

CHILD PROTECTION SERVICES ASSESSMENT GUIDE

GATHER COMPREHENSIVE INFORMATION ABOUT THE FAMILY

Assessment. This body of knowledge includes 1) household composition, 2) extent, circumstances, and history of maltreatment, 3) child functioning, 4) adult functioning, 5) discipline practices, and 6) parenting. Following is more substantive information about the six factors you will assess in order to determine whether the child is safe and the appropriate level of intervention/intrusion.

CPS ASSESSMENT FACTORS	CENTRAL QUESTION(S)	KEY COMPONENTS
<p>Factor #1 Household Composition</p>	<p>How does the household operate and what is the family structure? <i>There are no safety threats associated with this question, but the information is used to understand overall picture and context of family</i></p>	<ul style="list-style-type: none"> • Family make-up • Housing, income (able to meet family needs?) • Tribal affiliation • Clarity of roles and boundaries
<p>Factor #2 Maltreatment Extent, Circumstances, and History</p>	<p>What is the nature and extent of maltreatment? <i>Respond for each child in family home</i></p>	<ul style="list-style-type: none"> • Type of maltreatment Abuse: <ul style="list-style-type: none"> ○ Assess whether a person responsible for child’s welfare has willfully inflicted or allowed to be inflicted upon child mental injury or bodily injury, including physical pain, substantial bodily injury, or serious bodily injury. ○ Document description of the injury, including location and appearance of any injury and any medical evaluation of injury. ○ Assess whether there has been any sexual abuse as defined in violation of sections 12.1-20-01 through 12.1-20-07, sections 12.1-20-11 through 12.1-20-12.2, or chapter 12.1-27.2. Neglect: <ul style="list-style-type: none"> ○ Assess whether proper parental care or control is not due primarily to the lack of financial means ○ Assess prenatal exposure to chronic or severe use of alcohol or any exposure to a controlled substance not lawfully prescribed ○ Assess if child is present in an environment subjecting the child to exposure to a controlled substance, chemical substance, or drug paraphernalia ○ Assess whether child’s physical needs are being met (food, clothing, and shelter are adequate and whether lack of necessities is due to poverty rather than neglect) ○ Assess whether medical care is being provided as recommended by medical providers ○ Assess whether mental health/psychological care is being provided as recommended by mental health providers ○ Assess if child is being psychologically maltreated (ignoring, isolating, etc.) ○ Assess whether caregiver is providing education according to state statute ○ Assess whether supervision of children is adequate ○ Assess if conditions of the home are adequate for children’s health and safety ○ There are other neglect concerns in addition to the above • Severity of effects on child (i.e. describing what happened, emotional & physical symptoms, etc.) • Specific facts and sources of information • Identifying child and maltreating parent
	<p>What circumstances accompany the maltreatment? <i>Respond for each child in family home</i></p>	<ul style="list-style-type: none"> • What was going on around the time maltreatment occurred • Frequency and duration of maltreatment • Whether parent was impaired by substance use, or was otherwise out-of-control when maltreatment occurred • How parent explains maltreatment and family conditions • Does parent acknowledge maltreatment, what is parent’s attitude? • Maltreatment history, similar incidents, prior CPS involvement, progressing patterns of severity

<p>Factor #3 Child Functioning</p>	<p>How does the child function day to day? <i>Respond for each child in family home</i></p>	<ul style="list-style-type: none"> • Capacity for attachment (close emotional relationships with parents, including non-custodial/absent parent, and siblings) • General mood and temperament • Communication and social skills • Expressions of emotions/feelings • Behavior • Peer relations • School performance • Independence • Motor skills • Physical and mental health
<p>Factor #4 Adult Functioning</p>	<p>How does the parent manage his/her own life? <i>Respond for each parent/caregiver in family home</i></p>	<ul style="list-style-type: none"> • Communication and social skills • Relationship to the community • Coping and stress management • Self-control • Problem-solving • Judgment and decision-making • Independence • Home and financial management • Employment • Community involvement • Rationality • Self-care and self-preservation • Substance use, abuse, addiction • Mental health • Physical health and capacity • Functioning within cultural norms • Who is in charge? • How family decisions are made • Presence and use of affection • Relationship with and information about non-custodial/absent parent(s)
<p>Factor #5 Discipline</p>	<p>How does the parent discipline the child? <i>Respond for each parent/caregiver and each child in family home</i></p>	<ul style="list-style-type: none"> • Disciplinary methods • Concept and purpose of discipline • Context in which discipline occurs (i.e. Is parent impaired by drugs or alcohol when administering discipline?) • Cultural practices
<p>Factor #6 Parenting</p>	<p>What are the overall parenting practices? <i>Respond for each parent/caregiver in family home</i></p>	<ul style="list-style-type: none"> • Reasons for being a parent • Satisfaction in being a parent • Knowledge and skill in parenting and child development • Parent expectations and empathy for child • Decision-making in parenting practices • Parenting style • History of parenting behavior • Protectiveness • Cultural context for parenting approach

Safe child: A child is safe when there are no threats of danger within the family **OR** when the parents/caregivers possess sufficient protective capacity to manage any threats **OR** the child is not vulnerable to the existing danger.

Unsafe child: A child is unsafe when threats of danger exist within the family **AND** the child is vulnerable to such threats **AND** parents/caregivers have insufficient protective capacities to manage or control the threats.

ASSESS IMPENDING DANGER

Impending danger is a foreseeable state of danger in which a family behavior, attitude, motive, emotion, or situation can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. Impending danger is assessed in four of the six factors when gathering information about the family during the CPS assessment. Impending danger that crosses the Danger Threshold threatens the safety of a child. The Danger Threshold criteria are:

**Observable
Involving a Vulnerable Child
Out-of-Control
Imminent
Likely to Have Severe Consequences**

FACTOR	IMPENDING DANGER THREATS
Factor #2 Maltreatment Extent, Circumstances, and History	1. Living arrangements seriously endanger the physical health of the child. 2. One or both parents/caregivers intend(ed) to seriously hurt the child and do not show remorse. 3. One or both parents/caregivers cannot or do not explain the child’s injuries and/or conditions.
Factor #3 Child Functioning	4. The child is profoundly fearful of the home situation or people within the home.
Factor #4 Adult Functioning	5. One or both parents/caregivers are violent. 6. One or both parents’/caregivers’ emotional stability, development, mental status, or cognitive deficiency seriously impairs their ability to care for the child. 7. One or both parents’/caregivers’ behavior is dangerously impulsive or they will not/cannot control their behavior. 8. The family does not have or use resources necessary to assure the child’s basic needs.
Factor #6 Parenting	9. No adult in the home will perform parental duties and responsibilities. 10. One or both parents/caregivers have extremely unrealistic expectations. 11. One or both parents/caregivers have extremely negative perceptions of a child. 12. One or both parents/caregivers fear they will maltreat the child and/or request placement. 13. One or both parents/caregivers lack parenting knowledge, skills, and/or motivation to assure the child’s basic needs are met. 14. The child has exceptional needs which the parents/caregivers cannot or will not meet.

- ▶ When Impending Danger Threats exist for one or more children in the home, the case will be opened for either in-home or foster care case management. You must conduct the Safety Plan Determination immediately unless a Present Danger Plan is in place.
- ▶ When no Impending Danger Threats exist but a decision is made for Services Required, the case will be opened for in-home case management per state statute.

ASSESS CHILD VULNERABILITY

A child is vulnerable when he or she lacks the capacity to self-protect. Consider child vulnerability in relation to parent/caregiver protective capacities when assessing safety threats. **Child vulnerability is not solely associated with age.** If present or impending danger threats exist the child is vulnerable. At times child vulnerability is apparent, such as an infant completely dependent upon the parent/caregiver, but at other times it is less clear.

CHILD VULNERABILITY

Age	A child from birth to six years old is always vulnerable and the worker should be hypervigilant concerning an infant.
Physical Disability	Regardless of age, a child who is physically disabled and therefore unable to remove him or herself from danger is vulnerable. A child who, because of physical limitations, is highly dependent on others to meet basic needs is vulnerable. A child is susceptible to harm based on size, mobility, and social/emotional state.
Mental Disability	Regardless of age, a child who is cognitively limited is vulnerable because of a number of possible limitations including recognizing danger, knowing who can be trusted, meeting basic needs, or seeking protection.
Provocative	A child's emotional needs, mental health challenges, and behavioral problems can be such that they irritate and provoke others to act out toward, or totally avoid, him or her.
Powerless	Regardless of age, intellect, or physical capacity, a child who is highly dependent and susceptible to others is vulnerable. This child typically is so influenced by emotional and psychological attachment that he or she is subject to the whims of those who have power. Within this dynamic, a child may be subject to intimidation, fear, and emotional manipulation. Powerlessness may also be observed in a vulnerable child exposed to threatening circumstances that he or she is unable to manage.
Defenseless	Regardless of age, a child who is unable to defend him or herself against aggression is vulnerable. This can include a child oblivious to danger. Self-protection involves accurate reality perception particularly related to dangerous people and dangerous situations. A child who is frail or lacks mobility is more defenseless and therefore vulnerable.
Passive	Regardless of age, a child who is so passive or withdrawn that he or she cannot make basic needs known is vulnerable. A child who is unable or afraid to seek help and protection from others is vulnerable.
Illness	Regardless of age, a child may have continuing or acute medical problems and needs that make him or her vulnerable.
Invisible	A child that no one sees (one who is hidden) is vulnerable. A child who has limited or no adult contact outside the home and is not available to be noticed or observed should be considered to be vulnerable regardless of age.
Previously Maltreated	Children exposed to chronic and pervasive trauma are especially vulnerable to the impact of subsequent trauma. Children who have been previously traumatized by maltreatment and by removal from their home are extremely vulnerably regardless of age.

QUESTIONS TO CONSIDER

Has the child demonstrated self-protection by responding to these threats? <i>Self-protection means recognizing danger and acting to secure safety for one's self. It is not calling 911, CPS, or school after an event occurs.</i>
Besides defending him/herself from threats, can the child care for his/her own basic needs?
How does the worker find this child not vulnerable given the threats?
Is the vulnerability of all children, not just the victim, considered?
Are there issues preventing this child from self-protecting?
What plan would this child carry out to protect himself from threats?
Can the child describe how he/she will know a threatening situation is developing, rather than recognizing it once it is happening?
What has been learned about this child's functioning? How comprehensive is the information? How much time did the worker or other parties talk to the child about self-protecting? Is there information about this family and the way threats operate arguing against the child self-protecting?
Are there ways the child behaves and responds that escalate the threats to the child?