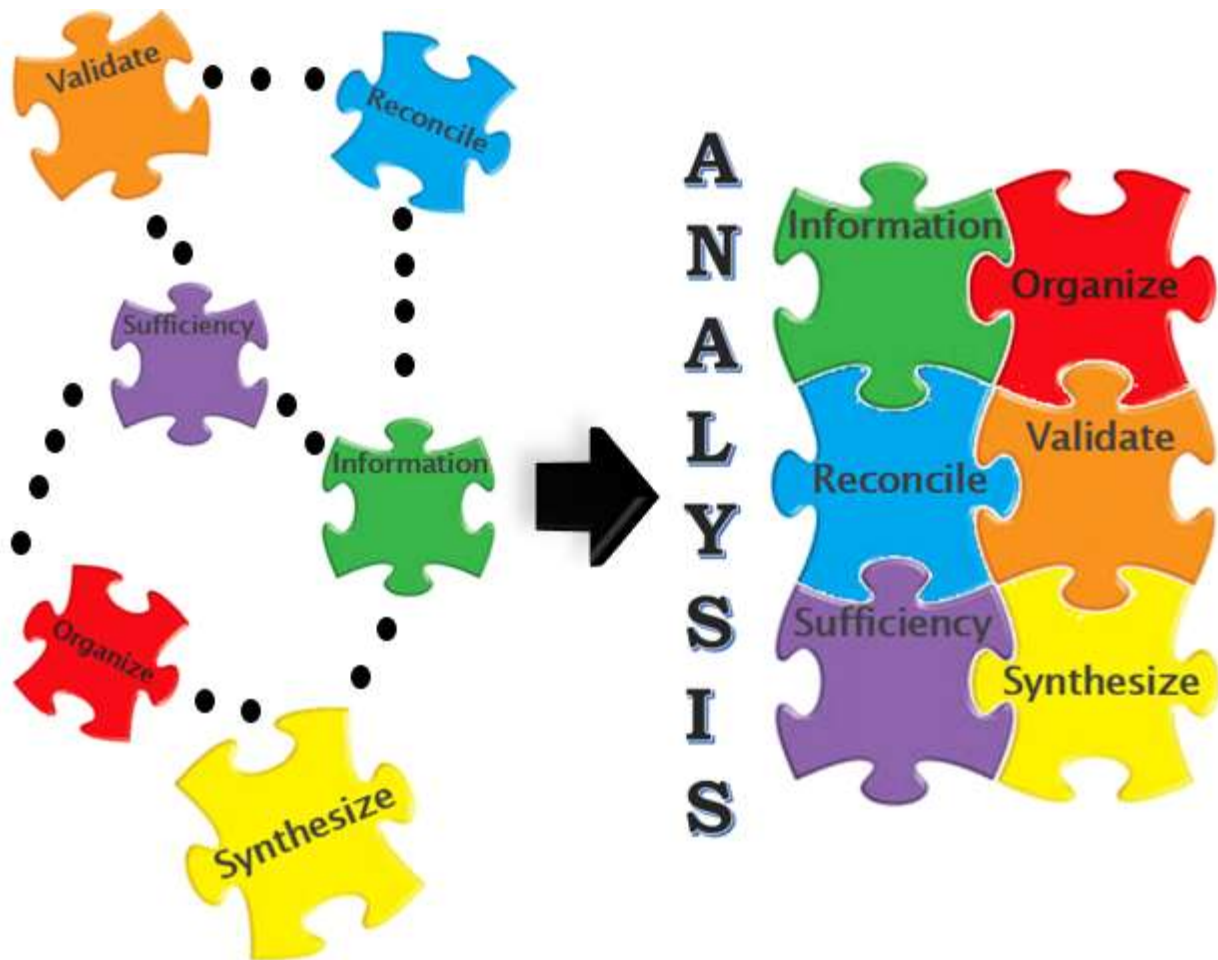
- This is a helpful reminder to participants of what an analysis **is** versus what it **is not**.



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Handout Help

- From information collection to analysis.
- This is a helpful reminder to participants of the elements required and importance of “connecting the dots” and “puzzle pieces” prior to formulating an analysis.



Domains Inform the Caregiver Protective Capacities

<p>MALTREATMENT AND NATURE OF MALTREATMENT</p> <p>How do parent behaviors relate to the maltreatment?</p> <p>What is the extent of the maltreatment?</p> <p>What surrounding circumstances accompany the alleged maltreatment?</p>	<p>Behavioral...controls impulses Behavioral...takes action Cognitive...recognizes threats Emotional...is stable and able to intervene Behavioral...demonstrates adequate skills Behavioral...history of protecting Cognitive...able to articulate a plan for protection Emotional...is positively attached to the child</p>	<p>Impending Danger Threshold Criteria:</p> <p>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 threats 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.</p>
<p>CHILD FUNCTIONING</p> <p>How does the child function on a daily basis? Include physical health, development, emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.</p> <p>How is the child vulnerable?</p>	<p>Is the child vulnerable?</p> <ul style="list-style-type: none"> • Dependent on others for protection • Exposed to circumstances that child is powerless to manage • Susceptible to a threatening person in authority over the child • Children from 0-6 years • Older children unable to protect themselves or seek protection from others • Children with physical, emotional, developmental needs 	<p>• Observable</p>
<p>ADULT FUNCTIONING</p> <p>How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.</p> <p>How does adult behavior protect the child?</p>	<p>Behavioral...controls impulses Behavioral...takes action Cognitive...is intellectually able Cognitive...recognizes threats Cognitive...able to articulate a plan for protection Emotional...meets own emotional needs Emotional...is stable and able to intervene to protect child Emotional...is resilient as a caregiver</p>	<p>• Vulnerable Child</p>
<p>PARENTING</p> <p>General – What are the overall, typical, parenting practices used by the parents/legal guardians?</p> <p>Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?</p> <p>How are they protective as a parent?</p>	<p>Behavioral...sets aside own needs for child Behavioral...demonstrates adequate skills Behavioral...adaptive as a parent/caregiver Behavioral...history of protecting Cognitive...is self-aware Cognitive...is intellectually able Cognitive...recognizes child's needs Cognitive...understands protective role Cognitive...able to articulate a plan for protection Emotional...tolerant as a caregiver Emotional...expresses love, empathy, sensitivity to the child Emotional...is stable and able to intervene to protect child Emotional...is positively attached to the child is supportive and aligned with the child</p>	<p>• Out-of-control</p> <p>• Imminent</p> <p>• Severe</p>

Handout Help

- This is a useful tool to use when authoring information related to the analysis of each domain.
- As the analysis is developed, it helps to keep this information in mind to assist in describing how and which protective capacities are most significantly present or diminished, as related to danger threats and child vulnerability.



Writing Skills Workshop



Activity #3

What Is Your Analysis?

Purpose: The purpose of this activity is to have participants practice skills for an analysis in one of their own cases.



- In order for the activity to have meaning for the participants, they will be using one of their own cases.
- Your responsibility, as a trainer, is to make sure you are monitoring the time carefully. To ensure the group is working on this specific task related to writing an analysis, rotate within the room and do a quick review and comment periodically on what participants are writing. It is crucial that participants know that you, as the trainer, are attentive to this dedicated application activity for them to work on documentation.
- Reinforce the value of the activity, that when they are done, they will be able to take the information with them to use in case documentation and will have developed a more refined skill in their “authorship” efforts.



Directions to Trainer:

- Instruct participants that they will be spending time working in Word and developing an “analysis” for either adult functioning or parenting for one of their own cases. These are the only domains in which the participants should be documenting.
- Provide a time frame in which they have to work depending on your class size and the need to process at the end of workshop. It is very important to leave



Writing Skills Workshop

enough time for participants to share some of their sample work with the rest of the class in a larger group.

- Trainer must circulate around the room and must be attentive and focused on providing “help” to each participant in short increments of time. Watch your timing and make sure you get around to each participant for at least a few minutes once they have started working.
- Let the class know you will be coming around for brief reviews of what they are working on, but you will not be writing it for them. Encourage participants to collaborate and seek editing help from a peer next to them if they so desire. As child welfare documentation is read by many people in the system make sure you, as the trainer, encourage a collaborative atmosphere for feedback to occur. Be sure to give participants a time limit for activity to be completed.
- Below are four (4) examples of analyses to assist with participant documentation productivity. It is important to point out how each analysis is *specific to the content* of each case and to the domain information being analyzed.
- The first two (2) analyses represent the *meaning* of the information documented in the last activity about Ron Baker’s adult functioning and parenting/discipline. The other two (2) examples represent the meaning of the information documented in the last activity about Wendy Wyatt’s adult functioning and parenting/discipline.
- All analyses follow their respective domain starting on PG page 67.



Important to Note:

- Reinforce for participants that the examples about the analyses of Wendy for Adult Functioning and Parenting are both somewhat lengthy because there are identified danger threats within each of those domains for this case sample.
- The length of the analysis is not as significant as the connection of the analysis to the domain information supporting **how** the author was able to provide a “professional judgment” based on information within the domains and within context of the case.



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Ron Baker

Adult Functioning Analysis:

Ron Baker is able to meet his own emotional needs, as he has established a career for himself specific to goals he set when he was younger. He has a support system of friends and family and has demonstrated his awareness, sensitivity and responsibility to the needs of others. While he has been in multiple relationships over the years, his stability with his current intimate partner, the mother of his child, is strong. Ron's relationships and daily functioning is planned, orderly, and consistent. Overall, Ron makes responsible adult decisions and interacts positively with others.

Parenting; Discipline/Behavior Management Analysis:

Ron Baker recognizes the needs of his young son and displays tolerance as a caregiver, by realizing the developmental needs and having reasonable expectations his two year old son. He recognizes and appreciates the difference in his own parenting style from that of his upbringing, especially in relation to behavior management. He is positively attached to his son and enjoys spending time with him when he is available. He is adaptive, as a parent, by realizing his work schedule could impact his relationship with his son, therefore he makes the effort to spend quality interactive time with Chase.

Wendy Wyatt

Adult Functioning Analysis:

Wendy Wyatt has had a number of losses in her life starting at a very young age. The death of her mother and abandonment by her father most likely has had a significant impact on her reluctance to trust. Based on her history, Wendy's ambivalent attachment to others may contribute to her interpersonal challenges. Her conflict resolution strategies are repeatedly driven by her own emotional reactions and frequently result in physically aggressive responses to others. She is impulsive and reactionary and has demonstrated little effort to regulate her actions when she is offended or angry. Wendy has a consistent and long term pattern of aggressive and violent behavior, both in the workplace and with her friends and family. There is little indication that she gives advanced thought about meeting her own emotional needs, except by excessive use of alcohol. Wendy's decisions impact her ability to provide for herself, resulting in significant chaos in the home environment, as well as adding to the economic and residential instability in her life.



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Parenting; Discipline/Behavior Management Analysis:

Wendy Wyatt has no experience as a parent, and has no identified role models or supports to nurture and mentor her as a parent. She has minimal awareness of infant or child development and is unable to connect the needs of her child to necessary actions. Wendy has demonstrated an unwillingness to put her own needs aside for her daughter. Her attitude about how Emma should manage her own behaviors at this young age are developmentally unrealistic. Wendy's acknowledgement of her limitations as a parent cannot be discounted, and her intolerance, as a caregiver, could significantly and negatively impact providing the attention and care her daughter requires at this very young and vulnerable age.



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Directions to Participants:

- Look at your own domain information within the cases you have been authoring.
- Write an analysis of that domain for either adult functioning or parenting. If you finish the first domain move on to the other one.
- You are working on either adult functioning analysis or parenting domains only.
- Remember that you must have an analysis for each caregiver.
- Use reference materials when developing your analysis.
- The trainer will be circulating and providing input and technical assistance.
- Be prepared to share your analysis with the larger group when the trainer calls time on the activity.



For complete reference, see full adult functioning, parenting general and discipline/behavior management domains including all analyses for both case samples; **Ron Baker** and **Wendy Wyatt**.



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Example (1): Ron Baker

Adult Functioning:

Ron (38) currently resides in Tampa, Florida. He was born and raised in Florida and aside from a few years he spent in the military, he has always lived in the area. It was always Ron's dream to become a police officer and follow in the footsteps of his father. He comes from a large law enforcement and fire department serving family and takes great pride in the work that he does. Ron has been employed with the local police department for the last twelve years and has a rotating shift schedule. He has been a stable employee and has many friends, mostly co-workers. Ron is known to his friends as being reliable, dependable, and so loyal and committed that he even helped one friend check into a drug treatment program. He attributes his last three failed long-term relationships, each lasting 2-3 years, to his busy work schedule. Ron often has trouble committing to personal time and feels as if he is in "work mode" much of the time. This lack of personal time caused arguments in his past relationships, which all resulted in mutually agreed separation. Ron is currently in a relationship with Cheryl and they have been together for 3 years, live together, but are not married. Ron and Cheryl met at a work party and were introduced by mutual friends. Ron's friends and family describe him as being very happy, easy going, and more committed to Cheryl than he was to the women in his previous relationships. Ron and Cheryl are in agreement most times as to boundaries, household roles and rules, but do have occasional verbal disagreements, mostly about money. Cheryl appreciates Ron's work ethic and in their relationship, Ron's busy work schedule has not led to any of their disagreements. Ron continues to have concerns about committing in terms of marriage, but he is putting more thought than ever into marriage at this point in his life.

Sources/people interviewed (separately/privately), collaterals and observations: Ron Baker/father, Cheryl Brown/mother, Mike Miller/co-worker, Betty Baker/paternal grandmother.



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Analysis:

Ron Baker is able to meet his own emotional needs, as he has established a career for himself specific to goals he set when he was younger. He has a support system of friends and family and has demonstrated his awareness, sensitivity and responsibility to the needs of others. While he has been in multiple relationships over the years, his stability with his current intimate partner, the mother of his child, is strong. Ron's relationships and daily functioning is planned, orderly, and consistent. Overall, Ron makes responsible adult decisions and interacts positively with others.

Parenting General:

Ron is the biological father of one child, his son, Chase. Ron describes his parenting as "very good." He acknowledges that he works a lot, has rotating shifts, and is not always present when his son gets up in the mornings or when it is time to put Chase to bed; however, he feels he makes every effort to be a dad when he is around his son. He speaks very highly of his son and loves the fact that he has Chase. He takes pride in being a father and even though the pregnancy may not have been something he planned, it has been the best experience thus far. Ron has a close relationship with his own father and has adopted parenting tips from him, as his father had a similar rotating work schedule and was not always home when he was younger. Ron remembers playing baseball with his father and running errands with him on the weekends and he hopes to be able to do those things with his son too. Ron thinks giving Chase baths and playing with toys at their home are some of the best times they have together. Cheryl loves seeing Chase with his father and thinks Ron is a "great" dad when he is home and is able to spend time with him as a family. She was nervous at first about Ron's commitment to be a father but he has surpassed her expectations. She thinks he is a "hands on" father and feels he provides a good role model for Chase to show that men can be both warm and comforting. Ron's father, James Baker, describes Ron as a "proud father" and is happy to see that Ron is experiencing the joys of fatherhood, as this has softened him emotionally and Chase has brought out some important qualities in Ron, such as responsibility and commitment.

Discipline/Behavior Management:



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Ron considers himself the “fun” parent with his son and does not take on much of a disciplinarian role when he is home. Ron gives a lot of credit to Cheryl for taking daily care of Chase and managing his behaviors now that he is 2 years old and starting to talk back a little and have a mind of his own. Ron grew up in a strict household with many rules and consequences, to include spankings with a belt from his father when he was disrespectful to his mother. Ron does not believe in using a belt as a form of punishment with Chase and he and Cheryl have discussed that they plan to continue using time outs for two minutes and then talking with Chase about his behaviors and redirecting verbally if needed. For the most part, Chase is a well-mannered little boy with challenges around bed time. Ron has also been very involved in efforts at toilet training with Chase and is neither pushy nor punitive about toileting accidents and/or lack of progress. Family members and friends have remarked that Ron’s tolerance and patience, especially since he does shift work is admirable. When instruction is given for bedtime and challenges arise, Ron will sometimes be called on the phone to speak with Chase, if he is not home, or assist in settling Chase down when he is home. Ron thinks this process has gone well and he plans to continue this method of behavior management. He understands that at the age of 2 Chase is trying to establish himself with some independence. Ron’s father, James Baker has described that he perceives his son as much more patient and understanding of his toddler age son than he was when Ron was of a similar age and he respects that Ron has different ideas about discipline for his son than what was used on Ron.

Sources/people interviewed (separately/privately), collaterals: Ron Baker/father, Cheryl Brown/mother, James Baker/paternal grandfather.

Analysis:

Ron Baker recognizes the needs of his young son and displays tolerance as a caregiver, by realizing the developmental needs and having reasonable expectations his two year old son. He recognizes and appreciates the difference in his own parenting style from that of his upbringing, especially in relation to behavior management. He is positively attached to his son and enjoys spending time with him when he is available. He is adaptive, as a parent, by realizing his work schedule could impact his relationship with his son, therefore he makes the effort to spend quality interactive time with Chase.



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Example (2): Wendy Wyatt

Adult Functioning:

Wendy (26) is originally from Ohio, has lived in several states throughout her life, but moved to Florida when she was 15 years old to live with a maternal great aunt. Wendy moved around a lot due to the death of her mother from a drug overdose when Wendy was 7. Her father left her with a variety of relatives when he moved away from the family when she was 10. Once in Florida, Wendy never felt a sense of belonging and ran away quite often from her aunt's home and did not attend school regularly. When she did attend school, Wendy interacted more with her male classmates than females and did not develop any close friend relationships. Wendy had many short term relationships in high school and this has continued into adulthood. Wendy meets most of the men she dates at her on again and off again employment at different bars/restaurants, as a waitress. She establishes these short term relationships with men much older than she; however, ends them quickly, as she "does not want the commitment, obligation or outside influences" in her life. Wendy has not maintained stable employment because she has come to work intoxicated on numerous occasions. Wendy blames others for her lack of employment and thinks that others are "out to get her" and make her life more difficult. Wendy does not think she can get any other kind of job because she has been arrested for driving under the influence and for battery on several occasions. Wendy initiates verbal and physical fights with people when she gets irritated, most often after she has been drinking. Many of these incidents have been reported to local law enforcement, other incidents with family members and ex-paramours have gone unreported. Wendy is not currently in a relationship. She is not able to identify the father of her daughter. She acknowledges having multiple casual intimate partner relationships and has described that she is a "free spirit" and it should not matter if she cannot identify her child's father. Wendy has had 6 different places of residence in the last 4 months and describes this as being "normal" for her life. The neighbor/friend has expressed concern that Wendy is very indiscriminate with her relationships and worries that one day she will bring home someone who will hurt her, as she has seen a variety of many men come and go from Wendy's life in short amounts of time. Wendy's cousin confirms similar worries about Wendy's choice of "associations" and that she "bounces" from place to place with people she has recently met. Wendy is well known to law enforcement because of numerous physical altercations and domestic related calls for service.



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Sources/people interviewed (separately/privately), collaterals and observations: Wendy Wyatt/mother, Jennifer Johnson/neighbor and friend, Crystal Carpenter/cousin, Pasco County Sheriff's Office records.

Analysis:

Wendy Wyatt has had a number of losses in her life starting at a very young age. The death of her mother and abandonment by her father most likely has had a significant impact on her reluctance to trust. Based on her history, Wendy's ambivalent attachment to others may contribute to her interpersonal challenges. Her conflict resolution strategies are repeatedly driven by her own emotional reactions and frequently result in physically aggressive responses to others. She is impulsive and reactionary and has demonstrated little effort to regulate her actions when she is offended or angry. Wendy has a consistent and long term pattern of aggressive and violent behavior, both in the workplace and with her friends and family. There is little indication that she gives advanced thought about meeting her own emotional needs, except by excessive use of alcohol. Wendy's decisions impact her ability to provide for herself, resulting in significant chaos in the home environment, as well as adding to the economic and residential instability in her life.

Parenting General:

Wendy has one biological child, her daughter Emma, age 3 months. Wendy has never given much thought to being a parent but acknowledges that she has not always taken measures to prevent a pregnancy. Wendy does not recall a very positive personal childhood, as she has moved around a lot and was cared for by different relatives and does not have a good sense of what it means to be a "mom." She describes her own parenting to be "not good." She believes she has been neglectful of her daughter at times and knows she has cared for Emma and driven her in the car while she has been under the influence of alcohol. She knows this is not good parenting behavior but she is not sure how else she can manage. She never thought she would be a mother and although her aunt did take pretty good care of her, she knows she has not learned enough about what it takes to be a parent. She thinks it is very hard right now but does think she did a good thing by enrolling Emma in day care. She does get frustrated when she has to take her day care so early in the morning, but likes being able to come home and sleep "without screaming and crying in the house." She does not identify anyone in



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her life as a role model and the only friend she has does not have children herself so she does not usually ask anyone for advice. She thinks looking things up on the internet or asking people at the day care are her best ways of gaining parenting advice. Day care staff confirm Wendy has asked multiple times about what to do when Emma is fussy and how to prepare formula. Wendy is not completely sure she wants to raise Emma full time and knows she cannot do it on her own. She is worried that she might get too frustrated by Emma's crying and won't know what to do about it. She does not know who Emma's father is and does not think it is important. She is sure that Emma will ask when she older and she has not thought of what she will tell her, except that "it shouldn't matter." Wendy's friend, Jennifer, does not think Wendy has what it takes to be a mother and rarely sees Emma with her. She acknowledges seeing Wendy take the baby to day care some mornings but doesn't usually see any other interactions between them. She believes the baby is with Wendy a lot and kept in the crib or watched by various acquaintances the mother meets. Jennifer did babysit for Emma when she was first born but then Wendy got upset with her when she was unable to keep the baby longer when she (Wendy) wanted to stay out later and she has not been asked to watch the baby since. Jennifer is especially worried about Emma spending too much time in her crib with wet diapers and little contact from Wendy when she is home.

Discipline/Behavior Management:

Wendy has not given much thought to discipline practices she may use when Emma gets older. She does not have clear expectations and cannot describe developmentally what it might take to manage the behaviors of an infant, into toddler years and beyond, as she didn't pay attention to authority in general and thinks people are too "harsh" about discipline and rules. Wendy does not think that Emma should be crying as much as she does right now and has difficulty hearing her baby screaming all the time. She is especially agitated by the crying when she has been out late and feels like she has done everything she can do to feed and change her and she still won't "shut up." Jennifer Johnson has heard Wendy scream "shut up" to her baby over and over again, especially when she has been out late and has been drinking. She is also very worried about Wendy driving with the baby sometimes because she has seen that the baby is not strapped in the car seat very well.



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Sources/people interviewed (separately/privately), collaterals: Wendy Wyatt/mother, Sue Sanders/Daisy's Day Care-owner, Jennifer Johnson/neighbor and friend.

Analysis:

Wendy Wyatt has no experience as a parent, and has no identified role models or supports to nurture and mentor her as a parent. She has minimal awareness of infant or child development and is unable to connect the needs of her child to necessary actions. Wendy has demonstrated an unwillingness to put her own needs aside for her daughter. Her attitude about how Emma should manage her own behaviors at this young age are developmentally unrealistic. Wendy's acknowledgement of her limitations as a parent cannot be discounted, and her intolerance, as a caregiver, could significantly and negatively impact providing the attention and care her daughter requires at this very young and vulnerable age.



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Trainer Debrief:

- “Hands off” computers for activity debrief and for the remainder of the workshop.
- Ask the class for volunteers to share what they wrote that may be different than the way they used to develop an analysis in the past.
- What were the challenges in thinking about how to organize and develop an analysis?
- What job aids assisted in crafting your analysis?
- How does the analysis help you see the meaning and value of the information you collected?



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	<p>Post-Test:</p> <p>After post-test, Trainer may verbally review answers with class if time permits.</p>
<p>Closing: How Will You “Show Your Work” Differently?</p>	
	<p>Have participants discuss in small groups something they learned today about documentation and “showing your work” within the Notes, PDA and FFA processes.</p>
<p>Solve for x</p> $2(x + 5) = -3x - 6$ $\begin{array}{r} 2x + 10 = -3x - 6 \\ +3x \quad +3x \\ \hline 5x + 10 = -6 \\ -10 = -10 \\ \hline 5x = -16 \\ x = -\frac{16}{5} \end{array}$ <p>Good Work</p>	<p>What “Adds Up” For You?</p> <ul style="list-style-type: none"> ▪ Lessons Learned? ▪ Ah Ha Moments?



Writing Skills Workshop

Writing Skills Pre/Post Test

Name: _____

Date: _____

1. What is the purpose of summarizing priors?
 - A. To make a list of what referrals have been made to DCF in the past five years and report on follow through by the family about intervention services.
 - B. To show, in writing, the criminal activities that have happened with the family in the past.
 - C. To review when and how the family obtained services in the past two years.
 - D. To synthesize the information about what type of priors, how many and if there are any patterns related to same victims, similar alleged offenders or types of maltreatments.

2. What is the purpose of documenting an analysis within each domain in the Family Functioning Assessment?
 - A. To provide reviewers with the short version of the most important information in that domain.
 - B. To provide the reviewer with the meaning and significance of the information that was presented in the domain information.
 - C. To document really important summarizations of the allegations to remind the reader of what the case was about when called to the hotline.
 - D. To document specific important and significant statements from the family members and alleged perpetrators.

3. What are the Methodology elements or constructs the analysis should revolve around when a child welfare professional is authoring an analysis?
 - A. Present danger, impending danger and protective capacities.
 - B. Danger threats, child vulnerability, caregiver protective capacities.
 - C. Fidelity, sufficiency and validation.
 - D. Safe, unsafe and danger threshold criteria.

4. What is the meaning of reconciliation when documenting information within the FFA (either in one domain or information that crosses over between domains?)
 - A. It means that you have repeated and documented the same information in many different ways so that anybody can understand it.
 - B. It means that you have decided who is responsible for the maltreatment and can make a determination about your findings.
 - C. It means you are evaluating the informational discrepancies collected during interviews during your Family Functioning Assessment.
 - D. It means you have completed all six information collection domains and your FFA is completed.



5. When you are documenting in the notes, what does it mean to document in a way that gives the interviewee “a voice.”
 - A. You let interviewee talk in a free form way and request that they give you time to write it all down during interviews.
 - B. You write everything the interviewee said because you are advocating for very complete information in the notes
 - C. You use an electronic device to record them so you can play it for yourself and write it word for word.
 - D. You document in outline/bullet form so you can reference it later when you write the FFA.

6. The purpose of documentation in the Family Functioning Assessment is to:
 - A. Tell word for word exactly everything that was said by family members and collateral contacts about the caregivers in the household.
 - B. Evaluate and document the psychological fitness of the caregivers in the household upon which the FFA is focused.
 - C. Provide the reader with your personal determination of what they need to know about how this family and if the child is safe or unsafe,
 - D. Organize, present and articulate in writing information that accurately content of all domains and demonstrates how a child safety decision was reached.

7. The PDA must be documented in FSFN when:
 - A. You are working on case closure and must get everything documented before the due date.
 - B. You have done enough evaluation of the situation to determine if and how present danger exists.
 - C. You commence the case and you are showing that you did your on- site face to face visit in a timely manner.
 - D. You know your maltreatment findings for the case specific to all the allegations.

8. Documentation bias is often seen when:
 - A. You don't want to document everything.
 - B. You are not sure what you should document.
 - C. You document in a way that shows your emotions, personal values and attitudes about the family members about whom you are documenting.
 - D. You document so that your supervisor clearly knows your stance on how child safety decisions were made.





Practice Points to Ponder!

February 2015

Department of Children and Families and
University of South Florida Training Consortium



How do we create clear and specific conditions for return that are associated with the development of an in-home safety plan?

How we answer these questions determines the least intrusive safety actions necessary, including whether an in-home-home safety plan safety plan would be appropriate. If an out-of-home plan is necessary, what must be different in order for the children to be returned home safely? For all the "no" responses below see how the conditions for return are addressed by the associated YES examples.

Can you have an in-home safety plan?



Question 1: *The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.*

YES: Mother will demonstrate that the grandmother is welcome in the home on a daily basis by allowing her to assist in care and supervision of the child. Mother has allowed the grandmother to take the child from the home when the grandmother determined the child was not safe in the care of the mother by herself.

NO: Mother will not allow the grandmother to come into her home daily because she doesn't see the need for additional help with her child and thinks DCF is overreacting.

Question 2: *The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.*

YES: All caregivers and individuals residing in the house will be known to the agency and the home environment will support the necessary in-home safety service providers through known predictability about the family's daily schedule and willingness to engage with the identified safety service providers.

NO: Home environment is threatening due to the constant, unpredictable drug activity with numerous unknown adults coming and going from the home at odd intervals of time, both day and night.

Question 3: *Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.*

YES: The mother and father share custody of their child and will demonstrate a willingness to work together. The father is willing and available on the days/nights the mother works to pick up his child from the school bus and have his child stay with him overnight and is willing to bring him to school the following day.

NO: The mother works 3 nights a week and cannot supervise her child after school and into the evenings. The child, age 7, has been leaving the house after getting home from school and is causing trouble in the neighborhood. No safety services are available to participate in the safety plan at this time.

Question 4: *An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations. (Does not refer to "services" or "treatment").*

YES: A psychologist will evaluate the aunt and provide recommendations of interventions or safety services that will explain what will be necessary, prior to returning the child home with the parents and aunt, with an in-home safety plan in place.

NO: The aunt/caregiver in the home with the family has severe symptoms indicative of mental health problems, but it is unclear how her behavior is or could be related to impending danger threats within the home.

Question 5: *The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (Shelter, tent, house, etc.).*

YES: The parents will have a safe stable residence in which to implement an in-home safety plan.

NO: The parents are "couch surfing" from friend to friend frequently and do not have a suitable or stable place of their own in which to implement any safety services.



Practice Points to Ponder—Pam Aeppel & Shawna Thomas
Collaborating to support and sustain our new practice model.



Present Danger and Present Danger Safety Planning

Present Danger: An immediate, significant and clearly observable family condition occurring in the present tense, endangering or threatening to endanger a child and therefore requires a **prompt** Child Protective Services (CPS) response.

Examples of Present Danger (not an exhaustive list):

- ⚠ Inflicted or unexplained injuries to the face and/or head
- ⚠ Allegations of sexual abuse in combination with a parent who is unwilling/unable to protect
- ⚠ Premeditated maltreatments
- ⚠ Hazardous living conditions
- ⚠ Bizarre cruelty toward a child
- ⚠ Children requiring immediate medical care
- ⚠ Parent or guardian unable to provide basic care
- ⚠ Caregiver out of control or under the influence of substances posing an immediate threat to the child

Danger Threats:

- 11 Danger Threats
- Threat must be identified and qualified
- Family conditions must be immediate, significant and clearly observable



Safety Planning:

Investigator or case manager will not leave a home when a child is in present danger without establishing a safety plan that goes into effect immediately and controls for danger.

Present Danger plan shall not be in effect for more than 14 days without a staffing.

Supervisor Consultation is required and all present danger plans will be reviewed by the supervisor within 24 hours of their creation. If the child remains in the home or a family arrangement is used, a 2nd Tier Consultation is required.



Impending Danger—Safe or Unsafe?

Impending Danger: Threats that are typically more subtle in nature than present danger and require establishment of existence using the danger threshold criteria.

- Child living in or being in a position of continual or pervasive danger.
- Threats are not immediate, obvious or active at the onset of the investigation.
- Threats are identified and understood upon gathering sufficient family functioning information.

Safe Child:

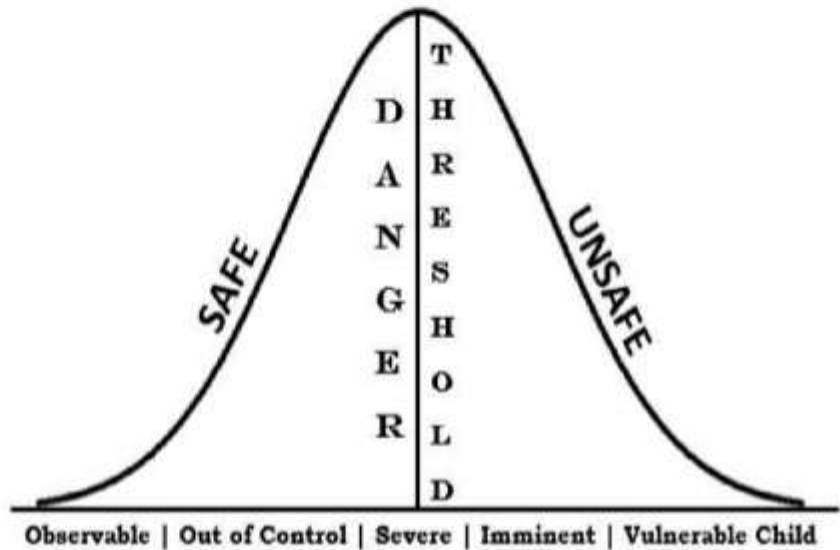
Negative family conditions are able to be controlled/managed by the family

Threshold Criteria:

Observable, Out of Control, Severe, Imminent, Vulnerable Child

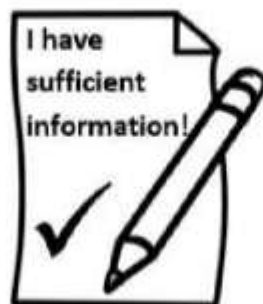
Unsafe Child:

Negative family conditions have crossed the danger threshold and are no longer able to be managed/controlled by the family





Sufficient Information:

Enough information to meet the needs of a situation or a proposed end. The information contained in the Family Functioning Assessment is seeking to answer; Safety, Impending Danger, Planning for Safety.






Safety Analysis and Conditions for Return

	5 Safety Analysis Questions	Conditions for Return
Question 1:	<p>The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.</p> <ul style="list-style-type: none"> This doesn't mean they were cooperative with the investigator or they are willing to cooperate with services. It's a basic level of agreement. Are they willing for someone to come into their home, assess the safety of the child, and take action to protect the child when the child is in danger? They don't have to like it or agree with it, they just can't interfere with it. Caregiver is open to having candid conversation about the reason for safety plan what the safety plan would involve regarding child and the need for a safety plan. Expresses genuine remorse about maltreatment toward child and is willing to discuss the need for a safety plan. Expresses genuine interest in doing what is necessary to have the child returned to the home. Willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers, as required to assure child safety. Can talk about how they felt before when not being willing to cooperate with an in home safety plan and how they feel differently now. 	<p>What does the parent need to do to demonstrate commitment to cooperating with providers in the home?</p> <ul style="list-style-type: none"> <i>Example:</i> "The father will allow his sister in the home on a daily basis and if the sister feels the child is unsafe the father will allow the sister to remove the child from the home." 
Question 2:	<p>The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.</p> <ul style="list-style-type: none"> Is the environment predictable? Do we understand how and when the danger threat manifests? Can the environment accommodate an in-home safety plan? Is the environment non-threatening and will the safety service providers be able to safely implement the in-home safety plan? The home environment is consistent (<i>describe what would be different</i>) enough for in home safety services to be put in place. Specific individuals no longer reside in the home and the caregiver's commitment to keeping them out of the home is sufficiently supported by in home safety services. No longer expresses or behaves in such a way that reasonably will disrupt an in home safety plan, expresses acceptance of the in home safety plan and concern for the child. Specific triggers for violence in the home are understood and recognized by the caregivers and in home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness. There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in home safety services can supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance. All individuals residing in the home are known to the agency, cooperative, and open to intervention. 	<p>What must be different to make the home environment calm and consistent?</p> <ul style="list-style-type: none"> <i>Example:</i> "The father will refrain from verbal or physical threats and/or any acts of intimidation towards the safety service providers." 






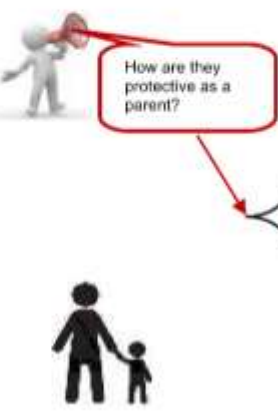
Writing Skills Workshop

Safety Analysis and Conditions for Return

<p>Question 3:</p>	<p>Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.</p> <ul style="list-style-type: none"> • Do we understand how the danger manifests and how to protect against it? If 24/7 supervision and care is required we can't control the danger in the home. • Do we have the resources to control for the danger when it manifests? If its manifests daily we need resources daily. • How predictable is the danger threat? • There are sufficient and suitable safety service resources at a level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance, etc. (Identify what the specific safety service is needed to manage safety in the home). 	<p>What safety services need to be available to sufficiently manage the danger in the home, what resources have to be available?</p> <ul style="list-style-type: none"> • <i>Example:</i> "There will be a clear understanding of how and when the danger threat manifests and the family will have sufficient resources to manage the danger threats." 
<p>Question 4:</p>	<p>An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations.</p> <ul style="list-style-type: none"> • This does not refer to services or treatment. • This means that we need a professional evaluator (usually Mental Health) to tell you how the danger threat manifests and how it can be managed. • You need this evaluation to help you determine whether this will be an in-home or out-of-home safety plan. 	<p>What needs to be learned from the professional evaluation and how will the evaluation inform the conditions for return.</p> <ul style="list-style-type: none"> • <i>Example:</i> "A psychologist will provide a recommendation of interventions or safety services that will be necessary prior to safely returning the child home with an in-home safety plan." 
<p>Question 5:</p>	<p>The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (shelter, tent, house, etc.)</p> <ul style="list-style-type: none"> • There is home to implement the safety plan in and they will be there as long as the safety plan is needed. • It's an identified location and we can expect to find the parents there and safety actions can be taken there. • Caregiver has reliable, sustainable, consistent residence in which to put an in home safety plan in place. • Maintains a residence and there is confidence that the living situation is sustainable. • Demonstrates the ability to maintain sustainable, suitable, consistent residence. • Condition of the residence is suitable and structurally adequate to safely put an in home safety plan in place. • Reasonable plan for how they will use resources to maintain stable residence. 	<p>What needs to happen in order for the parents to have a physical location in order to implement an in-home safety plan?</p> <ul style="list-style-type: none"> • <i>Example:</i> "The parents will have a safe stable residence in which to implement an in-home safety plan." 



Domains Inform The Caregiver Protective Capacities

<p>MALTREATMENT AND NATURE OF MALTREATMENT</p> <p>What is the extent of the maltreatment?</p> <p>What surrounding circumstances accompany the alleged maltreatment?</p>	 <p>How do parent behaviors relate to the maltreatment?</p>	<p>Behavioral...controls impulses Behavioral...takes action Cognitive...recognizes threats Emotional...is stable and able to intervene Behavioral...demonstrates adequate skills Behavioral...history of protecting Cognitive...able to articulate a plan for protection Emotional...is positively attached to the child</p>	<p><u>Impending Danger Threshold Criteria:</u></p> <p>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 threats 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.</p> <ul style="list-style-type: none"> • Observable • Vulnerable Child • Out-of-control • Imminent • Severe
<p>CHILD FUNCTIONING</p> <p>How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.</p>	 <p>How is the child vulnerable?</p>	<p>Is the child vulnerable?</p> <ul style="list-style-type: none"> • Dependent on others for protection • Exposed to circumstances that child is powerless to manage • Susceptible to a threatening person in authority over the child • Children from 0-6 years • Older children unable to protect themselves or seek protection from others • Children with physical, emotional, developmental needs 	
<p>ADULT FUNCTIONING</p> <p>How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.</p>	 <p>How does adult behavior protect the child?</p>	<p>Behavioral...controls impulses Behavioral...takes action Cognitive...is intellectually able Cognitive...recognizes threats Cognitive...able to articulate a plan for protection Emotional...meets own emotional needs Emotional...is stable and able to intervene to protect child Emotional...is resilient as a caregiver</p>	
<p>PARENTING</p> <p>General – What are the overall, typical, parenting practices used by the parents/legal guardians?</p> <p>Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?</p>	 <p>How are they protective as a parent?</p>	<p>Behavioral...sets aside own needs for child Behavioral...demonstrates adequate skills Behavioral...adaptive as a parent/caregiver Behavioral...history of protecting Cognitive...is self-aware Cognitive...is intellectually able Cognitive...recognizes child's needs Cognitive...understands protective role Cognitive...able to articulate a plan for protection Emotional...tolerant as a caregiver Emotional...expresses love, empathy, sensitivity to the child Emotional...is stable and able to intervene to protect child Emotional...is positively attached to the child Emotional...is supportive and aligned with the child</p>	



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