

## **Topic 22: Safety Elements**

Link to [CPS Procedure](#)

Link to [CINA Procedure](#)

Assess child safety throughout the life of the case using three elements:

- ◆ [Threats of maltreatment](#)
- ◆ [Child vulnerability](#)
- ◆ [Caretaker's protective capacities](#)

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

### **Threats of Maltreatment**

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

Questions to ask and information to consider include:

- ◆ **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?

The severity of maltreatment must be considered in conjunction with the vulnerability of the child. (See 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 or 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. Presence of physical injuries and being 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 include:

- ◆ 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 services were helpful and reasons that the family 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 the child 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" refers to the child's behaviors and attitude that support the child's own safety, permanency, and well-being, including health, education, and social development.

"Child's vulnerability" refers to the child's susceptibility to suffer abuse or neglect based on the child's health, size, mobility, and social and emotional state and the ability of the caregiver to provide protection.

Key characteristics indicating increased child vulnerability include

- ◆ Children with developmental disability
- ◆ Children with mental illness, including withdrawn, fearful or anxious behavior
- ◆ Children with lack of self protection skills
- ◆ Children with substance abusing parents
- ◆ Homeless children
- ◆ Children experiencing chronic neglect

Questions to ask and information to consider include:

- ◆ **Age:** Does the age of the child make them more vulnerable? The younger the child, the more vulnerable—Children are at highest risk from birth to age five.
- ◆ **Health, mental health, and development:**
  - Is the child healthy?
  - Does the child demonstrate resiliency?
  - Does the child have health problems or mental health problems? How serious are they?
  - Does the child show signs of developmental delay? How serious is the delay? Who diagnosed the delay?
  - What is the child's ability to communicate?
- ◆ **Behaviors:**
  - Does the child exhibit behaviors that are typical for the child's age? Are the child's behaviors unusual for the community or culture that the child comes from?  
  
Certain developmental behaviors that are normal increase the child's vulnerability if the parent is unable or unwilling to provide an appropriate response. Examples:  
  
A 2-year-old says no to the mother,  
  
A child wets the bed at age 4 and the doctor states nothing is wrong,  
  
A 14-year-old defies parental rule on curfew.
  - Does the child exhibit behaviors that are challenging, such as bullying, biting other children, etc.
  - Does the child demonstrate an ability to protect oneself and get needs met? Does the child go 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)? Are there specific talents the child is interested in or exhibits?

Potential sources of information include:

- ◆ 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

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

### **Caretaker's Protective Capacity**

*Action for Child Protection* (2004) 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 parental or caregiver capacities allows you to systematically consider the strengths of the parents or caregivers, 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 behavior characteristics 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 (e.g., 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 cognitive characteristics 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 strengths and weaknesses) or see the child as "all good" or "all bad."
- ◆ Does the caregiver have the ability to recognize the child's developmental needs or whether the child has "special needs"?
- ◆ Does the caregiver accurately process the external world stimuli, or is perception distorted (e.g., 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? Does the caregiver 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 the caregiver's 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 the caregiver has the capacity or 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 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 take 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 threatened. Does the caregiver become immobile to the point of inaction (failure to protect)? Does the caregiver move to protect the caregiver 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?

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 and risk of harm to a child. Categories of environmental protective capacities, with questions and considerations that may be considered when assessing them, include:

- ◆ **Formal family and 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 and 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 (drug treatment, children's hospital, nonprofit agencies, food banks, schools, employment training, parenting classes, domestic violence programs, etc.)?

Previous agency involvement may have been seen as beneficial and can be called upon again.

- ◆ **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
- Family Investment Program, general relief, SSI
- Scholarships, grants

- ◆ **Spiritual, congregational, or ministerial supports:**

- Churches, ministries, prayer groups, synagogues, temples, mosques
- Spiritual leaders within a faith

- ◆ **Native Americans tribe:** Is the family a member of a tribe locally, or elsewhere? Are there 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)