CFS NEW WORKERS ACADEMY

Comprehensive Assessment

BOISE STATE UNIVERSITY CHILD WELFARE CENTER
In Partnership With
Idaho Health & Welfare Department
Children and Family Services

Round 13
Session 2
11-15 Jan 2010

WORKSHEET

Name: ____

Comprehensive Assessment
Continuous Learning Plan

Strengths:
1. What do you already know how to do that relates to this topic?

2. What do you already do that relates to this topic?

Self Development:
1. What would you like to know more of – related to this topic?

2. What would you like to do more of – related to this topic?

Revised 3/13/07

WORKSHEET

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PERFORMANCE REVIEW OF COMPETENCIES

Describe employee performance in specific work areas.

Customer Service

Competency Description:

Provides what has been promised to each customer in a timely, dependable and accurate manner; gains customer trust and confidence by conveying knowledge and accurate information; treats customers with courtesy, respect and dignity; communicates with customers in a responsive, productive, clear and appropriate manner.

Dependability

Competency Description:

Meets commitments, works independently, accepts accountability, handles change, sets personal standards, stays focused under pressure, meets attendance/punctuality requirements.

Interpersonal Skills

Competency Description:

Has good listening skills, builds strong relationships, is flexible/open-minded, negotiates effectively, solicits performance feedback and handles constructive criticism.

Productivity

Competency Description:

Manages a fair workload, volunteers for additional work, prioritizes tasks, develops good work procedures, manages time well, and handles information flow.

Quality

Competency Description:

Is attentive to detail and accuracy, is committed to excellence, looks for improvements continuously, monitors quality levels, finds root cause of quality problems, owns/acts on quality problems.

Work Environment/Safety

Competency Description:

Promotes mutual respect, keeps workplace clean and safe, supports safety programs.

Adaptability/Flexibility

Competency Description:

Adapts to change, is open to new ideas, takes on new responsibilities, handles pressure, adjusts plans to meet changing needs.

Additional competencies for CFS/CMH Employee in CFS/CMH ACADEMY and completing probationary period

Integrity/Ethics

Deals with others in a straightforward and honest manner, is accountable for actions, maintains confidentiality, supports company values, conveys good news and bad.

Communication

Communicates well both verbally and in writing, creates accurate and punctual reports, delivers presentations, shares information and ideas with others, has good listening skills.

Decision Making/Judgment

Recognizes problems and responds, systematically gathers information, sorts through complex issues, seeks input from others, addresses root cause of issues, makes timely decisions, can make difficult decisions, uses consensus when possible, communicates decisions to others.

Job Knowledge

Understands duties and responsibilities, has necessary job knowledge, has necessary technical skills, understands company mission/values, keeps job knowledge current, is in command of critical issues.

Computer Skills exceedingly adept at using and integrating the company's operating systems and applications into her day-to-day work. Has knowledge of general PC, network, and operating systems is unsurpassed. Has mastered a variety of applications that enable him/her to produce excellent work. Knows where to find information within the company's databases.

Self Development -CFS

Seeks out and accepts feedback, is a proactive learner, takes on tough assignments to improve skills, keeps knowledge and skills up-to-date, turns mistakes into learning opportunities.

Problem Solving/Analysis

Breaks down problems into smaller components, understands underlying issues, can simplify and process complex issues, understands the difference between critical details and unimportant facts.

Planning Is a thorough and diligent planner. Takes all important details into account and involves project participants to make sure all needs and potential problems are out on the table. Plans contain a level of detail and thought that almost guarantee project success.

Teamwork

Meets all team deadlines and responsibilities, listens to others and values opinions, helps team leader to meet goals, welcomes newcomers and promotes a team atmosphere.

Comprehensive Assessment

DHW Competencies Applicable:
- Job/Program Knowledge
- Decision Making/Judgment
- Problem Solving/Analysis

Learning Objectives:

1. The social worker/clinician understands how principles of family centered practice are integrated in Conducting a comprehensive Assessment.
2. The social worker/clinician knows now to determine the key factors common to comprehensive assessment.
3. The social worker/clinician understands how to complete a thorough child welfare comprehensive assessment.
4. The social worker/clinician understands when and how to complete a domestic violence assessment.
5. The social worker/clinician knows types of questions to ask to gather information related to substance abuse.
6. The social worker/clinician knows how to identify strength in the clients they serve.
7. The social worker/clinician has knowledge of sample questions that he/she can access to use when conducting a strengths based family centered practice comprehensive assessment.
8. The social worker/clinician understands and has knowledge of the definitions in IDAPA rule related to dispositional codes.
9. The social worker/clinician understands the process and responsibilities associated with placing an individual's name on the Central Registry.
10. During the life of the case, the social worker/clinician understands when to conduct a reassessment.

Activities to Demonstrate Competency:

- ☐ Describe the purpose of the Comprehensive Assessment to your supervisor.
- ☐ Describe the difference between an Immediate Safety Assessment and a Comprehensive Assessment to your supervisor.
- ☐ Describe the difference between a suicide assessment and a CMH Comprehensive Assessment
- ☐ Shadow a social worker/clinician conducting a Comprehensive Assessment.
- ☐ Complete a Comprehensive Assessment Instrument in FOCUS on the case you observed in shadowing the social worker/clinician.
- ☐ Discuss how you would gather information needed to complete Comprehensive Assessment using a Family Centered Practice approach with your supervisor.

Comprehensive Assessment

Academy Training

Comprehensive Assessment Categories include:

- Family characteristics
- Child characteristics
- Parent/caregiver or alleged offender characteristics

Domestic Violence Assessment includes:

- Child has witnessed parent/caregiver being hurt
- Child has been injured during an episode of domestic violence
- Child has been used as a shield or coerced to participate in DV
- Child's basic needs have been seriously neglected because adult victim was incapacitated by DV

Why the Emphasis on Domestic Violence?

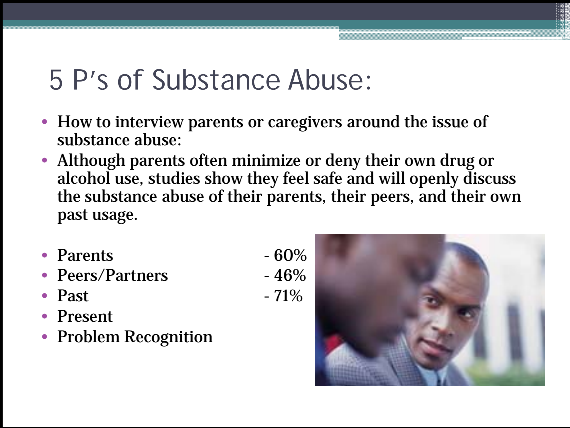
- 1988 study reports that child abuse is 15 times more likely to occur in families where domestic violence is present
- Women who are battered are twice as likely to abuse a child
- 2/3 of abused children are parented by battered woman
- Severity of “wife beating” is predictive of severity of child abuse

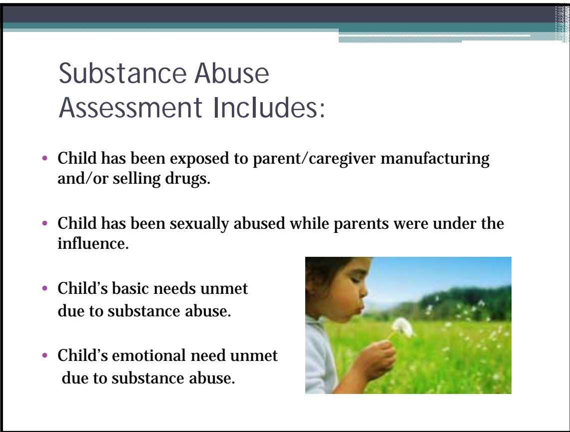
In Idaho: 2000 - 2001

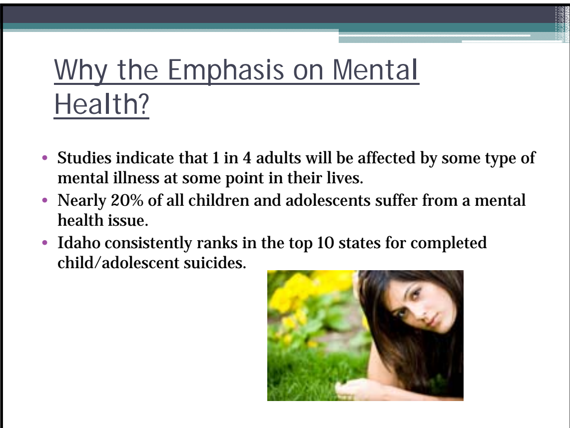
- 1,021 Adults were sheltered
- 28,835 Nights
- 1,189 Children were sheltered
- 16,854 Crisis calls were received

Why the Emphasis on Substance Abuse?

- 40-80% of child protection service cases and
- 67-78% of foster care cases involve a caregiver who has problems with substance abuse


5 P's of Substance Abuse:
How to interview parents or caregivers around the issue of substance abuse:
Although parents often minimize or deny their own drug or alcohol use, studies show they feel safe and will openly discuss the substance abuse of their parents, their peers, and their own past usage.
Parents - 60%
Peers/Partners - 46%
Past - 71%
Present
Problem Recognition


Substance Abuse Assessment Includes:
Child has been exposed to parent/caregiver manufacturing and/or selling drugs.
Child has been sexually abused while parents were under the influence.
Child's basic needs unmet due to substance abuse.
Child's emotional need unmet due to substance abuse.


Why the Emphasis on Mental Health?
Studies indicate that 1 in 4 adults will be affected by some type of mental illness at some point in their lives.
Nearly 20% of all children and adolescents suffer from a mental health issue.
Idaho consistently ranks in the top 10 states for completed child/adolescent suicides.

Two Tasks of the Risk Assessor

- Determine Disposition
- Assess the Level of Risk

Disposition of Reports Definition: Substantiated

Child abuse and neglect reports are confirmed by one (1) or more of the following:

- Witnessed by a worker
- Determined or evaluated by a court at the Adjudicatory Hearing
- A confession
- Corroborated by physical or medical evidence or
- Established by evidence that it is more likely than not that abuse, neglect, or abandonment occurred

Disposition of Reports Definition: Unsubstantiated

Reports cannot be found substantiated due to:

a. Insufficient evidence; or

b. The facts indicated the report is erroneous or otherwise unfounded

Determine Case Risk Findings and Case Status:

The case risk findings is a judgment about the overall level of risk based on a synthesis of all information and an analysis of the resultant level of risk

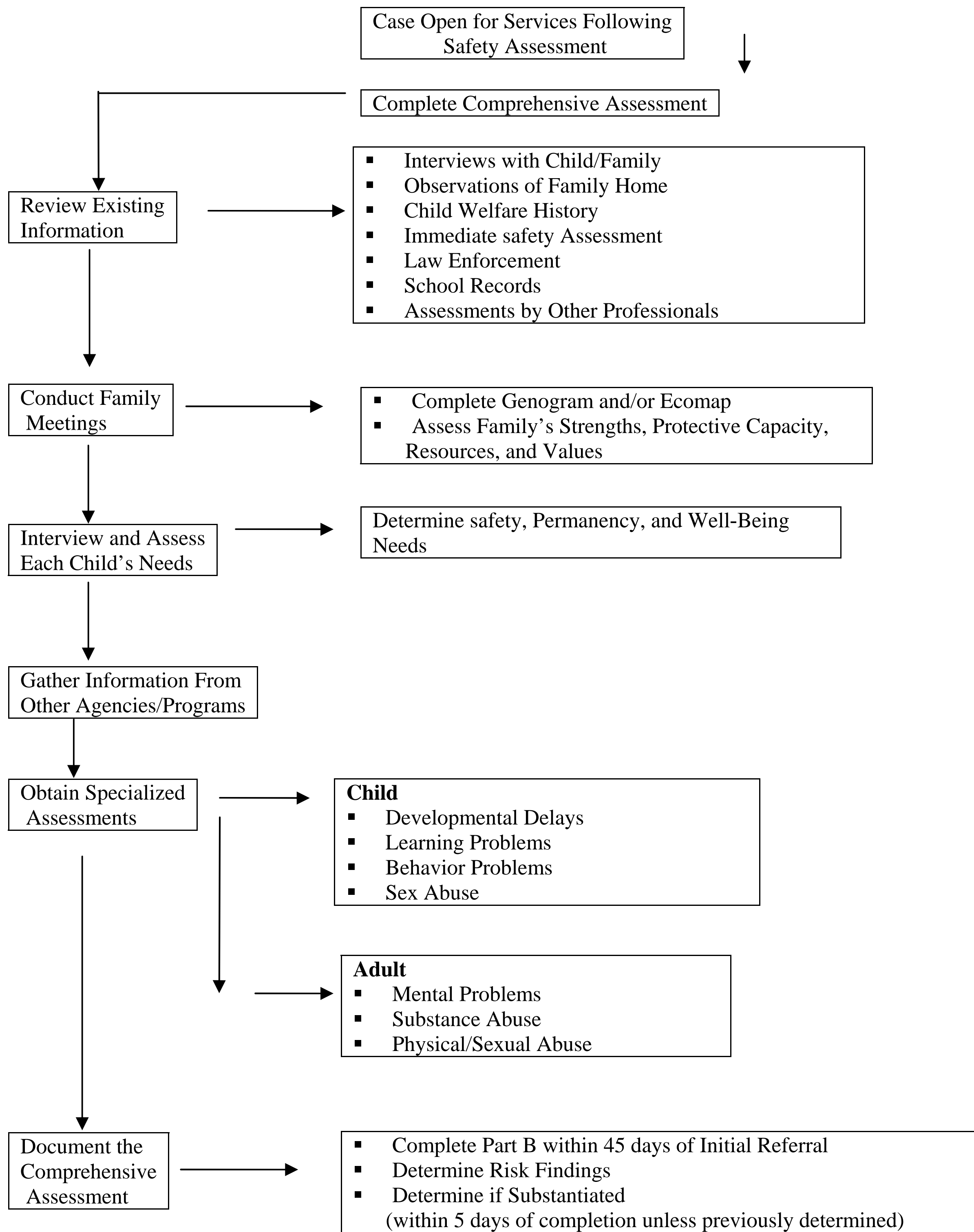
Reassessment:

- When doing reassessment, consider only the time frame since the last comprehensive assessment.
- A reassessment must be done before reunification or case closure
- It is also helpful at times of significant change
- When making a decision regarding permanency
- When a course of action is not clear

Remember

- When conducting a Reassessment, consider only the time frame since the last comprehensive assessment.

Overview of Comprehensive Assessment Process



STANDARD: SAFETY, COMPREHENSIVE, AND ONGOING ASSESSMENT

PURPOSE

The purpose of this standard is to provide direction and guidance to the Children and Family Services (CFS) programs regarding Safety Assessment, Comprehensive Assessment, Reassessment, and ongoing assessment services. This standard is intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all-applicable laws, rules and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

Although safety is a central concern of child protection services and foster care practice, considerable confusion exists throughout child welfare practice as to when a child is safe or unsafe. The terms safety and risk are often used interchangeably. However safety and risk are not the same. All child protection referrals assigned a priority response are assessed for safety, which may be then followed by a comprehensive assessment. Safety assessment is an analysis of the threats of serious harm, the parent/caregiver's protective capacities, and the child's vulnerability. The safety assessment process should involve the family's own perceptions and other significant case circumstances that may impact family functioning.

A Comprehensive Assessment is a more thorough analysis of safety and risk that helps evaluate the likelihood that a child may be abused or maltreated in the future. It guides the service plan to focus directly on the problem areas that cause a child to be unsafe and/or which contribute to future risk of abuse/neglect. The assessment driven service plan also establishes essential child well-being needs. Additionally, it establishes a baseline of risk. Reviewing previous assessments allows social workers to assess change over time and assists CFS staff in communicating their decision making to others. The Safety Assessment, Comprehensive Assessment, and Reassessment instruments are designed to document a social worker's observations, interviews, and findings, and guide them in making critical case decisions.

This standard will assist CFS staff in differentiating safety from risk, safety plans from service plans, and understand the purpose and process for using each of the instruments.

STANDARD

Assessment of safety is to be completed timely according to the CFS Priority Response Guidelines and Department administrative rule. Every effort should be made to engage the family and involve them in all stages of the assessment process. In conducting assessments, a family-centered approach should be used. This means that at all times,

CFS staff should treat family members with respect, reinforce strengths of each member of the family and the family as a whole, focus attention on the needs of all family members, and listen to each family member's description of their circumstances and their needs. Consistent with a family-centered approach, families should be encouraged to identify solutions as well as natural supports in their environment.

Definitions:

Comprehensive Assessment: an assessment of safety, permanency, and well-being, using CFS's Comprehensive Assessment tool. It assists the social worker in understanding family connections, capacities, social adjustments, strengths, and history that affect a family's ability to resolve the concerns that led to their involvement with CFS. The focus of the Comprehensive Assessment is a review of child safety related to both present and emerging danger, as well as longer term risk. It should be completed within forty-five (45) days of a referral of child abuse or neglect if the safety assessment indicates the need for intervention and/or services. The Comprehensive Assessment provides a basis for re-assessing child safety as well as risk, including the nature of any active safety threats, determining risk over time, identifying family strengths and capabilities, evaluating underlying conditions and contributing factors that lead to maltreatment, assessing parental capacity to protect, and identifying service needs to be included in the service plan.

Contributing factors: social problems or conditions such as substance abuse, domestic violence, mental illness and unemployment that can increase the likelihood of child maltreatment or its severity, but may not be directly causal to them.

Danger: the likelihood of serious harm precipitated by one or more currently active safety threats and/or arising from insufficient parent/caregiver protective capacities.

- **Present Danger:** the likelihood of immediate and serious harm to a vulnerable child precipitated by one or more safety threats and/or missing or insufficient parent/caregiver protective capacities. Seventeen observable signs of danger appear as factors on Idaho's Safety Assessment instrument. Present danger is usually an immediate, significant, and clearly observable family condition occurring to a child/youth in the present requiring prompt CPS response.

- **Emerging Danger (also known as Impending Danger):** the likelihood of serious harm that is not immediately present, but are likely to occur in the immediate to near future. Threats are starting to surface or escalating in intensity, pervasiveness, duration and/or frequency, and/or caregiver capacities may be weakening rapidly. Emerging danger is often seen as "red flags" and the likelihood of serious harm, while not immediate, is unpredictable, out of control, and could present itself at any time, thereby causing the child to be unsafe. Emerging danger involves many of the same threats as present danger and

therefore, is given a higher consideration of risk. Emerging danger may not be clearly observable during the first contact, but will become apparent as the initial assessment proceeds and more complete information is obtained about the family.

Safety Assessment: an examination of present and emerging danger, using CFS's Safety Assessment tool. The safety assessment should be completed no later than thirty (30) working days after first seeing the child. It is used to guide and document decision making related to child safety and formulate a child safety plan (when needed). Supervisors are encouraged to staff and review the safety assessment to determine if additional contacts or information is needed to identify emerging danger.

Ongoing Assessment: an ongoing formulation process conducted by the social worker throughout the life of a case. Working with families is a constantly changing process that calls for frequent and flexible decision-making as new information becomes available. Each time a social worker meets with a family or child, he/she is gathering and evaluating information to determine the child's current safety and the family's progress in enhancing their protective capacities and/or reducing safety threats. Assessment begins with the first contact with a family and does not end until a case is closed. Safety is assessed continuously throughout the life of the case.

Protective Capacities: Behavioral, cognitive, and emotional characteristics of a parent/caregiver that specifically and directly can be associated with being protective to one's young.

Reassessment: a re-examination of safety and risk at a point in time after the Comprehensive Assessment, using CFS's Reassessment tool. Reassessment is to be completed by the social worker at key decision points in a case to guide and document case decisions. The reassessment tool shall be completed prior to reunification, termination of parental rights, and case closure. Social workers and clinicians shall also use the reassessment tool to assess a family's progress when there have been significant changes in the family's circumstances or dynamics.

Risk: the likelihood of harm to a child in the future. Although risk of future harm or the level of future harm cannot be totally predicted, study and experience have provided identifiable risk factors that are present in situations where children have been abused or neglected. Risk factors can be chronic or exist when certain situations reoccur, such as a parent's relapse into drug or alcohol abuse. Risk factors appear on the Comprehensive Assessment Instrument.

Risk Finding: the level of risk at the time the risk of harm to the child is assessed, prior to/or without interventions from CFS or family members.

Safety: a child has, or is likely in the near future, to be seriously harmed. The four aspects that contribute to child safety are immediacy, threats of serious harm,

vulnerability of the child, and protective capacities of the parent/caregiver. Safety includes both present and emerging danger. Intervention addressing safety is about controlling the treats of danger. Intervention addressing risk is about change.

(1) Immediacy: a time period related to the safety of an individual, at that moment or in the very near future, if an intervention is not put into place;

(2) Threats of Serious Harm: the degree of harm that could mean a threat to the child's health or life, impairment to his/her physical well-being, or severe developmental impairment or disfigurement if there is no intervention. Threats of serious harm are risks that have crossed the safety threshold and could include present and/or emerging danger.

(3) Vulnerability of the Child(ren): the degree to which a child can avoid, negate or modify the impact of safety threats or compensate for a parent/caregiver's lack of protective capacities. The following should be considered in assessing a child's vulnerability:

- The child's ability to protect him/herself, including the child's age and ability to communicate;
- The likely severity of harm, given the child's developmental level;
- Visibility of the child to others/child's access to individuals who can and will protect the child;
- Family composition and the child's role in the family;
- The child's physical and emotional health/social functioning;
- The child's physical size and robustness;
- The child's understanding of appropriate treatment (does the child normalize the alleged abuse?);
- Prior victimization of the child; and
- The child's temperament and physical appearance.

Factors that affect the child's ability to self-protect include age, disabilities, ability to communicate, problem-solving skills and capacities, ability to physically resist or escape from potential harm and accessibility to others. A child's provocativeness must also be considered in relation to the caretaker's capacity for patience, tolerance, and coping strategies.

(4) Protective Capacities of the parent(s)/caregiver: family strengths or resources that reduce, control, and/or prevent threats of serious harm from occurring or having a negative impact on a child. Protective capacities are strengths that are specifically relevant to child safety. Protective capacities can refer to a parent's knowledge, understanding, and perceptions that contribute to how a parent carries out his/her parental responsibilities and being protective of their children. It also refers to observable behaviors of a parent that are

protective, as well as their feelings, attitudes, and motivation to protect the child. Some protective capacities may include:

Knowledge, Understanding, and Perceptions
- Articulates a plan to protect the child
- Is aligned with the child
- Had adequate knowledge to fulfill care-giving responsibilities and tasks
- Is reality oriented; perceives reality accurately
- Has accurate perceptions of the child
- Understands his/her role
- Is self-aware as a caregiver

Observable Behaviors of a Parent
- Is physically able
- Has a history of protecting others
- Acts to correct problems or challenges
- Demonstrates impulse control
- Demonstrates adequate skill to fulfill care-giving responsibilities
- Possesses adequate energy
- Sets aside her/his needs in favor of a child
- Is adaptive and assertive
- Uses resources necessary to meet the child's basic needs

Feelings, Attitudes, and Motivation of a Parent
- Is able to meet their own emotional needs
- Is emotionally able to intervene to protect the child
- Realizes the child cannot produce gratification and self-esteem for the parent
- Is tolerant as a parent
- Displays concern for the child and the child's experience and is intent on emotionally protecting the child
- Has a strong bond with the child, knows a parent's first priority is well-being of the child
- Positive attachments; Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.

A child may also possess some protective capacities that would make the child less vulnerable. For example, an older child may know the circumstances whereby a caregiver's mental health requires outside intervention.

Safety Factors or Signs of Danger: a set of specific signs of present danger that combine with a child's vulnerability and may directly impact a child's safety status unless offset or mitigated by sufficient protective capacities. Seventeen safety factors, representing signs of danger are found on Idaho's Safety Assessment instrument.

Safety Threat: acts or conditions that have the capacity to seriously harm a child(ren).

Safe Child: when there are no threats related to present or emerging danger that could place the child in serious harm or the protective capacities of the family can manage any identified threats to a child.

Conditionally Safe: When safety issues exist and a safety plan is being implemented to control the threats of serious harm identified at the present time until the safety threat can be resolved or sufficiently diminished.

Unsafe Child: parent/caregiver's actions or inactions present threats of present or emerging danger that would likely cause serious harm to a vulnerable child and the family's accessible protective capacities are insufficient to prevent these actions or inactions.

Safety Plan: specific and concrete strategies for controlling present and emerging danger that create threats of serious harm, or augmenting protective capacities implemented immediately when a family's own protective capacities are not presently sufficient to manage the threats of serious harm.

Underlying Conditions: the needs of the individual family members, perceptions, beliefs, values, feelings, cultural practices and/or previous life experiences that influence the maltreatment dynamics within a family system.

PROCEDURE FOR SAFETY ASSESSMENT:

Regional Jurisdiction:

When a Child Protection referral involves the alleged abuse, neglect, or abandonment occurring within the geographic boundaries of one Region and the child is living or physically located in another Region, the Region where the alleged abuse, neglect, or abandonment allegedly occurred will be assigned the referral and is responsible for the completion of the safety assessment. The Region in which the child is physically located may be asked to see the child, interview the child, gather pertinent data, etc. and report back to the Region responsible for completing the safety assessment. When a Region is asked to assist, that Region must comply with required assessment timeframes in responding to the request by the Region with primary responsibility. The primary Region must give the assisting Region as much notice as possible to allow that Region adequate time to respond.

After completion of the safety assessment, it may be most appropriate to transfer the referral or case to the Region in which the child resides or has primary residence.

CFS field program managers from different regions may agree to modify the aforementioned process especially when regional offices are in close proximity with offices in another Region.

Initiation of the Safety Assessment:

- A referral is assigned to a social worker.
  The social worker reviews the intake information, keeping an open mind that the information in the referral may or may not be accurate.

- The social worker reviews prior history and other case records for relevant information to determine how the severity and type of current allegations compares to those in prior reports as well as the results of previous safety assessments and interventions. At this time, the social worker is also looking at the record for information related to cumulative risk.

- If information in the referral does not indicate that the child is in immediate danger and should be seen immediately, the social worker should obtain any additional information from staff who previously worked with the family.

- If there is information that the family has been involved with child protection in another state, the social worker should contact the child welfare agency in that state to obtain the prior history.

- The social worker should re-contact the referring party if they have questions or need additional information about the referral.

Involvement of Law Enforcement

- The social worker shall involve law enforcement in the safety assessment process according to local multidisciplinary team protocols.

- Law enforcement must be contacted on all referrals prioritized as I and II according to Priority Guidelines. This provides an opportunity for law enforcement to accompany the social worker or intervene if a family member(s) is part of an on-going criminal investigation. Law enforcement officers may also have knowledge of dangerous home environments that may compromise a social worker's safety.

- At all times, safety of the social worker is a top priority. If there is reason to believe that safety is an issue, the social worker should contact law enforcement and enlist their help in assessing the safety of the child. If a social worker discovers the safety issues while he/she is already in the home (such as a meth lab), the social worker should leave the area as soon as possible, immediately staff the case with his/her supervisor and contact law enforcement.

Seeing the Child(ren)

- A CFS social worker must have face-to-face contact with all children who are identified as a child of concern in a referral of physical abuse, sexual abuse, or neglect within the timeframes stated in the Priority Response Guidelines. Additionally, the CFS social worker should speak with the parents/caregivers and visit the family home to assess whether the home environment poses an immediate danger to the children. Whenever possible, the child should be seen and interviewed prior to interviewing the parent/caretaker.

Interviewing the Child(ren)

- The social worker shall conduct separate interviews with the child(ren) and parent/caregiver to obtain each child's account and explanation of the allegations. A child’s school or day care is usually a non-threatening environment for an interview. If the interview with the child(ren) takes place in the family’s home, explain to the parent(s) that their child(ren) must be interviewed privately in order to conduct a thorough and objective assessment.

- If access to children suspected of being at risk of child abuse or neglect is denied, the social worker should leave the residence, confer with their supervisor, and seek remedies such as involving law enforcement or obtaining a court order.

- If a social worker goes to the child's home to see the child but no adult is present, the social worker must not enter the residence. The social worker should talk to the child outside the home or through the door. If very young children are home alone, call law enforcement and wait outside the residence for law enforcement to arrive to assist in obtaining access to the child(ren).

- According to Idaho Code 16-1609B (CPA), "Unless otherwise demonstrated by good cause, all investigative or risk assessment interviews of alleged victims of child abuse will be documented by audio or video taping." The rationale for not taping an interview must be provided in those cases where no recording is made.

- Unless law enforcement declares the child in imminent danger or the parent(s) gives permission and accompanies the child, **do not transport** the child to another location or take custody of the child in any manner.

- The social worker clinician must consider the possibility that the parent(s) may retaliate against the child who may have divulged information during the interview process. In cases where parents may retaliate, protective measures must be put in place timely. For example, the social worker may need to contact the school the next day and/or see the child again to assess and ensure his/her safety. In some cases, the child may not be safe at home after making a disclosure and efforts must be taken to remove the child(ren) under a declaration of imminent danger by law enforcement.

Interviews With Children Involving Allegations Of Physical Abuse

- Ask the child(ren) if he or she has any physical injuries. If the child has physical injuries, ask the child to explain to you how he/she received them.

- Take pictures of any injuries on areas of a child's body that are normally unclothed. Whenever possible, have another adult present when taking photographs of a child's injuries. Documentation should include who was present at the time the pictures were taken. Although it is permissible to photograph the buttocks of young children, respect should be shown to the child in all cases. Do not photograph "private parts" of latency age or adolescent children. Enlist the assistance of a school nurse or physician to document any injuries. Document a description of the size, shape, type and location of all injuries.

- In the safety assessment process, if it is determined that a child needs to see a doctor due to serious injuries or medical condition, and the child has not been declared in imminent danger, arrange for immediate medical assistance for the child by having the parent/caretaker take the child to a doctor. The CFS social worker must either accompany the child for medical treatment or follow-up with the medical provider to assure that the child received treatment. If the child has been declared in imminent danger, a social worker or resource parent can initiate medical care for the child with a medical consent form signed by a parent. Reasonable efforts must be made to secure a medical consent form from the parent(s) at the time of removal. However, if the child needs emergency treatment and the parent can not be located or refuses to sign for treatment, the needs of the child must come first. A CFS representative may sign (a resource parent must not sign) for treatment. In situations where the authorization of emergency medical treatment may be in question, the court may authorize medical or surgical care for a child, according to 16-1616 of the Child Protective Act.

- In many cases, a medical professional's findings concerning the most likely cause of the injury will be needed to confirm whether the injury is consistent with the explanation provided by the caretaker or alleged offender.

- Separately, interview all children in the family who are identified as being at risk of physical or sexual abuse. Interviews with siblings can be extremely helpful in gathering more information regarding family functioning and collaborating or refuting the information provided by the child of concern.

Interviews With Children Involving Allegations of Sexual Abuse

- Social worker should collaborate forensic interviews with law enforcement according to local multidisciplinary protocols.

- Since physical evidence is not always present in cases of sexual abuse, a forensic interview is often the foundation of the case. Therefore, child sexual abuse interviews should be conducted by a person who has been trained to ask questions objectively to determine the child's safety while preserving evidence for potential criminal charges. It is important to interview the child separately from the parent/caregiver and other siblings. Make certain the interview with the child is recorded.

- If a child discloses that he/she has been sexually abused within the last 48 hours, contact law enforcement and/or the prosecutor to determine if the child should be seen by a medical professional to gather physical evidence. The interview may also contain information that would prompt law enforcement to seek a search warrant.

- A child protection social worker may interview the alleged offender in cases of physical abuse or neglect.

- In cases of sexual abuse, the interview with the alleged offender should be conducted by law enforcement or personnel from a specialized interview unit such as CARES. It is important for the social worker to coordinate the sexual abuse assessment with law enforcement and/or specialized interview personnel.

Interviews With Children Involving Allegations Of Neglect

- Idaho's Child Protective Act states that interviews of "alleged victims of child abuse will be documented by audio or video taping." While the statute does not mandate a taped interview with other children in the home who may or may not be potential victims, it is important to see and talk with all children in the home who are identified as being at risk, to assess their safety and allow them to disclose any concerns they may have. All children should be interviewed separately from their parent/caregivers.

Home Visit

- Using a family-centered, objective, respectful, nonjudgmental approach, the social worker should contact the parent/caregiver as soon as possible after seeing the child of concern. If the contact must be made with the parent at his/her work, protect the family's confidentiality by identifying yourself only to the parent. If a receptionist asks who is calling, give your name and state you are calling about the employee's child. Give as little information as necessary to anyone except the child's parent.

- Upon the first contact with the family, federal and state rules mandate that the social worker explain the purpose and nature of the assessment, including the allegations or concerns that have been made regarding the child/family. The

explanation should include the general nature of the referral rather than specific details that could supply information to the alleged offender and impede any criminal investigation. If a criminal investigation is pending, disclosure of any details should be coordinated with law enforcement.

For example, *"I am here today because someone reported concerns regarding bruises on Johnny"* **or** *"I am here today because someone reported that Johnny is being left, unsupervised"* **or** *"I am here today because there are concerns that Johnny may have been sexually abused."* No further details need be supplied.

- During the course of the assessment, the name of the person making the referral must not be divulged.

- During the initial contact the social worker assigned the referral shall give the family their name, work phone number and the name of their supervisor

- To maintain confidentiality, **business cards or notes must not be left on the door** of a residence unless they are secured in an envelope, addressed to the parent(s). Do not use an envelope with the IDHW return address.

Interviews With Parents, Caregivers, and Alleged Offenders

- An interview, by the social worker, of the child's immediate family is mandatory. In referrals involving physical abuse or lack of supervision, each parent/caregiver or alleged offender (except in cases of severe abuse where law enforcement is taking the lead in the investigation) is to be interviewed separately. Interviews should gather the family's perspective on the allegations, including where they were at the time of the alleged incident, their explanation of the incident and allegations, identification of others who might have been present at the time of the alleged incident and anyone else with knowledge about the allegations, and whether the information provided is consistent with the child's account and assessment of the child's condition. During the interview, the social worker is also asking questions which will allow them to make a determination of the parents' protective capacities.

- In allegations of child sexual abuse, the social worker will interview the non-offending spouse/caregiver unless otherwise directed by law enforcement.

- In allegations of child sexual abuse, law enforcement will conduct the interview with the alleged perpetrator.

- In referrals alleging unhealthy or unsanitary home environments, parent/caregivers are not always interviewed separately. However, professional

discretion should be used and parent/caregivers should be interviewed separately if there is reason to believe issues such as domestic violence may be present.

Home Environment

- On referrals alleging neglect or unsafe home conditions, the social worker shall visit/view all rooms in the home to determine if the environment poses a threat of harm to the child(ren). Some regions may use qualified contracted resources to assist in evaluating the home environment.

  The social worker must assess the following:
  - Utilities are turned on and functioning;
  - Adequate and functioning plumbing;
  - Adequate supply of food;
  - Adequate sleeping arrangements;
  - Unsanitary conditions such as rotting food or feces, drugs, caustic cleaning supplies or hypodermic needles within a child's reach;
  - Firearms which may be within the reach of young children;
  - Exposed electrical wires;
  - Leaking gas;
  - Broken windows or glass;
  - Peeling paint;
  - Fire hazards such as cardboard boxes or other flammable materials next to a furnace; and
  - Presence of functioning smoke alarms.

- The social worker must determine whether the parent/caregiver is aware of any potential safety hazards, assess the parent/caregiver's motivation and efforts to address any unsafe home conditions, and assess resources or lack of resources that may affect the home condition. The age and developmental level of the child are factors in determining potential safety hazards, as some hazards may pose a threat to some children but not to others.

Interviews with Collateral Contacts

- Any assessment of an abuse or neglect report will include at least one collateral interview with a person who is familiar with the circumstances of the child or children involved and who has knowledge of the family’s functioning. Collateral interviews will be conducted with discretion and preferably with the parent’s permission. Collateral contacts may include relatives, neighbors, family friends, doctors, school personnel, day care providers, service providers or others who may clarify and supplement information about the child’s condition and family functioning. A collateral contact should be an individual who is not the referent of the child protection concern. Although law enforcement officers may provide important information regarding the family’s criminal history, any criminal

history should be considered a safety assessment factor rather than a collateral contact. Collateral contacts may be made through phone calls, face-to-face interviews, and through written correspondence. Information from collateral contacts should include a description of how long each collateral contact has known the child and/or family, their assessment of the child's behavior and well-being, family functioning, and the family's interaction with the child. If the collateral contact is aware of the allegations involving abuse or neglect, ask the collateral contact for their understanding and explanation of the incident or allegations.

Use of the Safety Assessment to Document Observations, Interviews and Decision-Making

- The findings of the safety assessment will be documented on the "Safety Assessment" tool within thirty (30) days after first seeing the child. The assessment will include all children in the family whose safety may be in jeopardy. Each safety factor is answered for the child(ren) who is the alleged victim (child of concern) or, any other child in the family where the specific factor relates to their immediate safety. If a referent does not specifically name all the children in the family, but other children's safety needs to be evaluated, those children too must be considered in the safety assessment.

For example: A school teacher reports that an 8 year old child has bruises on his face and arms that were allegedly inflicted by his mom who often appears out of control. When the social worker visits the home he/she also sees a 4 year old and a 2 year old who could be at risk of physical abuse. Vulnerability of each child should be considered so the factors should be answered for all three children.

Although the safety assessment includes all children in the family, there are times where a situation necessitates a safety plan for some of the children, but not others. For example, a home environment or lack of supervision would necessitate a safety plan for a two year old, but not a 17 year old. Professional judgment is required in deciding how many children in the family require a safety assessment.

Safety Assessment Summary

The purpose of the safety assessment summary is to provide a brief synopsis of what has occurred in the case to this point in time. The summary is not intended to include all case narratives. The following are guidelines for preparing the summary:

- **First paragraph**: A summary of the concerns reported in the initial referral.

- **Second paragraph:** A summary and process of what the social worker did to address the concerns and how the safety concern was reduced or eliminated.

The Part A summary and narratives addressing the safety assessment factors should be written in complete sentences and organized in a sequence to demonstrate what happened during the safety assessment process.

<u>Safety Factors</u>

- Safety factors are assessed based upon the information that is available when the safety assessment is being completed. The purpose of the safety assessment is to guide decision making and provide a written record of any decisions made; i.e. children are safe right now and will remain safe in the immediate future.

- The social worker shall identify each of the 18 factors on the assessment by checking “yes” when the information currently available indicates a clear presence of the safety factor, “no” when the information currently available does not indicate presence of the safety factor, or “inconclusive” when the information currently available is insufficient or contradictory. If a social worker finds it necessary to respond to several safety factors with the response choice of “inconclusive,” this indicates the need for further assessment. This may occur when family members or collateral contacts will not share information, are avoiding the social worker, the family appears to be hiding information or intentionally misleading the social worker. If a social worker does all he/she can to gather information and the result is still “inconclusive,” these uncertain responses may increase the likelihood that one or more of the children are at immediate danger of serious harm.

- If a factor is checked “yes” or “inconclusive,” the social worker should provide a nonjudgmental, behaviorally specific narrative that supports that finding. If a behavior or condition applies to two factors, fully document the information on the first factor, check the second factor “yes” and type in “see explanation under Factor # __.”

- The social worker shall record "no" when there is no clear presence or cause for concern, based on the information available, that an incident or condition covered by this factor has or is occurring. For example, a parent shows no indication of being "out of control" and comments from collateral contacts do not indicate this factor is an issue. It is not necessary to enter narrative for factors checked "no", however, narrative can be provided if it furnishes additional clarification.

- When assessing the presence or absence of these factors, the social worker shall consider how recently the behavior or condition was demonstrated. For example, ask yourself whether the safety factor is present now, will likely occur in the immediate future or has occurred in the recent past. Use this time criterion unless the factor is specifically related to historical events.

Child Characteristics

Document the following for each child identified as being at risk of serious harm or emerging danger:

Vulnerability/Lack of Self-Protection Skills/Special Needs

- Consider the age of the child(ren), noting that children 6 years of age or younger are generally most vulnerable.
- Assess the child's exposure to community oversight (e.g. school, day care)
- Determine any special needs that may make the child more vulnerable. Consider such characteristics as medical conditions, mobility, vision, intellectual functioning, mental health, and developmental delays.

Behavior Problems/ Emotional Temperament

- Identify behaviors, personality traits or family roles that the may precipitate or provoke abusive or neglectful reactions by parents/caregivers or other household members.
- Identify child behaviors that are disruptive, dangerous, or abusive toward others.

Previously been placed outside the home

- Document whether any child has previously been placed (prior to this particular referral) out-of-home, either via a relative (kinship) placement, an informal placement, or the child has been removed from their parent's custody through legal actions.

Safety Decision

- Based on the assessment of the safety factors and any other key information known about the case, the social worker shall determine whether the child is safe, conditionally safe, or unsafe. This decision is made by weighing the short term danger posed by the safety factors, and a child's vulnerability, offset by any relevant protective capacities or mitigating circumstances. The social worker may find that different safety decisions apply to different children in the family; (i.e. young children vs. older children).

Safety Plan

- A safety plan is not expected to provide rehabilitation or to permanently change behaviors or conditions that led or may lead to maltreatment. Those safety threats are addressed in the service plan. The purpose of the safety plan is to control those behaviors or conditions that pose a present danger to any child and to supplement insufficient protective capacities to protect the child at the present time.

- An effective safety plan will serve to immediately protect the child while a more complete assessment is undertaken and a service plan to resolve or diminish all active safety threats is established and implemented.

"Safe" – A child is considered to be safe when an assessment of available information leads to the conclusion that there are no threats of serious harm due to present or emerging danger or the protective capacities of the family can manage any identified threats to a child at this time.

"Conditionally Safe" – Safety issues exist and a safety plan is being implemented to resolve the threats of serious harm identified at the present time until the safety threat can be resolved or sufficiently diminished. For example, a child is considered conditionally safe in a dangerously unsanitary house where the family has a plan to clean the house and the children can stay with a relative until the unsanitary conditions no longer exist.

"Unsafe" – A child is considered "unsafe" if he/she is in imminent danger and thus requires removal from the parent/caretaker to protect him/her from immediate and serious harm. The parent/caretaker's actions or inactions present threats of serious harm to a vulnerable child and an in-home plan can not be developed or is insufficient to control the present or emerging danger.

- In all instances where a child is considered "conditionally safe" or "unsafe," a safety plan must be developed to document what the family, the social worker, and others have done or will do to ensure the child's safety.

- A safety plan for the family is to be developed with involvement from the family. Family group decision making meetings can be helpful in identifying strengths, protective capacities, family resources, and solutions that can assist in crafting the safety plan.

- Safety plans will incorporate the least restrictive alternative for protecting the child. The social worker will make every effort to engage the family and make reasonable efforts to prevent placement of the child outside the home. All reasonable efforts to engage the family, and the family's response, will be documented on the assessment.

- If a child can be made "conditionally safe," the safety plan will identify specifically how the involved parties will control the signs of present and/or emerging danger. The plan must include how the plan will be monitored and must take into consideration the parents' willingness and ability to follow through with the plan. A contingency plan should also be discussed in the event the primary safety plan proves to be unviable.

- The social worker shall make certain everyone involved understands the safety plan and their respective responsibilities. After the safety plan is developed, it must be implemented immediately to provide adequate protection to the

child(ren). The safety plan is only as effective as the completion of all the tasks necessary to make sure the child is protected.

Determining Whether a Case Should Be Opened For Services

If the child is found to be "safe" the case does not have to be opened for services. The referral will be dispositioned and the presenting issue can be closed with supervisory approval.

- If the child is “conditionally safe”, a safety plan shall be developed and a Comprehensive Assessment (Part B) completed.
- If any child is assessed to be “unsafe,” the standard for “imminent danger” has been met and out-of-home placement is necessary. A Comprehensive Assessment (Part B) will be completed and the case must remain open pending court and/or criminal disposition.
- When safety factors, the child(ren)’s vulnerability, and/or parental protective capacities indicate a child may be maltreated in the near future but the safety concerns do not meet the standard of “imminent danger,” efforts should be made to engage the family and services should be offered according to the CFS Standard for Family Preservation In-Home Cases.

Monitoring the Safety Plan

In order for a safety plan to be successful, it must clarify who is responsible for each plan component and how the plan will be monitored. A contingency plan should also be made in case the primary plan becomes no longer viable.

Determining when the Safety Plan is Discontinued

A safety plan is maintained as long as the family’s own protective capacities are assessed to be insufficient to protect their child from serious harm without CFS involvement. Once the family can assure the safety of their own child, a safety plan can be discontinued. The purpose of a safety plan is to prevent serious harm to a child caused by an active safety threat. The purpose of the service plan is to resolve or diminish the safety threat to the degree that safety responsibility is returned to the family. Once this progress has been completed, the safety plan should be formally discontinued. This may be appropriate even in circumstances where other future risk and/or child well-being needs still exist. In that circumstance, the safety plan is discontinued, but a revised service plan may still be necessary. The timeframes for safety plan completion cannot be predicted. However, it is child centered and family focused best practice to review the child’s vulnerability, the parental or caregiver’s progress made to reduce safety threats, and the enhancement of parental protective capacities throughout the life of the case so the child is always protected in the safest, yet least restrictive manner possible.

Conducting a Comprehensive Assessment Part B

A comprehensive assessment usually requires more than one visit to the home because the assessment addresses the nature of the safety threat and the broader needs of a family that are impacting the safety, permanence, and well-being of the child(ren). The focus of a Comprehensive Assessment is not simply on the presenting issues, but also on the contributing factors such as domestic violence, substance abuse, mental health, poverty and other potential factors that could be signs of emerging danger and may contribute to child maltreatment. Also important is the identification of underlying conditions that influence the dynamics of child maltreatment within a family system. These conditions may include the needs of individual family members, perceptions, beliefs, values, feelings, cultural practices, and previous life experiences. The Comprehensive Assessment also includes identifying family strengths and protective capacities that can support the family's ability to meet its needs and protect its children.

The purpose of the Comprehensive Assessment is to identify the family needs that will impact the safety, permanence, and well-being of the child. These needs, identified in the Comprehensive Assessment, should be reflected in case planning and decision-making and lead directly to the identification of the specific individualized services that are needed to resolve serious safety threats which include both present and emerging danger and reduce the risk of child remaltreatment.

Using the Comprehensive Assessment "Part B" to Document Observations, Interviews, and Decision Making

- When conducting the Comprehensive Assessment, the social worker shall look at the specific factors identified as being problematic and contributing to the likelihood of child maltreatment.

- The social worker shall answer factors (yes/no) based on behaviors, interactions, or circumstances that were present before an intervention or placement, and/or which are based on recent parent-child visitations or any other opportunities to accurately assess current functioning.

- For cases with multiple children or parents/caregivers, each person's name should be entered in the spaces provided and each assessment factor should be determined for each individual.

- The comprehensive assessment is used to guide and document the following decisions:

- What needs to happen over time to reduce and/or eliminate the threats of serious harm, future risks, and meet the child's permanency and well-being needs?
- Which are the contributing factors and underlying conditions that need to be addressed to accomplish this?
- How can information about particular factors for a given family help in designing a service plan?
- How much resolution of safety threats is needed and over what period of time before the child is considered safe?
- Are there signs of emerging danger and what needs to happen in order to address it?
- If children are removed from home - when, where, how frequently and for how long should contact between the children and parent occur?

Dispositioning the Referral

Within five (5) days following completion of the Safety Assessment or the Comprehensive Assessment, the social worker will determine whether a report is substantiated or unsubstantiated for child abuse or neglect. The validity of reports will be determined using the following definitions with consideration given to the age of the child, extenuating circumstances, prior history, parental attitude toward discipline, and severity of abuse or neglect (IDAPA 16.06.01.560). In assigning a substantiated disposition, the social worker should ultimately consider,
"Is the injury or situation a result of child abuse or neglect?"

Substantiated Reports

Child abuse and neglect reports are confirmed by one (1) or more of the following:

- Witnessed by a social worker **(i.e. child found on the canal bank)**
- Determined or evaluated by a court;
- A confession (i.e. parent indicates that they are responsible for the injury to or neglect of the child);
- Validated through the presence of significant evidence that establishes a clear factual foundation for the determination of "substantiated." Example: Injuries consistent with abuse and alleged perpetrator was the only person with the child at the time the child sustained the injuries).

Unsubstantiated Reports

Child abuse and neglect reports that cannot be found substantiated due to:

- Insufficient evidence; or
- Facts indicate that the report is erroneous or otherwise unfounded.
- Mild physical neglect due to poverty issues, including no heat or utilities.
- Minor injury of a child while parent was attempting to protect himself or another.
- Unsanitary house with timely clean up.

- Circumstances in which parent(s) cannot safely provide for their child because the child poses a threat to the safety of the parent(s) or other children in the home and the parent(s) are actively working with the Department or other agency to find a safe and appropriate placement solution for the child.

The social worker will generate a letter from FOCUS, signed by his/her supervisor, to be sent to the alleged perpetrator of a substantiated child abuse/neglect referral. When a substantiated disposition is entered in FOCUS, the individual's name is entered into the Department's Central Registry for Child Abuse and Neglect by the FOCUS system twenty-eight (28) days after the substantiated disposition, unless the individual named on the substantiated disposition requests an administrative review. In these cases, whether an individual's name appears on the Child Protection Central Registry will depend on whether the substantiated disposition is upheld.

If it is determined through the Safety or Comprehensive Assessment that a report is "unsubstantiated," the family will also be advised (IDAPA 16.066.01.563) and the family's name will not be placed on the Child Abuse Central Registry.

Notify the Referent When the Safety and Comprehensive Assessment are Complete

According to IDAPA 16.16.01.559.06, the referent (person who made the report) will be notified when the assessment has been completed. Notification should protect the confidentiality of the family and will not include details regarding the assessment or disposition of the referral. Notification can be made by letter. (A sample letter is attached as an addendum to this standard).

Conducting a Re-Assessment

- A re-assessment will be conducted in all cases in which a social worker is deciding whether to reunify children or close a case that has been opened for services. If a case has been opened for services, FOCUS will not allow the case to be closed without a reassessment completed and entered in the FOCUS data system. The re-assessment can often be effectively completed in the context of a family meeting or family conference.

- A re-assessment may also be completed to assist in decision making around termination of parental rights or to gauge the progress or lack of progress in a case over time. It should also be completed if there are any significant changes in the family's situation or circumstances.

- The results of the re-assessment should be compared with previous safety and comprehensive assessments to assess the family's progress toward protecting and meeting the child's needs. It will indicate whether the family's situation has improved, worsened, or has remained the same.

Using the Re-Assessment Instrument to Document Observations, Interviews and Decision Making

- A social worker should clearly indicate the reason he/she is reassessing the family. For reunification and case closures, simply check the appropriate box in the "completed for assessment" section. When reassessing for any other reason, check the "other significant events" and provide an explanation for the reassessment in the "Rationale for Risk Findings and Case Status" section.

- The reassessment should reflect only information gathered since the last assessment of the family. It should not repeat information recorded on any previous assessments.

- Historic Immediate/Comprehensive Factors are those relating to prior events that would not be expected to improve or are unchangeable. These factors are grouped together under Section 2. If no new information has been discovered that would change the earlier rating, the historic factors do not require a new rating. If no new information has been discovered on any of the factors since any prior assessments, simply check the "no" box in the section header and skip the section. If your current assessment of any historic factors has changed, check "yes" and note the new information under the relevant factor(s).

Decisions in the re-assessment process include:

- Has progress been made towards reducing the safety threat and the underlying factors contributing to maltreatment? If not, are the safety threats increasing and/or do other interventions need to be made? If progress is being made, can some interventions be eliminated or reduced in intensity without increasing the threat of serious harm to the child?
- Has the parent/caregiver made significant changes that have increased his/her protective capacities?
- Was emerging danger identified in the previous assessment and if so, is this danger still present?
- Under what conditions is it safe to reunify the child(ren) with their family?
- When is it safe to close a case?

Documentation

- When recording a description of a particular assessment factor, use specific examples, whenever possible, and avoid judgmental statements and generalizations. The information should be both informative and serve to justify the assessment factor response or rating. All documentation should provide specific detail that is described in objective behavioral terms.

Example: Item 12. Caregiver or alleged offender's alleged or observed drug or alcohol use may seriously affect his/her ability to supervise, protect or care for

the child. Mrs. Palmer indicates that she has used Vicodin since a car accident 8 years ago. She is currently taking 15-20 tablets per day. She has 4 different physicians who prescribe Vicodin for her and she also purchases Vicodin off the Internet. Her husband left a month ago. There is no food in the house, the children haven't bathed or washed their hair for 10 days, and the children haven't been to school for a week. Mrs. Palmer appears intoxicated and is unable to focus long enough to answer any questions.

- All fields and factors on assessments should be documented in FOCUS according to the criteria set forth in this standard and within the required time frames.

SPECIAL CIRCUMSTANCES

Court Ordered Child Protection Assessment

During the course of a court hearing involving issues other than child protection; i.e. child custody, the court may order CFS to investigate/assess the circumstances of a child and his/her family and submit a report to the court. Upon being assigned an order for a child protective assessment, the social worker or clinician will respond according to the urgency defined in the Court's order, and initiate the assessment process. The assessment should be documented on the Safety and Comprehensive Assessment instruments within forty-five (45) days unless the court has specified a shorter time frame. Upon completion, a written report or the assessment tools with a cover sheet should be filed with the court.

Rule 16. Expanding a Juvenile Corrections Act proceeding to a Child Protective Act Proceeding (Juvenile Correction Act)

If at any stage of a Juvenile Correction Act proceeding, the court has reasonable cause to believe that a juvenile living or found within the state is neglected, abused, abandoned, homeless, or whose parent(s) or other legal custodian fails or is unable to provide a stable home environment, as set forth in I.C. Section 16-1603, the court may order the proceeding expanded to a proceeding under the Child Protective Act or direct CFS of Health and Welfare to investigate the circumstances of the juvenile and his or her family and report to the court as provided in I.C. 16-1609. Any order expanding the proceeding to a CPA proceeding must be in writing and contain the factual basis found by the court to support its order. The order will direct that copies of all court documents, studies, reports, evaluations, and other records in the court files, probation files and juvenile correction files relating to the juvenile/child be made available to IDHW upon request. The Safety Assessment and Comprehensive Assessment should be used to conduct the assessment. Prompt initiation of the assessment process may assist in identifying a safety plan that could offer alternatives to foster care.

Safe Haven Referrals

A Safety and Comprehensive assessment should not be conducted nor a disposition made when a parent relinquishes their infant within the first thirty (30) days following birth

according to the Safe Haven Act, Section 39.8102 Idaho Code. However, a judge may order a child protection assessment if a parent comes forth to reclaim the child.

Infants Who Are Born Drug Exposed

CFS will assess the immediate safety of the infant and the family's ability to care for the needs of the infant. Response should be an assessment process that will identify and address the threats of serious harm by creating a safety plan with the family, making appropriate referrals, and assessing the health and safety of the child.

New Presenting Issues on the Same Family

Presenting issues that are reported by different referents, within close time frames of each other (one week) and contain identical referral information, will be combined with the original presenting issue. The new referral will be documented as information and referral and will state that the concerns are being addressed in "presenting issue number ___". Verification must be made with the social worker assigned to the case so that the information in the new referral was or will be assessed when he/she has seen the child, the parent/caregiver, and the home.

If a subsequent presenting issue contains new information, not originally recorded in the existing presenting issue, a new presenting issue will be entered into FOCUS and the social worker must respond according to CFS's Priority Response Guidelines.

All new presenting issues that contain new information require a Safety Assessment. Although a Safety Assessment should be completed for each new presenting issue, multiple presenting issues can be included in the Comprehensive Assessment if the presenting issues fall within thirty days of the Comprehensive Assessment.

Unable To Locate A Family

Diligent efforts must be made to locate a family. Those efforts include the following:

- Recontacting the referral source to verify the address;
- Contacting the family after regular office hours either by a contact from the assigned social worker or through the assistance of an on-call social worker or clinician; and
- Checking with landlords and/or neighbors, known relatives, utility companies, a family's self reliance specialist, local schools and law enforcement for a current address or any information as to the family's whereabouts.

If a family cannot be located, the case must be reviewed by the social worker's supervisor prior to closing the presenting issue. If the family and/or child cannot be located, click on the "unable to contact" indicator on the Presenting Issue program screen in FOCUS.

NOTE: When you click on the "unable to contact" indicator, you will no longer have the option of conducting a Safety or Comprehensive Assessment in FOCUS.

The supervisor will determine when the presenting issue can be closed. If the “unable to contact” indicator is checked, with agreement from the supervisor, the presenting issue can be dispositioned as “unsubstantiated, insufficient evidence” and closed.

<u>Inability to Follow Standards or Rules Related to Assessment</u>
If circumstances exist that do not allow a social worker to follow the standards or rules pertaining to any aspect of assessment, including response timeliness, the social worker shall contact their supervisor before a deadline has passed and request a supervisor’s variance. The reason for the variance must be documented in a narrative in FOCUS by either the social worker or the supervisor.

For example, in a high profile criminal investigation, law enforcement may take the lead and instruct CFS not to respond. If the variance pertains to adherence to the Priority Response Guidelines and the date the child is seen, the reason for not seeing the child within the response time lines should be entered under the variance button under the safety assessment screen.

Variances. A child may not be seen within designated response times. The rationale behind the delay must be thoroughly documented and reviewed (approved in FOCUS) by the supervisor. Circumstances that might warrant a variance include:

- Geographical constraints;
- Weather hazard;
- Good practice decision or professional judgment (be specific);
- Law enforcement has already sheltered the child;
- Social worker safety;
- Child has left the area temporarily or permanently;
- Unable to locate, given diligent efforts;
- Other

Other variances related to safety assessment should be documented under the assessment narrative (including an explanation for the variance) if the variance is related to a rule or standard and occurs during the timeframes of the assessment.

Variances are not to be granted after the fact to explain why something did or did not occur in accordance with rules or standards. Neither are variances to be written or approved to excuse social workers from adhering to practice expectations because of capacity or case load size.

<u>Forty-Eight Hour Supervisory Review</u>

In all Priority I and II cases where the alleged victim of abuse, neglect or abandonment is six years old or under, a review of the case by a supervisor will be conducted within forty-eight (48) hours of initiation of the Safety Assessment. The purpose of the review is to ensure the child was seen, gain an understanding of the safety factors, and consider options for the safety decision and planning if the child is found to be "conditionally safe" or "unsafe." The supervisor will sign off on the 48 hour review in FOCUS. A brief narrative, documented by the social worker or the supervisor shall accompany the supervisor's signature to document whether the child is safe and that the supervisor concurs with the proposed safety plan.

Role of Supervisors in Assessment

The supervisory review represents the supervisor's participation in the decision-making process and his/her acknowledgment that the decisions and assessment documentation meets supervisory expectations and CFS practice standards.

Supervisors are required to monitor the following criteria in reviewing the Safety, Comprehensive, and Reassessment instruments:

- Was the assessment completed in a timely manner?
- Does the assessment provide a thorough description of the family's situation so it can be used to support decision making in the case?
- Were CFS standards, policies, and rules adhered to regarding the assessment process?
- Was the assessment documented in FOCUS, using the best practice standard for documentation?

Any variance to these standards will be documented and approved by Division administration, unless otherwise noted.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CHILD AND FAMILY SERVICES

PART B - COMPREHENSIVE ASSESSMENT

Date:	Family Name:	Family ID:
Region:	Worker Name:	Worker ID:
		Assessment ID:

DIRECTIONS: In completing Part B, Comprehensive Risk Assessment, consider all Presenting Issues received within the past 45 days.

List presenting issue numbers included in this assessment

Safety Assessment Summary (Since Part A):
Worker: Date: Time:

Collateral Contacts (Since Part A):

Medical Evaluation and Physicians Recommendation:

SECTION 1: ASSESSMENT OF CONDITIONS

Answer each item either 'yes' or 'no'.

Family Characteristics

#		Yes	No
1.0	Physical condition of the home poses a danger to any child's health or safety.		
2.0	Limited financial resources.		
3.0	Recent significant stress or inability to cope with stress.		
4.0	Inadequate social support.		
5.0	Geographically or socially isolated.		
6.0	Domestic violence is present and affects parenting, places the child at risk of harm or has resulted in injury to the child. If yes, answer 6.1 thru 6.5 and include comment to each "yes" answer.		
6.1	Child has witnessed parent/caregiver being hurt.		
6.2	Child has been injured during an episode of domestic violence.		
6.3	Child has been used as a shield or coerced to participate in domestic violence.		
6.4	Child's basic needs have been seriously neglected because adult victim was incapacitated by violence.		
6.5	Other domestic violence issues (specify in comments).		
7.0	Other (specify in comments).		

Child Characteristics

#		Yes	No
1	Since the safety assessment, there is additional information to record regarding the child's vulnerability, lack of self protection skills, special needs or behavior problems. Comment:		

#		Yes	No
1	Since the safety assessment, there is additional information to record regarding the child's vulnerability, lack of self protection skills, special needs or behavior problems. Comment:		

Parent/Caregiver or Alleged Offender Characteristics

#		Yes	No
1.0	History of violence toward others.		
2.0	Unrealistic expectations/inadequate parenting skills.		
3.0	Lack of cooperation with essential aspects of the assessment/service plan.		
4.0	Substance abuse is present and affects parenting or places the child at risk. If yes, answer 4.1 - 4.5 and include comments for each "yes" answer.		
4.1	Child has been exposed to parent/caregiver manufacturing and/or selling drugs.		
4.2	Child has been sexually or physically abused when parent/caregiver may have been under the influence.		
4.3	Child's basic needs for adequate clothing, food, shelter, supervision or medical care may		

	have been neglected while parent/caregiver may have been obtaining and/or using drugs/alcohol.		
4.4	Child's emotional needs have not been met by parent/caregiver, who appears to have difficulty bonding with or nurturing the child due to drug/alcohol use.		
4.5	Other substance abuse issues (specify in comments).		
5.0	Alleged/observed mental illness (including depression), developmental disability, or physical impairments may seriously affect ability to supervise/protect/care for the child.		
6.0	History of abuse or neglect as a child.		
7.0	Convicted of a criminal offense.		
8.0	Little recognition of problem or motivation to change.		
9.0	Relationships with extended family are unsupportive/conflictive. Comment:		
10.0	Lack of willingness/ability to protect child(ren).		
11.0	Lack of empathy, nurturance, bonding.		
12.0	Other (specify in comments).		

#		Yes	No
1.0	History of violence toward others.		
2.0	Unrealistic expectations/inadequate parenting skills.		
3.0	Lack of cooperation with essential aspects of the assessment/service plan.		
4.0	Substance abuse is present and affects parenting or places the child at risk. If yes, answer 4.1 - 4.5 and include comments for each "yes" answer.		
4.1	Child has been exposed to parent/caregiver manufacturing and/or selling drugs.		
4.2	Child has been sexually or physically abused when parent/caregiver may have been under the influence.		
4.3	Child's basic needs for adequate clothing, food, shelter, supervision or medical care may have been neglected while parent/caregiver may have been obtaining and/or using drugs/alcohol.		
4.4	Child's emotional needs have not been met by parent/caregiver, who appears to have difficulty bonding with or nurturing the child due to drug/alcohol use.		
4.5	Other substance abuse issues (specify in comments).		
5.0	Alleged/observed mental illness (including depression), developmental disability, or physical impairments may seriously affect ability to supervise/protect/care for the child.		
6.0	History of abuse or neglect as a child.		
7.0	Convicted of a criminal offense.		
8.0	Little recognition of problem or motivation to change.		
9.0	Relationships with extended family are unsupportive/conflictive. Comment:		
10.0	Lack of willingness/ability to protect child(ren).		
11.0	Lack of empathy, nurturance, bonding.		
12.0	Other (specify in comments).		

SECTION 2: FAMILY STRENGTHS AND MITIGATING CIRCUMSTANCES

Briefly describe the family protective capacities and strengths (including extended family) or mitigating circumstances that can be leveraged to reduce the safety threats and how this will occur. Categories could include (check as many as apply):

( ) Parent-child relationship	( ) Parental Support System
( ) Past Support System	( ) Family History
( ) Parent's Self-Care and Maturity	( ) Child's Emotional, Cognitive and Social Development
( ) Services are or could be put in place to reduce risk	( ) Other

Strengths/Circumstances Narrative:

Worker: Date: Time:

Concurrent plan is needed to ensure permanency	( ) Yes	( ) No

Dispositional Statement

If Substantiated, Date Notification letter sent:

PI#	Child Name	Suspect Name	Reason	Date	Disposition	Rmvd Frm Cntrl Reg

Disposition Narrative:

Worker: Date: Time:

PI#	Child Name	Suspect Name	Reason	Date	Disposition	Rmvd Frm Cntrl Reg

Disposition Narrative:

Worker: Date: Time:

Case Status (check one)

( ) Case closed after supervisory review
( ) Family referred to community resources with supervisory approval
( ) Case remains open on voluntary agreement
( ) Case remains open with court intervention
( ) Case closed after court intervention

Rationale for Case Status Narrative:

Worker: Date: Time:

Has the referring party been notified that the assessment is complete? If no explain, if yes provide the date.	( ) Yes	( ) No

SECTION 3: SIGNATURES/DATES

Caseworker's Signature: ____ Date: ______________________________

Supervisor's Signature: ____ Date: ______________________________

Comprehensive Risk Assessment
Response Guidelines

Family Characteristics

1. Physical condition of the home poses a danger to any child's health or safety.

- Consider whether there exists any physical, sanitation, utilities, available living space, or other aspects of the home that pose a potential danger to children residing in the home and whether any major repairs are needed an describe these. If any of these exist, mark "Yes."
- Describe the types of conditions that pose risk and the needed repairs.
- Assess and describe the existence or threat of homelessness.

2. Limited financial resources.

- Identify the existence of any financial difficulty that is manifested by insufficient funds and/or inadequate financial management and which poses a risk to the parents ability to clothe, feed, or shelter the child or to obtain medical/dental care.
- Describe the nature and severity of the financial difficulty.

3. Recent significant stress or inability to cope with stress.

- Consider the type and severity of recent stressors.
- Assess the family's ability to cope with these stressors.
- If either the severity of the stressor or the family's inability to cope is significant enough to pose potential danger to the child, mark "Yes."
- Describe the type and severity of recent stressors and evidence of the parent's inability to cope.

4. Inadequate social support

- Assess the availability of needed social support.
- Assess the adequacy of available social supports.
- Consider the family's need and willingness to accept needed support.
- Consider the family's ability to constructively engage available support.
- If the family's support system is ineffective in helping them cope with major stress or solve important problems, mark "Yes."
- Describe the nature of the inadequate support system.

5. Geographically or socially isolated

- Consider whether the family is willing and able to access services and resources because of their geographic location and transportation access and whether they are willing and able to use transportation to access services.
- If the family is significantly impeded from using services due to lack of supports in the area, distance, lack of transportation, or unwillingness/inability to se transportation, mark "Yes."
- Describe the nature of the geographic isolation.

6. Domestic violence is present and affects parenting, places the child at risk of harm, or has resulted in injury to the child.

- Assess whether any family members are the target or perpetrator of physical, or psychologically harmful behavior. If yes, answer each of the domestic violence questions under this item. See "Blue Guidelines Sheet Handout #24" for additional response guidelines on domestic violence.

7. Other (keyboard and specify)

Child Characteristics

- See "Blue Sheet Handout #14a Child Characteristics" for response guidelines. Record any additional information regarding the child(ren) since the last assessment.

Parent/Caregiver or Alleged Offender Characteristics

1. History of violence toward others

- Determine whether there have been past instances of physically aggressive behavior toward others.
- Assess frequency, duration, whether there was an injury, or the existence of aggravating or mitigating circumstances.
- If there have been any past instances of violence by this person, mark "Yes."
- Describe the type, frequency, and severity of the violence.

2. Unrealistic expectation/inadequate parenting skills

- Assess whether any children appear to be negatively affected by inadequate attention or interpretation of their needs.
- Assess the person's guidance, rule-setting, ability to set and enforce limits, discipline methods, degree of supervision, and communication patterns.

- Consider whether adult-child activities, expectations, boundaries and/or roles are within developmental, cultural, and community norms.
- If any of the above (the person's unrealistic expectations, guidance, rule-setting, ability to set and enforce limits, discipline methods, lack of supervision, or communication patterns) could put the child in dangerous situation, mark "Yes."
  Describe the nature of the unrealistic expectations or inadequate parenting skills.

3. Lack of cooperation with essential aspects of the assessment/service plan

- Assess the nature of any lack of cooperation, e.g., does not engage in assessment or planning, agrees to cooperate but doesn't follow through, or does not recognize the problem, or will not take responsibility for the problem, or routinely misses scheduled appointments.
- Assess whether lack of cooperation is intentional.
- Assess to what degree it may be contributing to negative outcomes.
- If the person's lack of cooperation hinders the chance of successful reduction of risks to the child, mark "Yes."
- Describe the nature of the lack of cooperation with specific essential aspects of the assessment/services plan.

4. Substance Abuse is present and affects parenting or places the child at risk.

- Assess whether any family members are having a substance abuse problem. If yes, answer each of the substance abuse questions under this item. See Blue sheet Handout #24a for additional response guidelines on substance abuse.

5. Alleged/observed mental illness (including depression), developmental disability or physical impairments may seriously affect ability to supervise/protect/care for the child.

- It is not necessary to have a professional diagnosis, but without one, there should be clear and observable evidence or symptoms of mental illness (including depression), developmental disability, or physical impairment.
- Assess how one or more of these conditions currently or could likely in the future negatively affect the person's ability to supervise, protect, and care for the child.
- If one or more of these conditions currently or could likely in the future affect the person's ability to supervise, protect or care for the child to the extent that abuse or neglect could occur, mark "Yes."
- Describe the conditions and how the condition currently or likely could lead to abuse or neglect.

6. History of abuse or neglect as a child

- Assess whether there is any information – official or anecdotal – that this person experienced abuse or neglect as a child.
- If there is, mark "Yes."
- Describe the nature of the person's childhood abuse or neglect.

7. Convicted of a criminal offense

- Determine whether information is available that identifies a criminal conviction.
- Exclude minor offenses or misdemeanors.
- If there is information about criminal conviction, mark "Yes."
- Describe the nature, severity, time frame, and frequency of criminal conviction(s).

8. Little recognition of problem or motivation to change

- Assess whether person is indifferent, opposed, or hostile regarding the recognition of identified problems.
- Consider whether motivation is reasonably consistent and genuine.
- If the person either does not recognize most or the entire problem or has low motivation to change, mark "Yes."
- Describe the nature of the lack of recognition or motivation.

9. Relationships with extended family are unsupportive/conflictive

- Identify the existence of extended family relationships and then assess what support they provide to the family.
- If the person is likely to have little or no constructive support from extended family I the event of major stress, mark "Yes."
- Describe the nature of the inadequate support.

10. Lack of willingness/ability to protect child(ren)

- If the person is unlikely to protect the child, mark "Yes."
- Assess motivation and capacity to protect child, especially in the context of any impediments.
- Assess degree to which parent/caregiver assumes responsibility for harm to child.
- Describe the nature of the unwillingness or inability to protect the child.

11. Lack of empathy, nurturance, bonding

- Assess attentiveness to child's particular needs.
- Consider criticism provided in proportion to child's behavior.
- Assess child's reactions to person' s behavior.
- Assess person's reaction to child's behavior.
- If the person demonstrates little empathy, nurturance, or bonding toward the child, mark "Yes."
- Describe the nature of the lack of empathy, nurturance or bonding.

12. Other (keyboard and specify)

A Guide to Family Strengths and Mitigating Strengths: Comprehensive Risk Assessment

Category: Parent – Child Relationship

- Periods of positive interaction; shows affection
- Responsive to child's needs ahead of her own; shows empathy
- Exhibits appropriate affection
- Speaks postively toward child
- Responds appropriately to the child's verbal and non-verbal signals
- Has raised child for a significant time period
- Child appears comfortable in presence of parent
- In past, parent has met the child's basic physical and emotional needs

Category: Parental Support System

- Spiritual values, beliefs, racial/ethnic affiliation, cultural beliefs, language skills, clubs, affiliations, religious groups, hobbies, loyal friends
- Positive, significant relationships with other adults who seem free of overt pathology (spouse, parents, friends, relatives)
- Parent has a meaningful support system that can help now (church, job, and counselor)

Category: Past Support System

- Family has helped before
- Members of family have protected child
- Relatives come forward to offer help; relatives have followed through on committments in the past
- There are significant other non-relative adults who have helped in the past and have followed through on comittments

Category: Family History

- Special aptitudes or skills, have solved problems in the past
- Family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis
- Parent's history shows evidence of his/her childhood needs being met adequately

Category: Parent's Self-Care and Maturity

- Good health
- History of stability in housing
- Solid employment history
- Employable skills
- Graduated from high school or earned a GED
- Resourceful; does not give up; ability to problem solve

Category: Child's Emotional, Cognitive and Social Development

- Shows age-appropriate cognitive abilities
- Able to attend to tasks at age appropriate level
- Shows evidence of conscience development
- Appropriate social skills

Category: Services Are or Could be Put in Place to Reduce Risk

- Family currently is receiving services that are effective in lowering risk.
- Family currently does not have services but is receptive to receiving them.

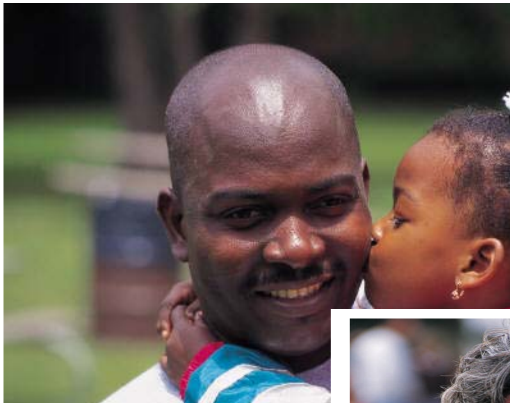
Adapted from Potential for Reunifcation – Assessment (State of Caliofornia as adapted from Linda Katz)

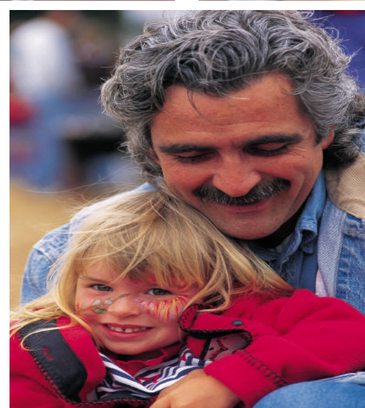
FAMILY CENTERED ASSESSMENT GUIDEBOOK:

THE ART OF ASSESSMENT

NRCFCPP
NRCFCP

JULY 2002





Family-Centered
Assessment Guidebook

About Family Centered Practice

Family Centered Practice requires that the entire system of care seek to engage the family system in helping them improve their ability to safely parent their children.

Family centered practice requires that the family be viewed as a system of interrelated people and that action and change in one part of the system impacts the other. While the ultimate goals are the safety, permanence and well being of the child, the entire family is the focus of intervention. In family centered practice, the work is not intended to solely be one of "diagnosis and treatment". Many families that come to the attention of the child welfare system are in need of assistance in basic parenting tools such as daily living skills and managing normal child developmental stages of behavior. Additionally, many of the families that come to the attention of the system need access to community resources that can help them keep food on the table, provide rental assistance, etc. Family Centered practice requires the delivery of an individualized array of informal and formal services and supports to meet these needs. The development of creative community options is often necessary to meet the needs of families served. In effective service systems, the delivery of services appears seamless to the family—providers working together as a collaborative team.[1]

Family Centered Practice also requires an understanding of the importance that relatives and other kin can play in planning for and ensuring child safety and permanence. The tradition of extended family and other significant adults caring for children when the child/youth's parents are not able to do so is strong in all cultures. This tradition has been based on the strengths of family members and networks of community support to ensure that children remain within their own families and communities when parents cannot provide the care, protection, and nurturing that children need. It has really only been in the past ten years that effective child welfare practice has begun to include and plan for "kinship care" as part of its many permanency options for children. In the late 1980s and early 1990s as growing numbers of children were entering foster care and, simultaneously, the number of traditional foster families was declining, child welfare systems began to look to children's extended families as resources for the care of child/youth who entered the formal child welfare system. Since that time, increasing numbers of children who enter foster care have been placed in the care of kin.[2]

The core principles of a family centered practice model include:

- Preservation of the family whenever possible. When it is not possible that children remain living with their birth family—that connections are preserved for children to their kin, their culture, and their community.

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[1] Much of the work of Annie E. Casey's community building is based on research that children who grow up in strong caring communities far better in nearly every indicator; health, education, social experiences, family interaction. (2002)

[2] Children's Bureau Express (a publication of DHHS). 2003.

- When children must be removed from their homes, we ensure that parent child interactions occur as frequent as possible between parent and child, between case manager and family. [3]
- "Family directed" intervention—we do not seek to tell the family what to do but to create an environment where families can best determine their own actions.
- Honest feedback to families.[4]
- Ensuring that services are intentionally/planfully directed toward teaching the family skills to function independently without the formal helping system.
- Respect for families is at the core of service provision.
- Work with both the child and the family system.
- Children have voice in decisions that impact their life.
- Community partnerships serve as a vehicle for much of the service delivery.
- Work from a strengths perspective.

This document contains possible questions that can assist you in gathering information from a family during the assessment phase. It is critical that you do not ask a family all of these questions—but try to use those questions that will best elicit information from the family.

Additional valuable tools in learning about a family are **Lifelines, EcoMaps and Genograms.**

The categories that are addressed in this assessment include the following:

- The family telling their story
- Parenting
- Family fears
- Family resources and strengths
- Kinship/neighbor care options–family connections–support system
- Child Needs
- Child Mental Health
- Parental Mental Health
- Parental Child/Substance Abuse
- Domestic Violence in the Home
- Employment/Vocational
- Educational
- Housing/Basic Needs
- Medical/Dental
- Successful Visitation
- Reunification/Case Closure

[3] Some of the best research on the importance of frequent parent-child interaction has been conducted by Hess. Case and Context: Determinants of Planned Visit Frequency in Foster Family Care. (CWLA 1998). Family Visiting of Children in Out of Home Care: A practical Guide (CWLA 1999). Family Connection Center: An Innovative Visitation Program. (CWLA 1999).
[4] Full Disclosure is a practice model that is inherent in a strong Family Centered/Concurrent Planning Environment. Frankel. Family Centered, Home Based Services in Child Protection: A Review of the Research. Social Service Review (1997).

FAMILY TELLING THEIR STORY	
Ways to Ask Questions	• What are the family's perceptions of the reasons that the system is involved—or why the child has been removed? • What has your life been like in the past year? Have there been any big events or changes? How are you and your child dealing with theses changes? • Describe your childhood – what was it like growing up in your family? • In the Native American Community the story may begin many years ago—story telling takes time—workers need to listen to their entire story. Need to be sensitive to the tension between time and honoring relationship—genuine and respect. • Are any of the safety and risk issues valid from the families' perspectives?
Success Factors on Which You Can Build	• Bonding between child and parents—connection, stories of positive healthy interaction. • Support systems and connections that serve to provide the family with care giving, and/or financial options. • The parent acknowledges the problem and is willing and open to intervention.
Considerations and Areas we need to explore	• Lack of parental acknowledgement and understanding of the issues –and a seeming lack of motivation to change the problem.
Comments:	
PARENTING	
Ways to Ask Questions	• Parenting is not something that you wake up and know how to do…it is just hard for all of us. Do you ever get lost as a parent? • How often do you eat with your children? • Do the children have breakfast before they go to school? • Scaling question—On a scale of 1-10, where are you at in comparison with where would you like to be as a parent?

	• What is a day in your life like? • If one of your kids is being really difficult "lies all of the time" what is one creative way that you have used to deal with it?" • What bugs you about your child – what pushes your button—who does he/she remind you of? Describe each of your children? • Describe a great memory you have of your family. • When is a time when your child was very successful—what part did you play in that success? • What are the ways that you show love to your children? • Who taught you to be a parent? Who is your biggest influence as a parent?
Success Factors on Which You Can Build	• Can they recall something with their child that is a good memory? • Clear verbal statement that they love their children • If the parent can still laugh about some of the things that their children are doing…find the humor and tenderness in the frustrations. • Is there some understanding of the process that they are going through? • Parent willingness to modify parenting style—willing to try new ideas. • Can reach out to find family members or neighbors who can provide relief to some of the day-to-day stressors of parenting. • Parent is willing and able to parent (physically & mentally).
Considerations	• Parent is young or had a child at an early age. • Parent is single with little parenting support. • Child has taken on parenting role in the family. • Parent has unrealistic expectations for the child. • There is a lack of consistent supervision. • Responds negatively, harshly, tone of voice is generally angry or harsh. Excludes the child. Negative to normal developmental behaviors.

Comments:

FAMILY FEARS

Ways to Ask Questions	• What scares you the most about CPS involvement? • We are all afraid to be judged…are you afraid of how I might perceive you? • Do you think that you are going to be able to do what the judge or child protection wants you to do? • Are you afraid of what your children might think? • How do you think the rest of your family is going to respond to our involvement?
Success Factors on Which You Can Build	• Where do we leave the room for the family to say, "I cannot parent"? Strength and courage to say that someone else would do this better---and I would like to be apart of deciding whom it should be. • Parent, while uncomfortable, does what it takes to meet child's needs—regardless of own feelings of pride.
Considerations and Areas to explore	• Remember a family under stress does not assimilate all of the information that we are sharing. Their thoughts are often illogical and they usually are in the fight or flight mode of survival. • Child fears parent or other adult within the home. • Family expresses fears of long-term parenting—does not see self as a long term parent to this child either through capacity or willingness? • Parent's pride or unwillingness to receive help hinders their ability to correct risk and to meet children's needs.

Comments:

FAMILY RESOURCES AND STRENGTHS

Ways to Ask Questions	*Adult/Family/Adolescent Strengths:* • What was something that you did in the last 30 days that you are proud of?

	• When do things work well in your family? • What do you enjoy doing? • What are you good at? • How does your family have fun? What activities do you and your child like to do outside of the home? • What gets you through a bad day? • When was the last time you felt really good about yourself—what were you doing *Child Strengths:* • What things can your child do by himself? • What is he/she really good at?
Success Factors on Which You Can Build	• Can recall when someone's needs were met by his/her action. • Parent put someone else's needs ahead of his/her own. • Parent sees possibilities. • Parent completed a task. • They can measure that they are improving in something…recognize that they are moving in the direction that they want to. • Parent is able to identify their own needs and their child's needs. • Family is open to feedback and support.
Considerations and areas to explore	• Self concept is so stressed that parents do nothing for themselves—and cannot recall any times of joy or happiness.

Comments:

KINSHIP/NEIGHBOR CARE OPTIONS–
FAMILY CONNECTIONS–SUPPORT SYSTEM

Ways to Ask Questions	• What family members are you close to? • Who can you rely on? • Who helps you when you are stressed out? • Who do you trust? • For a Native American family, do you visit your relatives? What do you consider home? • Who do you consider family? • Are you connected to any tribe or family? • Are you involved with any church or community group? • Sometimes when you don't know how you are going to feed your children, it is hard to focus on anything else---do you ever struggle? Who helps you during these times? • How long have you lived in this community?
Success Factors on Which You Can Build	• Family clearly has connections and support systems. These people are clearly there for the family. • Parent is involved with activities outside the home.
Considerations and Areas to explore	• Recent death or loss of a family member that served as a support system. • Does not seem to trust anyone to get close. • Lives in a geographically isolated area. • If exploring kinship care, can and will this relative meet the safety and well-being needs of the child?

Comments:

CHILD NEEDS

This need to be completed for every child in the family. Remember every child in the family may be causing stress—not just the "identified" child.

Ways to Ask Questions	*Ask the parent:* • Based on the child's experiences –what do they need? • What do you think that your child needs? • Do you think that you will, in the near future, be able to give your child what you want them to have? • With whom is it important to this child to stay connected? *Ask the child:* • What do you think you need? • Grant you three wishes what would they be? • Are there times that you feel scared…what is happening then? Who is around? • What is the best time at home? • What is the worst time at home? • What are you good at? What do you love to do? What do you like about school—what is your favorite subject in school? • Is it easy to make friends? Do you have a close friend? What do you do together? • What would you like to see change about your family?
Success Factors on Which You Can Build	• Child goes to parent to get needs met. • Child appears to feel safe with parent. • Child has toys that are age appropriate. • Child knows not to talk to strangers and other safety tips.
Considerations and Areas to explore	• Does any child within the family have special physical or developmental needs that are very demanding?

Comments:

CHILD MENTAL HEALTH

Ways to Ask Questions	• Does your child have any behavioral problems, problems at school or bedwetting? If so, please describe your child's behaviors. • If so, have you had to miss work or school because of these problems?
Success Factors on Which You Can Build	• Child appears to be happy, has friends and is well adjusted. • The family has sought out mental health services for the child • Child follows recommendations of mental health professionals. • The parent voices concern and asks for help around the child's behavior health needs.
Considerations and Areas to explore	• Has the child had a suicidal gesture in the past? • Are the behavioral issues of the child such that the family is isolating the child—or focuses solely negative interaction with the child?

Comments:

PARENTAL MENTAL HEALTH

Ways to Ask Questions	• As a child did you ever experience any type of abuse? • Do you ever feel like you just can't take it any more? • Do you ever have a hard time just getting going? • When you cannot "get going" who takes care of your child?
Success Factors on Which You Can Build	• Family giving themselves permission to not parent—they are OK with it…we make it OK. • Parent has or is seeking mental health treatment • Parent consistently follows recommendations from therapist
Considerations and Areas to explore	• Parent appears depressed, unkempt, sleeping all-day, tearful—unable to plan for the needs of the child.

Comments:

PARENT and/or CHILD SUBSTANCE ABUSE

Ways to Ask Questions	• Has drinking or drugs been an issue in your family? • Have you ever felt like you should cut back on your drinking or drug use—or felt bad or guilty about it? • Have you ever used alcohol or drugs to get you through a bad time? • Has your drinking or drug use caused job, school, family, or legal problems? • Have you ever felt annoyed by criticism of your drinking or drug use? • Do others in the home use alcohol or other drugs?
Success Factors on Which You Can Build	• Treatment was successful and parent or child maintains sobriety. • Attends AA, NA or other support group • Child or parent says that he is able to say no to peers. • Child admits using and has frank conversations with parents. • Child is able to express concerns about personal use.
Considerations and Areas to explore	• History of drinking per report by the family. • Binge drinking that results in a disruption in the family and reduces the parent's ability to care for the child.

Comments:

DOMESTIC VIOLENCE

Ways to Ask Questions	• How is your relationship with your partner/spouse/significant other? • Have you ever felt worried about your safety because of your partner...in what way? • Have you ever been concerned about the safety of your children? • Do you have a pet—if so have you ever been worried about the safety of your pet?

Success Factors on Which You Can Build	• Parents are able to identify methods for non-violent resolution of conflicts and can provide examples of times they have successfully used these methods. • Non-offending parent protects child by sending child to relatives, friends or another safe place.
Considerations and Areas to explore	• Household has a history of family violence • One parents is afraid of another adult within the family • Child expresses concern for parent's safety • Child attempts to intervene during a domestic violence incident • Child is injured during a domestic violence incident
Comments:	
EMPLOYMENT/VOCATIONAL	
Ways to Ask Questions	• Do you currently have a job? • What is the longest time that you have had a job? • What kind of work do you do? • What kind of work do you enjoy? • Have you had any training that you wish you could use in your work? • Are people in your life supportive of you working?
Success Factors on which you can build	• Parent has held a job for one year or longer. • Parent is or has participated in job training, GED classes, or higher education classes • Parent has successfully completed job training or GED/education.

Comments

EDUCATIONAL

Ways to Ask Questions	*Ask the Parent:* • What was the highest grade you as the parent completed—did you like school? • If you had the opportunity would you like to get more education? • What are your hopes for your child's education? • When your child is in school are you involved in their education? • How does your child do in school? Does he/she/they like school? • Do you think that your child in need of special services –and you cannot obtain them from the school? *Ask the Child:* • What do you think about school? • Do you have a favorite subject or class? • What would you like to be when you grow up?
Success Factors on which we can build	• Parent completed high school • Parent completed or is enrolled in GED classes • Parent attends (or has) secondary education program • Child attends school regularly • Child makes good grades • Child has good behavior while at school
Considerations and Areas to explore	• Child is frequently truant–and parent is accepting of this. • Child does not concentrate at school—per teacher report. • Child struggles with ADD or ADHD.
Comments:	

HOUSING/BASIC NEEDS

Ways to Ask Questions	• How many times have you moved in the past year? • Why did you move? • Most months, are you able to pay rent? • When was the last time that you had to ask for assistance in paying rent, mortgage, and/or utilities? • Have you ever applied for public assistance (TANF, food

	stamps, day care subsidy, utility assistance)? • Do you ever have concerns about your house or your neighborhood being safe for you or your children?
Success Factors on Which You Can Build	• Being poor does not mean that the family needs child protection involvement. • Creatively finds supports to meet child's needs—has a strong sense of community options. • Family is able to meet their basic needs either on their own or from their community.
Considerations and Areas to explore	• Homeless—which is a stressor. • Family moves frequently

Comments:

MEDICAL/DENTAL	
Ways to Ask Questions	• Does you/or your child have a medical provider? • When was the last time that you saw him/her? • Does you or your child or any member of the family have any health conditions we should know about? • Has you or your child/any member of your family been sick lately? • Has your health ever held you back from getting a job or taking care of your children? • Are there any medications that you/your family is taking? • Have you and your children been to the dentist? • When was the last time your children visited the dentist?
Success Factors on Which You Can Build	• Parent able to verbalize child's medical conditions—knows what they need. Has plan for caring for child. • Parent maintains their own health by having check ups • Parent maintains their child's immunizations and regular medical check ups. • Parent and child visit a dentist every 6 months. • Both parent and child are healthy.
Considerations and Areas to explore	• Parent has a medical condition that does not allow them to care for their child—no outside support. • Cannot meet ongoing medical needs of the family due to lack of resources. • Child has medical condition that places stress on the family physically, emotionally, and/or financially.
Comments:	
SUCCESSFUL VISITATION	
Assessment for Successful Visitation and Planning for children in Out of Home Care.	• There needs to be a conversation about the real (higher) purpose of this visit. Parent's perspective and workers perspective. • Visitation is only denied due to a parent being under the influence if it harmful to the child or if denied by the court. • Remember that there is an expectation that the foster family work/team/support with the birth family—so the worker can expect this/suggest this/encourage this—but you cannot mandate

	it. • There is a positive correlation between family contact and family reunification. For this reason visitation is critical. • If the child is in placement, what are the ways to make visitation successful and consistent? • What is the best time for visitation? For the parent? For the child? For the out-of-home care provider? • If we had the resources, how many times a week do you think that you would like to visit your child? • Does the parent have/need transportation? • Where would you feel most comfortable visiting? • Ask the parent, Could we plan a specific activity for the visit? What are the things that your children like to do…could you bring along a game? • Who do you want to be at the visit? Why is it important that this person be there? Who is your child connected to?
Success Factors on Which You Can Build	• Look for ways that it can occur in the home—we need this to be productive and conducive to bonding. • If the parent says that there is someone who is connected to the family and *is safe*—could this person be the individual who supervises the visit? This must be addressed only in the context of safety. • Our job as social workers is to try to wrap the supports around the family to get as much visitation as possible. We cannot always do this, but with our supervisor we need to find a way. • Have the parent at school conferences, at doctor's appointments, etc. • Really look at sibling relationships and visitation. • Explore ways that all family members (parents, siblings, grandparents, etc.) can keep in touch through visitation, telephone calls, mail, email, photographs, and videos.
Considerations and Areas to explore	• Child has extreme emotional and/or behavioral reaction to visits that is chronic (lasts longer than a few days) in nature. May need to look at therapeutic visitation techniques. • Resource Parents and Birth Parents are not able to work effectively together.

Comments:

REUNIFICATION/CASE CLOSURE	
Ways to Ask Questions	• What do you think is keeping your family from being together? OR What do you think is keeping CPS involved in your life? • What is it going to take, from both of us, to get your family back together? OR close your case safely? • What are you willing to change to reunite your family? • Of all the things that CPS or the courts have asked you to do, what do you think you will need the most help with? • Of all that we have offered, what is most helpful?
Success Factors on which you can build	• Parent is able to identify successes. • Parent is motivated to change—has initiated changes on their own. • Parent seeks and uses community resources.

Comments:

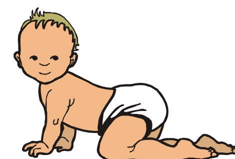
Supplemental Information #4
Williams/Gordon Family

Instructions: Read AFTER completing the second Part A (for the 02/13 Critical Event) and BEFORE watching the second part of the videotape.

Yvette called CFS two days later and Ms. Campbell went to see her, however Yvette was still high and Ms. Campbell was not able to gather much information. She says she will talk with Yvette as soon as Yvette is able to communicate. Ms. Campbell visited the children at Emma's and interviewed each. She also interviewed Emma. She learned that Yolanda feels responsible for the younger children and she resents it. She feels her mother does not love her as much as Ricky because Yvette always yells at her. She says she is afraid, though that her mother "will die on the street" because of her drug abuse. Ricky says he misses his mother but his grandmother always feeds them and the food is better that what Yolanda or his mother makes. Ms. Campbell learns that Emma's income is from a part time job. Ruby's income is a big help to her. She says her support is her church, Ruby and neighbors. She says David and Yvette are bad together, Yvette can't seem to stay away from drugs if he is around. She says all of their friends are crack heads.

Ms. Campbell also contacts the schools. She learns Yolanda is an average student in the 4th grade. She has friends but she also has a quick temper and often becomes angry if she thinks she is treated unfairly. She has had several pushing and shoving incidents with other students, usually provoked by teasing. Ricky's Headstart teacher says he is impulsive and appears to be slow in his language and fine motor development.

A week later Ms. Campbell goes to the home. As you will see, David is with Yvette and Ms. Campbell interviews both of them. Ms. Campbell has discussed the children and the reason the older ones are with Emma and the baby in foster care. Yvette admits that she has been using drugs but insists she is OK now. The video takes up on the interview after there.



Supplemental Information #5
Williams/Gordon Family

Instructions: Read AFTER viewing the second segment of the videotape.

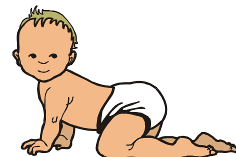
In addition to the information gathered in this videotaped portion of the interview, Ms. Campbell explored other areas of their lives and learns the following:

Yvette has had an inconsistent work history. She was fired from her last job as a factory worker when she didn't show up for work after a night of partying. She has a GED but does not have any other technical training. She is interested in going to school to become a nurse's aide and has expressed to her TAFI worker. Yvette admits that she worries about having enough money to raise a family and that she doesn't like asking Ruby for money and her mother refuses to support her. She says that when she gets high, she can forget all about money worries. However, when David is around, he makes enough money so that he could support Yvette and the children.

Yvette is able to access services by using public transportation. Occasionally, she gets a ride from Emma or Ruby using Emma's car. David also has his own car and he has provided Yvette and the kids with transportation. When asked about activities that Yvette might do outside the home that would not involve her drug using friends, Yvette said she might consider going back to her old church. Yvette remembers that she used to like going to services because the energy level was high and she liked the singing and clapping. She reports no criminal history. In addition, Yvette has a GED and would like to attend technical school when she is able to stay sober. Although she claims she can get straight on her own, and that she will "do what needs to be done to get my kids back," Yvette also reverts to statements such as "I will never be able to have a better life" and "the whole situation is hopeless."

Yvette expresses affection and love for her children and seems well attached to all of them. However, she does not know what to do when the children misbehave. For instance, while she recognizes that Ricky has problems, she does not have any idea about what to do about it other than yell at him. She says she disciplines Yolanda the same way, by yelling at her.

David and Yvette both say that their friends are not good influences. David denies he has a substance abuse problem, saying he has control. Yvette says "David, you are just like me, you have a problem but you won't admit it.



The difference is I get high because I'm so down on myself. I feel so bad about my life. You do it just because you like to be high. You think you're just fine the way you are. But you're not." When Ms. Campbell suggested that David might benefit from a substance abuse clinic evaluation to make sure he did not have a problem, David refused.

David works full-time as an auto mechanic. He has had this job for two years and makes a reasonable salary. When he is not living with Yvette, he says he stays with various friends. When asked more about their relationship together, Yvette says that they talk or argue or David just leaves the apartment for awhile. Other times they both say they get along well and can have fun together, especially when they go to parties.

Ms. Campbell also learned from David that he has had some situations where he did not control his anger well. In high school he was in several fights which he says were not his fault and only in self-defense. Two years ago, he says that he got into a fight at a bar when someone insulted him. He said that no one was seriously hurt. His criminal history includes a conviction for stealing cellular phones from an open truck and check fraud. He received probation both times and is no longer under any judicial supervision.

When David was growing up, he felt extremely neglected by his father who was often not home for long stretches of time. David says that his mother often hit him, sometimes causing bruises. He says he took these beatings "like a man and did nothing." He has no contact with his mother and does not even know where his father is. His only brother was murdered when David was still in high school. David has no bond with other extended family members.

David has accompanied Yvette on each visit to the Brown's home to visit Kimberly. David appears unkempt, but he does not appear to be high. Mrs. Brown reports that he is generally polite and quiet. He is gentle, but awkward with Kimberly. He has not visited the other children yet. He won't go to Emma's house because, "Ruby hates my guts." He says that he has not gone with Yvette to visit Yolanda and Ricky at the CFS office because he has had to work. He insists that he loves all the children and he wants to raise a family with Yvette, but Yvette will have to control them better.

In the last two weeks, Yvette and David have missed one of the three scheduled supervised visitations at the Brown's. David and Yvette have also missed one of three scheduled visits at Emma's house. Yvette has begun seeing her substance abuse counselor again, but the UA's have not been clean. She still has not committed to participating in the in-patient program that her substance abuse counselor says she needs.

Ms. Campbell learns from the foster mother that Kimberly is slowly gaining weight but she is in the 5th percentile for her height and weight. Kimberly continues to have feeding difficulties and difficulty sleeping at night. Her doctor has instructed Mrs. Brown to be particularly careful about preparing the formula and she has provided specific instructions regarding nighttime baths and infant messages to relax Kimberly before putting her down to sleep.

Ms. Campbell met Yvette's neighbor, Ms. Karen Graham. Ms. Graham confirmed that sometimes there is loud partying at the apartment, even when she knows the children are home. She expressed concern for the family. She wants to help and offered to baby-sit the children when they come back home. So far, Yvette has refused to accept Ms.Graham's previous offers of assistance.

Based on all information known to date and the interview (that you saw on the video), CFS worker, Ms. Campbell completes Part B: Intake Summary and Comprehensive Risk Assessment.

IDAPA Rules as of June 3, 2009

560.DISPOSITION OF CHILD PROTECTION REPORTS.
561.CHILD PROTECTION CENTRAL REGISTRY. Within five (5) days following completion of risk assessments, the Department will determine whether the reports are substantiated or unsubstantiated. All persons who are the subject of a child protection risk assessment will be notified of the disposition of the assessment. (4-2-08) **01. Substantiated**. Child abuse, neglect, or abandonment reports are substantiated by one (1) or more of the following: (5-8-09) **a.** Witnessed by a family services worker, as defined in Section 011 of these rules; (4-2-08) **b.** A court determines, in an adjudicatory hearing, that a child comes within the jurisdiction of the Child Protective Act, Title 16, Chapter 16, Idaho Code; (5-8-09) **c.** A confession; (4-2-08) **d.** Corroborated by physical or medical evidence; or (4-2-08) **e.** Established by evidence that it is more likely than not that abuse, neglect, or abandonment occurred. (5-8-09) **02. Unsubstantiated**. Child abuse, neglect, or abandonment reports are unsubstantiated when they are not found to be substantiated under Subsection 560.01 of this rule. For intradepartmental statistical purposes, the Department will indicate whether the unsubstantiated disposition of the risk assessment was due to: (5-8-09) **a.** Insufficient evidence; or (5-3-03) **b.** An erroneous report. (4-2-08)
The Adam Walsh Child Protection and Safety Act of 2006, P.L. 109-248, July 27, 2006, 120 Stat. 587, has directed the states to establish a central registry for the purpose of sharing information about persons who have substantiated reports of abuse, neglect, or abandonment against children. The Child Protection Central Registry was established
IDAHO ADMINISTRATIVE CODE IDAPA 16.06.01 Department of Health and Welfare Child and Family Services **Page 34 IAC 2009** under the authority of Section 16-1629(3), Idaho Code. The primary purpose of the Child Protection Central Registry is to aid the Department in protecting children and vulnerable adults from individuals who have previously abused, neglected, or abandoned children. The Child Protection Central Registry maintained by the Department is separate and apart from the central registry for convicted sexual offenders maintained by the Idaho State Police under Title 18, Chapter 83, Idaho Code. The Child Protection Central Registry provisions in this chapter of rules apply to risk assessments conducted by the Department after October 1, 2007. (5-8-09)

562.CONFIDENTIALITY OF THE CHILD PROTECTION CENTRAL REGISTRY.
563.LEVELS OF RISK ON THE CHILD PROTECTION CENTRAL REGISTRY. The names on the Child Protection Central Registry are confidential and may only be released with the written consent of the individual on whom a Department criminal history and background check is being conducted, in accordance with IDAPA 16.05.06, "Criminal History and Background Checks," unless otherwise required by federal or state law. No information is released regarding the severity or type of child abuse, neglect, or abandonment. (5-8-09)
When an incident of abuse, neglect, or abandonment has been substantiated, a level of risk is assigned to the incident. The level of risk is determined by the severity and type of the abuse, neglect, or abandonment and the potential risk of future harm to a child. The highest level of risk is designated as Level One and the lowest level of risk is Level Three. (5-8-09) **01. Child Protection Level One**. An individual with a Level One designation has been determined to pose a high to severe risk to children. Names of individuals for whom an incident of abuse, neglect, or abandonment has been substantiated for any of the following will remain permanently on the Child Protection Central Registry at Level One. (5-8-09) **a.** Sexual Abuse as defined in Section 16-1602(1)(b), Idaho Code; (4-2-08) **b.** Sexual Exploitation as defined in Sections 18-1506 and 18-1507, Idaho Code; (4-2-08) **c.** Physical abuse as described in Section 16-1602(1)(a), Idaho Code, that causes life-threatening, disabling, or disfiguring injury or damage; (4-2-08) **d.** Neglect as described in Section 16-1602(25), Idaho Code, that results in life-threatening, disabling, or disfiguring injury or damage; (4-2-08) **e.** Abandonment as described in Section 16-1602(2), Idaho Code, that results in life-threatening, disabling, or disfiguring injury or damage; (4-2-08) **f.** Death of a child; (4-2-08) **g.** Torture of a child as described in Section 18-4001, Idaho Code; (4-2-08) **h.** Aggravated Circumstances as described in Section 16-1619(6)(d), Idaho Code; or (4-2-08) **i.** Occurrence of two (2) or more separate, substantiated incidents of abuse, neglect, or abandonment, each of which falls under the circumstances listed under Subsection 563.02 of this rule. (5-8-09) **02. Child Protection Level Two**. An individual with a Level Two designation has been determined to pose a medium to high risk to children and will remain on the Child Protection Central Registry for a minimum of ten (10) years. After the end of the ten-year (10) period, an individual may petition the Department to request his name be removed from the Child Protection Central Registry in accordance with Section 566 of these rules. Names of individuals for whom an incident of abuse, neglect, or abandonment has been substantiated for any of the following will be given the designation of Level Two. (5-8-09) **a.** Prenatal use of any controlled substance as defined under Section 37-2701(e), Idaho Code, except as prescribed by a medical professional; (4-2-08)***IDAHO***

ADMINISTRATIVE CODE IDAPA 16.06.01 Department of Health and Welfare Child and Family Services* Page 35 IAC 2009 b.** Administering or knowingly allowing a child to absorb or ingest one (1) or more controlled substances as defined under Section 37-2701(e), Idaho Code, except in the amount prescribed for the child by a medical professional; (4-2-08) **c.** Child exposed to: (5-8-09) i. Drug paraphernalia, as defined in Section 37-2701(n), Idaho Code; (4-2-08) ii. Manufacture of controlled substances, as defined under Section 37-2701(e), Idaho Code, and Section 37-2701(r), Idaho Code; or (4-2-08) iii. Chemical components used in the manufacture of controlled substances, as defined under Section 37-2701(e), Idaho Code. (4-2-08) **d.** Failure to thrive caused by abuse, neglect, or abandonment, as established by medical evidence; (5-8-09) **e.** Physical abuse as described in Section 16-1602(1)(a), Idaho Code, neglect as described in Section 16-1602(25), Idaho Code, or abandonment as described in Section 16-1602(2), Idaho Code, that results in neither disabling nor disfiguring injury or damage, but may require medical or other treatment; (5-8-09) **e.** Physical abuse as described in Section 16-1602(1)(a), Idaho Code, abandonment as described in Section 16-1602(2), Idaho Code, or neglect as described in Section 16-1602(25), Idaho Code, that results in neither disabling nor disfiguring injury or damage, but may require medical or other treatment; (4-2-08) **f.** The restraint or confinement of a child that poses a substantial risk of causing life-threatening, disabling, or disfiguring injury or damage; (5-8-09) **g.** Medical neglect as described in Section 16-1602(25), Idaho Code, that poses a substantial risk of resulting in life-threatening, disabling, or disfiguring injury or damage; (5-8-09) **h.** Malnutrition as established by medical evidence; or (4-2-08) **i.** Occurrence of two (2) or more separate, substantiated incidents of abuse, neglect, or abandonment, each of which falls under the circumstances listed under Subsection 563.03 of this rule. (5-8-09) **03. Child Protection Level Three**. An individual with a Level Three designation has been determined to pose a mild to medium risk of harm to the health, safety, or well-being of a child. The name of that individual will remain on the Child Protection Central Registry for a minimum of five (5) years. After the end of the five-year (5) period, an individual may petition the Department to request his name be removed from the Child Protection Central Registry in accordance with Section 566 of these rules. Names of individuals for whom an incident of abuse, neglect, or abandonment has been substantiated for any of the following are given the designation of Level Three. (5-8-09) **a.** Lack of supervision; (5-8-09) **b.** Failure to protect from abuse, neglect, or abandonment as described in Section 16-1602, Idaho Code; (5-8-09) **c.** Failure to discharge parental responsibilities described under Section 16-1602(23), Idaho Code; or (5-8-09) **d.** Physical abuse as described in Section 16-1602(1)(a), Idaho Code, or neglect as described in Section 16-1602(25), Idaho Code, that causes minor injuries or damage that does not require medical treatment. (4-2-08)IDAHO ADMINISTRATIVE CODE IDAPA 16.06.01 Department of Health and Welfare Child and Family Services* Page 36 IAC 2009**

564.NOTIFICATION OF A SUBSTANTIATED INCIDENT OF ABUSE, NEGLECT, OR ABANDONMENT, AND RELATED ADMINISTRATIVE REVIEW AND CONTESTED CASE APPEAL RIGHTS.

565.PETITION FOR REMOVAL OF AN INDIVIDUAL'S NAME ON THE CHILD PROTECTION CENTRAL REGISTRY PRIOR TO OCTOBER 1, 2007. 01. Notification of Substantiated Incident. Prior to placement on the Child Protection Central Registry, the Department will notify by certified mail, return receipt requested, each individual for whom an incident of abuse, neglect, or abandonment has been substantiated. The individual has twenty-eight (28) days from the date on the notification to file a request for an administrative review under the requirements in IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." The Department's written notice will state: (5-8-09) **a.** The risk level assigned to the incident; (5-8-09) **b.** The basis for the Department's decision; (5-8-09) **c.** The individual's right to request an administrative review by the Department's Family and Community Services (FACS) Division Administrator of the Department's decision; and (5-8-09) **d.** The Department's contact information under Section 007 of these rules. (5-8-09) **02. Administrative Review Not Requested**. If the individual does not request an administrative review by the FACS Division Administrator within twenty-eight (28) days from the date on the notification, his name will automatically be entered on the Child Protection Central Registry without further notice or right for appeal. (5-8-09) **03. Administrative Review Requested**. If the individual requests an administrative review by the FACS Division Administrator within twenty-eight (28) days from the date on the notification, the incident will be reviewed by the FACS Division Administrator and a decision will be rendered to either affirm, reverse, or modify, the decision to substantiate the incident of abuse, neglect, or abandonment. The Department will notify the individual of the FACS Division Administrator's decision by mail. (5-8-09) **04. Reversal of Decision to Substantiate**. When the FACS Division Administrator completes the administrative review and reverses the decision to substantiate the incident of abuse, neglect, or abandonment, and determines that the incident is not substantiated, then no further action is required by the individual. The individual's name will not be placed on the Child Protection Central Registry. (5-8-09) **05. Contested Case Appeal**. When the FACS Division Administrator completes the administrative review and

affirms the decision to substantiate the incident of abuse, neglect, or abandonment, the individual will be notified by mail that his name has been placed on the Child Protection Central Registry and informed of: (5-8-09) **a.** The basis for the Department's decision; (5-8-09) **b.** The procedures for filing a contested case appeal under IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings," Section 101; (5-8-09) **c.** The procedures for filing a petition for removal from the Child Protection Central Registry after the applicable minimum time has passed under Section 566 of these rules; and (5-8-09) **d.** The Department's contact information under Section 007 of these rules. (5-8-09)
After January 1, 2008, an individual whose name was placed on the Child Protection Central Registry prior to October 1, 2007, may file a petition to have his name removed from the registry in accordance with Subsection 566.01 of these rules. The petitioner will be assigned a child protection risk level in accordance with criteria under Section 563 of these rules and the case will be reviewed to determine if it meets the requirements for removal. (5-8-09)

566.PETITION FOR REMOVAL OF AN INDIVIDUAL'S NAME FROM THE CHILD PROTECTION CENTRAL REGISTRY.

Any individual whose name is on the Child Protection Central Registry and whose required minimum time on the registry has elapsed, may petition the Department to remove his name from the Registry. An individual whose name appears with a Level One designation on the Child Protection Central Registry is not eligible to petition for removal. (5-8-09) **01. Petition for Removal From the Child Protection Central Registry**. Any individual whose name appears on the Child Protection Central Registry with a designation of either Level Two or Level Three, may petition to have his name removed from the Child Protection Central Registry after the minimum period of time has elapsed for the applicable level. The petition must include a written statement from the petitioner to the Department's FACS Division Administrator requesting that the petitioner's name be removed from the Child Protection Central Registry. The Department's address is found under Section 007 of these rules. (5-8-09) **02. Criteria for Granting Petition for Removal From the Child Protection Central Registry**. The petition for removal from the Child Protection Central Registry will be granted if: (5-8-09) **a.** There are no additional substantiated reports on the Child Protection Central Registry or that of other states in which the petitioner has resided since the last substantiated report of abuse, neglect, or abandonment in Idaho; and (5-8-09) **b.** There are no convictions, adjudications, or withheld judgments for any of the crimes listed under Subsection 566.03 of this rule: (5-8-09) i. On Idaho's central repository of criminal history records as established and maintained by the Idaho State Police under Title 67, Chapter 30, Idaho Code; or (5-8-09) ii. On the criminal history repository of other states in which the petitioner has resided since the last substantiated report of abuse, neglect, or abandonment in Idaho. (5-8-09) **03. Criminal History Checks**. It is the responsibility of the petitioner to request, pay for, and obtain the criminal history checks and submit them to the Department. (5-8-09) **a.** The Department will not remove a petitioner from the Child Protection Central Registry if a criminal history check reveals any of the following, within five (5) years of the receipt of the petition: (4-2-08) i. Physical Assault; (4-2-08) ii. Battery; or (4-2-08) iii. A drug-related offense. (4-2-08) **b.** The Department will not remove a petitioner from the Child Protection Central Registry if a criminal history check reveals any of the following: (4-2-08) i. Child abuse or neglect; (4-2-08) ii. Spousal abuse; (4-2-08) iii. A crime against children, including child pornography; or (4-2-08) iv. A crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery. (4-2-08) **04. Granting or Denying Removal From the Child Protection Central Registry**. The Department will issue a letter granting or denying removal of the petitioner's name from the Child Protection Central Registry within twenty-eight (28) days of receipt of the petition. (5-8-09) **05. Appeal of a Denial of Removal From the Child Protection Central Registry**. The individual may appeal the denial of removal of his name from the Child Protection Central Registry under IDAPA 16.05.03, "Rules Governing Contested Cases Proceedings and Declaratory Ruling," Section 101. (5-8-09)

Dispositioning Scenarios

1. The Department was called because a small child was seen, playing in the park, alone. The referent did not know the child's age. When the Department responded, the child said she was 5 years old. She comes to the park, frequently, to play. Her family lives 2 blocks away. The social worker walked with the child to her home. The parents were surprised to see the social worker. They knew the child was at the park. They state the neighborhood is a safe place. They frequently check on the child. She is responsible enough to walk to kindergarten.

2. A 14 year old girl and her mother were arguing. A physical altercation took place. The daughter admits to assaulting her mother first. In the course of events, the girl received a bruise on her face from her mother hitting her. The mother admits to causing the bruise.

3. The Department was called as a result of the death of 2 month old child. The mother left the child in her car on a hot summer's day. The Department responded, according to protocol, to evaluate the safety of the 4 year old child who was at a day care when the death of his sibling occurred. The 4 year old child was found to be safe. There was no prior child protection history on the family. Mother was hurrying to get to work. She had taken 6 weeks off and this was her second week on the job since the birth of her second child. Mother stated she forgot the child was in the car. She forgot to take him to the day care. The assessment found the four year old was safe in the home.

4. A 5 year old child was given a "time out" but refused to sit in the time out chair. Out of frustration the parent, spanked the child on his butt, to teach him to obey. The spanking left a handprint bruise. The parent was extremely remorseful and has already enrolled in services.

5. A relative resource family admits to using a spatula to spank a child. Through an interview with the child, the child confirms that at times the resource family uses other objects such as a hair brush and a wooden spoon to spank him. There are no bruises on the child.

6. A 3 year old child was found, unattended, on a busy street. The Department was called and responded immediately. After interviewing the mother, she said she was fixing dinner while her 3 year old child was taking a nap. The 3 year old woke up, opened the back door, and wandered outside. The mother realized the child was not in the house and actively began looking for the child outside. The social worker found the mother, searching the neighborhood. Approximately 15 minutes elapsed from the time the child left the house to when she was found.

7. The referral states a CASA volunteer has inappropriately touched a child. Law enforcement investigates because it is a third party referral. In staffing a case with law enforcement, they tell a social worker they have interviewed the child and the CASA volunteer is definitely guilty.

8. A 15 year old adolescent male sexually abuses his 5 year old sister. The child is placed temporarily in juvenile detention. When the adolescent is released, the father and step mother refuse to have the boy return to their home. The Department offers to work with them to create a safety plan. They will not consider the youth being in their home nor work on an alternate plan for their son. How would you disposition the father? Would you disposition the step mother?

9. A parent reports her 8 year old daughter was sexually abused by her ex-husband while the girl was at her father's house. The court decree states the father has the child 3 days a week. The mother said the child disclosed that the child's father put his hand on her "pee pee". The child is interviewed by a Departmental social worker and makes no disclosure.

10. The Department gets a call stating a house is "unlivable" due to the "unkempt conditions." The family has 2 children, ages 2 and 3. When the social worker responds she sees big piles of clothes and paper strewn on the floor and on the furniture. Toys are every where. It appears the parent's keep everything. For example, there are multiple cool whip containers and baskets that once contained strawberries on the kitchen floor in one corner. The containers have been washed. The family has a dog that has had puppies. The animals are kept in the utility room. There are no feces and no rotting food. Dishes are all over the counter but they appear to be clean. There are a few dirty dishes in the sink. Without moving a pile of clutter, there is no where to sit in the house. It is difficult to walk without stepping on some object on the floor. The mother says she just can't keep up with everything. The children appear happy, healthy, and are playing with their toys on the floor. There have been no prior referrals.

11. The hospital calls to report that a mother delivered a baby. The mother tests positive for methamphetamine but the baby does not. Law enforcement has declared the new born in imminent danger because they feel the baby would be in danger due to the mother's addiction.

12. A 14 year old boy hits and threatens his younger siblings. He is receiving services through children's mental health. The parents state they can not have the boy in their home any longer because he is endangering the other children. They have no relatives who are willing to care for the young man. The relatives say he is "out of control." The boy has been diagnosed as bi-polar. The parents want the boy placed in a group home. Currently the young man is at the hospital, waiting to be discharged. The parents say they will not pick him up because they can not handle him. They do not want to jeopardize the safety of their other 3 children.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
FAMILY AND CHILDRENS SERVICES

REASSESSMENT OF SAFETY

Completed for assessment (check the appropriate box):

☐ Before a decision is made about reunification/protective supervision
☐ Before a decision is made about case closure
☐ Before a decision is made about other significant events such as TPR

Family Name:	Family ID#	Region:
Worker Name:	Worker ID#:	

List presenting issue numbers included in this assessment.

#	#	#	#	#

SECTION 1: Assessing Past and Present Safety

Directions: The following factors are behaviors or conditions that may be associated with a child(ren) being at risk of immediate harm. This assessment will include all children in the family who are identified as being involved in a safety threat. Consider the effects that adults who have access to them could have on their immediate safety. Identify each factor by checking "Yes" when information indicates a clear presence of the immediate safety factor, "No" when information does not indicate presence of the immediate safety factor, or "inconclusive" when information is insufficient or contradictory. *Keyboard* specific description of relevant factors.

What were the original safety issues that resulted in opening a child protection case or the child's placement in alternate care?
Explain

	Yes	No
1. Have the original safety issues been altered or reduced to a sufficient level whereby it is probable the child can be safe with the parent/caregiver?	☐	☐
2. Were there other safety issues identified after the case was open or the child came into placement that necessitated or contributed to the continuation of the Department's involvement?	☐	☐

3. Have the safety issues identified in question # 2 been resolved or reduced sufficiently whereby it is probable the child can be safe with the parent/caregiver?	☐	☐
4. Are parent/caregiver(s) in compliance with court orders and/or service plans?	☐	☐

Section 2 ASSESSING REUNIFICATION AND CASE CLOSURE READINESS

Answer a yes or no for each characteristic. ***Keyboard*** **explanation for each answer.**

	Yes	No
1. Does the child demonstrate an acceptance of the reunification or case closure plan?	☐	☐
2. Does the parent/caregiver demonstrate an acceptance of the reunification or case closure plan?	☐	☐
3. Does the parent/caregiver have the capacity to provide for the child's basic needs (e.g., food, clothing, shelter, medical care)?	☐	☐
4. Are the parent/caregiver and/or other household members willing and able to use their protective capacities, resources and strengths to provide sufficient support to the child?	☐	☐
5. During contact and/or visits, has the parent/caregiver demonstrated an ability to meet the child's needs for safety in a manner that suggests safety threats are not expected to emerge by the child's presence within the family or the Department's withdrawal from the case?	☐	☐
6. Are there any issues or concerns related to other children or adults in the family which may impact the child's return or case closure?	☐	☐

If the child is in alternate care, describe how family dynamics may change when the child returns.

SECTION 3: REUNIFICATION/CASE CLOSURE DECISION

Answer A yes or A no for each. *Keyboard* explanation for each answer.	**Yes**	**No**
1. Is reunification /case closure recommended? Explain	☐	☐
2. Are interventions needed to support each child's reunification or case closure? Explain	☐	☐

Recommendation and Case Status (check one)

<u>Case Status</u> (check one)

☐ Case closed after supervisory review.
☐ Family referred to community resources with supervisory approval.
☐ Case remains open on voluntary agreement.
☐ Case remains open with court intervention.
☐ Case closed after court intervention.

Rationale for Case Status:

SECTION 4: SIGNATURES / DATES

CASEWORKER'S SIGNATURE_______________________________ DATE:_________________________________

SUPERVISOR'S SIGNATURE ________________________________ DATE:_________________________________

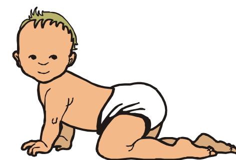
File: REASSE2.WPD/2-9P-00

Supplemental Information #6
Williams/Gordon Family

Instructions: Read AFTER viewing the second segment of the videotape and BEFORE watching the third segment.

The Williams/Gordon family has had a new CFS worker for the last six months. Her name is Ms. Molly Canyon. The next video segment you will be watching takes place September 3rd, six months after the Comprehensive Risk Assessment was completed. Ricky and Yolanda continue to live with their grandmother, Emma Williams. Kimberly is still in foster care, living with Mr. and Mrs. Brown. David and Yvette are living together and they say that they want to raise their children together.

Yvette has completed a 28-day in-patient drug treatment program and has been continuing with outpatient services. Her UA tests have been clean for the last four months. David reluctantly agreed to accept outpatient drug counseling, take UA tests, and his participation has been good. Drug use appears to be decreasing, although he still uses cocaine occasionally.



Supplemental Information #7
Williams/Gordon Family

Instructions: Read AFTER viewing the third segment of the videotape and BEFORE watching the fourth and final segment.

Today is February 3rd. Over the past five months, gradual but consistent progress has been made in the case. The children have had two unsupervised weekend visits with Yvette and David. Both of them are eager to discuss their readiness to have Ricky and Yolanda come home “for good.” The videotape segment you are about to watch is a meeting at David and Yvette’s apartment with their CFS worker, Molly Canyon. They will be discussing what progress has been made to date and what will happen next.

Following this meeting, Ms. Canyon completes a Risk Assessment: Reunification.