

Six Questions

Impending danger can be elusive. To uncover and understand impending danger you must develop a deeper familiarity with a family. To effectively assess impending danger you must inquire into pertinent areas of family life and do so in an abundant fashion with due respect for the constraints and realities of CPS work.

There are six areas of family life that can provide pertinent and sufficient information to complete an effective assessment of threats to child safety. Based on 15 years of field experience related to safety decision making, we know that these six areas can effectively provide sufficient information for completing safety assessments. We've chosen to consider these six areas in the form of questions. The six questions are:

- 1. What is the extent of the maltreatment?**
- 2. What surrounding circumstances accompany the maltreatment?**
- 3. How does the child function on a daily basis?**
- 4. What are the disciplinary approaches and typical context used by the caregiver?**
- 5. What are the overall, pervasive parenting practices used by the caregiver?**
- 6. How does the caregiver function with respect to daily life management and general adaptation including substance use and mental health functioning?**

These six questions are not for the family to answer but are for you. These six questions provide the boundaries for what you seek to understand about a family. The answers to these six questions provide the data foundation from which you identify the presence of threats to child safety.

What is the extent of the maltreatment?

This question is concerned with the maltreating behavior and the immediate physical effects on a child. It considers what is occurring or has occurred and what the results are (e.g. hitting, injuries.) The answer to this question also results in a finding of maltreatment (as in a substantiation of the alleged maltreatment.) This question is typically the focus of most investigations. So, it is very important. However, relying only on information from this question is inadequate for assessing safety.

Information that answers this question includes:

- Type of maltreatment
- Severity of the maltreatment
- History of the maltreatment
- Description of specific events
- Description of emotional and physical symptoms
- Identification of the child and maltreating caregiver

What surrounding circumstances accompany the maltreatment?

This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or has occurred. It serves to qualify the nature of the maltreatment.

Information that answers this question includes:

- The duration of the maltreatment
- Caregiver intent concerning the maltreatment
- Caregiver explanation for the maltreatment and family conditions
- Caregiver acknowledgement and attitude about the maltreatment
- Other problems occurring in association with the maltreatment (like substance use or mental disturbance)

How does the child function on a daily basis?

This question is concerned with a child's general behavior, emotions, temperament and physical capacity. It addresses how a child is from day to day rather than focusing on points in time (i.e., CPS contact, time of the maltreatment event.) A developmentally appropriate standard is applied in this area of inquiry.

Information that answers this question includes:

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

What are the disciplinary approaches and typical context used by the caregiver?

This question is concerned with the manner in which caregivers approach discipline and child guidance. Discipline is considered in the broader context of socialization – teaching and guiding the child. This question is broken out from parenting generally because we found that this aspect of family life is highly related to both risk of maltreatment and threats to child safety.

Information that answers this question includes:

- Disciplinary methods
- Context in which discipline occurs
- Concept and purpose of discipline
- Cultural practices

What are the overall, pervasive parenting practices used by the caregiver?

This question explores the general nature and approach to parenting which forms a basis for understanding caregiver-child interaction in more substantive ways.

Information that answers this question includes:

- Reasons for being a caregiver
- Satisfaction in being a caregiver
- Caregiver knowledge and skill in parenting and child development
- Caregiver expectations and empathy for a child
- Decision making in parenting practices
- Parenting style
- History of parenting behavior
- Protectiveness

How does the caregiver function with respect to daily life management and general adaptation including substance use and mental health functioning?

This question is concerned with how the adults/caregivers in the family feel, think and act on a daily basis. The question here focuses on adult functioning separate from parenting. For instance, here we are concerned with how these adults in the family behave regardless of whether they are parents or not.

Information that answers this question includes:

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

Experience has confirmed repeatedly that the information related to these six questions can be effectively gathered by CPS staff using acceptable interviewing approaches during any assessment/investigation. While we acknowledge variation in the ease of getting information from families, we know that usually you can gather pertinent and sufficient information related to these six questions from one to a few family contacts.

Relationship of the Six Assessment Questions to Threats to Safety

The following table shows the relationship of the six questions to informing about specific threats to child safety. The table uses the 10 safety threats that are contained (in some language) within every safety intervention model. The table shows matches questions to the different safety threats. As you look at the table, you notice that different assessment questions can relate to a single safety threat. For instance, notice that you can learn about a caregiver's lack of control by considering how the person functions as an adult generally and how the person functions specifically with respect to disciplinary practices.

Table 1

Information – Assessment Questions	Related Safety Threat
1. What is the extent of maltreatment?	<ul style="list-style-type: none"> ○ Caregiver threatened/caused serious physical harm to a child.
2. What circumstances surround the maltreatment?	<ul style="list-style-type: none"> ○ Caregiver cannot/will not explain a child's injuries. ○ Child provokes maltreatment.
3. How does the child function on a daily basis?	<ul style="list-style-type: none"> ○ Child is fearful. ○ Child provokes maltreatment.
4. What are the disciplinary practices?	<ul style="list-style-type: none"> ○ Violent caregivers or others in the household. ○ Caregiver lack of self control.
5. What are the general parenting practices?	<ul style="list-style-type: none"> ○ Caregiver makes child inaccessible. ○ Caregiver has distorted perception of a child. ○ Caregiver fails to protect/supervise. ○ Caregiver is unwilling/unable to meet immediate needs of child.
6. How does the adult/caregiver function with respect to daily life management and general adaptation?	<ul style="list-style-type: none"> ○ Violent caregivers or others in the household. ○ Caregiver lack of self control. ○ Caregiver is unwilling/unable to meet immediate needs of child.

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Information Gathering

There are six essential areas of information (offered in the form of questions) that inform safety assessment, provide a basis for effective safety management, and form the foundation for understanding what safety issues must change during ongoing case in child protection:

1. What is the Extent of Maltreatment?
2. What is the Nature and Surrounding Circumstances Accompanying the Maltreatment?
3. How Does the Child Function?
4. What are the Parenting-Discipline Practices?
5. What are the General Parenting Practices?
6. How do the Adults Function?

These six questions form the information standard that supports safety intervention throughout the safety intervention s. Initial assessment workers should collect this information to create “a family database.” The information or family data provides the basis for initial assessment conclusions about safety that pass to you when the case is assigned to you. Therefore you should know about, understand, and use this same information standard to begin and continue your work in safety intervention.

Personal Characteristics

Do you want to experience children, parents and family members opening up to you and sharing the important information you need to make good safety decisions? Well, who you are individually can contribute to that outcome. There are distinctive qualities that you may already possess or that you can develop that can serve to support effective information gathering.

Are you empathic? Empathy, as you likely know, is the trait of experiencing a situation and emotion of another person in similar fashion to what a person is experiencing. Related to safety intervention, it is whether you can get inside the shoes and skin of a person who is failing as a parent; it is understanding the terror a child feels; it is realizing in a deep and profound way the difficulty and challenge a family is experiencing during their involvement with the child protective system.

Are you respectful? Respect is a personal, sort of internal characteristic. You feel it toward others and it compels you to behave in very clear and specific ways. You honor a caregiver’s individuality, her rights and her privacy through acknowledgement. Fairness and equity guide your actions. You value a non-protective parent’s history, experience and point of view. You consider a child’s or caregiver’s thoughts and feelings as important. Your level of attention and effort to understand a non-protective caregiver is an expression of your respect.

Are you a warm person? Warmth is expressed toward others through such things as smiling, physical contact and physical and social proximity. Let's just think about this personal characteristic from our own perspective. We are more likely to be open and sharing with someone who is friendly, kind, sincere and genial. We are less likely to get into intimate details, revelations or deep concerns with someone who is detached, aloof and disinterested. Simple. So, are you a warm person?

Are you genuine? A substance abusing, non-protective caregiver joins you in conversation about who she is as a person and what has brought about the dangerous situation in her family. She sees you as a real person, authentic in every way. . . not pretentious. She experiences you as open, sincere, honest and also frank. As she communicates with you, she senses congruence between what you say, what you mean and how you present yourself. These things she sees and feels helps her to gain a growing sense of trust about you. These things influence her being able to open up to give you information you need to make safety decisions.

Are you concrete? Sometimes considering a person to be concrete is considered a negative thing. Here it is not so. Let's look at the meaning of this personal characteristic. Like genuineness, concrete has to do with being real. Are you a person that acts and speaks with reality in mind? If you are concrete, in terms of our meaning here, you deal with people (behavior and communication) in specific and definite ways. You avoid abstraction in favor of what is tangible and easier to recognize and understand. Being concrete means you understand things in ways that enable you to explain them. When conversing with a person who is threatening to his child, your concreteness is evident in your purposefulness and confidence about your interactions with the person.

Are you self-disclosing? Like being concrete, self-disclosure is closely associated with genuineness. Interrogators gather information. Probably the closest interrogators get to self-disclosure is for purposes of manipulation. So, self-disclosure among interrogators isn't very real or genuine. Interrogators have no interest in revealing themselves as real, living breathing people whose own experience assists them in understanding the life and experience of someone else. You are not an interrogator. Your need to know about what's going on with a non-protective parent is matched with your need to understand. Sufficient information gathering depends on deep and broad knowledge and understanding. Self-disclosure as a low key expression of your self, your experience and your personal ability to understand serves as a prompt and encouragement for caregivers and children to share. Are you comfortable with sharing relevant experiences with others as a means of engaging conversation and gaining understanding?

Are you spontaneous? In interviewing and counseling, effectiveness is associated with responsiveness and dealing with things in the immediate. Spontaneity is associated with openness and flexibility which are two other pretty important personal characteristics. A non-protective parent often wishes to focus attention on a specific area of concern and a spontaneous, unfettered response on your part can have several effects.

Can you identify some possible effects on the information gathering process? How about these things: relaxes the person, reduces your profile and power, supports the significance of the person's concern, and shows respect. What else? All these things and other potential effects contribute to engaging the person in information gathering. It is a good thing if you are a spontaneous person and can begin where the caregiver or child is.

Personal Authority

Expressions and exertions of authority inhibit information gathering. The bossier you are the less information you'll get from children and caregivers. And . . . you can expect poorer quality of information if you are overly official, interfering and domineering. Don't be fooled to think you can intimidate people into opening up and giving you the critical information you need to make good safety decisions. Certainly, you possess official power and authority inherent in your position. So the challenge is to lower your profile, seek common ground, avoid power plays and side step limit setting as a means of coercing participation and information giving. Join with the non-protective caregiver to explore her life and experience, her perceptions and points of view, her fears and difficulties and her capacities and potential. In order to join with a child or a parent you must reduce the feelings and perceptions of hierarchy. Remember this. People who believe that their personal power and autonomy is threatened will not share information freely, totally or accurately.

Threats of Maltreatment

The social worker will gather information provided by reporting parties and collateral contacts (when appropriate) about that person's knowledge of current maltreatment of a child. The social worker will also gather information about any previous incidents of child maltreatment involving the child or family.]

Questions/Considerations

Current and prior maltreatment:

What is the history of abuse and neglect in this family?

Severity of maltreatment:

Was the current or past abuse severe enough to cause injury to the child?

Must be considered in conjunction with the vulnerability of the child (below).

Type of maltreatment:

What type of maltreatment is alleged by the referral? Has there been the same allegation previously?

Neglect

Physical Abuse

Sexual Abuse

Emotional Maltreatment

Multiple Abuse

Sexual Exploitation

Substantial Risk

Child at risk, sibling abused

Caregiver absence/incapacity

Frequency of maltreatment:

Is the maltreatment chronic (steady over a long period) or acute?

Documented history yields information as to whether abuse is chronic, acute, or being initiated.

Physical injuries, children who are underweight (not due to a medical condition) may indicate a history of abuse and neglect.

Chronic neglect may have longer lasting consequences than some acute abuse.

Potential sources of information

- Search of previous and current records
- Mental health and hospital records
- Interviews with the referent or other people who have experience with the family Interviews with service providers
- Interview with the family to determine whether the services were helpful/reasons that they did or did not utilize them
- Interviews with relatives who might be able to assist the family in utilizing services or assuring safety
- Assessment and interviews with health professionals who have experience in assessing physical injury or neglect
- Observation of the child to determine if he or she was bruised or injured
- Physical viewing of the child
- Police Records
- Review of school and day care records.

Adapted from Critical Thinking in Child Welfare Assessment training curriculum from Berkeley

Child Strengths and Vulnerability

Child's strengths refer to the child's behaviors and attitude that support their own safety, permanency, and well-being including health, education, and social development. The child's vulnerability refers to the child's susceptibility to suffer abuse or neglect based on health, size, mobility, social/emotional state, and the ability of the caregiver to provide protection.

Key characteristics indicating increased child vulnerability include developmental disability, mental illness, (including withdrawn, fearful or anxious behavior) and lack of self protection skills, children with substance abusing parents, homeless children, and children experiencing chronic neglect.]

Questions/Considerations

Age:

Does the age of the child make them more Vulnerable?

The younger the child, the more vulnerable
--highest risk are 0-5.

Health/Mental Health/Development

Is the child health? Does he or she demonstrate resiliency? Does the child have health problems? Mental health problems? How serious are they?

Does the child show signs of developmental delay? How serious? Who diagnosed the delay?

What is the child's ability to communicate?

Behaviors:

Does the child exhibit behaviors that are typical for this or her age? Are the child's behaviors unusual for the community or culture that he comes from?

Certain developmental behaviors that are normal increase vulnerability if parent is unable/unwilling to provide appropriate response. (Examples: a 2-year-old says no to mother, a child wets the bed at age 4 and MD states nothing is wrong. A 14-year-old defies parental rule on curfew.)

Potential sources of information

- Search of previous and current records
- Hospital records
- Interview with the referent, parents, teachers, doctors, family members
- Interview the child
- Consultation with public health nurse or developmental psychologist

Police records, probation

Enhanced Safety & Risk Training

Does the child exhibit behaviors that are challenging, such as bullying, biting other children, etc.

Does the child demonstrate an ability to protect themselves or get their needs met?
Do they do to others for help?

Does the child take risks that put them in danger (such as running away, engaging in unprotected sex, etc.)? What is the caregivers' response?

Does the child abuse drugs or alcohol?

Strengths:

What are the child's strengths? Cognitive, motor, social emotional skills strengths?

Are there specific talents the child is interested in or exhibits?

Adapted from Critical Thinking in Child Welfare Assessment training curriculum from Berkeley

Protective Capacity

Action for Child Protection (2004) further clarifies that protective capacity is “a specific quality that can be observed and understood to be part of the way a parent thinks, feels and acts that makes him or her protective.”

Assessing Caregiver/Parental Protective Capacities

Assessing parental and/or caregiver capacities allow the worker to systematically consider the strengths of the parent(s) or caregiver(s), and how they might mitigate safety and risk factors. Below are three categories of characteristics, with some questions to consider when assessing them.

Behavior characteristics

Action for Child Protection defines this as “specific action, activity and performance that is consistent with and results in parenting and protective vigilance.” Questions to consider include:

- Does the caregiver have the physical capacity and energy to care for the child? If the caregiver has a disability(ies) (i.e. blindness, deafness, paraplegia, chronic illness), how has the caregiver addressed the disability in parenting the child?
- Has the caregiver acknowledged and acted on getting the needed supports to effectively parent and protect the child?
- Does the caregiver demonstrate activities that indicate putting aside one’s own needs in favor of the child’s needs?
- Does the caregiver demonstrate adaptability in a changing environment or during a crisis?
- Does the caregiver demonstrate appropriate assertiveness and responsiveness to the child?
- Does the caregiver demonstrate actions to protect the child?
- Does the caregiver demonstrate impulse control?
- Does the caregiver have a history of protecting the child given any threats to safety of the child?

Cognitive characteristics

Action for Child Protection defines this as, “the specific intellect, knowledge, understanding and perception that contributes to protective vigilance.” Questions to consider include:

- Is the caregiver oriented to time, place and space? (Reality orientation)
- Does the caregiver have an accurate perception of the child? Does the caregiver view the child in an “integrated” manner (i.e. seeing the child as having strengths and weaknesses), or do they see the child as “all good and all bad.”
- Does the caregiver have the ability to recognize the child’s developmental needs, or if the child has “special needs?”

- Does the caregiver accurately process the external world stimuli, or is perception distorted (i.e., a battered woman who believes she deserves to be beaten, because of something she has done).
- Does the caregiver understand the role of caregiver is to provide protection to the child?
- Does the caregiver have the intellectual ability to understand what is needed to raise and protect a child?
- Does the caregiver accurately assess potential threats to the child?

Emotional characteristics

Emotional characteristics are defined as, “specific feelings, attitudes and identification with the child and motivation that result in parenting and protective vigilance” (Action for Child Protection, 2004). Questions to consider include:

- Does the caregiver have an emotional bond to the child? Is there a reciprocal connectedness between the caregiver and the child? Is there a positive connection to the child?
- Does the caregiver love the child? Have empathy for the child when the child is hurt or afraid?
- Does the caregiver have the ability to be flexible under stress? Can the caregiver manage adversity?
- Does the caregiver have the ability to control emotions? If emotionally overwhelmed does the caregiver reach out to others, or expect the child to meet the caregiver’s emotional needs?
- Does the caregiver consistently meet their own emotional needs via other adults, services?

Actions Speak Louder Than Words

When assessing the protective capacity of the caregiver, *actions speak louder than words*. A statement by the caregiver that he/she has the capacity/will to protect should be respected, but observations of this capacity are very important, as they may have serious consequences for the child. When interviewing the caregiver, it is important to include questions that provide answers and observations that support an assessment of behavioral, cognitive and emotional functioning. Suggested questions and observations include:

- A history of behavioral responses to crises is a good indicator of what may likely happen. Does the caregiver “lose control”? Does the caregiver taken action to solve the crisis? Does the caregiver believe crises are to be avoided at all costs, and cannot problem solve when in the middle of a crisis, even with supports?
- Watch for caregiver’s reactions during a crisis. This often spontaneous behavior will provide insight into how a caregiver feels, thinks and acts when they themselves are threatened. Does the caregiver become immobile to the point of inaction (failure to protect)? Does the caregiver move to protect him/herself rather than the child? Does the caregiver actively blame the child for the crisis?
- Recognition of caregiver anger or “righteous indignation” at first is appropriate and natural. How a caregiver acts beyond the anger is the important key. Once the initial shock and emotional reaction subsides, does the caregiver blame

- everyone else for the “interference”? Can the caregiver recognize the protective and safety issues?
- What are the dynamics of the relationship of multiple caregivers? Does the relationship involve domestic violence? What is the nature and length of the domestic violence? What efforts have been made by the victim to protect the child? Does the victim align with the batterer?
 - Does the caregiver actively engage in a plan to protect the child from further harm? Is the plan workable? Does the plan have action steps that the caregiver has made?
 - Does the caregiver demonstrate actions that are consistent with verbal intent or is it contradictory?

Information from Other Sources

Detailed interviewing and information gatherings from other sources is critical for an accurate assessment. Suggestions for additional activities include:

- What do others say about the caregiver’s parenting and ability to protect and the history of protecting the child?
- What is the documented history that indicates the caregiver’s actions in protecting the child?

Assessing Environmental Protective Capacities

While the assessment of the caregiver’s protective capacities is critical, an assessment of environmental capacities may also mitigate the safety concerns/risk of harm to a child. Below are several categories of environmental protective capacities, along with questions and considerations that may be considered when assessing them.

- Formal family/kinship relationships that contribute to the protection of the child.
 - What are the formal kinships within a family? (Grandparents, aunts, uncles, siblings, stepparents and their families, half-siblings, gay partners raising children, etc.)
- Informal family/kinship relationships
 - What are the informal relationships? (family friends, godparents, tribal connections, “pseudo” relatives, mentors, divorced stepparent who maintains parental relationship with the child, etc.)
- Formal agency supports
 - What are the agencies that have been or currently involved with the family? Previous agency involvement may have been seen as beneficial and can be called upon again. (drug treatment, children’s hospital, Regional Center, non-profit agencies, food banks, schools, employment training, parenting classes, DV programs, etc.)
- Informal community supports
 - What are the community supports that may or may not be readily apparent? (local parent support groups, informal mentors, neighbors, neighborhood organizations, babysitting clubs, library reading times, etc.)
- Financial supports
 - Employment, unemployment, disability, retirement benefits

- TANF, GR, SSI
- Scholarships, grants
- Spiritual or congregational/ministerial supports
 - Churches, ministries, prayer groups, synagogues, temples, mosques
 - Spiritual leaders within a faith
- With Native Americans, the tribe
 - Is the family a member of a tribe locally, or elsewhere? Are their ICWA agencies that can provide services? (Elders within a tribe, tribal chairpersons, liaisons to the tribes, Indian health agencies)
- Concrete needs being met such as food, clothing, shelter
 - Low income housing, food banks, clothing stores, emergency shelters, subsidized housing

It is the interplay of safety, risk and protective capacity (both internal and external elements) that constitutes the elements of the assessment process.

Adapted from Critical Thinking in Child Welfare Assessment training curriculum from Berkeley

Safety Plan

Child's name: Bobby and Cindy Brady		Worker and: Marti Moore County:
Incident #: #2009000000	FACS ID:	Date/time <i>Safety Plan</i> completed:

Below is a *Safety Plan*, which is a written agreement between you and the Iowa Department of Human Services to keep your child safe. The plan notes safety concerns for your child and describes ways to keep your child safe from harm.

Safety concerns:

The home where 2-year-old Bobby and 1-month-old Cindy were residing was filthy and hazardous to their health. There was garbage and small items strewn throughout the home, which created an unsafe living environment for an infant and/or toddler/

Tasks which assure safety and are done by, for how long, and how often:

1. Jenny agreed that it was best for children to stay with her Aunt Suzy until the home environment is deemed safe by the DHS worker.
2. Aunt Suzy will provide the children with care until the home is safe for them to return. This includes not allowing the children back into the home until it is deemed safe by the CPW.
3. DHS will conduct another Safety Assessment at the completion of the Child Protective Assessment or sooner if requested by Jenny. The results of that assessment will assist with determining if it's safe for the children to return home.

All of the above was agreed upon by Jenny, Aunt Suzy and the CPW.

How plan is monitored:

- Aunt Suzy will make once daily phone contacts with the CPW to ensure that the safety plan is being followed as well as to ensure that the children's needs are being met.
- The CPW will contact Aunt Suzy if they have not heard from her by 3:00 p.m. each day. This daily contact will occur until the next safety assessment is completed.
- In addition to daily phone contact, the CPW will also do unannounced drop-ins at Aunt Suzy's home to ensure that the children remain in her care.
- The CPW will return to the family home on XX-XX-XX to assess the progress that has been made in order to determine if it is safe for the children to return.
- The CPW will do ongoing spot checks at the family's home to ensure that the children are not present and to check on the status of the home.

Back-up plan:

If at anytime we find that the aunt is unable to keep the children safe, the DHS, the family and service provider will explore other options for them. This might include formal removal and placement if additional options are not available. The mother did indicate that her grandmother may be an option if Aunt Suzy does not work out.

A *Safety Plan* is written when it's been determined that a child is conditionally safe in their home. Actions taken to assure the child's safety should fully address all of the signs of present or impending danger identified in the *Safety Assessment*.

Family and Participant Agreement:

I participated in developing this *Safety Plan* and have reviewed it. I agree with this plan and will follow it to keep my child safe. I also agree to work with DHS and providers to assure my child's safety.

Parent or caregiver signature: <i>Jenny Brady</i>	Date and time: <i>June 2, 2009</i>
Parent or caregiver signature: <i>Aunt Suzy</i>	Date and time: <i>June 2, 2009</i>
DHS signature: <i>Marti Moore</i>	Date and time: <i>June 2, 2009</i>
Name of supervisor consulted and manner of consultation:	Date and time:

Iowa Department of Human Services

Safety Plan

Child's name: Matthew Marbles		Worker and: Barb Bowers County:
Incident #: #2009000000	FACS ID:	Date/time <i>Safety Plan</i> completed:

Below is a *Safety Plan*, which is a written agreement between you and the Iowa Department of Human Services to keep your child safe. The plan notes safety concerns for your child and describes ways to keep your child safe from harm.

Safety concerns:

Domestic violence is present in the home. 10-year-old Matthew was injured during the recent incident when he attempted to rescue his mother Sandy from being abused by her paramour Sam.

Tasks which assure safety and are done by, for how long, and how often:

1. Sam will no longer reside in or visit the home where Matthew and Sandy live.
2. Sandy will contact the County Attorney's Office and obtain an Order of Protection against Sam.
3. Sandy will not allow Sam to have any contact with Matthew.
4. Sandy will call the police immediately if Sam does show up at the home or if he attempts to have contact with Matthew.
5. Sandy's neighbor Gladys will monitor the home and watch over Matthew if needed.
6. Gladys will contact the CPW immediately if Sam does show up at the home.
7. This plan is in effect until the CPW completes another Safety Assessment at the completion of the Child Protective Assessment.

All of the above was agreed upon by Matthew, Sandy, Sam, Gladys and the CPW.

How plan is monitored:

- The CPW will have daily contact with Matthew and Sandy. This contact may be in the form of unannounced visits to the home and school as well as phone calls.
- The CPW will have regular contact with Gladys either in person or by phone.

Back-up plan:

If at anytime we find that this safety plan is not effective or not being followed, adjustments to the plan will be made to further ensure Matthew's safety. If we find that Matthew's safety cannot be ensured through safety planning, other options will be explored. This might include formal removal and placement if appropriate options are not available. Sandy did indicate that Matthew's biological father is back in town and that he might be interested in having contact with him.

A *Safety Plan* is written when it's been determined that a child is conditionally safe in their home. Actions taken to assure the child's safety should fully address all of the signs of present or impending danger identified in the *Safety Assessment*.

Family and Participant Agreement:

I participated in developing this *Safety Plan* and have reviewed it. I agree with this plan and will follow it to keep my child safe. I also agree to work with DHS and providers to assure my child's safety.

Parent or caregiver signature: <i>Sandy Marble</i>	Date and time: <i>June 2, 2009</i>
Parent or caregiver signature:	Date and time:
DHS signature: <i>Barb Bowers</i>	Date and time: <i>June 2, 2009</i>
Other signature: <i>Gladys - neighbor</i>	Date and time: <i>June 2, 2009</i>
Name of supervisor consulted and manner of consultation:	Date and time:

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Comparing Concept Characteristics

RISK	IMPENDING DANGER	PRESENT DANGER
Assesses for potential for maltreatment within weeks to months.	Assess for potential for severe effects within days to a couple of weeks.	Concludes potential for severe effects now .
Concerned with maltreatment on a continuum from mild to severe .	Concerned with severe forms of dangerous family conditions and severe maltreatment only likely to occur in the near future .	Concerned with severe forms of dangerous family conditions and severe maltreatment only occurring now .
Considers family functioning.	Considers specific, observable, imminent dangerous behavior or situations.	Considers specific, observable, active dangerous behavior or situations.
Concerned with general child well-being.	Concerned with impending danger threats.	Concerned with present danger.
Decision making based on an unlimited time frame (any time in the future).	Decision making based on the near future (next several days).	Decision making based on the present .
A judgment about any mild, moderate and severe effects from future maltreatment.	A judgment about the certainty of severe effects within limited time .	A judgment about what is happening right now & the certainty of severe effects.
All family situations and behaviors from onset progressing into seriously troubled.	Family situations and behaviors are out of control; imminent; likely to have a severe effect; in the presence of a vulnerable child; are observable, specific, describable.	Family situations and behaviors are currently out of control.
Evaluating family situations and behaviors that may need to be treated and changed.	Evaluating family situations and behaviors that must be managed and controlled .	Observing family situations and behaviors that are actively endangering the safety of the child.
Concerned with all aspects of family life relevant to understanding the likelihood of maltreatment.	Concerned with a limited number of safety threats only that represent an impending and continuing state of danger.	Concerned with only family situations and behaviors that represent an immediate present danger.
CPS response results in case – service plan.	CPS response results in a continuing safety plan.	CPS response results in a safety plan.

