Module 5: The Family Functioning Assessment – Investigation and Safety Planning
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Time: 24 hours

Module Purpose: The purpose of this module is to provide participants with the requisite knowledge to effectively utilize the Family Functioning Assessment (FFA)-Investigations to make safety determinations.

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Agenda:

Unit 5.1: Overview of the Family Functioning Assessment-Investigation
Unit 5.2: Information Collection and Determining Impending Danger
Unit 5.3: Assessing Impending Danger Related to Caregiver Protective Capacities (CPC) and Child Vulnerability
Unit 5.4: In-Home Safety Analysis and Planning
Materials:

- Trainer’s Guide (TG)
- Participant’s Guide (PG) (Participants should bring their own.)
- PowerPoint slide deck
- Markers
- Flip chart paper

Activities:

Unit 5.1:

Activity: Six Domain Case Scenarios – TG: 58

Unit 5.2:

Activity: Safe/Unsafe – TG: 66
Activity: Impending Danger Matching Game – TG: 75
Activity: Determining Sufficiency Case Presentation – TG: 80
Activity: Assessing Danger Threats – TG: 85
Activity: Case Study Reviews – TG: 87

Unit 5.3:

Activity: CPC Determination – TG: 94
Activity: Determining Child Safety – TG: 95

Unit 5.4:

Unit 5.1:

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Time: 6 hours

Unit Overview: The purpose of this unit is to introduce participants to the essential components of the Family Functioning Assessment-Investigation and describe its use in practice.

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Review the Learning Objectives with the participants.

Learning Objectives:
1. Define and describe the FFA-Investigation, explaining major sections and the information required for each.
2. Describe how contacts, collaterals, reported information, information already gathered, and information still needed during the investigation are synthesized and used to complete the assessment.
3. Given all information known, evaluated and analyzed, related to specific cases, complete the information domain area of the FFA-Investigation.
4. Given all information known, evaluated and analyzed, determine if
5. Given a scenario, interview information and written information in each of the six domains, evaluate to determine if sufficient information exists to make a safety determination.

6. Given scenarios, role-play interviewing several different key individuals for a case, ensuring that sufficient information is acquired for each of the six domains.

7. In FSFN, complete the six domains for information collection for the FFA-Investigation.

**Trainer Note:** Conduct a walk-through of the practice model, referencing the safety methodology handout as a guide for participants. You can do this in one of two ways. You can ask participants to tell you what has happened at each point and what role they had; or you can use the talking points below. Be sure to point out at this point there has already been a Present Danger Assessment completed.

Please turn to **PG: 4-7**, so that we can review the flowchart again. Let’s start with the Hotline Assessment. A report:

- Can be from any source including an anonymous source.
- Can be received via phone or fax.
- Can be received 24-hours day.
- Represents an expression of concern from the community.

The Hotline counselor uses the six domains of information gathering to determine if the allegation/report will be accepted. If the report is accepted or screened-in, it is assigned to the appropriate investigative unit and a response time is determined. As you will recall from Core the response time is either 4-or 24-hours.

Once you have received the intake report, you will begin pre-commencement activities in preparation for the initial contact, making the Present Danger Assessment and completing the Family Functioning Assessment.

**Who can tell me what the PDA is, why we use it and what we do if there is a present danger in the home?**
We are now at the point in the practice model where we are ready to conduct the Family Functioning Assessment or FFA-Investigation. The FFA is utilized to make a decision about whether or not a child is unsafe and in need of protection.

What is important for you to remember is that you must complete the FFA even if you have determined that there is a present danger threat in the home.

The determination of whether or not a child is unsafe is dependent on sufficient information collection about how the family, caregiver and child function. You will collect information for the FFA utilizing the six domains. This is done for two reasons:

1. To ensure that you are utilizing a systematic process to inform safety decisions regarding impending danger, child vulnerability and diminished caregiver protective capacities.
2. To ensure that you work expeditiously to complete the FFA so that you can take the needed steps to manage child safety.

Display Slide 5.1.3 (PG: 7)

Please turn to PG: 8-10, for a blank copy of the FFA-Investigation.

Trainer Note: Have participants tell you the qualifiers and danger threats, as well as distinguish between in-home and out-of-home plans. Utilize this time as a review as necessary and do not move forward until you are confident that the participants are comfortable with the PDA.
Before we go over the components of the FFA, let’s spend a few minutes talking about what the purpose of the FFA.

Who can tell me why an FFA is part of our practice model?

**Trainer Note:** You are looking for responses that go along the lines of “moving beyond the maltreatment” and “looking at symptomatic problems of the family that may not be apparent but are negatively contributing to the safety and well-being of the child.

**PG: 11**

The Family Functioning Assessment is a family system assessment not an individual family member assessment. It is important that you understand that as you do the assessment you are assessing the individual components on the form, but it is the synthesizing of ALL of the information that is the critical aspect of the assessment. In other words, the FFA is not designed to simply check boxes on each family component. It is designed to ensure that you use your critical thinking skills to make informed safety decisions.

Who can tell me how the information gathering process is initiated in Hotline?

**Trainer Note:** Participants should know that the information gathering domains are first utilized and critically analyzed by the hotline counselor in the screening process.

So if the information gathering process starts at the hotline report, your job is to take that information and build on it through verification, reconciliation and ensuring sufficiency.

Let’s say for example you receive a report that was initiated by a 17-year-old boy that that claims that his father “beats” his mother every time he gets drunk in front of him and his 4 younger siblings, ages 13-years-old, 10-years-old, 8-years-old...
and 3-years-old.

**Who can tell me what the terms verification or verify, reconciliation or reconcile and sufficiency means with regard to information gathering on this case example?**

**Trainer Note:** Have one person take the lead and have the class fill in the blanks. As students provide responses, as the question “why?” to ensure that they understand these concepts.

So if the information gathering process starts at the hotline report, your job is to take that information and build on it through verification, reconciliation and ensuring sufficiency.

The completion of the FFA requires that you obtain sufficient information about the extent and circumstance of the maltreatment, child and adult functioning, parenting practices and caregiver parental/caregiver protective capacities. You will need to do this in order to be able to understand what is occurring in the family on a day in and day out basis and to effectively assess child safety.

The primary purpose of the family functioning assessment: To determine whether ongoing case management child protective intervention is required.

**What do you think about when you hear the word “required” when I say “protective intervention is required?” What do you think it means for intervention, for ongoing case management, full case management services, to be “required?”**

**Trainer Note:** The idea is to have participants put themselves in the situation where there are not options for them as well as the family. You may need to process some of the feelings associated with “non-negotiable” or mandated.

(Reiterate) Required means that the intervention is “non-negotiable.” This means that you do not have the option to “walk away” from situations where you have determined that a
child is unsafe even if, during your work with the family, a family arrangement is determined to be effectively utilized.

Let’s take the family with the 17-year-old that called in because the father is “beating” the mother. The domestic violence has been going on for years and the family arrangement has been that the 17-year-old takes the younger children outside or takes them into a bedroom out of sight of the actual altercation. When it is finished, the father yells for the kids to “get out of here and clean up this mess” meaning the mess he made throwing mom against walls and tables. The children also assist the mother with any injuries she may have. This arrangement has “worked” and is effectively utilized by the family.

Do we need “required” intervention?

**Trainer Note:** Allow the group to discuss as large group. Play devil’s advocate arguing that the family has a plan in place and only the mother has been a victim of abuse.

Based on the information that you were given, what additional Information would be needed?

**Trainer Note:** The idea here is that participants know that they should utilize the information gathering domains and reconcile, verify and sufficiency criteria. At this point it should be intuitive.

The practice model, specifically the information gathering domains and the FFA, is designed with the intent of providing a common framework for safety assessment and decision making with regard to child, parent/caregiver, and/or family needs which require protective supervision or community-based supports.

The FFA process is designed to assess the pervasiveness or on-going “state of danger” that characterizes the household that the child is living in.
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Why do we need to complete an FFA and go through the process in a situation like the one with the family with the DV in the home? Why can’t we just put services in the home instead of wasting time doing the FFA?

**Trainer Note:** Make sure the participants understand the importance of adherence to the model and why adherence can give you the information that you need to ensure safety needs are being met.

The FFA should be completed as soon as possible BUT no later than 14-days from the date that the present danger was identified unless there are extenuating circumstances.

If present danger was identified, the present danger safety plan is designed to only provide you with a two week “window” to gather sufficient information to complete the assessment process and put the appropriate safety services in place prior to transfer to case management.

All ‘In-Home’ investigations are required to have a FFA completed even if the PDA indicates the absence of present danger.

There are two exceptions to this time requirement. The investigations that are determined to be determined to be either “Patently Unfounded” or resulting from a “False Report.”

**Are there any questions so far?**

Before we look at the FFA-Investigation, let’s take a minute to revisit impending danger threats. Please refer to **PG: 12-13, Impending Danger**.

**Impending Danger**

**Definition:** “Impending danger” refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. Impending
danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/caregiver functioning to sufficiently assess and understand how family conditions occur.

**Threshold Criteria:** The danger threshold criteria must be applied when considering and identifying any of the impending danger threats. In other words, the specific justification for identifying any of the impending danger threat is based on a specific description of how negative family conditions meet the danger threshold criteria. The Danger Threshold is the point at which a negative condition goes beyond being concerning and becomes dangerous to a child’s safety. Negative family conditions that rise to the level of the Danger Threshold and become Impending Danger Threats, are in essence negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity. Threshold criteria are:

1. **Observable**
   Refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

2. **Vulnerable Child**
   Refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

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

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

5. **Severe**
Includes such severe harm effects as serious physical injury, disability

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**Who can tell me what an impending danger is?**

By way of review from Core, Impending Danger refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child.

**Who can give me an example of this?**

**Trainer Note:** Ensure that each example is aligned with the examples in the reference guide. If need be, give an example from the guide.

Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family.
Who can give me an example of this?

Endorse:
Impending danger is often subtle and can be more challenging to detect without sufficient contact with families.

Lastly, Impending danger requires thorough information collection regarding family/caregiver functioning to sufficiently assess and understand how and why family conditions occur.

When we are talking about the danger threshold as it relates to impending danger, we are talking about the point at which a negative condition goes beyond being concerning and becomes dangerous to a child’s safety.

Let’s use our 17-year-old who called in the parent’s DV case. What do you think might have been the point where it went from “concerning” to “dangerous?”

Endorse:
The danger threshold criteria must be applied when considering and identifying any of the impending danger threats.

The 5 danger threshold criteria are:
- Observable
- Vulnerable Child
- Out of control
- Imminent
- Severity

Trainer Note: After you give the definition of each criterion below, ask for examples as well as whether or not there are any situations where the criterion might be difficult to assess.
Observable refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. This criterion does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

What would be an example of a danger that is observable?

When we say a child is “vulnerable” we are referring to a child who

- is dependent on others for protection
- is exposed to circumstances that she or he is powerless to manage,
- is susceptible, accessible, and available to a threatening person and/or persons in authority over them.

Who would be an example of a vulnerable child?

**Trainer Note:** Guide participants to think about age, development and size. Stress that this is not just about chronological age EXCEPT when the child is between birth and 6.

So vulnerability can be assessed or judged according to

- age
- physical and emotional development
- ability to communicate needs
- mobility
- size
- dependence and
- susceptibility.

This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.
Can children within the same family present with different vulnerabilities? OR can one child in a home be vulnerable but another not be? Give an example.

Endorse:
Out-of-Control refers to family behavior, conditions or situations which are unrestrained resulting in an uncontrolled, unpredictable and possibly chaotic family environment. These out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.

Can anyone give me an example of an out of control family situation?

So let’s take the DV family with the 17-year-old that called in the report. Would the event meet the out of control criteria if this was the first time that it happened?

Trainer Note: Guide participants if need to be to the understanding that they do not have enough information to make the determination and question as to what information would be needed to make the determination that the event met the out of control criterion.

Imminent refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks.

This definition is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.

What does severe harm mean?

Endorse:
Severity includes such severe harm effects as serious physical injury, disability, terror and extreme fear, impairment and death.
You also may want to ask what “a degree of certainty” means. You could use the DV case scenario as a single episode, then the 2nd episode, then the 5th episode.

Are there any questions about the threshold criteria for impending danger?

Now let’s go through the impending danger threats. Go to **PG: 13-15**.

**Trainer Note:** You have the option of assigning danger threats to groups to present, having them read them aloud in large group or reading through them silently. If possible, display examples as you go through them. As you go through the examples, have participants apply the five threshold criteria.

### Danger Threats and Impending Danger Examples

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

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

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

4. There are reports of serious harm and the child’s whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm. Examples may include:
   • Family is intentionally avoiding contact with CPI
   • Caregiver is hiding child with relative or family friend and refuses to disclose location

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

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

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

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

9. **Parent/legal guardian/caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child.** Examples may include:
- Parent expresses intent or desire to harm child
- Parent makes statements about the family’s situation being hopeless
- Child describes extreme mood swings in parent, drug or alcohol use that exacerbate parent’s volatility and frustration with child

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

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

### Who can tell me the six domains of information collection?

**Trainer Note:** Ask questions as to what information is gathered in each domain.
1. Nature and Extent of the maltreatment
2. Circumstances surrounding the maltreatment
4. Adult functioning.
5. General Parenting
6. Disciplinary practices and behavior management

Ok now let’s go back to the FFA to go through each section just as a way of seeing what is required from you and how it relates to the six domains. As I go through each section I want you to make the connection to the six domains.

You will see that we start with demographic information. At this point you should have all of the required information and should fill out this section in its entirety. If you do not have the information, you will need to ask for it.

**PG: 16-17**
Section 1 of the FFA-Investigation-Maltreatment and Nature of the Maltreatment focuses on two questions:
1. What is the extent of the maltreatment?
2. What surrounding circumstances accompany the alleged maltreatment?

What information are we looking for there? How much information do you need to write?

**Trainer Note:** Be sure to reiterate that the purpose of the FFA is to directly address each one of the sections with succinct and accurate notation.

You will be required to write a brief narrative in response to these two questions. When writing the narrative, you should think about two aspects—the facts of the case and the analysis of the facts. This means that you will need to identify the maltreatment, and determination of the finding. In other words, how do the facts support the findings?

We will talk about the determination of findings in detail later but who can tell me what your options are? What does each one mean?

**Endorse the following:**
- Verified. This finding is used when a preponderance of the
credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment or neglect. This means the greater weight of the evidence (above 50%) supports maltreatment occurred.

- Not Substantiated. This finding is used when 50% or less of the credible evidence supports that the specific harm was the result of abuse, abandonment, or neglect.
- No Indicators. This finding is used when there is no credible evidence to support the allegations of abuse, abandonment, or neglect.

Now let’s look at the FFA and walk through it. For section I, you will need to be able to identify which of the six related impending danger threats contained in this section are specifically tied to information related to the “Extent of the Maltreatment” (Domain 1) and “Circumstances Surrounding the Maltreatment” (Domain 2). This means that most of the Information that you will use to determine the presence of these threats will come directly from the specific details surrounding the observed injury and/or the explanation for the injury itself.

**Trainer Note:** As you go through each one of the threats, have participants give you an example. Ideally they should be able to do this at this point without that assistance of their reference material.

Once you have gathered sufficient information you will need to respond with a yes/no to the existence of the following impending danger threats:

1. 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.
2. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent’s/Legal Guardian’s or
3. Caregiver’s explanations are inconsistent with the illness or injury.
4. 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.

5. 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.

6. 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.

7. Other.

Remember that if you use “other” you will need an explanation as to why you chose this option. As a standard of practice, the “other” option should be used as a “last resort.” The information gathering process, if adhered to, should provide the information that you need to complete this section in the vast majority of cases. You should consult your supervisor if you are unable to make a determination as to the impending danger threat in section 1 BEFORE you mark “other”.

Are there any questions about Section I?

Section II of the FFA-investigation focuses on the assessment of child functioning and answers the question: How does the child function on a daily basis?

Trainers Note: You can go over each area individually or you can do as a group asking for examples or definitions of each of the areas. With either option, ask participants for examples of questions and observations they would need to make and why they need to look at each area.

PG: 17

Your narrative for this section should include a discussion of the following areas:
1. Physical health  
2. Development (Physical as well as social-emotional)  
3. Temperament  
4. Intellectual functioning  
5. Behavior  
6. Ability to communicate  
7. Self-control  
8. Educational performance  
9. Peer relations  
10. Behaviors that seem to provoke parent/caregiver reaction/behavior  
11. Activities with family and others  

It is possible that you will not be able to obtain all of this information because of the 14-day requirement for those cases with identified present danger threats, but you want to gather as much of this information as you can because these areas are directly related to child vulnerability. This means that you will need to include a description of the vulnerability based on threats identified. If you have a family with multiple children, you will need to gather the same information for each child so that you can identify each child’s vulnerability. 

Once you have gathered sufficient information you will need to respond with a yes/no to the following impending danger threat: 
- 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. 

**What constitutes “serious?”**

**Trainer Note:** Use this opportunity to discuss the reality that “serious emotional symptoms” can have different interpretations depending on the locale and demographic (age, gender, race, SES) information of the family. Have participants relate back to the Trauma and the Child Module and Trauma Informed Care modules in Core. Reiterate the importance of
Are there any questions about Section II of the FFA?

Section III of the FFA focuses on Adult Functioning. In this section you will want to answer: How does the adult function on a daily basis?

Trainers Note: You can go over each area individually or you can do as a group asking for examples or definitions of each of the areas. With either option, ask participants for examples of questions and observations they would need to make and why they need to look at each area.

PG: 18

When you are assessing adult functioning, you will want to consider the parents overall life management attributes and characteristics. This includes an assessment and analysis of:

1. Prior child abuse/neglect history (including involvement as a child)
2. Criminal behavior
3. Impulse control
4. Substance use/abuse
5. Violence and domestic violence
6. Mental health
7. Physical health
8. Emotion and temperament
9. Cognitive ability
10. Intellectual functioning
11. Behavior
12. Ability to communicate
13. Self-control
14. Education
15. Peer and family relations
16. Employment

What variables would you consider in each area? How do you “weigh” or “assess” each area?
Trainer Note: You may need to prompt with examples such as: I am a 38-year-old father of a 2-year-old. When I was in my 20’s, I was involved with the Department because I physically abused my then 3-year-old son and I had a cocaine abuse issue and domestic violence history at that time. I am currently in a new relationship and have not had any interaction with the child welfare system or criminal justice system in 15-years. The current case is a neglect allegation. Walk through each of the areas on consideration with this example to assist participants with the need to focus on the present allegations. Ask the participants what difference it would make if there had not been any further DCF or substance abuse in the last 10-years? 5-years? 3-years etc.

Once you have gathered sufficient information, you will need to respond with a yes/no to the existence of the following impending danger threat:

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

Trainer Note: Use the case scenario and class discussion to answer yes or no.

Are there any questions about Section III?

PG: 18-19

Section IV focuses on the parenting domains of General Parenting and Discipline/Behavior Management. In this section you will want to answer:

1. What are the overall typical parenting practices used by the parents/legal guardians?
2. What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

Your narrative for this section should focus on the following:

1. Parenting style and approach
2. Knowledge of child development and parenting
3. Parenting skill
4. Parenting satisfaction
5. Sensitivity to child’s limitations
6. Realistic expectations
7. Caregivers overall attitude, approach and belief about being a parent.

What interview questions or observations should you make to accurately report these skills/behaviors?

**Trainer Note:** This can be done as a class or in small groups. Walk through each section and be sure that participants can refer back to Core knowledge.

Once you have gathered sufficient information for this section, you will need to respond with a yes/no to the existence of the following impending danger threat:

1. 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.
2. 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.
3. 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.

Are there any questions about how to complete Section IV?

Before we move to Section V-Caregiver Protective Capacities, can someone please tell me what Caregiver Protective Capacities are?

**Trainer Note:** You may have to prompt using “behavioral, cognitive, and emotional” as keywords to jumpstart.

How do we determine if there are adequate Caregiver Protective Capacities?
Endorse:

Responses should include that there needs to be sufficient information to assess caregiver protective capacity, which will generally come from collecting information related to adult functioning.

We need to assess caregiver protective capacities to determine if the parent/caregiver has demonstrated actions of protection that specifically address the identified danger threats. The bottom line when assessing caregiver protective capacities is that you have to feel confident that the child is safe and will remain safe without department intervention.

In order to increase your confidence level that the parent/caregiver caregiver has the capacity, ability and willingness to take protective actions to keep a child safe, you have to consider whether or not two things are present:

1. A historical record of taking such action in the past; and
2. A current demonstration of taking protective actions on the children’s behalf.

In order to make this determination, you will need to do an in-depth assessment of the capacity to be protective. You will need to determine whether or not a short-term, temporary incapacitation is representative of the parent’s normally sufficient protective vigilance or is this a pattern of behavior that is indicative of their day-to-day interaction with their child.

This is a critical distinction for you to make because many parents assert that the maltreatment incident was not because of a lack of protective vigilance on their part, but due solely to a one-time, highly unusual incident or unique set of circumstances.

For example, a parent might have had surgery and took a “pain killer” as prescribed and falls asleep. She had held off from taking the “pain killer” until an hour before her boyfriend was due home from work because she thought that it would take that long to “kick in” and her boyfriend could then watch her son. She
knows that the medication could make her drowsy, but never expected that she would be “so out of it” that her two year old was able to let himself out of the house. She was mortified when she realized her son got out of the home. She also doesn’t have any history with the Department.

**In this case, would you say that the caregiver’s protective capacity is sufficient?**

**Endorse:**
The answer would be yes because the temporary incapacitation was not the parent’s normally protective vigilance.

Now take the same scenario, but when the mother is told that her two-year old son was found wandering the street, she was angry and stated, “I told him to just sit and watch TV while I slept and he didn’t listen to me.” This mother and her boyfriend have a history with the department that includes substance abuse issues and she has had her older children TPR’d.

**What considerations would you make in this scenario related to Caregiver Protective Capacities?**

**What information would you need either through interviews or observations to make a determination?**

In both examples, the mother took prescribed medication and the child got out of the home. This case illustrates why you have to collect sufficient information on protective capacity and not assess the caregiver’s “protectiveness” solely on the basis of the maltreatment incident.

There may also be times when it will be difficult for you to “isolate” certain aspects of the maltreatment, Assessment of caregiver protective capacities should represent overall functioning and not be based on an isolated or one time incident.
For example, a parent that acted impulsively by backhanding their 12-year-old son across the mouth for something the child said does not, in and of itself, provide sufficient information to indicate that the parent lacks the ability to “control impulses.”

In the example, while the parent did not demonstrate impulse control during the maltreatment incident, further assessment of functioning may indicate the parent regularly and repeatedly demonstrates impulse control i.e. typically thinks before acting is very good at planning and following through with a prescribed course of action.

The bottom line is that when you are looking at caregiver protective capacities, you have to look at the big picture, in other words, what is normal for the parent/caregiver and not just the event that brought the family to your attention.

This is true across all three categories-behavioral, cognitive and emotions. You are looking for stability and consistency in behaviors, cognitions and emotions as they relate to the parent/caregiver capacity to protect. The other side of the coin is that you have to intervene when these areas are erratic, inconsistent and/or unstable.

Are there any questions before we move on?

Take out your copy of the FFA on Page 5 of the participant guide. As you can see, there are 18 protective characteristics contained in the FFA. Each one of these characteristics need to be assessed in light of overall functioning, independent of the maltreatment incident itself.

So what do protective characteristics do? They prepare and enable the parent/caregiver to be protective which means that they can act or are able to act on behalf of the child to keep them safe. Here is the key: Protective capacities must be present prior to the maltreatment and they are finite. There are not an infinite
number of personal or parenting characteristics that apply to being protective.

**How are CPC’s related to safety and case planning?**

*Endorse:* CPC’s are directly linked to safety planning and should be assessed on an ongoing basis.


*Trainers Note:* You can go through the characteristics yourself and give examples or guide participants through them as a large group. You will need to ensure that all areas are covered.

**The Caregiver Protective Capacity Guide**

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

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

**Definitions:**

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

Case Management Scaling Guide:

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

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

C. Parent/Caregiver routinely (weekly/monthly) acts upon their urges/desires, is influenced by outside stimulation, thinks minimally before they take action, and are not able to plan, resulting in their actions having negative effects on their children and family.

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


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

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

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

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

**Assertive and responsive** refers to being positive and persistent. Examples may include:
- People who are firm and purposeful.
- People who are self-confident and self-assured.
- People who are secure with themselves and their ways.
- People who are poised and certain of themselves.

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

**Uses resources to meet basic needs** refers to knowing what is needed, getting it, and using it to keep a child safe. Examples may include:
- People who get people to help them and their children.
- People who use community public and private organizations
- People who will call on police or access the courts to help them
- People who use basic community services such as food and shelter

**Case Management Scaling Guide:**

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

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

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

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

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

This refers to people who adjust and make the best of whatever caregiving situation occurs. Examples may include:
   • People who are flexible and can adapt
   • People who accept things and can move with them
   • People who are creative about caregiving
   • People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting

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

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

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

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

d. Behavioral Protective Capacity: The parent/legal guardian/caregiver demonstrates adequate skill to fulfill caregiving responsibilities. This refers to the possession and use of skills that are related to being protective. Examples may include:

- People who can feed, care for, supervise children according to their basic needs
- People who can handle, manage, oversee as related to protectiveness
- People who can cook, clean, maintain, and guide, shelter as related to protectiveness

Case Management Scaling Guide:

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

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

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

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

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

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

B. Parent/Caregiver is able to be flexible and adjustable in most situations, is able to accept most things and move forward, displays some creativity in their caregiving, and is able to come up with solutions and ways of behaving that are new, needed, and unfamiliar with some assistance. On occasion the parent/caregivers adaptation is not fitting to their child’s needs, however this does not result in maltreatment and/or danger.

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

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

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

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

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

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

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

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

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

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

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

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

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

b. **Cognitive Protective Capacity**

The parent/legal guardian/caregiver is intellectually able/capable. Adequate Knowledge to Fulfill Caregiving Duties

This refers to information and personal knowledge that is specific to caregiving that is associated with protection. Examples may include:

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

**Case Management Scaling Criteria:**

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

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

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

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

c. **Cognitive Protective Capacity:** The parent/legal guardian/caregiver recognizes and understands threats to the child. This refers to mental awareness and accuracy about one’s surroundings, correct perceptions of what is happening and the viability and appropriateness of responses to what is real and factual. Examples may include:
- People who recognize threatening situations and people
- People who are alert to danger about persons and their environment
- People who are able to distinguish threats to child safety
Case Management Scaling Criteria:
A. Parent/caregiver is attuning with their surroundings, in particular to their perceptions regarding life situations, recognizing dangerous and threatening situations and people. Parent/caregivers are reality orientated and consistently operate in realistic ways.

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

C. Parent/caregiver frequently is not aware of their surroundings and life situations. In particular this occurs when presented with dangerous and/or threatening situations. Parent/caregiver is not able to recognize the correlation with child safety and mental awareness, resulting in children being maltreated and/or unsafe. Parent/caregiver is not or will not access resources to increase their mental awareness without assistance.

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

d. **Cognitive Protective Capacity: The parent/legal guardian/caregiver recognizes the child’s needs.** This refers to seeing and understanding a child’s capabilities, temperament, needs and limitations correctly. Examples may include:
  - *People who know what children of a certain age or with particular characteristics are capable of.*
- People who respect uniqueness in others
- People who see a child essentially as the child is and as others see the child
- People who recognize the child’s needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why
- People who see and value the capabilities of a child and are sensitive to difficulties a child experiences
- People who appreciate uniqueness and difference
- People who are accepting and understanding

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

B. Parent/caregiver recognizes the child’s needs, strengths and limitations. Parent/caregiver is able to appreciate the uniqueness and differences in children, however at times struggles in understanding and accepting the child’s differences and uniqueness. At times the parent/caregiver struggles with identifying with the child and their experiences. Parent/caregiver is aware during these times and may have sought assistance in continuing to develop their parenting skills in regards to recognizing child’s needs and differences. The parent/caregiver has supports and/or resources available for assistance. Children have not been maltreated and/or unsafe due to the parent/caregiver capacity of being able to recognize child needs and strengths.

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

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

e. Cognitive Protective Capacity: The parent/legal guardian/caregiver understands his/her protective role. This refers to awareness. This refers to knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child. Examples may include:

- People who possess an internal sense and appreciation for their protective role
- People who can explain what the “protective role” means and involves and why it is so important
- People who recognize the accountability and stakes associated with the role
- People who value and believe it is his/her primary responsibility to protect the child

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

B. Parent/caregiver believes that protecting their child is a primary responsibility, however at times struggles with their internal sense and appreciation for their protective role resulting in times where the parent/caregiver has abdicated their role for protectiveness to others without regard for the protectiveness of the alternate caregiver. Parent/caregiver recognizes their limitations in regards to protectiveness and their actions have not resulted in maltreatment and/or an unsafe child.

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

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

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

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

**Case Management Scaling Criteria:**

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

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

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

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

Case Management Scaling Criteria:
A. Parent/caregiver recognizes and understands their own emotional needs and is effectively manages their needs in ways that do not interfere with their ability to parent and
does not take advantage of others. Parent/caregiver makes choices in regards to satisfying their feelings and emotional needs that are mature, acceptable, sensible, and practical.

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

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

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

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

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

B. Parent/caregiver has demonstrated that they are able to recover from or adjust under most situations in regards to misfortune and/or change. Recovery and adjustment are mostly focused on their role as a caregiver and for providing protection. Parent/caregiver struggles with coping and taking action during these times. Children are not maltreated and/or unsafe due to the parents coping and/or taking action.

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

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

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

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

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

B. Parent/caregiver frequently maintains an even temper and displays patience under most situations. Parent/caregiver at times struggles with temper and patience, however does not
March 2015

impact their role as a caregiver or result in maltreatment and/or unsafe children. Parent/caregiver is aware of their challenges with tolerance and has the ability to access resources to assist in increasing their tolerance.

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

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

d. Emotional Protective Capacity: The parent/legal guardian/caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with regard to the child’s perspective and feelings. This refers to active affection, compassion, warmth and sympathy.

- People who fully relate to, can explain and feel what a child feels, thinks and goes through
- People who relate to a child with expressed positive regard and feeling and physical touching
- People who are understanding of children and their life situation

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

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

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

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

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

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

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

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

D. Parent/caregiver is not able to maintain emotional stability during daily routines and challenging life events. Parent/caretaker is not aware of their instability and has taken no action to access resources and/or supports to ensure for child safety, resulting in child being maltreated and/or unsafe.

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

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

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

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

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

g. **Emotional Protective Capacity: The parent/legal guardian/caregiver is supportive and aligned with the child.** Supportive refers to actual, observable sustaining, encouraging and maintaining a child’s psychological, physical and social well-being. Examples may include:
   - *People who spend considerable time with a child filled with positive regard*
   - *People who take action to assure that children are encouraged and reassured*
   - *People who take an obvious stand on behalf of a child*

**Aligned refers to a mental state or an identity with a child.** Examples may include:
   - *People who strongly think of themselves as closely related to or associated with a child*
   - *People who think that they are highly connected to a child and therefore responsible for a child’s well-being and safety*
   - *People who consider their relationship with a child as the highest priority*

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

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

**Case Management Scaling Criteria:**

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

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

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

D. Parent/caregiver is not aligned with the child as demonstrated by their non-responsiveness to the child and the lack of compassion for the child. Parent/caregiver does not express concern and/or does not acknowledge their lack of alignment with the child. The lack of parent/caregiver actions has resulted in the child being maltreated and/or unsafe.
Let’s review the characteristics that you will be assessing:

Behavioral capacity:
- Controls impulses
- Takes action
- Sets aside own needs for child
- Adequate parenting skills
- Adaptive as a parent

Cognitive capacity:
- Is self-aware
- Is intellectually able
- Recognizes threats
- Understands the protective role
- Plans and articulates plans for protection

Emotional capacity:
- Meets own emotional needs
- Is resilient
- Is tolerant
- Is stable
- Expresses love, empathy, sensitivity to the child
- Is positively attached to the child
- Is aligned and support the child

Once you have assessed each characteristic, you will respond with a yes/no to each one. As you can see in the guide, there is a scaling mechanism for case managers. You can utilize the scaling guide to think about what to consider when assigning a “yes” or a “no” response to the following:

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

C. Parent/Caregiver routinely (weekly/monthly) acts upon their urges/desires, is influenced by outside stimulation, thinks minimally before they take action, and are not able to plan, resulting in their actions having negative effects on their children and family.

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

**Trainer Note:** Ensure that participants understand that the scaling is a thought process or a way to think critically about their response. Also let them know that if they are thinking that the caregiver is in the B or C range, they should review all of the information gathered and consult with a supervisor.

Are there any questions?

Once you have considered all of the characteristics, you must be able to answer the following question: Are Protective capacities sufficient to manage identified threats of danger in relation to child’s vulnerability? Once again you respond with a yes/no.

Are there any questions?

*PG: 42*

You are now at the most critical section of the FFA-Section VI Safety Determination and Summary. This is where you must make a determination of:
• Safe with no impending danger threats that meet the safety threshold.
• Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home.
• Unsafe

It is crucial that you have sufficient information to make this determination. This means that you have validated all significant information either through corroboration and/or observations. Corroboration means that the information that you have gathered is credible, reliable and obtained from multiple sources. This means we are back to “diligent efforts” to gather information.

Who can tell me what diligent efforts means with an example?

Endorse:
Sufficiency also means that you have diligently tried to reconcile all discrepancies in information.

Activity: Did You See What I Saw?

Display Slide 5.1.4

Materials:
• PG: 43, Did You See What I Saw worksheet
• Sticky notes
Trainer Instructions:

- To illustrate how information or observations can easily be different even though everyone is seeing the same thing, you will walk to the back of the room, tell everyone to take everything but a blank piece of paper out and put their heads down.
- You will then tell the participants that you are going to step outside and they are to record 1) everything that they can remember about your appearance i.e. your clothes, hair color, eye color etc. 2) everything that they can remember that was presented in the past 15-minutes; and 3) as many details they can remember about your non-verbal interactions with the class.
- Once they have done this, you will walk back into the class and engage in an observation/conversation about the exercise. Be sure to exchange what was observed and recorded.
- The purpose of this exercise is to help new PIs understand that there will be discrepancies in what people see, hear or experience even though they all saw, heard, and experienced the same thing.

Activity STOP

PG: 44

It is a 100% guarantee that you will have to reconcile information as a CPI. This does not mean there are no discrepant or “at odds” statements recorded in your file. It means that the file does not have any unexplained discrepancies and that you have documented a diligent effort to obtain additional information to reconcile the inconsistency and/or explain why one account is more credible than the other.

So to recap; your information has to be verified or corroborated, reconciled and sufficient to make the safety determination. And that brings us right back to the six domains of information gathering.

Are there any questions?

Let’s talk a few minutes about questions/probes you might want use to gather information in the six domains. I am going to read
a question in round-robin format (each table). You will decide as a group what domain the question comes under. I will indicate if your response is correct. If your response is incorrect, the next table will have to tell me why it is incorrect and what the correct response is. To make things a little more challenging, some of the questions can have more than one domain.

**Trainer Note:** You can use any or all of these questions. Be sure to mix them up OR you can ask table groups to come up with five questions for each domain. Please be sure to have them rephrase any closed-ended questions.

- Tell me about your child (Parenting).
- How does your child respond to you when you are disciplining (Parenting)?
- Is the child easy-going? Difficult? What do you mean? (Parenting)
- What type of things do you expect your child to do around the house, with siblings, for you? (Parenting)
- What type of behaviors and emotions does your child show? (Child Functioning)
- Does your child have friends? (Child Functioning)
- What does your family do for fun? (Adult/Child Functioning)
- Tell me how you think things have been between you and your spouse (partner)? (Adult Functioning, History, Family Functioning)
- What is the most special thing about parenting your child(ren)? The most difficult thing? (Parenting)
- Tell me how you think your child is doing/ what the child is experiencing. Examine issues related to bonding, attachment, concern, empathy, worry, anxiety, etc. (Adult Functioning, Parenting)
- Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories? (History)
- What do you do with your friends? Who are your friends? What do you share with your friends? (Adult Functioning/Support)
- Do you belong to any groups, organizations, religious affiliations, etc.? (Adult Functioning/Support)
- When was the last time you used _name drug__? How much? Amount? (Adult Functioning/Caregiver Protective Capacity)
- How far in school did you go? What classes did you like the best? (Adult Functioning)
- Describe your drinking/drug habits? (Adult Functioning/Caregiver Protective Capacity)
- What medications are you or your child currently prescribed? Reasons, frequency, effect on behavior? (Adult Functioning/Child Functioning)
- Have you or your child had any prior hospitalizations? For? Where? Psychotropic medication? (Adult/Child Functioning)
- How does your child do in school? (Child Functioning)
- Have you or your child ever had to go to a psychiatrist or psychologist or counselor? For? When? (Adult/Child Functioning)
- How do you and your partner resolve conflicts? (Adult Functioning/Protective Capacities/Parenting)
- Tell me what a typical day is like for you/child? (Adult/Child Functioning)
- How do the family members show they care about each other? What affection is demonstrated? (Adult/Child Functioning)
- Who gives orders in the home? Who is in charge? (Adult Functioning/Caregiver Protective Capacities)
- What happens when the orders given are not followed? (Adult Functioning/Caregiver Protective Capacities)
- Talk about your marriage/relationship. What are the things that make it good? Things you wish you could change? Communication difficulties? Sexual relationship? (Adult Functioning/Caregiver Protective Capacities)
- Tell me about your childhood. (Adult Functioning/Caregiver Protective Capacities)
- Describe how roles are developed, assumed, and carried
out in the home. Who does what? How is it decided? (Adult Functioning/Caregiver Protective Capacities)

- What do you want to do about DCF being called? How can we make sure nothing like this happens again? (Maltreatment)
- Tell me what has been going on with you. Have you been under stress? What from? Drinking? Marital problems? Job-related problems? (Nature of Maltreatment)
- Would you help me understand why someone might be worried or concerned about you or your family? (Maltreatment)
- Can you tell me what happened at your home last weekend? (Maltreatment/Adult Functioning/ Caregiver Protective Capacity)
- Tell me about your child. What is he or she good at? (Child Functioning)
- What do you think are your child’s strengths? (Child Functioning)
- What do you think are your child’s challenges? (Child Functioning)
- What does your child struggle with? (Child Functioning)
- How does your child behave/act in general? Tell me about your child’s behaviors that “push your buttons,” escalate you, or cause you to feel angry? (Child Functioning)
- Tell me about your child’s friends. (Child Functioning)
- In what ways have you tried or are willing to try to keep the child and the alleged maltreating parent from being alone with each other? (Child Functioning/Caregiver Protective Capacity)
- What current or past health related problems does your child have? (Child Functioning)
- How does your child do in school? (Child Functioning)
- What are the disciplinary approaches you use? Under what circumstances? (Parenting-Discipline)

Does anyone have a question(s) that they either use or have heard used that they would like to share?
Activity: Six Domain Case Scenarios

Display Slide 5.1.5

Materials:
- **PG: 45, Six Domain Case Scenarios instructions**
- **PG: 46-48, Case Scenarios**
- **PG: 49, Case Scenario Worksheet**

Trainer Instructions:
- Assign each group a scenario and ask them to read the scenario. Once they have read the scenario, they will complete the worksheet and identify the domains that have insufficient information and identify the additional information that is needed.
- Each group will then conduct a role play. Allow group members to self-select their roles. The PI will need to interview each person who has a role in the scenario to gain information about the six domains. Encourage the interviewees to make this activity as close to “real-life” as they can which means that they may not always be forthcoming with information and the PI will need work at their interviewing skills.
- Instruct participants to record relevant information in the domains.
- Walk around the room to keep the groups on task.
- Debrief once all groups have adequate information to make the safety determination.

**Trainer Note:** These are the same scenarios that were used in Module 4, The scenarios will be used multiple times throughout this module.
Activity: Six Domain Case Scenarios

Directions:
- Your group will be assigned one of the case scenarios below.
- Read the scenario and identify on the worksheet domains where the information provided is insufficient.
- You will then self-select who will play which role.
- Your goal as the PI is to gain information in each of the domain and your goal as the other roles is to make the PI work for their information with their interviewing and engagement skills.
- Record the information that you collected from the role play.

Activity Notes:

Case Scenarios

Scenario 1
Reporter: Dr. Gary Jenkins
Vincent

Case Narrative: Tuesday at 10:30 am a call was received from a pediatrician regarding Phil and Clara Vincent and their 18-month-old daughter Sheila. Parents brought her in because of concerns of not eating, fever, and presenting listless. The examination revealed a current fracture that is a twist as well as two other older breaks that are at different stages of healing (calcification). Parents are unable to provide any explanation for any of the injuries. The parents are cooperative, concerned about their child, and seem to be open in discussions.

Scenario 2
Reporter: Sherri Lott Simmons

Case Narrative: The Aunt has not seen the family, Jeronda Simmons, 26, for about six months. She has three children: Trey, 10; Carley, 5; and Devon, 2. Today she stated that she was in the neighborhood and went by the home to see how she was doing. She has a new boyfriend, John Walker. She stated that both of the adults in the home were acting strange and that Jeronda was out of character. After being there a while, John eventually stepped out.
The Aunt asked questions about him and about his employment. Jeronda confided that he makes and sells drugs. The Aunt challenged Jeronda to prove it. She led her to a back bedroom and reporter observed what she believed to be the needed items and materials to manufacture meth. Carley’s bedroom and the bedroom that the boys share are right next to the room where the drugs are made. Jeronda stated that she has told John that she wants him to take that out of the house, but he refuses and becomes very angry and aggressive with her.

Scenario 3
Reporter: Camille Hanover (Paternal Grandmother)
Seaton

Case Narrative: The grandmother stated that today she was at the home of her daughter-in-law, Teri Williams, 21. Her son is in the military and is currently deployed overseas and is due to return in six months. They have a son, Brent, 15 months. The Grandmother states that it well known that Teri is very lazy and extremely dirty. Reporter stated that she has been getting more concerned recently because she believes that her son was the only one who would ever maintain and clean the household. This morning she went to the home; the conditions were deplorable. She observed, “more animals in the home then she could count.” There was also a chicken living in the house; it had a broken neck, and Teri stated that one of the dogs got after it and nearly killed it. The house reeked of animal urine and feces. The piles of fecal matter were about every 2-3 feet apart. Dishes, beer cans, and full ashtrays were everywhere. The Grandmother stated that she observed Brent put two cigarette butts in his mouth and the mother did not respond. The Grandmother removed them each time from his mouth. They argued about the condition of the home, and the mother blames the grandmother for the agency involvement. The child is highly mobile, climbing all over the home. The child was dirty and he had a sagging diaper. The mother says that she has been sick and is very tired which she says explains the conditions of the home. The mom promised to clean up the home and to keep the home clean. She says that she can call on friends to help.

Scenario 4
Reporter: Tammy Leiker, RN, Lovelace Home Health Care
Baker

Case Narrative: A nurse practitioner has been working with Diane Baker, 40, and her child, Scott, 9, for about the last six months. Scott has type 1 diabetes. The nurse states that she has been working with the mother about the necessary care, monitoring, and medication management. She stated that this is the longest that she has ever had to work with a family before
they were able to handle things on their own. She is unclear if the mother is limited cognitively, not taking this seriously enough, or simply does not care. Type 1 diabetes can have very serious implications which range from death, seizures, heart and blood vessel disease, nerve damage, kidney failure, retinal eye damage (blindness), and foot damage which could lead to toe, foot, or leg amputation. Reporter had taken enough medication to last a month when she saw her at her last home visit one month ago. This morning, when she made her monthly home visit, almost all of the insulin and meds were still there unused. Ms. Baker’s explanation was nonchalant and stated that Scott was fine. He was at the home, on the couch, sweating, and stating that he felt nauseous. Reporter checked his blood sugar and it was dangerously low. He had to have an emergency injection of glucagon, a hormone that stimulates the release of sugar into the blood. He stabilized before the reporter left the home. Scott is not old/responsible enough to manage this on his own. Diane’s brother, Brian, who began moving in with them on Wednesday, has Diabetes as well. CPI was not able to speak with him because he was driving back with the rest of his belongings and wouldn’t be in until late Friday night. Diane stated that Brian often scolds her and Scott about Scott not taking his medicine. Brian is moving in with them to help Diane with bills and to be a male figure for Scott; both seemed excited about this situation.

Scenario 5
Reporter: Jill Strausse, School Social Worker
Martinez

Case Narrative: Fabian, 8, began crying in class after the teacher informed him that he was going to have a note sent home about poor school behavior. He stated that he was afraid of his father, Robert, 28, and is sure that he is going to get “beat up” after he gets the note. Fabian stated that his dad punches him with a closed fist and tells him to “get up and fight like a man.” There are no marks or bruises at this time. Fabian stated that his mother knows that his father punches him. The Principal decided to call Mr. Martinez and asked him to come to the school to discuss the matter. When he arrived, Fabian began crying. Mr. Martinez walked into the office and, although it is not clear how intentional, did kick Fabian in the leg as he passed. Fabian was extremely distressed and urinated in his pants. The meeting was uneventful; Mr. Martinez sat quietly and mostly listened without reaction.
### Case Scenario Worksheet:

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<thead>
<tr>
<th>Maltreatment and Nature of Maltreatment:</th>
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<th>Child Functioning:</th>
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<th>Caregiver Protective Capacity Analysis:</th>
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**Activity STOP**

*Display Slide 5.1.5 (PG: 50)*
Let’s look at how you will document the FFA in FSFN.

**Trainer Note:** Watch the following link as a group:

http://centervideo.forest.usf.edu/fsnenduser/lifecycleffainvst/start.html

Reiterate that participants can go to the link at any time to review the material presented in this training and remind participants to use supervisory consultation with FSFN questions.
Unit 5.2: Information Collection and Determining Impending Danger

Display Slide 5.2.1

Time: 6 hours

Unit Overview: The purpose of this unit is to provide participants an understanding of the family functioning assessment as it relates to determining impending danger.

Display Slide 5.2.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Describe the differences in the concepts of “safe” and “unsafe.”
2. Define impending danger and the impending danger safety threshold criteria.
3. Define child vulnerability in relation to the danger threshold criteria.
4. Explain the application of the six domains in collecting information related to impending danger.
5. List and describe each of the impending danger threats.
6. Explain the purpose of assessing the family to determine if
impending danger is occurring.
7. Given specific negative family conditions, determine the impending danger threat each represents.
8. Describe the importance of information verification to the Child Welfare Practice Model decision points.
9. Explain why it is important to have sufficient info in each domain to determine danger threshold.
10. Demonstrate how to reconcile information collected in each domain.
11. Describe the steps you take to assess impending danger.
12. Explain the difference between present and impending danger and explain how to use the safety threshold criteria to determine the type of danger the child is in.
13. Given scenarios, discriminate between present danger and impending danger using the safety threshold criteria.
14. Given scenarios, determine 1) if the child is in present or impending danger, and 2) if the child is in impending danger, determine which kind of impending danger it is using the provided Impending Danger table and the safety threshold criteria.
15. Given case scenarios situations, determine if sufficient information has been collected.

Display Slide 5.2.3 (PG: 51)

In this unit we are going to review some of the terms and concepts that we just discussed to ensure that you understand how everything is interconnected. Let’s revisit the “safe/unsafe determination.” To make a safety determination, you must integrate what is known about each individual safety construct into the safety decision-making process.

That means that you must think about danger threats, child vulnerability and Caregiver protective capacities.
Who can give me the mathematical equation for safety that you learned in Core?

Endorse:

\[
\text{DANGER + VULNERABLE + CAREGIVER PROTECTIVE} = \text{SAFE or UNSAFE}
\]

As we discussed, you must have sufficient information in all of the domains to make this decision. Your only safety options are:

- The child is safe – no impending danger threats were identified in the home.
- The child is safe – an impending danger threat was identified but the threat is being effectively controlled and managed by a parent or legal guardian in the home.
- The child is unsafe.

There is no gray area at this point. The child is either safe or unsafe.

Activity: Safe/Unsafe

Display Slide 5.2.4

Materials:

- PG: 52, Safe/Unsafe worksheet

Trainer Instructions:

- Have each group make a present danger safety determination for the victim based on the information collected in the role play and narrative in the last exercise.
- Debrief responses ensuring that they use the qualifiers (immediate,
Who can tell me the impending danger threshold criteria?

**Endorse:**

1. **Observable:** Danger is real; can be seen; can be reported; is evidenced in explicit, unambiguous ways.
2. **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.
3. Vulnerable: Dependence on others for protection
4. 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.
5. 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.

By now you should realize that we always come back to sufficiency whenever we have to make a safety determination. You will have to have a sufficient amount of information and detail in order to judge whether family conditions meet the five criteria we just reviewed.

That means that as you are gathering information and identifying negative conditions in families, you should simultaneously consider the criteria for the safety threshold. Also, if you are considering the criteria, you will be able to frame what it is you must know to determine if a negative condition represents impending danger.

Who can tell me the definition of impending danger?

**Endorse:**
Impending danger is a state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a danger or threat, which may not be currently active but can be anticipated to have severe effects on a child at any time. It may not be obvious at the onset of the investigation or occurring in a present context, but can be identified and understood only through fully evaluating individual and family conditions and functioning.

FFA documentation should describe and reflect in detail how conditions are consistent with the safety threshold criteria. This
means that when you identify a negative condition, you should seek to understand the following:

- How long the condition has been concerning or problematic?
- How often is the negative condition actively a problem or affecting caregiver performance?
- The extent or intensity of the problem and how consuming it is to caregiver functioning and overall family functioning?
- What stimulates or causes the threat to child safety to become active?
- What affect does the negative condition have specifically on the ability of a caregiver to provide for the care and protection of children?
- How likely is the negative condition to continue or get worse without DCF intervention?

Display Slide 5.2.6 (PG: 54)

Who can tell me what we are talking about when we say vulnerable child?

**Endorse:**

- A child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them.
- Vulnerability is judged according to age; physical and emotional development; ability to communicate needs;
mobility; size and dependence and susceptibility.

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

The construct of child vulnerability in Florida’s Child Welfare Practice Model is a precisely defined concept with a specific application and use. The construct is not intended to be used in a general or universal sense such as “all children are vulnerable” or “younger children are more vulnerable than older children.” Having said that, there are considerations that you should make when determining vulnerability.

Who can tell me what considerations should be made when determining child vulnerability.

Endorse:

Age, physical development, mobility, size, emotional development, capacity for self-protection, etc.

Child vulnerability is not a matter of degree. A child is simply vulnerable, or not vulnerable, to a danger threat. Child vulnerability either exists or it doesn’t—there is no gray area.

Vulnerability is also child specific – one child may be vulnerable to a threat in the home while siblings or other children are not. For example a family with multiple children, may have a “targeted” child that is more vulnerable than the others.

Can you give me an example of a family that might have a child who is “targeted” and therefore more vulnerable?

You will misapply the construct of child vulnerability if you look only at age, developmental status, or emotional, physical, or behavioral problems, etc.
You have to use all of the information that you have gathered in each of the domains to connect the sense of vulnerability with danger threats.

A “vulnerable child” in this sense,

- is defenseless and unable to protect him or herself;
- is exposed to behavior, conditions, or circumstances that he or she is powerless to manage; and
- is susceptible and accessible to a threatening parent or caregiver.

In determining whether a child is vulnerable to a specific danger threat in the home you should consider the following:

- How does the child’s physical development, mobility and size make him or her susceptible to the threat?
- Based upon the nature of the danger threat, how does the child’s emotional development make him or her susceptible to the threat?
- To what degree does the child’s inability to communicate needs make him or her susceptible to the danger threat?
- To what degree does the child’s inability or unwillingness to share or disclose information make him or her susceptible to the danger threat?
- To what degree does the child demonstrate any capacity for self-protection?

Why do we need the answers to these questions? How would you get this information? What conclusions would you make if a child is unwilling or unable to communicate?

**Trainer Note:** The idea here is to have participants think through the information gathering process and think about how they could answer these questions without making assumptions about the environment and the relationships.

Accurately assessing child vulnerability is highly dependent on you making observations to assess firsthand the sufficiency of
the parent’s protective capacities to manage identified threats of danger in relation to a child’s vulnerability. You should look for specific parent-child interactions that answer the following questions:

• Does the child display behaviors that seem to provoke strong reactions from the parent?
• Does the parent ignore inconsequential behavior or appropriately respond to child’s “acting out?”
• Does the child have difficulty verbalizing or communicating needs to parent?
• Does the parent easily recognize the child’s needs and respond accordingly?
• Does the child demonstrate little self-control and repeatedly has to be redirected by parent?
• Does the child play in an age appropriate manner by himself or with siblings/friends age appropriately?
• Does the child respond much more favorably to one family member?
• Do family members appropriately express affection for each other?
• Does the parent demonstrate good/poor communication or social skills?
• Is the parent very attentive or ignores or is very inattentive to child’s expressed or observable needs?
• Does the parent consistently/inconsistently apply discipline or guidance for the child?
• Does the parent react impulsively to situations or circumstances in the home?
• Does the parent demonstrate adequate coping skills in handling unexpected challenges?

**Trainer Note:** Assign questions to each group so that all of the questions are assigned.

**For each of the questions, what questions would you need to ask and to whom? And what observations would you need to make and where?**
Why is it important to make multiple observations whenever possible to answer these questions?

**Trainers Note:** Make sure that the responses are around what can impact observations (i.e., time of day, health status, time since the maltreatment occurred).

**PG: 55**

There is another type of vulnerability called presumptive vulnerability but it does not apply to the assessment of impending danger.

Presumptive vulnerability is used when assessing present danger because there may be tumultuous circumstances occurring at present danger such as the parents are unavailable for interviews or initially resistant to sharing information. This means that you will not collect sufficient information to determine whether children in the home are similarly and definitively vulnerable to an identified danger threat. When you lack sufficient information to inform this determination then a “presumptive” vulnerability unique to present danger applies.

Any questions about presumptive vulnerability?

*Display Slide 5.2.7 (PG: 56)*

As a group, I want you to tell me the six domains of information collection.
Trainer Note: You will need to consistently ask this question and have participants respond in the correct order so that they can think about how it interrelated with the FFA.

Display Slide 5.2.8

Who can tell me the impending danger threats without the assistance of prompts? The rest of you will need to listen to assist with what is missing.

Trainers Note: Review the impending danger threats with the group and have the group prompt rather than you.

So why are impending danger threats important? Impending dangers are identified on the basis of the “out-of-control” conditions, circumstances, behaviors, and emotions that pose a danger to the child.

To “qualify” family conditions as severe and chronic enough to represent an impending danger threat you have to think about six factors:

1. Duration - How long have the problematic family conditions been occurring?
2. Consistency – How often do the family conditions happen?
3. Pervasiveness – What is the extent of the family conditions?
4. Influence – What supports/causes/contributes to the family conditions?
5. Impact – What is the impact on the child/family?
6. Continuance – How likely is it that the family conditions will continue?

Remember, everything we do is about child safety, well-being and permanency. The identification of a danger threat at any point in the investigation creates a sense of urgency and need for keeping children safe so that we do not negatively impact their well-being and we can reach permanency as soon as possible if they are removed or separated from the home.

**Activity: Impending Danger Matching Game**

*Display Slide 5.2.9*

**Materials:**
- *PG: 57, Impending danger Matching Game worksheet*
- *Safety methodology reference guide*

**Trainer Instructions:**
- *Call out an example of an impending danger threat and ask participants to name the threat.*
What does it mean when say that we have to have information that has been reconciled, verified and sufficient?

Why don’t we just stop or pull back on the investigative process when we know the child is not functioning at an appropriate level because there are present dangers and the parents are mentally ill. The child has been removed and services are going to be opened?

*Trainer Note:* Explain why it is important to have sufficient information in each domain to determine danger threshold? The PDA when determined is meant to be “temporary” and is keeping the children safe while the FFA is completed and impending danger threats are identified.
By way of review, the application of verification, reconciliation and sufficiency must answer the following questions:

- Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?
- Does any of the information provided by you need to be verified?
- Does any of the information provided by you need to be reconciled because of any unaddressed discrepancies?

If you don’t get sufficient information in all domains then you can’t accurately assess.

So here is your checklist for each domain:

1. Does any of the information provided to you need to be validated?
2. Does any of the information provided to you need to be reconciled because of any unaddressed discrepancies?
3. Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?

If you have answered “no” to any of these three questions, you must diligently try to gather this information or document why you cannot.

Your supervisor should be able to review your file and see that you are either in the process of diligently gathering information or you have adequately documented why you have stopped trying to gather it. You should be consulting with your supervisor throughout the investigative process.

Are there any questions before I move on? What are some reasons that there may be discrepancies in information initially in a case?
March 2015

**Trainer Note:** List the reasons on a flip chart.

**PG: 58**

Let’s talk about reconciliation a little bit more. There are multiple valid reasons why your file might initially contain discrepancies in information. There are three possible reasons why this occurs:

1. Research has consistently shown how much eyewitness accounts can vary between subjects when interviewed immediately after an incident.
2. Informational discrepancies can also occur because family members are unsure of how you will use the information and are therefore either intentionally deceitful or only share partial information with you about factual details.
3. Collateral sources interviewed can be biased for or against the family and present compromised or inaccurate information in attempt to influence you and affect the outcome of the investigation.

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 account of the “facts” should be considered more credible.

This is especially true for children.

**Can anyone give me an example of how children might view things differently based on age alone? What about other factors such as the maltreatment itself?**

**Trainer Note:** Remember that with children, there may be conflicting information from children because each child simply recalls or describes events from their unique, individual perspectives – with their recollections shaped by peripheral factors (to the maltreatment) most important or meaningful to them.

**Trainer Note:** You can use the example of the younger sibling was describing an incident that took place in the afternoon after school while the victim shared information related to an incident that occurred in the
morning before school. (Note: This is why good 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. Her sister on the other hand, was much more upset about not getting to dress how she wanted for school so she disclosed those details to you.

You could as an alternative, ask participants to list in order what was reviewed yesterday in the training and what you were wearing so the participants can get an appreciation for how discrepancies happen.

**PG: 59**

Now let’s move to information sufficiency. The initial determination that your supervisor must make in assessing if the case is ready to close is that sufficient information has been collected and adequately documented describing all six information domains as well as danger threats, child vulnerability to the threat, and caregiver protective capacities.

Your supervisor’s evaluation of information sufficiency is so critical because any safety decision is only as good as the information it is based upon.

Your supervisor should encourage you to critically think about the information that you have collected. You can remember the following list of questions as your guide to critically thinking about information sufficiency. Use it as a checklist if need be.

1. What information still needs to be collected to inform the decision making process?
2. What information needs to be validated by direct observation by you or corroborated by an additional source?
3. What information needs to be reconciled because it appears to be contradictory or incomplete?
If the answer is “none” to these questions, then you are ready to staff the case with your supervisor for sufficiency.

**Activity: Determining Sufficiency Case Presentation**

*Display Slide 5.2.11*

**Materials:**
- *PG: 60, Determining Sufficiency Case Presentation worksheet*

**Activity Notes:**

**Trainer Instructions:**
- *Have the PI from each of the previous case scenarios present the case to the class and the class will determine if there was sufficient information to make a safety determination.*
- *If there was not sufficient information, the participants will identify what additional information they will need.*
Be sure that you walk through each of the domains.

Activity STOP

Display Slide 5.2.12 (PG: 61)

We have gone through all of the “theoretical” concepts and constructs on the FFA, now let’s talk about assessing the family for impending danger using the FFA as a tool to determine safe or unsafe.

Tell me the difference between safe and unsafe? When is it determined?

Endorse:

The Family Functioning Assessment is designed to be an objective and neutral assessment that assesses family conditions, both positive and negative.

Family conditions are situations and circumstance associated with family dynamics that affect a child (for better or worse) and are influenced by child and/or caregiver behaviors, emotions, perceptions, attitudes, etc. that can have an effect on child vulnerability and safety.

When gathering and analyzing information during the Family Functioning Assessment, it is necessary that you are able 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.

Who can give me an example of a family that has conditions, qualities or circumstances that are negative but they do not threaten child safety?

Endorse:
It is critical to have precision about the threshold for safety, because it defines and prompts DCF intervention related to safety management as well as the focus for ongoing/safety service involvement or change with families.

You must control negative conditions that meet the safety threshold for impending danger and focus interventions on enhancing diminished caregiver protective capacities.

So when I say the words precision about the threshold for safety what do I mean?

Trainers Note: You may need to prompt with asking participants if they know what a threshold is. Participants may say things like:
- A measurable point.
- A line drawn in the sand.

To make sure that we have a common definition, we are going to define a threshold as 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.

This is true for both negative and positive behavior. For example, you may see a negative family condition that as it becomes worse it eventually crosses over or changes from something that is generally negative to a condition, circumstance or behavior that is specifically dangerous and unsafe to a child. The flip side of this is that you can see a negative family condition cross a threshold from negative to positive. An easy
example is discipline. You have a family that moves from time-outs to severe beatings with a switch or you have a family that utilizes beatings with switch but through parenting classes learns that time-out is more appropriate.

In other words, as a CPI you have to know with precision, when a behavior or practice has crossed the line.

To make that assessment and evaluate impending danger you must have sufficient information in six domains of information collection: maltreatment, nature of maltreatment, child functioning adult functioning, parenting general, and disciplinary practices/ behavior management.

**Before we move on, who can tell me the difference between present and impending danger?**

Close everything that you have open on your desk.

Turn to *PG: 62, Present and Impending Danger Worksheet*.

At your tables, I would like you to collectively list the present and impending danger threats and provide an example of each without any assistance from your guides or handouts.

**Trainer Note:** Allow as much time as needed for this activity. Walk around to help prompt and to listen to discussions.
Present and Impending Danger Worksheet

Present Danger Threat

Example

Impending Danger Threat

Example

Ok let’s see how you did. Open your reference guide to Page 26. We will start with present danger. I will read each threat and will give each table one point if you have it on your list. We will then go around the groups and present your examples for critique. If your example is correct, you will earn another point. The group with the most points wins.

Trainers Note: Have small incentive for winning group—may be something as simple as gets to leave for break first.

Ok now let’s talk about the threshold criteria.
Who can tell me the impending danger threshold criteria?

Endorse:
The 5 danger threshold criteria are:
- Observable
- Vulnerable Child
- Out of control
- Imminent
- Severity

Be sure that you ask for a definition as well for each criterion.

Activity: Assessing Danger Threats

Display Slide 5.2.12

Materials:
- PG: 63, Assessing Danger Threats worksheet

Trainer Instructions:
- Using the information that was presented in the previous scenarios, groups will walk through their assigned scenario and available information to determine 1) if any of the impending danger threats apply in the case based on the information gathered and if so, which ones and the rationale; and 2) if not, what threats pose the most possibility given the information that they have and what additional information do they need.
- Be sure that in providing the rationale that the group addresses the domains, qualifiers as well as the definitions.
Activity: Assessing Danger Threats

Activity: Assessing Danger Threats

Directions:
Using the information that was presented in the previous scenarios, walkthrough your assigned scenario and available information to determine:
1) if any of the impending danger threats apply in the case based on the information gathered and if so, which ones and the rationale; and
2) if not, what threats pose the most possibility given the information that they have and what additional information do they need.

Activity Notes:

Is there an impending danger threat?   □ Yes   □ No

If “YES”

THREAT ___________________________ RATIONALE

If “NO”

THREAT ___________________________ RATIONALE

STOP

Activity STOP
Activity: Case Study Reviews

Display Slide 5.2.13

Materials:
- PG: 65, Case Study Reviews worksheet

Trainer Instructions:
- Participants will present their case and findings to the class for review and critique.
- Ensure that the domains, qualifiers and definitions are addressed in each presentation.

Directions:
- Present your case and findings to the class for review and critique.

Activity Notes:

Activity STOP
Unit 5.3: Assessing Impending Danger Related to Caregiver Protective Capacities (CPC) and Child Vulnerability

Display Slide 5.3.1

Time: 6 hours

Unit Overview: The purpose of this unit is to provide participants with an understanding of how caregiver protective capacities are utilized in safety determination.

Display Slide 5.3.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Define “caregiver protective capacities.”
2. Define and explain the three categories of caregiver protective capacities and provide examples (behavioral, cognitive, and emotional).
3. List at least five caregiver protective capacities in each of the three CPC categories.
4. Define “diminished caregiver protective capacities” and how to identify them in each of the three CPC categories.
5. Given specific case scenarios, determine if the child is in impending danger due to diminished caregiver protective capacities.
6. Given case scenarios, assess for impending danger and, determine if the child is safe or unsafe.
7. Given case scenarios, document caregiver protective capacities and safety decision on the FFA-Investigation in FSFN.

*Display Slide 5.3.3 (PG: 66)*

Please turn to **PG: 67-68, Caregiver Protective Capacities**. I want you to take 30 minutes to silently read through the protective capacities and the examples. As you read through them, I want you to make notes as to how they are tied to the Adult Functioning and Parenting information collection domains. Place an underline or asterisk where you see the connection - what words make the connection for you?

**Trainer Note:** Walk around the class to ensure that participants stay on task.

Now I want you to share your responses at your table and any time there is not a 100% consensus, I want you to note it on a sticky pad.

**Trainer Note:** Give ample time for this activity.

Ok let’s start from the top.

**Trainer Note:** Debrief in this order (you will ask for participant responses and add info or direct participants where to find it as needed:}
- Define CPC
- Define three domains
- Go through each CPC and ask where there was disagreement about the tie to Adult Functioning and Parenting
- Be sure to resolve all disagreements in terms of application before moving on.

PG: 66

When you are thinking about caregiver protective capacities remember these two things:

1. They are fundamental to the safety decision-making process and the basis for treatment, interventions, and case planning.
2. They are personal and parenting characteristics that can specifically and directly be associated with a person being protective of their child.

In other words, a protective capacity is a specific quality that can be observed, understood and demonstrated. They are the characteristics that guide the way a parent thinks, feels and acts when it comes to the capacity to be protective.

Display Slide 5.3.4 (PG: 66)

So when you are assessing whether or not a parent/caregiver can and will protect their child, you have to examine the specific characteristics or attributes of the caregiver which means that you have to determine their degree of adequacy in fulfilling:
- Caregiving responsibilities
- Using resources necessary to meet the child’s basic needs
• Setting aside his or her needs in favor of a child.

In order to fulfill these tasks, parents/caregivers must possess parental protective vigilance through:
  • Behavioral protective capacities which are physical actions
  • Cognitive protective capacities which are thoughts
  • Emotional protective capacities which are feelings

Fundamentally it comes down to what a parent does, thinks and feels about their capacity to protect their child.

*Display Slide 5.3.5*

I want you to now take out your FFA. We are going to go over the characteristics or attributes for each domain.

In determining that a caregiver has sufficient behavioral capacity to maintain protective vigilance you should assess the caregiver as having demonstrated following actions:
  • Controls impulses
  • Takes action
  • Sets aside own needs for child
  • Adequate parenting skills
  • Adaptive as a parent

In determining that a caregiver has sufficient cognitive capacity to maintain protective vigilance you should assess the caregiver as having demonstrated following insights:
  • Is self-aware
  • Is intellectually able
• Recognizes threats
• Understands the protective role
• Plans and articulates plans for protection

In determining that a caregiver has sufficient emotional capacity to maintain protective vigilance you should assess the caregiver as having demonstrated following emotional maturity:

• Meets own emotional needs
• Is resilient
• Is tolerant
• Is stable
• Expresses love, empathy, sensitivity to the child
• Is positively attached to the child
• Is aligned and support the child

If I took these three domains and 18 characteristics and we applied them to your personal life, what would you expect to see or hear? For example, how would I “know” that you can control impulses?

**Trainer Note:** You can do this as a large group or as small group that report back. There may be different definitions or perceptions based on gender, race, ethnicity or life experience. There may or may not be a consensus. The idea is for participants to have the same expectations in terms of information/observations that would need regardless of the setting (i.e. work or personal life).

Take as much time as needed for this and thoroughly debrief.

What is your take away from that exercise?

It is sometimes difficult to “isolate” certain aspects of the maltreatment. The alleged or corroborated behavior, cognition or emotion should not unduly influence the overall assessment of the individual’s protective capacity. In other words, you are looking to determine if this is an isolated incident or a pattern of behavior.
As we talked about earlier, you are only required to respond with a yes/no as to whether or not each characteristic is present. There really is not a “gray area. Remember that on the case management side there is a scaling continuum from “A” to D” with:

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

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

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

D. Parent/Caregiver is not able to take action, be assertive and responsive, and/or physically respond to meeting caregiving needs of children. Parent/Caregiver requires assistance routinely (daily). Parent/Caregiver may have a physical limitation, and routinely is not able to accommodate that physical limitation in order to take action.
Remember that you want to think of A and B as “yes” and C and D as “no.”

You also need to remember that all 18 protective characteristics contained in the family functioning assessment need to be assessed in light of overall functioning, independent of the maltreatment incident itself.

When we respond with a “no” to any characteristic, we are saying that the caregiver has “diminished capacity” which means that they do not possess in sufficient protective characteristics to ensure that the child will be safe. It is the diminished caregiver protective capacities that need to be augmented prior to children being returned after removal/separation from the family.

Activity: CPC Determination

Display Slide 5.3.6

Materials:
- Case scenarios from previous exercises
- PG: 69, CPC Determination worksheet

Trainer Instructions:
Using the case scenarios that have been assigned each group will complete the following tasks:
1. Identify the caregiver protective capacities that are known and identify how you “know” this;
2. Identify the additional information that you would need to assess caregiver protective capacities;
3. **What questions you would need to ask to obtain the information?**

4. **What observations you would need to make?**

---

**Activity: CPC Determination**

**Activity Notes:**

**Behavioral**

**Cognitive**

**Emotional**

---

**Trainer Note:** If time permits have groups present their responses. By this point the class should know each of the cases and should be able to ask questions related to the sufficiency of information.

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**Activity STOP**
Activity: Determining Child Safety

Display Slide 5.3.7

Materials:
- Case Scenario from previous exercise
- PG: 70, Determining Child Safety worksheet

Trainer Instructions:
- Each group will determine if the child(ren) in their scenario is safe or unsafe given all of the information to this point.
- Have each group present their safety determination and ensure that there is a consensus in the class.
Activity: Determining Child Safety

Directions:
- Given all information that you have on your case, determine if the child(ren) in your scenario is safe or unsafe.

Activity Notes:

Activity STOP
Unit 5.4: In-Home Safety Analysis and Planning

Display Slide 5.4.1

Time: 6 hours

Unit Overview: The purpose of this unit is to provide participants with a framework for managing safety, safety planning and analyzing the effectiveness and appropriateness of their plan.

Display Slide 5.4.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Define the term “managing for safety” and explain how the child protective investigator effectively manages for safety throughout the completion of the Family Functioning Assessment-Investigation, through the development of a safety plan.
2. Define the term Safety Plan.
4. Explain how to determine if the child’s safety can be managed within
his or her household through the safety planning analysis.

5. Explain how the investigator identifies, through completion of the in-home safety analysis and planning, the most appropriate and least intrusive intervention to manage the safety of a child once an unsafe determination has been made.

6. If the child’s safety cannot be managed within the household, explain what “conditions for return” are required in order for the child’s safety to be managed in his or her household.

Display Slide 5.4.3 (PG: 71)

Who can tell me what the term “managing for safety” means and how it is related to CPCs and the safety determination?

Endorse:

Managing for safety is directly related to the safety determination. If a danger threat has been identified in the home but it has been determined that the parent or legal guardian is effectively managing the threat, then the child is safe.

If a danger threat has been identified in the home but it has been determined that the parent or legal guardian does not have sufficient protective capacity to effectively manage the threat, then the child is unsafe.

You will manage for safety through the actions and services you put on the safety plan.

Safety plans are specifically designed for the purpose of controlling or managing impending danger. Impending danger safety management actions and the safety plan must directly
address the areas of need in the FFA and must ensure ongoing child safety.

What is important for you to remember is that a safety management action on the safety plan must achieve its purpose fully each time it is delivered.

Please turn to **PG: 72-74**, for a blank copy of the safety plan. Let’s walk through what is contained in each of the plans.

**Trainer Note:** Walk through the document. Be sure to discuss how each section should be documented-sufficient and succinct.
Safety Plan

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Child Safety Plan

Intake/Investigation ID:

Case Name: __________________________  __________________________
Worker Name: _________________________
Safety Plan Purpose: ____________________

Effective Date: _____/_____/______
Safety Plan Type: Individual(s). Family

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Date of Birth</th>
<th>Age</th>
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A. DANGER THREAT(S) DESCRIPTION (Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger)


### SAFETY PLAN

<table>
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<th>Actions to Keep Child Safe</th>
<th>Who is Responsible for the Action?</th>
<th>Resources or People Who Will Help</th>
<th>Freq. of Intervention</th>
<th>Who is Responsible for Monitoring</th>
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C. TERMINATION

Termination Date:

Reason Plan is No Longer Required:

Other Reason Plan is No Longer Required:

D. SIGNATURES

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Workers will provide a copy to persons included in the plan to ensure child safety.

Display Slide 5.4.4 (PG: 75)

Let’s make sure that you can differentiate between an in-home and out-of-home safety plan.
Who can tell me the difference between an in-home and out-of-home safety plan?

**Endorse:**

Be sure that the participants understand the difference. Also, introduce the concept of a combination safety plan. Use examples.

- **In-Home Safety Plan:** Children remain with a parent/caregiver while safety services are provided in the home to control for safety.
- **Out of Home Safety Plan:** Child leaves the home, absent the parent/caregiver to control for safety. Child may be placed in licensed foster care or with a relative or non-relative.
- **Combination Safety Plan:** Child may be with the parents in home for portions of the time and then out of home, to ensure child safety. Example: Mom tells you that she knows that she uses on the weekend when she is with her boyfriend who is a truck driver and home only on the weekends. The children may stay at mom’s house Mon-Thurs and stay at grandmother’s home on Fri-Sunday.

**PG: 75-75**

You should use the following five (5) criteria to determine the feasibility of an in-home safety plan given household conditions and dynamics.

1. 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.
2. The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
3. 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.
4. An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.

5. The parent/legal guardians have a physical location in which to implement and in-home safety plan.

Remember that safety plans are designed to CONTROL the behavior, emotion, or condition that results in a child being unsafe. The effect of a safety plan is immediate, protecting the child today.

You may use formal and informal “safety service” providers, including family members and family-made arrangements with a responsible adult caregiver.

Safety plans are not promissory commitments such as:

- Mom will not spank.
- Parents will remain sober.
- Mom will file an injunction and will not let the batterer back in the home.
- Dad will not use drugs.

**Why do we not use “promissory commitments?”**

**Endorse:**

Be sure that participants understand that they are responsible for ensuring the child is safe and they cannot depend on the parents to fulfill their “promise” because they typically are the reasons they were brought to the Departments attention in the first place.

Safety plans are the DCF’s way of taking responsibility for child protection. Safety plans are not the caretakers’ responsibility; they are the agency’s, as a system, responsibility.

Remember that you must implement a safety plans as soon as possible, but no later than 24-hours once the determination has.
been made that a child is unsafe.

Also remember that in developing and implementing a safety plan you must balance the need to ensure child safety with honoring the parent’s right for self-determination through the least intrusive manner with an in-home safety plan being the first course of action for consideration. This means that you may need to identify “non-negotiable” conditions of the plan.

Non-negotiables should be kept to a bare minimum and discussed upfront because overruling a parent’s choice or solution to a problem is incongruent with a message of empowerment.

To help you understand the concepts of least-intrusive and non-negotiables as they relate to safety plans, I want you to think about dinner plans with someone you really, really want to be with. Let’s say that she/he calls you as says “I can’t wait to see you, pick a place for dinner tonight” and you pick the place that you think you would have the most fun with this person. You both agree that the restaurant would be a great place to go and agree on a time of 7 pm. You receive a call an hour before you are going to be picked up and your date says, “You have to wear something blue, we need to be seated in the back left corner of the restaurant and we need to be finished with dinner and be back home at 8 pm. It is non-negotiable.” How are you feeling? How do you think a parent would feel if there was a long list of non-negotiables?

Endorse:

Encouraging a parent to take more responsibility for his or her child’s safety one moment and then presenting the parent with an extended list of non-negotiable items sends a mixed message at best, and totally disengages the parent at worst. It is essential that you explain the basis of the non-negotiable stance in terms of how the parent’s action, choice, or arrangement compromises the child’s safety. In the interest of child safety, you have to hold firm
to a non-negotiable condition of the plan.

You have seven (7) safety action options to consider depending upon how the danger threat is being manifested in the home, the response of the parents or legal guardians to the identification of the threat, and the caregiver’s alignment with the proposed protective actions to ensure child safety. There are four (4) in-home options and three (3) out-of-home options.

Based on what you learned thus far and your field experience, what do you think the four (4) in-home safety options are?

**Endorse:**

**PG: 77**

*Ask for the rationale for the responses and ensure that they fall into one of the four options:*

1. A responsible adult moves into the home 24/7.
2. A responsible adult is in the home periodically.
3. A responsible adult routinely monitors the home.
4. Either the alleged maltreater temporarily leaves the home or the non-maltreating parent will temporarily leave the home with the child/children.

What do you think the three (3) out-of-home safety options are?

**Endorse:**

**PG: 77**

*Ask for the rationale for the responses and ensure that they fall into one of the three options:*

1. The child temporarily lives with someone in the family network.
2. The child is placed with a relative or non-relative after background checks have been completed and the home study initiated.
3. No appropriate relative or non-relative placement is
known or available and the child is placed in a licensed emergency shelter/foster care placement.

**PG: 77**

Your in-home options and the child living with someone in the family network as the out-of-home option are what are called “family-made arrangements” meaning that parent/caregiver has selected the individual to care for their child.

When family-made arrangements are considered, you will need to sufficiently determine and document that:

- The family and informal support network can sufficiently manage the identified danger threat on its own; and
- The non-maltreating caregiver has the capacity and willingness to protect.

To meet these two standards, you are going to have to assess whether or not the responsible adult providing the temporary care of the child is fully aligned with the safety plan and is willing and capable of following through with the agreed upon safety activities.

Family-made plans do not require court oversight which means that you are have the primary responsibility for monitoring the safety plan for a minimum of 30-days to ensure the family’s compliance with the agreed upon safety actions.

Any questions about family-made arrangements?

**So what do you do if a parent/caregiver does not agree with the safety action or option that you think is necessary to ensure the safety of the child?**

**Trainer Note:** Lead participants into a discussion of the importance of the practice model specifically engagement and teaming. Also, point out that they are obliged to tell the family that they will have to pursue court involvement if needed if the family is resistant or refuses to participate/cooperate with the plan. Have participants verbalize what
strategies they would use to engage the family and motivate them to participate.

**PG: 78**

It is also possible that families may utilize a durable power of attorney which gives a designated person rights and responsibilities regarding the child’s care, physical custody, and control, including the ability to:

- Consent to all school-related matters regarding the child
- Consent to medical, psychological, or dental treatment for the child.

A durable power of attorney is not intended for permanency or long-term use and does not affect the parents’ rights concerning child custody or parental rights and responsibilities for safety and well-being.

You should consult with your supervisor if you have a case where the family tells you that they have given power of attorney to anyone, regardless of whether or not they are involved in the investigative process.

**What are the pros and cons of family-made arrangements?**

**How might durable power of attorneys impact out-of-home safety planning?**

**Trainer Note:** You can assign sides (pro/con) and have a debate. Utilize different age groups in the debate. Allow for each side to present their argument for and against. Debrief as necessary.
Please turn to **PG: 78-79** and locate the Safety Analysis and Planning questions. Safety planning analysis is completed after information collection is completed and the safety determination made is that the children “unsafe.”

The purpose of this process is to analyze Impending Danger, family functioning, and available family and community resources so that you can produce a sufficient Safety Plan.

This analysis is dependent on you collecting sufficient, pertinent, and relevant information so that you can make a decision regarding the most appropriate and least restrictive measures for controlling and managing the identified Impending Danger Threats.

The “Safety Analysis and Planning’ determination contained in the FFA requires you to make five (5) independent decisions about the caregiver’s ability to provide sufficient protection for a child in their home. You must determine the following:

**Trainer Note:** As you go through the 5 questions—ask participants what information they would need and/or what observations they would need to answer each question.

1. Is the parent or legal guardian willing to participate in the development and implementation of an in-home safety plan AND has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?
2. Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to
work with the family safely in the home?
3. Are safety services available at a sufficient level and to the degree
necessary to manage all impending danger threats manifesting in the
home?
4. Can an in-home plan and use of in-home safety services be
implemented prior to you obtaining the results of any professional
evaluations?
5. Does the parent or legal guardian have an established domicile from
which an in-home plan can be implemented?

In order for you to the correctly respond to these questions, you should be
able to answer the following questions regarding sufficiency:
• How does the specific danger manifest in the home and how is the
child vulnerable to it?
• Do family members seem to understand and appreciate that an
Impending Danger Safety Plan may be in place for an extended period
of time?
• What is known about the informal resources (people) the family
wants to “bring to the table” to assist in managing the safety threat?
• Are these responsible adults? How is this information found?
• Do the individuals responsible for specific safety actions understand
and believe the danger threats and are aligned with the plan?
• Do resources and supports seem sufficient and available to address
the danger during the next few hours and days (Present Danger) or
weeks and months (Impending Danger)?
• Does the family have immediate needs that must be addressed (e.g.,
housing, food, some sort of care) that impact child safety? Does the
availability (i.e., limited resources) significantly affect the decision?
What immediate resources can safety providers bring to the table?
• Does a safety planning conference need to be convened?
• Can an in-home safety plan be established given household
conditions and dynamics?
• How will the parents/family be involved?
• How rigorously will the safety plan need to be monitored to ensure
individuals are following through with their agreed upon tasks and
responsibilities?
• If the plan could be “derailed” what would likely cause these
problems?
• How could the plan incorporate actions to prevent issues from
becoming a problem?
• What are the “next steps” needed to immediately implement the
plan?
• How will the family’s initial response and commitment to the plan be
evaluated?
If after addressing these questions you can go back to the five safety analysis conditions and answer “Yes” to all five questions, an in-home safety plan can then be executed allowing the child to remain in the home.

If you select “No” to any of the five pre-requisite conditions needed to establish an in-home plan then you must proceed with an out-of-home placement and out-of-home safety plan.

So, if we think about safety planning as a process, the process would be:

1. Engage with family in creating least intrusive plan.
2. Engage/team with family supports to identify resources for plan.
3. Develop actions specific to provide for protection of child.
4. Confirm that all participants in the plan accept and recognize the danger threat(s) and are willing and able to abide by the plan.
5. Consult with your supervisor.
6. Implement the plan.

When you write an out-of-home safety plan, you have to specify what the conditions for return are. In other words, what does the parent/caregiver(s) have to do to have their child return to the home?

Why do we want to be specific about what needs to happen to have the child return home?

**Trainer Note:** Ensure that participants understand that specificity is needed so that everyone has a clear understanding of what is expected by each participant. It eliminates uncertainty and provides direction. You can use an example such as “remember when you were in college and the professor who was not clear about what to study for a test—how did that make you feel? How did you feel when you did not get the grade when you deserve?”
In some ways, conditions for return are like tests for the parent/caregiver and we all know that we do much better on tests when we know exactly what we are expected to know and how we are expected to perform. We want children to be with their families and need to be very clear on what it will take to get them back in the home.

You will develop and initiate the conditions for return and they will carry over into case management if the child is not back in the home by the time of case transfer. The safety planning process is a team process not only between you and the parents, but between you and the case manager as well. You will initiate safety plans, which means that you will need to think about the entire safety process from beginning to end.

Conditions for return determine when an in home safety plan can and should be developed. Remember that you want to work in a least intrusive to most intrusive mindset. Removing a child is the most intrusive end of the continuum and your goal is to decrease the level of intrusiveness for the child and family while at the same time balancing against the safety and well-being of the child.

When thinking about conditions for return, you want to not only think about the maltreatment that brought the family to your attention but each of the information gathering domains as well. Doing this will give you structure to your approach to identifying conditions for return and will ensure that you do not overlook anything.

We just talked about there are five questions your need to answer for in-home safety plans.

Who can tell me one of the questions?
Trainer Note: Ask for responses until you have the five questions. Prompt as needed.

1. Is the parent or legal guardian willing to participate in the development and implementation of an in-home safety plan AND has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?
2. Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to work with the family safely in the home?
3. Are safety services available at a sufficient level and to the degree necessary to manage all impending danger threats manifesting in the home?
4. Can an in-home plan and use of in-home safety services be implemented prior to you obtaining the results of any professional evaluations?
5. Does the parent or legal guardian have an established domicile from which an in-home plan can be implemented?

Remember that a “no” to any of these questions means that an out-of-home plan is needed. To move the child back into the home with an in-home safety plan, you should build your conditions for return around the same questions. In other words, your conditions for return should answer each one of the questions in the affirmative. Meeting conditions for return mean that you can say:

- There is a parent/legal guardians who is willing and has demonstrated that they will cooperate with all identified safety service providers.

- The home environment is calm and consistent.

- Safety services are available at a sufficient level and to the degree necessary to manage the impending danger manifested in the home.

- Safety services can sufficiently manage impending danger.
• The parent/legal guardians have a physical location or “home” in which than plan can be implemented.

Are there any questions?

Now we are going to walk through the safety analysis and planning process with the Croft Case. Please turn to Page 36 in your participant guide.

Activity: Safety Analysis and Planning

Display Slide 5.4.7

Materials:
• PG: 81, Safety Analysis and Planning worksheet
• PG: 82-87, Croft Case

Trainer Instructions:
• Have participants work in small groups to complete a safety analysis and evaluate the impending danger safety plans for adherence and quality. They will then evaluate the conditions for return.
• Instruct participants to identify what information would be needed if there is insufficient information.
• Debrief as a large group.
Activity: Safety Analysis and Planning

Directions:
- Based on the available case information, complete a safety analysis and review the impending danger safety plan for adherence and quality.
- Evaluate the conditions for return.
- If there is insufficient information, document what information you would need and how you would gain it.

Activity Notes:

5 Safety Analysis and Planning Questions

1. Is the parent or legal guardian willing to participate in the development and implementation of an in-home safety plan AND has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?

2. Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to work with the family safely in the home?

3. Are safety services available at a sufficient level and to the degree necessary to manage all impending danger threats manifesting in the home?

4. Can an in-home plan and use of in-home safety services be implemented prior to the investigator obtaining the results of any professional evaluations?

5. Does the parent or legal guardian have an established domicile from which an in-home plan can be implemented?
# CROFT INTAKE REPORT WITH REPORTER NARRATIVE

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<tr>
<td>Croft, Amy</td>
<td>2012-11122233</td>
<td>Lake</td>
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**Date/Time Intake Received**
- Program Type: Child Intake-Initial
- Investigative Sub-Type: In-Home
- Provider Name: NA

**Worker Safety Concerns**
- Prior Involvement: Law Enforcement Notified
- Yes: No: Yes: No:

**Response Time**
- Name: Worker
- Name: Supervisor
- Mason, April
- Clawson, Clayton

## I. Family Information

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**Primary Language:**
- Interpreter Needed: Yes: No ☒

**Directions to House:** 215 NW South Street

## Participants

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**AP=Alleged Perpetrator  PC=Parent/Caregiver  CH=Child in Home  RN=Report Name**
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<td>(407) 555-0101</td>
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<td>Substance Misuse</td>
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### Location of Incident

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### 1. Narratives

**Extent of Maltreatment**

1/6/15, the mother of the children, along with a friend, were arrested for cooking crystal methamphetamine and trafficking drugs in the home. The children were not present at the time of the arrest, however both children have been frequenting the home in which the meth was being manufactured. The children were left in the care of Donna Hamilton. Her address is 1512 North West Terrace Orlando FL.

Donna Hamilton is on probation for methamphetamine manufacturing and trafficking. The father of the children, Blake Thomas, is currently incarcerated due to family violence between Amy and Blake. No report was received by the department at that time, however it was noted in the police records that Micah and Makenzie were present when Blake assaulted Amy.
There is a long history of DCF involvement with the family. Currently one child is residing with the maternal grandparents and another child has been adopted through DCF due to Amy’s substance misuse.

**Surrounding Circumstances**
The mother was released from drug treatment approximately one year ago.

**Child Functioning**
The reporter did not have any information regarding the child functioning due to having no contact with children.

**Adult Functioning**
The reporter did not have any information regarding the adult functioning due to having no contact with the parents.

**Review of case history, includes concerns for substance misuse by both parents and domestic violence, with the father as the aggressor.**

**Parenting Practices – General**
The reporter did not have any information regarding the parenting general practices for either parent.

**Parenting Practices – Discipline**
The reporter did not have any information regarding the parenting discipline practices for either parent.

### Narrative for Worker Safety Concerns
Both parents are incarcerated, so there are no concerns regarding contact with the parents.

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<thead>
<tr>
<th>Worker/Supervisor Decision</th>
<th>Decision</th>
<th>Date/Time Decision Made</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen In</td>
<td>1/6/xx 3:30PM</td>
<td>Screen In-Accepted for Services/Investigation</td>
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<table>
<thead>
<tr>
<th>CI Unit Documentation</th>
<th>First Call Attempted Date/Time</th>
<th>Completed Call Date/Time</th>
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<tr>
<th>Call Log</th>
<th>Called Out By</th>
<th>Called To</th>
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</table>

<p>| Reporter Narrative | Name-Worker | Emore, Lynda | Name-Worker | Wilson, Valerie | Reporter | Probation Officer |</p>
<table>
<thead>
<tr>
<th>Reporter ID</th>
<th>Reporter</th>
<th>Report Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>(505) 543-8987</td>
<td>Requests Contact Yes ☐ No ☑</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**Home Phone**

**Work Phone**

**Other**

**Reporter Narrative**

Caller is the probation officer for Donna Hamilton, who was contacted today by police when Ms. Croft was arrested. The probation officer did not have specific information regarding the children in the home. The restrictions for Ms. Hamilton is that she may not have any other criminals or criminal activity residing in her home. She is currently in violation of her probation due to having Ms. Croft residing in the home. Ms. Elmore does not support Ms. Hamilton being a placement option for the children.

Review of FSN by CI confirmed history with family to include termination of parental rights for one child and multiple reports regarding domestic violence and substance misuse.

**Source Information**

**Source Information**
Croft Case Note Chronology

Wednesday 1/6/xx

Call to Hotline with allegations made that:

- Makenzie and Micah Thomas are currently residing with Donna Hamilton who is not related to the children. Ms. Hamilton is on probation for the distribution and manufacturing of methamphetamine. The mother of the children, Amy Croft, was arrested today for manufacturing and distribution of methamphetamine. The father of the children is also incarcerated on unrelated charges. Requesting assistance as children cannot stay at Ms. Hamilton’s home, per the probation officer for Ms. Hamilton.

1/6/xx

- Report assigned to CPI Alison Martin.

1/6/xx

PCT Probation Officer by CPI.

- Confirmed concerns with probation officer for children remaining in the home with Donna Hamilton.
- Probation officer did not have any contact with Ms. Croft, and was not aware that she and her children were staying with Ms. Hamilton, which is a violation of Ms. Hamilton’s probation.
- Children cannot remain in the home, and it may be that Ms. Hamilton will be remanded to jail due to a probation violation.

1/6/xx

PCT County Jail

- Confirmed that Ms. Croft and Mr. Thomas are both incarcerated at this time.
- Ms. Croft is in processing and not able to have visitors until later this day or tomorrow, however can arrange for a call later in the day by CPI.
- Mr. Thomas has been processed, and has been incarcerated for approximately 30 days. He may have professional visitors, as arranged with the jail.

1/6/xx

Supervisory Consult with Supervisor Tank

- Review of past history, to include criminal history for both parents.
- Prior CP history with placement and adoption of one child approximately 8 years prior.
- Neither parent is able to provide care for the children today, as they are both incarcerated.
- The current caregiver is not an approved caregiver.
- Concern that child may have been exposed to toxic chemicals due to the manufacturing of methamphetamine. Will want to consult with CPT regarding how to proceed.
- Coordinate with probation officer for response to the home of Ms. Hamilton.

1/6/xx
Call by CPI Martin to CPT regarding report and examination appointment.
- Schedule appointment for tomorrow morning at 10:00am for possible methamphetamine exposure of children.

1/6/xx
Commencement of Report to Home of Donna Hamilton, accompanied by PI Post.
- Present at the home were Donna Hamilton, Micah Thomas, and Makenzie Thomas.
- CPI conducted interviews with Donna Hamilton, Micah Thomas, and Makenzie Thomas. All interviews were separate and private.
- Based upon interviews and observation of the children confirmed present danger no available caregiver of parent/legal guardians/caregiver are not meeting the 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.

1/6/xx
Supervisory consult.
- Their mother, Amy Croft, left Makenzie age 9 and Micah age 33 months with Ms. Hamilton. Ms. Hamilton is on probation for methamphetamine manufacturing and distribution.
- Ms. Croft was arrested today for manufacturing and distribution of methamphetamine.
- The father of the children, Blake Thomas, is also incarcerated.
- There are no available caregivers for the children at this time.
We are now going to look at how you would document safety plans in FSFN.

**Trainer Note:** Locate the following link and show the video to participants.  
http://centervideo.forest.usf.edu/fsfnenduser/caselifesafe/start.html

**Are there any questions?**

**Trainer Note:** Remind participants that they can access this link at any time and should consult with their supervisor if they have any FSFN questions.