

## Module 8: Safety and Risk



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# Unit 8.1: Assessing Present Danger

## Present Danger?

- Present danger is evaluated at the initial contact made by a Child Protection Investigator.
- There may also be times during case management that present danger is identified.
- With “present danger” the dangerous situation is in the process of occurring which means:
  - It might have just happened (e.g., child presents at the emergency room with a serious unexplained injury);
  - Is happening (e.g., an infant is left unattended in a parked car with outside temperatures of 105F);
  - Or happens all the time and is reasonably expected to happen again immediately or in very near future (e.g., young children (7, 5, 3) were left home alone every night from 10 pm-7 am) for the past 2 weeks while mom goes to work, and will be left again tonight).
- When we encounter present danger, intervention must be immediate – an immediate, same-day DCF protective action.
- With present danger, we will take protective actions to achieve child safety and will then complete all of the activities necessary to gather sufficient information for purposes of an impending danger, unsafe child determination.
- The key criteria associated with the present danger definition are:
  - **Immediate** – What is happening in the family is affecting the child now. You are in the midst of the danger the child is subject to. The threatening family condition is in operation, meaning it might just have happened, is happening or happens all the time.
  - **Significant** – Referring to a family condition, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive, and notable. The family condition exists as a dominant matter that must be dealt with.
  - **Clearly Observable** – Present danger family conditions are observable actions, behavior, emotions or out-of-control conditions in the home. They can be specifically and explicitly described as to harm to the child or likely to result in immediate harm to the child.

## Impending Danger

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

## The Train was Coming

- Unlike present danger, once the family functioning assessment is completed there is more information about family dynamics, the underlying family conditions and ultimately how danger is manifested.
- The information gathered during the family functioning assessment informs us regarding the danger – so action can be taken that is focused and ensures child safety – avoiding the train crash.
- Present danger and impending danger are different:
  - A family may have been in present danger and not be unsafe at the conclusion of the family functioning assessment and vice versa.
  - How we respond to children that are in danger is dependent upon the danger that is identified.

## Danger Threats: Qualifying Present Danger

- **11 Danger Threats** – Located in SM Desk Reference Guide.
  - Used to qualify/identify present danger.
  - Descriptions of family conditions that are immediate, significant, clearly observable.

## **Activity: Identify Present Danger Threats**

Using your SM Desk Reference Guide, review the 11 present danger threat descriptions and identify which present danger threat you believe is articulated.

### **Danger Threats, Present Danger Examples**

#### **1. Scenario:**

The father assaulted the mother last night. The father arrived home last night intoxicated and proceeded to punch, kick, and attempted to choke the mother. The 3-month-old infant was in the bed with the mother when the violence occurred. The father was arrested last night, however is out of jail and back in the home today upon arrival to the home. The mother does not wish to press charges against the father. There are no other caregivers in the home and one child, 3 months old. This is the third call police response to the home in the last month for domestic violence. The mother was observed to have bruises on her face and hands.

#### **Present Danger Threat Identified:**

#### **2. Scenario:**

Children, ages 2 and 4, were found wandering the neighborhood in the early hours of the morning. Neighbors took the children into their home due to not being able to locate anyone at the residence. The neighbors currently have the children in their home and cannot care for the children. *There was no response at the residence when CPI arrived to the home.*

#### **Present Danger Threat Identified:**

**3. Scenario:**

Child, age 3, has a fracture to his left leg. The father of the child felt that the child had not learned his lesson regarding not climbing on the furniture, as the child has a habit of jumping on the couch. The father reported that he felt that the child needed to be taught a lesson and if the child's legs were broken then maybe he would learn to not jump on the couch. The father shows no remorse or concern regarding the child's injury.

**Present Danger Threat Identified:**

**4. Scenario:**

Child, age 12, recently was released from a local psychiatric hospital and was recommended to follow up with local mental health counseling. The parents have felt that the child was doing well and that there was not need for continued care. The child reported to school officials that she wanted to kill herself and that she felt that no one at home cared about her. Parents plan of action was to take child home, as they felt that she was attention seeking.

**Present Danger Threat Identified:**

**5. Scenario:**

Child, age 4, was admitted to the local hospital due to inorganic failure to thrive. The child at age 4 weighs approximately 30lbs, is anemic, dark circles under her eyes, and limited verbal skills. Both parents report that they feed the child and that there is no way that the child was failure to thrive. There are no other children in the home and there have been three prior reports concerning neglect with the family. Medical personnel confirm that the cause of failure to thrive is not a result of a medical condition, but rather neglect.

**Present Danger Threat Identified:**

**6. Scenario:**

Child, age 17, was diagnosed at a young age with cystic fibrosis. The child is unable to manage the condition without assistance. Both the parents work full-time and feel that the child should be able to hand his medical care on his own. The child was admitted for the fourth time in three months due to passing out in school due to not being able to breath. Medically the child cannot care for his medical condition without support and the parents are not engaged in his treatment, nor were receptive to the medical interventions/support. The child is ready for discharge when the CPI arrives to the hospital.

**Present Danger Threat Identified:****7. Scenario:**

Report is received that family, who has significant history with the Department to include an infant fatality due to neglect, is reported to have given birth to a new child. The family fled the hospital shortly after giving birth to the child. The mother left AMA with the child. The infant fatality was due to chronic neglect and failure to thrive. The infant died at 4 months of age.

**Present Danger Threat Identified:****8. Scenario:**

Father is deployed to Iraq and mother to three small children, all under the age of 4, reports feeling overwhelmed, exhausted, and unable to handle her children. The family is new to the area and has no supports. The mother feels that if she cannot get a break from the children that she may do something to them or herself, mother has contemplated suicide and homicide.

**Present Danger Threat Identified:**



**9. Scenario:**

Upon entry to the home there is no visible floor space that is not inhabited by garbage and/or feces. The children are contained to the back of the home, in a small room with little to no ventilation. The children are ages 3, 5, and 7. The children are filthy-matted hair, crusted clothing, and have a foul smell to them. The parents appear unaffected by the condition of the home. The home has no running water, which has resulted in the bathroom being unusable. There is minimal food in the home and several areas within the home that the children cannot navigate without concern for their safety.

**Present Danger Threat Identified:****10. Scenario:**

In meeting with the family, the mother refuses to look at the child, acknowledge the child, or mention the child. The child, age 10, has no communication with his mother and often times spends the day in his own room or out in the neighborhood. There is no curfew or concern for the child by the mother. The mother states that she hates her son and could care less if he did not ever come home.

**Present Danger Threat Identified:**

## Activity: Present Danger Case Scenarios

- Working within your small groups, review each case scenario: hotline and present danger assessment.
- When reviewing the scenario, consider:
  - Information that supports a specific danger threat or information that supports the absence of present danger.
  - Justification of the danger threat or absence of present danger.
    - Is the negative condition that endangers the child clearly described?
    - Is the family circumstance or an aspect of caregiver functioning clearly observable, significantly out of control, is happening now or is currently active?

## Present Danger Case Scenarios Worksheet

### **Hotline Scenario #1:**

Reporter indicated that Ms. Masters has a severe crack cocaine addiction. She is constantly in debt to the drug dealers in the area and has had the children exposed to the dealers threatening to harm her due to debts. In addition the children, ages 2 and 8, can articulate to family and friends how their mother uses the crack cocaine, as well as how she has used powder cocaine in front of them. The older child has threatened to stab the drug dealers if they continue to come around to the home. The fathers of the children are involved; however Ms. Masters will often keep the children from them in order to get money from them for drugs.

### **Present Danger Assessment Scenario #1:**

1/18 5:30 pm Initial Contact

Home Visit w/Desiree Masters, Johnny Billings, Jalon (8), and Shannia (2)

The worker interviewed Ms. Desiree Masters at 217 Blossom Court, Lot #22, Lakeland FL on 1/18. Ms. Masters was informed of the allegation of threatened harm due to her alleged drug use. Ms. Masters stated that Mr. Billings told her that he had called DCF. Ms. Masters stated that she lives in the mobile home with her children, and that Mr. Billings is the father to her youngest child. Ms. Masters agreed to a rapid urine drug screen and tested positive for cocaine and marijuana. Ms. Masters stated that she did have a cocaine problem and that it has recently gotten much worse because she got an income tax refund check and spent it on cocaine. Ms. Masters stated that she had last used powder cocaine yesterday and that she had smoked marijuana that same day. Ms. Masters denied using in front of her children and stated that she does use at home, but it's when the children are with their babysitter, "Wendy."

Ms. Masters stated that she has had drug problems in the past, and that she was at Fremont Treatment Center for three months when she was about 16 or 17 years old.

Ms. Masters stated that she went there because of marijuana use, but that she did not stop using it. Ms. Masters stated that she first began using cocaine around that same time, and it got so bad that Jalon had to stay with her mother for 2 years. Ms. Masters stated that she thinks she may be pregnant again.

Ms. Masters stated that she works at Popeye’s Chicken and that she makes approximately \$250/week. Ms. Masters stated that Mr. Billings works part-time and that he makes about \$85/week. Ms. Masters stated that she did not renew her food stamps like she was supposed to and that they have lapsed. Ms. Masters stated that she does not have any medical insurance for herself or Shannia because she has not applied for Medicaid. Ms. Masters stated that Jalon has BC/BS insurance through Mr. and Mrs. Bernstein (maternal grandparents). Ms. Masters stated that she had been trying to control her cocaine habit by working a lot but that it was not successful.

Mr. Billings stated that he told Ms. Masters that he did not know what else to do to help her. Mr. Billings stated that Ms. Masters is addicted to cocaine—both powder and crack. Mr. Billings stated that she has just received an income tax refund check, and that she spent the entire amount on cocaine. Mr. Billings stated that Ms. Masters gets the cocaine from people who live there in the same mobile home park. Mr. Billings stated that Ms. Masters works at Popeye’s Fried Chicken and that she works long hours trying to stay away from the cocaine dealers. Mr. Billings stated that Ms. Masters does not hide her drug use from her children and that she has used in front of her children.

Mr. Billings stated that Jalon found her “crack pipe” the other day, went outside, and tried to throw the pipe on the roof to keep her from getting to it. Mr. Billings stated that Jalon gets very upset about his mother’s drug use and threatened to stab her one time in an attempt to get her to stop using. Mr. Billings stated that he reported to Ms. Master’s mother, Catherine Bernstein how Ms. Masters’s drug problem has gotten worse lately. Mr. Billings stated that he knows Ms. Masters has had drug problems in the past because Jalon lived with Mrs. Bernstein for about 2 years. Mr. Billings stated that he has to come to the home every day because Ms. Masters is not taking care of the children or the home. Mr. Billings stated that he works for Craftsman Warehousing and Rental. Mr. Billings stated that if both he and Ms. Masters have to work he takes the children to a babysitter by the name of “Wendy.”

**Present Danger Identified:**

Yes

No

**Present Danger Threat Identified:**

**Justification:**

Immediate:

Observable:

Significant:

**Hotline Scenario #2:**

The stepfather has been touching Sara inappropriately in a sexual manner. It cannot be determined how long this has been going on. The mother has not been made aware of what the stepfather has been doing. The stepfather's actions have been upsetting to Sara.

**Present Danger Assessment Scenario #2:**

Sara was interviewed by CPI and Law Enforcement (LE). Sara provided detailed accounts of sexual abuse by her Stepfather Mr. Williams. Mr. Williams has sexually molesting Sara for the past several months, approximately 1-2 times a week. The molestation includes penetration. Sara reported to her friend about the abuse, which resulted in the current investigation. Sara had not disclosed the abuse to any other persons, including her mother. Sara is an only child and there are no other children in the home. The abuse is reported to have occurred after school when her mother was at work and her stepfather was home. The stepfather is unemployed and stays at home. The mother was made aware of the allegations and has responded promptly and appropriately. The mother has made alternate arrangements for both herself and Sara to stay with the MGM until LE can execute a warrant for Mr. William's arrest. The mother presented as caring, supportive, and aligned with her daughter throughout the entire course of the interview and subsequent disclosures.

**Present Danger Identified:**

Yes

No

**Present Danger Threat Identified:**

**Justification:**

Immediate:

Observable:

Significant:

**Hotline Scenario #3:**

Mother is a severe alcoholic and drinks until intoxication daily. The mother was sober for eight days. There was a 911 hang up call, which prompted police to go to the home. Upon arrival the mother was crying in the back room and the boyfriend was cleaning the kitchen. The mother had an old bruise under her left eye, reported to be as a result of falling off the bed and hitting her eye on a glass on the floor. The boyfriend confirmed the incident. The mother was upset and was arguing with the boyfriend and called 911 by mistake. The mother and the boyfriend were arguing and she had thrown a tray of cupcakes at his foot that caused him to bleed. The mother throws things at the boyfriend and the child when she has been drinking. It was believed that the mother was drinking that day. The child, Michael age 6, is aware of his mom's drinking and thinks that she needs help. The mother has been arrested in the past for child abuse, neglect, and battery because of her drinking problems. The boyfriend is not the biological father to Michael.

**Present Danger Assessment Scenario #3:**

Mother was arrested five nights ago for family violence against the boyfriend, due to her being intoxicated and throwing a pan of cupcakes at the boyfriend. The mother was released back to the home with a no contact order in place for the boyfriend. The mother picked Michael up from school the day of her release and has not been heard from in the past four days. Michael has not returned to school and the boyfriend has not heard from the mother or the child. The boyfriend is concerned that something might happen to Michael if he is left with the mother alone due to her excessive drinking and violence towards him and Michael. The mother consumes alcohol daily and was only sober for the 8 days because she was hospitalized due to alcohol related medical complications. The mother has no family or friends in the area that the boyfriend is aware of and family out of state have also not heard from the mother. The

mother does have a history of depression and has been Baker Acted in the past due to thoughts of harming herself.

**Present Danger Identified:**

Yes No

**Present Danger Threat Identified:**

**Justification:**

Immediate:

Significant:

Observable:

**Present Danger Assessment Scenario #4:**

Child, age 18 months, is slow in her developmental milestones. She recently, within the past 2 months started to walk. She has limited verbal skills, and her vocabulary consists of approximately 4 words. The child is cared for during the week by the MGM and on the weekends by her mother. Both the mother and MGM do not feel that the break was from two weeks ago and are unable to offer any explanation regarding the break in the child's arm. The child does not attend daycare and is limited in her mobility. The orthopedic doctors have confirmed calcification of the break and the arm had to be re-set due to the break being lateral and slightly off centered. The orthopedic doctor believes that the injury could have been exasperated by the arm being stuck under the

soft crib bumper, however does not believe that that could have caused the break of both bones.

**Present Danger Identified:**

Yes                                      No

**Present Danger Threat Identified;**

**Justification:**

Immediate:

Significant:

Observable:

## Legal Implications

- The differentiation of “present danger assessment” and “impending danger assessment” helps us to be aligned with core legal foundation:
  - We identify child’s immediate need for safety with present danger.
  - We will gather more information to know if this was a one-time situation, or not (reasonable efforts to learn what we need to know).
  - With impending danger, we will know enough about the family to really determine what would be least intrusive for the child and for the family.



## **Unit 8.2: Impending Danger, Information Sufficiency and Danger Threats**

### **Is a child in Impending Danger?**

- There is a significance difference between a child who is experiencing present danger and a child who lives in a pervasive state of danger.
- In order to know that a child is living in a pervasive state of danger, and protective interventions are essential, we must gather and assess sufficient information to know three essential aspects of family dynamics:
  - Danger threats
  - Caregiver Protective Capacities
  - Child Vulnerability
- Professional assessments are documented in a Family Functioning Assessment.
- The decision to seek dependency of a child who is in impending danger is based on whether the deeper intrusiveness of court supervision is necessary to help a child gain safety and permanency.
- Must always strive to have sufficient information in order to know is a child is unsafe, and have the “legal sufficiency” necessary to seek court supervision should it be necessary after least intrusive options have been ruled out.

### **Family Conditions Impending Danger?**

- Family conditions are inherent in all families.
- Each of us has family conditions that are more challenging than others.
- Family conditions are situations and circumstances associated with family dynamics that affect a child (for better or worse).
- Family conditions are influences by child and/or caregiver behaviors, emotions, perceptions, attitudes, etc. that can have an effect on child vulnerability and safety.
- Evaluating safety at the conclusion of the Family Functioning Assessment involves going beyond information related to incidence of maltreatment in order to consider conditions that exist (both positive and negative) that are illustrative of child and caregiver functioning.
- To effectively evaluate impending danger it is necessary to have sufficient information related to the functioning assessment areas:
  - Discipline
  - Parenting
  - Adult
  - Child

## Family Functioning Assessment

- Objective and neutral assessment that seeks the condition of families both positive and negative.
- When family conditions cross the threshold, we consider them to be a dangerous family condition.
- Dangerous family conditions are associated with safety and absent intervention on the part of someone with protective capacities result in children being unsafe.
- Threshold:
  - A cut-off point when something ceases to be one thing and crosses over into something else that is categorically different and has different implications in terms of how it is experienced.
- The same is true when considering negative family conditions that, as they are becoming worse, eventually cross over or change from something that is generally negative to a condition, circumstance, or behavior that is specifically dangerous and unsafe to a child.
- When gathering and analyzing information during your assessment, it is necessary to differentiate between family conditions, circumstances, and behaviors that have a negative quality, but don't threaten child safety with conditions in a family that have crossed the safety threshold and are imminently dangerous.
- Threshold for safety defines and prompts DCF intervention related to safety management as well as the focus for ongoing/safety service involvement or child with families.

### Differentiating Family Conditions: Danger Threshold Criteria

- Five criteria for determining when a family condition meets the safety threshold for impending danger:
  - Observable: Danger is real; can be seen; can be reported, is evidenced in explicit, unambiguous ways.
  - Out of Control: Family conditions which can affect a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power, are out of the family's control.
  - Vulnerable Child: Dependence on others for protection.
  - Severity: Severity is consistent with harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, terror, impairment, death.
  - Imminence: A belief that threats to child safety are likely to become active without delay; a certainty about occurrence within the immediate to near future.
- It is necessary to fully understand the family condition; and to have sufficient information to answer key questions about the family condition.

## Activity: Negative Family Conditions

### Purpose:

The purpose of this exercise is to provide a practice opportunity that allows you to practice analyzing information using the danger threshold criteria to determine if a negative family condition can be qualified using the danger threshold criteria. This exercise is not intended to identify danger threats. You should focus on the analysis of information to identify how specific pieces of information can be analyzed using the danger threshold criteria as guidance.

### Instructions:

- Working within your small groups, review the negative family conditions scenarios.
- When reviewing the scenario, consider:
  - Information that supports a family condition;
  - Determination if the family condition is a negative family condition that can be qualified using the safety threshold criteria;
  - Observable: What is the observable negative family condition?
  - Severity: What is the potential for severe harm to the child(ren)?
  - Imminence: What is the anticipated timeframe for when the negative family condition occurs?
  - Out-of control
  - Vulnerable child
- Following review of the worksheet, complete the worksheet for the large group report out. Groups should be considering if there is more information that is needed to identify if the condition is observable, severe, and the imminence of the negative family condition.
- If there is not enough information, consider the justification of why the information is not sufficient to draw a conclusion regarding the threshold criteria.
- The first one has been completed for you as an example.

## Scenarios and Worksheet

<p>1. A parent who continually makes impulsive decisions and acts in ways which leave the children, ages 4 and 5, in precarious situations such as unsupervised for hours or supervised by an unreliable person. The children have been found wandering the street on several occasions during the night by neighbors.</p>	<p><b>Observable:</b> <i>Children have been observed wandering streets by neighbors.</i></p> <p><b>Severity:</b> <i>Children are young, and could be abducted, wander off, and get hit by a car.</i></p> <p><b>Imminence:</b> <i>Indication that this is not an isolated occurrence, but rather something that occurs frequently-weekly/monthly.</i></p> <p><b>Out-of Control:</b> <i>There is no one in the household that can control the mother's behavior</i></p> <p><b>Vulnerable Child:</b> <i>The children are young and reliant on their mother for supervision and having their basic needs met.</i></p>
<p>2. Child sustained a cigarette burn as a result of the parent intentionally burning the child to teach them a lesson about stealing. The child, age 12, had been caught stealing cigarettes from the local store. The mother often deploys bizarre forms of punishment for actions the children exhibit. One child was made to walk to school in his underwear for losing his coat and the other child was forced to wear his soiled pajamas for two days as punishment for wetting the bed.</p>	<p><b>Observable:</b></p> <p><b>Severity:</b></p> <p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>3. Domestic abuse occurs in which a child is also assaulted.</p>	<p><b>Observable:</b></p> <p><b>Severity:</b></p>

	<p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>4. The family has a history of homelessness due to non-payment of rent. The family has struggled financially in the past and the children have often had to stay with friends for long periods of time. The family has a new residence that was reported to be trashed. The home while cluttered due to the family recently moving into the home, has easily accessible open windows, balconies in upper stories. The children’s room, ages 12 and 13, are both clean and age appropriate.</p>	<p><b>Observable:</b></p> <p><b>Severity:</b></p> <p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>5. Young teenage mother who struggles with how to care for her infant daughter.</p>	<p><b>Observable:</b></p> <p><b>Severity:</b></p>

	<p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>6. The father on occasion has been inconsistent in providing insulin for his daughter's diabetes.</p>	<p><b>Observable:</b></p> <p><b>Severity:</b></p> <p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>7. The parents are fearful of government agencies. They have primarily lived off the grid for a number of years. The children are homeschooled and have little contact with family or</p>	<p><b>Observable:</b></p>

<p>other friends. The parents fear that due to the DCF call to the home that there will be criminal or civil charges filed and they want to avoid these complications.</p>	<p><b>Severity:</b></p> <p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>8. The father was hospitalized for mental health reasons a number of years ago. He was prescribed medication, however he has never taken it and does not want to take medications. He does not believe in formal mental health treatment and relies upon his relationship with his wife and children to keep him mentally stable.</p>	<p><b>Observable:</b></p> <p><b>Severity:</b></p> <p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>9. Mom has been an alcoholic for the past 5 years. The father of the children is deceased. The children, ages 7 and 9, have missed a</p>	<p><b>Observable:</b></p>

<p>significant amount of school, are often dirty and unkempt, and the mother has lost her job due to not being able to make it to work due to being drunk or sick from withdrawal from alcohol. The children are often left at the residence with mom, while she is passed out or in her room sick.</p>	<p><b>Severity:</b></p> <p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>
<p>10. Both parents are developmentally delayed. They both are involved in services with local agencies to provide for vocational training. They are new parents, to a small infant. The parent's do well with the infant, however there is concerns regarding their cognitive abilities.</p>	<p><b>Observable:</b></p> <p><b>Severity:</b></p> <p><b>Imminence:</b></p> <p><b>Out-of Control:</b></p> <p><b>Vulnerable Child:</b></p>



## Danger Threats: Qualifying Impending Danger

- There are 11 threats used to qualify the danger.
- Whether or not these threats exist, and the threshold criteria associated with danger threats, is based upon the information obtained through the Family Functioning Assessment.

### Information Collection

- When the Family Functioning Assessment is first completed by an investigator, there is enough information to know if a child is in “impending danger.” There is sufficient information to know that child is living in a situation of on-going, pervasive danger.
- There is a determination that the child is “unsafe” and that protective interventions by the department must occur, and they are not negotiable with the family.
- The identification of specific impending danger threats is directly linked to sufficient information in specific information domains.
- Information obtained from parents needs to be validated with other persons.
- Want the perspectives of extended family members, other persons who know the family and/or child well.
- May need a professional evaluation or information from a professional with expertise in the family condition.

### Domains Inform the Danger Threats

<p><b>MALTREATMENT AND NATURE OF MALTREATMENT</b></p> <p>What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?</p> <p> <b>*Asphyxiation</b>      <b>*Internal Injuries</b>  <b>*Bone Fractures</b>    <b>*Physical Injury</b>  <b>*Burns</b>                <b>*Sexual Abuse</b>  <b>*Death</b>                <b>*Failure to Thrive</b>  <b>*Environmental Hazards</b>  <b>*Inadequate Supervision</b>  <b>*Medical Neglect</b>  <b>*Threatened Harm</b> </p>	<p>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.</p> <hr style="border-top: 1px dashed #000;"/> <p>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.</p> <hr style="border-top: 1px dashed #000;"/> <p>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.</p> <hr style="border-top: 1px dashed #000;"/> <p>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.</p> <hr style="border-top: 1px dashed #000;"/> <p>Parent/Legal Guardian or Caregiver is not meeting the child’s essential medical needs AND the child is has already been seriously harmed or</p>
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<p><b>CHILD FUNCTIONING</b></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 relationship, 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 identifies.</p> <p><b>*Mental Injury</b></p>	<p>will likely be serious harmed.</p> <p>Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage to keep the child safe.</p>
<p><b>ADULT FUNCTIONING</b></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><b>*Family Violence Threatens Child</b>  <b>*Human Trafficking *Sexual Abuse</b>  <b>*Mental Injury *Substance Misuse</b></p>	<p>Parent/Legal Guardian or Caregiver is violent, impulsive, cannot or will not control behavior or is acting dangerously in ways that have seriously harmed the child or will likely seriously harm to the child.</p>
<p><b>PARENTING</b></p> <p>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?</p> <p><b>*Abandonment *Failure to Thrive</b>  <b>*Inadequate Supervision</b>  <b>*Malnutrition/Dehydration</b>  <b>*Threatened Harm</b></p>	<p>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.</p> <p>-----</p> <p>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.</p> <p>-----</p> <p>Parent/Legal Guardian or 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.</p>

## Domains 1 and 2: Child Maltreatment

- Five dangers associated with the first two information domains:
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
- Information needed for “Extent of Maltreatment Domain:”
  - Who is the child victim
  - What was the identified maltreatment and was it serious
  - Who was the maltreater/person responsible
  - What were the injuries to the child and other victims
- Information needed for “Circumstances Surrounding the Maltreatment Domain:”
  - Explanation of how there was or was not maltreatment
  - Explanation of the maltreater and non-maltreater
  - Reports from others about the maltreatment
  - Physical indicators and/or collaterals supporting information as to the presence or absence of maltreatment

### **Domain 3: Child Functioning**

- One danger threat associated with the child functioning information domain:
  - 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.
- Information needed for “Child Functioning Domain:”
  - Who the child is?
  - Any special physical, emotional, medical or developmental needs?
  - Child’s interests?
  - Child’s limitations and what child excels at?
  - What child does for fun?
  - How child gets along with their siblings?
  - How they do in school?

### **Domain 4: Adult Functioning**

- One danger threat associated with the adult functioning information domain:
  - Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.
- Information needed for “Adult Functioning Domain:”
  - Any special physical, emotional or medical needs that impact adult functioning (including substance abuse, mental illness, domestic violence, learning disability)?
  - Relationship history-healthy or unhealthy?
  - How the adult copes/handles stressful situations?
  - Who do they rely on for support?
  - Who relies on them for support?
  - How they have managed their household ?
  - Educational background?
  - Employment stability?
  - Ability to identify strengths and areas of challenges for them?

## Domains 5 and 6: Parenting Practices

- Three danger threats associated with the parenting and the discipline/behavior management information domain:
  - 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.
  - Parent/legal guardian/caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child.
  - 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.
  - Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.
- Information needed for "Parenting Domain:"
  - How they feel about being a parent?
  - What their children need from them as a parent given age(s) of child(ren)?
  - How their children view them as a parent?
  - What they expected in parenting?
  - What they enjoy about being a parent?
  - Activities they do with their children?
- Information needed for "Discipline/Behavior Management Domain:"
  - What rules do they set for their children?
  - What is the purpose of the house rules?
  - What are the positive methods used to reinforce desired behavior?
  - What are the consequences for breaking rules?
  - How they view their role in discipline?
  - What do the children say about how they are disciplined?

## Information Domains, Excerpt from Desk Reference Guide

### 1. EXTENT OF MALTREATMENT

This domain is concerned with the maltreating behavior and immediate effects on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, lack of supervision, etc.). The assessment also results in a finding/identification of maltreatment (as in an allegation or verification of the alleged maltreatment). This is typically the focus of most hotline reports and investigations; so, it is very important.

However, relying only on information from this domain is inadequate for assessing safety. Information that informs this domain includes:

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

### 2. NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES

This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment, or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, circumstances that accompany the maltreatment are important and are significant in-and-of themselves and qualify how serious the maltreatment is.

Information that answers this question includes:

- The duration of the maltreatment;
- History of maltreatment;
- Patterns of functioning leading to or explaining the maltreatment;
- Parent/legal guardian or caregiver intent concerning the maltreatment; (assessment of intent re: parenting/discipline vs. intent to harm)
- Parent/legal guardian or caregiver explanation for the maltreatment and family conditions;
- Unique aspects of the maltreatment, such as whether weapons were involved;
- Caregiver acknowledgement and attitude about the maltreatment; and
- Other problems occurring in association with the maltreatment.

### **3. CHILD FUNCTIONING**

This question is concerned with the child's general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day, rather than focusing on a point in time (i.e., CPI contact, time of maltreatment event). A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the "normalcy" standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas you will consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known. Information that answers this question includes:

- General mood and temperament;
- Intellectual functioning;
- Communication and social skills;
- Expressions of emotions/feelings;
- Behavior;
- Peer relations;
- School performance;
- Independence;
- Motor skills;
- Physical and mental health;
- Functioning within cultural norms.

### **4. ADULT FUNCTIONING**

This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This question is concerned with how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis. The question here focuses on adult functioning separate of parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers. The question is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history and what that tells us about the adult's behavior, impulse control, etc.; previous relationships and associated dynamics; and so on.

Information that answers this question includes:

- Communication and social skills;
- Coping and stress management;
- Self-control;
- Problem solving;
- Judgment and decision making;
- Independence;
- Home and financial management;
- Income/Employment;
- Citizenship and community involvement;
- Rationality;
- Self-care and self-preservation;
- Substance use;
- Mental health;
- Family and/or domestic violence;
- Physical health and capacity; and
- Functioning within cultural norms.

## **5. GENERAL PARENTING**

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

Information that answers this question includes;

- Reasons for being a caregiver;
- Satisfaction in being a caregiver;
- Parent/legal guardian or caregiver knowledge and skill in parenting and child development;
- Parent/legal guardian or caregiver expectations and empathy for a child;
- Decision making in parenting practices;
- Parenting style;
- History of parenting behavior;



- Cultural practices; and
- Protectiveness.

## **6. DISCIPLINE OR BEHAVIOR MANAGEMENT**

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

Information that answers this question includes;

- Disciplinary methods;
- Approaches to managing child behavior;
- Perception of effectiveness of utilized approaches;
- Concepts and purpose of discipline;
- Context in which discipline occurs; and
- Cultural practices.

## **Unit 8.3: Impending Danger, Information Sufficiency and Caregiver Protective Capacities**

### **Is a Child in Impending Danger?**

- Knowing if a child is unsafe is dependent upon e variable:
  - Danger threats
  - Caregiver protective capacities
  - If a child is or is not, vulnerable to the family dynamics

### **Protective Capacities**

- Care and protection needs are different at different ages
  - At younger ages, children are totally dependent
  - Physical, medical, emotional challenges impact care and needs
  - Child temperaments differ, some are more difficult by nature
  - At different stages, parts of brain are developing and right care (stimulation, nurturing) is imperative for healthy development
- When children are not safe, we have the legal authority to intervene in the family's life to protect the child and to remedy the family conditions making the child unsafe.
- Sometimes extended family members step up to provide protection and care for vulnerable children.
- If there are impending danger threats in a family and our assessment of family functioning determines that there is a non-maltreating caregiver in the home who possesses sufficient caregiver protective capacity to manage the threat, and is willing to do so, then a child is determined to be safe.

## Differentiating Family Conditions: Danger Threshold Criteria

- Observable
- Severity
- Imminence
- Out of Control
  - Must determine if any significant caregiver within the household has the caregiver protective capacities to control for safety of the children and if those caregiver protective capacities are in operation.
  - When caregiver protective capacities are NOT sufficient to control danger threats, the threshold criteria for “out of control” is met.
- Vulnerable Child

### Definition: Caregiver Protective Capacities

- Caregiver protective capacities are personal and caregiving behavioral, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one’s young.
- Assessment of caregiver capacities to manage impending danger (can and Will protect) is documented as part of the Family Functioning Assessment.
- Both definitions of CPC’s and Impending danger identify personal and family attributes that can be observed, identified, described.
  - Impending Danger indicates that threats are family conditions that are specific and observable.
- Both CPC’s and Impending Danger Threats are things that:
  - you can see or learn about from credible sources
  - can be described to you by others who know a family and can at time be observed by you
  - Never rely only on a parent’s self-report.
- When considering the danger threats and CPC’s and the necessary information to understand how danger is manifested and which CPC’s are associated, we should be able to:
  - Identify the behavior, motive, attitude, emotion, perception, or family circumstance that is out of control. These are the threat of danger and the CPC’s associated to the danger.
  - Indicate how the behavior, motive, attitude, emotion, perception, or family circumstance is dangerous to a child. This could be the feelings, emotions, thoughts that the parent has in regards to how they are or are not acting.

## Protective Capacities Categories

- Behavioral Protective Capacity
  - A personal action that someone is able to demonstrate. It is the most readily observe type of protective capacity.
- Cognitive Protective Capacity
  - Specific intellect, knowledge, understanding and perception that results in protective parenting and protective vigilance.
- Emotional Protective Capacity

## Domains Inform the Caregiver Protective Capacities

<p><b>MALTREATMENT AND NATURE OF MALTREATMENT</b></p> <p>What is the extent of the maltreatment?</p> <p>What surrounding circumstances accompany the alleged maltreatment?</p>	<p>Behavioral...controls impulses</p> <p>Behavioral...takes action</p> <p>Cognitive...recognizes threats</p> <p>Emotional...is stable and able to intervene Behavioral...demonstrates adequate skills Behavioral...history of protecting</p> <p>Cognitive...able to articulate a plan for protection</p> <p>Emotional...is positively attached to the child</p>	<p><b><u>Impending Danger Threshold Criteria:</u></b></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 begin 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</p>
<p><b>CHILD FUNCTIONING</b></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>Is the child vulnerable?</p> <ul style="list-style-type: none"> <li>• Dependent on others for protection</li> <li>• Exposed to circumstances that child is powerless to manage</li> <li>• Susceptible to a threatening person in authority over the child</li> <li>• Children from 0-6 years</li> <li>• Older children unable to protect themselves or seek protection from others</li> <li>• Children with physical, emotional, developmental needs</li> </ul>	
<p><b>ADULT FUNCTIONING</b></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>Behavioral...controls impulses</p> <p>Behavioral...takes action</p> <p>Cognitive...is intellectually able</p> <p>Cognitive...recognizes threats</p> <p>Cognitive...able to articulate a plan for protection</p> <p>Emotional...meets own emotional needs</p> <p>Emotional...is stable and able to intervene to protect child</p> <p>Emotional...is resilient as a caregiver</p>	

<p><b>PARENTING</b></p> <p><b>General</b> – What are the overall, typical, parenting practices used by the parents/legal guardians?</p> <p><b>Discipline/Behavior Management</b> – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?</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>intensity.</p> <ul style="list-style-type: none"> <li>● Observable</li> <li>● Vulnerable Child</li> <li>● Out-of-control</li> <li>● Imminent</li> <li>● Severe</li> </ul>
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## **Domain 1: Child Maltreatment**

The following caregiver protective capacities are associated with the Extent and Surrounding Circumstances of Maltreatment domains:

- 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.
- To support the identification of these danger threats, need to know:
  - Who is the child victim
  - What was the identified maltreatment and was it serious
  - Who was the maltreater/person responsible
  - What were the injuries to child and other victims

## **Domain 2: Circumstances Surrounding Maltreatment**

- Explanation of how there was or was not maltreatment
- Explanation of the maltreater and non-maltreater
- The reports from others about the maltreatment
- Physical indicators and/or collaterals supporting information as to the presence or absence of maltreatment.

## **Domain 3: Child Functioning**

- No caregiver protective capacities associated as this domain helps us determine child vulnerability.
- Information needed:
  - Who the child is
  - Any special physical, emotional, medical or developmental needs
  - Child's interests
  - Limitations and things the child excels at
  - What child does for fun
  - How child gets along with their siblings
  - How they do in school

## **Domain 4: Adult Functioning**

The following caregiver protective capacities are associated with the Adult Functioning domain:

- 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
- Information needed:
  - any special physical, emotional or medical needs that impact adult functioning (including substance abuse, mental illness, domestic violence, learning disability)
  - relationship history-healthy or unhealthy
  - how the adult copes/handles stressful situations
  - who do they rely on for support
  - who relies on them for support
  - how they have managed their household
  - educational background
  - employment stability
  - ability to identify strengths and areas of challenges for them

## **Domain 5: Parenting Practices**

The following caregiver protective capacities are associated with the Parenting Practices domain:

- 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
- Information needed:
  - How they feel about being a parents
  - What their children need from them as a parent given age(s) of child(ren)
  - How their children view them as a parent
  - What they expected in parenting
  - What they enjoy about being a parent
  - Activities they do with their

### **Domain 6: Discipline/Behavior Management**

- Information needed:
  - What rules do they set for their children
  - What is the purpose of the house rules
  - What are the positive methods used to reinforce desired behavior
  - What are the consequences for breaking rules
  - How they view their role in discipline
  - What o the children say about how they are disciplined
  - What their children need from them as a parent given age(s) of child(ren)
  - How their children view them as a parent
  - What they expected in parenting

## Key Points

- When an investigator completes the documentation required in a family functioning assessment, there should be sufficient information in each domain to support the existence of the CPCs.
- Does not mean the specific protective capacity is repeated, but rather described.
- When a case is transferred to case management for ongoing services, the caregiver protective capacity assessment is the case manager's starting point.
- The family functioning assessment completed by the CPI serves as a basis to begin interventions with the family.
- The ongoing family functioning assessment developed and updated by the case manager will update the information domains for child functioning, adult functioning, parenting and discipline/behavior management in order to assess caregiver protective capacities through-out the life of the family's involvement
- When caregiver protective capacities are adequate to protect and care for the child, even though a danger threat in the home might remain, the case will be closed. The child is safe.

## Unit 8.4: Impending Danger, Information Sufficiency and Child Vulnerability

### Vulnerable Child

- Knowing if a child is unsafe is dependent upon 3 variables:
  - Danger threats
  - Caregiver protective capacities
  - How a child is vulnerable to the family dynamics
- Vulnerable:
  - Unable to care for themselves
  - Unable to protect themselves
  - Depends on others
  - All children are basically vulnerable (not being 18) Problem Solving
  - Given their age, any child is going to be unable to care for and protect themselves and depend on others to varying degrees
- Conditions that would make a child more vulnerable
  - Any child under the age of 6 (non-school age)
  - Conditions such as ADHD
  - Medically complex child
  - Child with developmental delay or disability
  - Child with autism
  - Child with emotional disorders
  - Acting-out teenager

### Child Functioning

- Described in the Family Functioning Assessment
- When any new children come to the family, at any point during an investigation or on-going services, they must be added to the Family Functioning Assessment and their child functioning assessed.
- Any special characteristics of any child in the family that makes them more vulnerable must be identified and described in the FFA.
- When an investigation determines that a vulnerable child is in impending danger, we are required to act when the harm:
  - Has already resulted in abuse, neglect or abandonment OR
  - A child is suffering from OR
  - Is in imminent danger of illness or injury AND
  - All of the above are the result of action, or inaction, on the part of the parent or guardian legally responsible for the child.

## Potential Impacts of Danger Threats on Child Functioning

- Impending danger and the determination of impending danger is based upon gathering sufficient information to understand how danger manifests within the household, AND HOW THE VULNERABLE CHILD IS AFFECTED BY THAT THREAT.
- Includes:
  - Physical injury
  - Emotional Trauma
  - Basic care needs of child
  - Basic care needs of siblings
  - Special care needs
  - Delays in child development
  - Academic performance, including disruption in schools
  - Social skills
  - Intellect
  - Self-control
  - Behavior patterns
  - Mood changes
  - Eating and sleeping habits
  - Sexual
- Your assessment of child functioning and vulnerability will include an assessment of the impact of any identified danger threat on the child.

## Safe

- Safe: A child can be considered “safe” when there is no threat of danger to a child within the family/home or when the caregiver protective capacities within the home can manage threats of danger.
- Unsafe: A child is considered “unsafe” when there is a danger threat to a vulnerable child within a family/home and the caregiver protective capacities are insufficient to manage the threat of danger, thus requiring outside intervention.
- The family functioning assessment will determine and document:
  - the danger threat associated with the behaviors of the parent who is not in control
  - the adverse impact of the out-of-control condition on the protective capacities of the maltreating parent
  - whether the protective capacities of the non-maltreating parent are in operation and effective to protect the child.
- The out-of-control condition of one parent may also adversely impact the protective capacities of the non-maltreating parent.

## The Unsafe Child

- When children are determined to be unsafe, a safety plan must be put into place immediately.
- After the case of an unsafe child has been transferred to case management for ongoing services, including safety management, the child functioning domain in the ongoing family assessment will also be continuously updated by the case manager.
- Before a case is transferred, every family will be assessed in order to determine their “risk” for future maltreatment.

## Unit 8.5: Risk, Protection and Prevention

### Overview

- Mission of DCF

*Protect the Vulnerable,  
Promote Strong and Economically Self-Sufficient Families, and  
Advance Personal and Family Recovery and Resiliency.*

- Safety
  - Determining whether or not the child is unsafe in his or her family so that the child welfare system can take actions to protect the child and remedy the family conditions that are resulting in child endangerment.
  - You cannot protect a child if he or she has already been severely harmed and there may be a statistical probability that a family is likely to come to the attention of the child welfare system again with re-referral or re-abuse if preventative measures are not explored.
  - Unsafe: there is a threat of danger to a child within a household and the protective capacities within the home are insufficient to manage the threat of danger thus requiring outside intervention.

### Impending Danger Safety Plan

- Designed to put detailed, protective controls around the child to protect the child being maltreated by his or her parent/caregiver.
- Also seeks to protect the child in the least intrusive manner possible, with the preferred solution that the child remain within the family.
- To know how to best protect the child need a thorough understanding of:
  - The threat
  - The overt and covert family dynamics that impact how the family functions, makes decisions, responds, thinks, behaves, parents and how it expresses emotion as a state of being.

## Protecting the Child through Prevention

- Another way of focusing your efforts on protecting the child is through prevention of future maltreatment by identifying families that are at statistically increased risk for future child maltreatment and providing parent/caregivers with essential supports and services to strengthen and build on their existing foundations to stop maltreatment before it reoccurs.
- Protecting vulnerable children by keeping them safe is the child welfare solution that addresses family situations when the child has been determined to be in danger of severe imminent harm given known components associated with the family's overall and typical functioning and dynamics.
- Protecting vulnerable children by decreasing the likelihood of future maltreatment through other voluntary support and treatment services before it arises in the first place is the job of the child welfare professional workforce at Florida's Department of Children and Families.

## Financial and Social Costs of Maltreatment

- The reality is that very tangible monetary costs are involved when a child has been maltreated. According to Fang, Brown, et al. , "the estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010 dollars, including:
  - \$32,648 in childhood health care costs.
  - \$10,530 in adult medical costs.
  - \$144,360 in productivity losses.
  - \$7,728 in child welfare costs.
  - \$6,747 in criminal justice costs.
  - \$7,999 in special education costs.
- The estimated average lifetime cost per death due to maltreatment is \$1,272,900, including \$14,100 in medical costs and \$1,258,800 in productivity losses.
- (Lastly), the total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 (was) approximately \$124 billion."
- Social
  - Preventing maltreatment means a family will more likely produce children who do not contribute to increased abuse or neglect.
  - Abuse and neglect tend to perpetuate in families generationally, as the abused child grows up to either be the abuser or to abuse themselves.
  - The same is true for neglect.

## What does “at Elevated Risk of Maltreatment” Mean?

- ‘At risk’ means that within the family there are a number of static factors that are indicative of a family where a child in that household could be maltreated.
- The more of these specific factors that are present in the family, the greater the likelihood that without intervention/prevention services, maltreatment will occur.
- Risk of maltreatment means ‘the likelihood that maltreatment will occur or recur in the future’.

## Protection, Risk and Prevention

- A family that is strongly protective will be at low risk for children being maltreated.
- Protective factors help parents to parent and nurture their children despite social, environmental, or other factors and stressors they may encounter.
- Risk factors are associated with family behaviors and conditions that suggest to us that caregivers are likely to maltreat their child in the future.
- Risk factors when combined and compared against families who have known child abuse/neglect histories, provide various degrees of concern for the seriousness of the probability of futures maltreatment within a family.
- Some risk levels are better at indicating the likelihood of childhood maltreatment.
- Risk factors indicate negative family situations; research has shown that the protective factors are linked to a lower incidence of child abuse and neglect. They lower the possibility of the family being at risk.
- Six protective factors in families and communities include:
  - Nurturing and attachment
    - Primary attachments are extremely important and are enduring psychological and emotional support for children.
  - Knowledge of parenting and child development
    - Can protect the child from maltreatment and neglect
  - Parental resilience
    - Parents who are resilient have a positive attitude, healthy and appropriate coping mechanisms, and innovative problem solving skills.
  - Social connections
    - Contributes to parental resiliency. Trusting and caring social connections provide all parents with emotional support, by offering encouragement and assistance as they face the daily challenges of raising children.
  - Concrete supports for families
    - Parents need basic resources
  - Social and emotional competence of children



- When children have the tools for expressing their emotions, parents and caregivers are better able to respond to their needs, strengthening their relationship.
- Parent’s upbringing can shape how they parent, or discipline a child.
- Critical that we not only understand how a parent disciplined or punished their child, but what led to their choice of intervention.

### **Protection vs. Risk**

- There are specific protective factors at the:
  - Family level
  - Individual level
  - Level of the school
  - Level of the community
- These levels also contain specific risk factors.
- The more protective factors present in the life of the child at each of these four level, the more likely that the child will grow to be a resilient, productive member of society.
- The more risk factors present in the life of the child at each of the four levels, the more likely the child is at risk of:
  - Being maltreated
  - Developing personal behavior, such as substance abuse, violence, dropping out of school, pre-marital sex and getting pregnant, etc.

## The Domain of Adult Functioning Tool

- |  |  |
|--|--|
| <input type="checkbox"/> Communication and social skills   | <input type="checkbox"/> Citizenship and community involvement |
| <input type="checkbox"/> Functioning within cultural norms | <input type="checkbox"/> Independence                          |
| <input type="checkbox"/> Employment                        | <input type="checkbox"/> Home & financial management           |
| <input type="checkbox"/> Problem solving                   | <input type="checkbox"/> Judgment and decision making          |

Coping and stress management

Rationality

Self-control

Family and/or domestic violence

Substance use

Mental health

Self-care and self-preservation

Physical health and capacity

## Parent-Focused Domains of Information Collection Tool General Parenting

<input type="checkbox"/> Reasons for being a caregiver	<input type="checkbox"/> Protectiveness
<input type="checkbox"/> Satisfaction in being a caregiver	<input type="checkbox"/> Parenting style
<input type="checkbox"/> Parent/legal guardian or caregiver knowledge and skill and empathy for a child	<input type="checkbox"/> History of parenting behavior
<input type="checkbox"/> Parent/legal guardian or caregiver knowledge and skill in parenting & child development	<input type="checkbox"/> Cultural practices
	<input type="checkbox"/> Decision making in parenting practices

## Parental Disciplinary Behavior

Disciplinary methods

Perception of effectiveness off utilized approaches

Concepts and purpose of discipline

Context in which discipline occurs

Cultural practices

## Unit 8.6: How Safety & Risk Work to Address Two Different Aspects of Protecting Vulnerable Children

### Overview

- Safety comes first, next comes assessing risk.
- Assessment of risk is a critical part of child welfare agency work.

### Actuarial Tool to Assess Families at Risk

- An actuarial tool is a statistically-modeled tool that looks at the likelihood of something happening compared to a class of people with specific characteristics.
- In the case of this actuarial risk assessment tool, child welfare professionals are looking at the factors that increase the risk of re-referral to child protection services and subsequent verification of abuse/neglect.
- This actuarial risk assessment tool enables child welfare professionals to make prevention-focused judgments based on statistics about the families that have been referred to the abuse hotline and investigated.
- The question this risk assessment tool answers is: ‘Which families are at the highest risk of re-referral and re-maltreatment to child protection services within the next 18 months if the family doesn’t choose to receive intervening supports?’
- The risk assessment results enable child welfare professionals to prioritize finite prevention resources on the cases of the children determined ‘safe’ but most likely to be maltreated, or maltreated again if the family does not participate in some intervention or support service.
- This actuarial tool is not based on whether or not the child was abused, or if the child died. It is based on conducting a comparison of specific characteristics of one family as compared to the characteristics of the entire class of families that actually have confirmed maltreatments.
  - It is based on an assumption of this tool that the families at the greatest risk of being referred again for child protection will be the same population as those at greatest risk for abuse and neglect.
  - This tool is for decisions about how to prioritize finite resources, but not for case planning as it is not individualized.
  - Cannot be used for:
    - Recognizing or controlling threats of danger
    - Understanding how danger is manifested
    - Targeting remedial services to improve protective capacity.
  - The Risk Assessment is completed in your SACWIS system, IN FSFN, at the completion of the FFA.

**Department of Children and Families**  
**INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF CHILD ABUSE/NEGLECT**

Case Name: \_\_\_\_\_ Intake #: \_\_\_\_\_

Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NEGLECT	Score	ABUSE	Score
N1. Current complaint is for neglect <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A1. Current complaint is for abuse <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N2. Prior investigations ( <i>assign highest score that applies</i> ) <input type="radio"/> a. None.....0 <input type="radio"/> b. One or more, <u>abuse</u> only.....1 <input type="radio"/> c. One or two for <u>neglect</u> .....2 <input type="radio"/> d. Three or more for <u>neglect</u> .....3	—	A2. Number of prior abuse investigations <input type="radio"/> a. None.....0 <input type="radio"/> b. One.....1 <input type="radio"/> c. Two or more.....2 (actual number: ____)	—
N3. Household has previously received ongoing child protective services <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A3. Household has previously received ongoing child protective services <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N4. Number of children involved in the child abuse/neglect incident <input type="radio"/> a. One, two, or three.....0 <input type="radio"/> b. Four or more .....1	—	A4. Prior injury to a child resulting from child abuse/neglect <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N5. Age of youngest child in the home <input type="radio"/> a. 2 or older.....0 <input type="radio"/> b. Under 2 .....1	—	A5. Primary caregiver’s assessment of incident <input type="radio"/> a. Not applicable ..... 0 <input type="radio"/> b. One or more apply ( <i>mark applicable items and add for score</i> ): <input type="checkbox"/> Blames child for maltreatment .....1 <input type="checkbox"/> Justifies maltreatment .....2	—
N6. Primary caregiver provides physical care consistent with child needs <input type="radio"/> a. Yes.....0 <input type="radio"/> b. No.....1	—	A6. Domestic violence in the household in the past year <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....2	—
N7. Primary caregiver has a historic or current mental health problem <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—	A7. Primary caregiver characteristics <input type="radio"/> a. Not applicable ..... 0 <input type="radio"/> b. One or more apply ( <i>mark applicable items and add for score</i> ): <input type="checkbox"/> Provides insufficient emotional/psychological support .....1 <input type="checkbox"/> Employs excessive/inappropriate discipline.....1 <input type="checkbox"/> Domineering .....1	—
N8. Primary caregiver has historic or current alcohol or drug problem <input type="radio"/> a. Not applicable .....0 <input type="radio"/> b. One or more apply ( <i>mark applicable items and add for score</i> ): <input type="checkbox"/> Alcohol (current or historic).....1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug (current or historic) .....1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	—	A8. Primary caregiver has a history of abuse or neglect as a child <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes.....1	—
N9. Characteristics of children in household <input type="radio"/> a. Not applicable .....0 <input type="radio"/> b. One or more present ( <i>mark applicable items and add for score</i> ): <input type="checkbox"/> Medically fragile or failure to thrive.....1 <input type="checkbox"/> Developmental, physical, or learning disability.....1 <input type="checkbox"/> Positive toxicology screen at birth .....1	—	A9. Secondary caregiver has historic or current alcohol or drug problem <input type="radio"/> a. No.....0 <input type="radio"/> b. Yes, one or more apply.....1 <input type="checkbox"/> Alcohol <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	—
N10. Housing <input type="radio"/> a. Not applicable .....0 <input type="radio"/> b. One or more apply ( <i>mark applicable items and add for score</i> ): <input type="checkbox"/> Current housing is physically unsafe .....1 <input type="checkbox"/> Homeless .....2	—	A10. Characteristics of children in household <input type="radio"/> a. Not applicable ..... 0 <input type="radio"/> b. One or more apply ( <i>mark applicable items and add for score</i> ): <input type="checkbox"/> Delinquency .....1 <input type="checkbox"/> Developmental or learning disability .....1 <input type="checkbox"/> Mental health or behavioral problem .....1	—
<b>TOTAL NEGLECT RISK SCORE</b>	_____	<b>TOTAL ABUSE RISK SCORE</b>	_____

**SCORED RISK LEVEL.** Assign the family's scored risk level based on the highest score on either the neglect or abuse index, using the following chart.

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="radio"/> 0–1	<input type="radio"/> 0–1	<input type="radio"/> Low
<input type="radio"/> 2–4	<input type="radio"/> 2–4	<input type="radio"/> Moderate
<input type="radio"/> 5–8	<input type="radio"/> 5–7	<input type="radio"/> High
<input type="radio"/> 9+	<input type="radio"/> 8+	<input type="radio"/> Very High

**POLICY OVERRIDES.** Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

- Yes  No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
- Yes  No 2. Non-accidental injury to a child younger than 2 years old.
- Yes  No 3. Severe non-accidental injury.
- Yes  No 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

**DISCRETIONARY OVERRIDE.** If a discretionary override is made, mark yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher.

Yes  No

If yes, override risk level (mark one):

Moderate  High  Very High

Discretionary override reason: \_\_\_\_\_

**FINAL RISK LEVEL** (mark final level assigned):

Low  Moderate  High  Very High

### SUPPLEMENTAL DATA ITEMS

#### A. Complete the Following:

	Primary Caregiver		Secondary Caregiver		
	Yes	No	Yes	No	N/A
Family has no support system; does not/cannot utilize extended family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior criminal warrant, arrest, or conviction (as adult or juvenile).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### B. Most Serious Injury Codes (check the most serious injury to any child):

- 1.  Death of child
- 2.  Hospitalization required
- 3.  Medical treatment required, but no hospitalization
- 4.  Exam only of alleged injuries
- 5.  Bruises, cuts, abrasions, or other minor injuries, and no medical exam
- 6.  No apparent injury to any child



## Conclusion

- Although analytical tools are vital, the reality is that tools don't make decisions. People do! Research and this actuarial risk tool must combine with clinical judgment and experience to support decision-making.
- Remember that the decision-making for safety and risk are both rooted in protecting vulnerable children. Ensuring child safety is always your first priority as a child welfare professional.
- Preventing maltreatment by determining the extent to which risk exists in the family for child maltreatment comes after you have placed the child in a safe situation through implementation of a safety plan.