

# Through the Eyes of a Child XII

## Safety Model/ABA Benchbook for Judges

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## Defining Child Abuse and the Oregon Safety Model

### 1. History of Child Abuse – always here, how we document and responses change –

- ancient history: debtors' prisons to orphanages to the "discovery" of psychology and x-rays
- law evolves based on communities understanding of what hurts children:

depression era – early welfare federal law

96-272 – end foster care drift: family abuse and neglect may not be worse than a life in foster care

ASFA – get kids adopted fast: abuse is bad, foster care drift is bad, the real problem is lack of permanency, adults need to step up fast or the system finds other homes

Reconnecting Families – create meaningful permanency with existing natural supports

- OSM is part of the readjustment tho' not reflected in statute yet – seeks to clearly define why state is involved with families and when should enter/exit family lives

### 2. Child abuse fundamentals – physical, sexual, neglect – hasn't changed with new laws (quick review)

### 3. OSM

- defining safety threat
- conditions for return (don't have to be cured)
- safety assessment vs. protective capacity assessment
- expected outcomes

### 4. What does this mean for me? Judge? Advocate?

- court timeline vs. DHS assessment timeline
- relationship building vs. collaborative decision making (what's a child safety meeting and why don't we have team decision meetings anymore?)
- strategies for advocacy/judicial inquiry

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Initial contact	Initial Safety Assessment	"Initial contact" means the first face-to-face contact between a CPS worker and a family. The initial contact includes face-to-face contact with the alleged child victim, his or her siblings, parent or caregiver, and other children and adults living in the home; accessing the home environment; identifying safety threats; and determining if a protective action is needed.	Make face to face contact or document attempted efforts to contact alleged victim, primary parent/caregiver and siblings and other children living in the home.	Have face to fact contact or document attempts to have contact with alleged victim, parent/caregiver, siblings, and all children and adults living in the home. Contact, if possible, with the alleged victim is required in response timeframe. If contact is not possible within assigned response time, document efforts and continue to make efforts to contact throughout the assessment.
Safety Threats (Impending and present danger)	Safety Threats	16 universal safety threats. "Safety threat" means family behavior, conditions, or circumstances that could result in harm to a child	Many safety threats are not as precise.	16 universal safety threats that focus on family behavior, condition and/or circumstance. The Oregon Safety Model impending safety threats guide assists the worker in applying "safety threshold criteria (imminence, observable, severity and out of control). Child vulnerability is considered in the context of the specific safety threat.
Vulnerable Child	Child Vulnerabilities.	"Vulnerable child" means a child who is unable to protect him or herself. This includes a child who is dependent on others for sustenance and protection. A vulnerable child is defenseless, exposed to behavior, conditions, or circumstances that he or she is powerless to manage, and is susceptible and accessible to a	Vulnerability was not used in a dynamic way within the context of evaluating the safety threats and parent/caregiver willingness and ability to protect.	Vulnerability is used dynamically within the context of safety threats and parent or caregiver can and will protect.

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Vulnerable Child (continued)		threatening parent or caregiver. Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size, and dependence. Vulnerability is not judged by age.		
Parent/Caregiver can and will protect	Protective capacities	<p>The CPS worker must determine whether a parent or caregiver can or cannot and will or will not protect the child against identified safety threats.</p> <p>(a) If the CPS worker determines that the parent or caregiver can and will protect the child, then the child is safe, and the CPS worker must continue the activities required to sufficiently complete the CPS assessment.</p> <p>(b) If the CPS worker determines that the parent or caregiver cannot or will not protect the child, the CPS worker must initiate a protective action.</p> <p>This begins the process of looking at parental protective capacity.</p>	Protective capacity was considered during the CPS assessment process, but was not fully evaluated in a comprehensive way to develop change strategies and an action plan.	The Parent/Caregiver willingness and ability to protect is considered in a dynamic way at the conclusion of the CPS assessment process when safety related information has been gathered to determine whether or not the child is safe or unsafe.

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Protective Action	Initial Safety Plan	“Protective action” means an immediate, same day, short-term plan sufficient to protect a child from a safety threat until the completion of the CPS assessment.	The “initial safety plan” was the first set of actions or interventions that describe how a child’s safety is achieved by eliminating or managing a safety threat.	The protective action is put in place to restore safety for the child while the CPS worker is completing the CPS assessment and gathering more detailed safety related information. The protective action is never in place after the CPS assessment is completed. If ongoing safety intervention is needed, the protective action is reviewed and a sufficient ongoing safety plan is developed.
Safety Analysis	Safety Decision	The Safety Analysis is completed after all the necessary safety related information is gathered for the CPS assessment, including disposition.	N/A	The purpose of completing the safety analysis when all safety related information is gathered is to fully and accurately understand and explain how safety threats are occurring in the family and to determine the necessary level of ongoing safety intervention required to assure child safety. The safety analysis conclusion is that the child is safe or that the child is unsafe.

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CPS Disposition	CPS Disposition	As part of completing the CPS assessment, the CPS worker must determine whether there is reasonable cause to believe child abuse or neglect occurred. The possible determinations are: (a) "Founded," which means there is reasonable cause to believe that child abuse or neglect occurred. (b) "Unfounded," which means no evidence of child abuse or neglect was identified or disclosed. (c) "Unable to determine," which means there are some indications of child abuse or neglect, but there is insufficient data to conclude that there is reasonable cause to believe that child abuse or neglect occurred.	Determining the CPS Disposition has not changed, but the disposition previously was a major factor in determining whether services were provided and a safety plan was developed.	The CPS Disposition is the determination of whether or not abuse or neglect occurred.  The safety analysis conclusion that a child is safe or unsafe determines whether services are provided and a safety plan is developed.
Ongoing Safety Plan	Initial Safety Plan	"Ongoing safety plan" means a documented set of actions or interventions that manage a child's safety after the Department has identified one or more safety threats and determined the parent's or caregiver's protective capacities are insufficient to protect a child. An ongoing safety plan can be in-home or out-of-home and is adjusted when necessary to provide the least intrusive interventions.	Develop and initial safety plan when a safety threat exists considering risk influences and caregiver protective capacity.	Develop when, after safety analysis, at the conclusion of the CPS assessment when the CPS worker concludes that the child is unsafe. A child safety meeting is used to develop the ongoing safety plan by reviewing the protective action, determining the least intrusive interventions and confirming the suitability of safety service.  *Is a written document with specific

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Ongoing Safety Plan (continued)				<p>criteria for sufficiency.</p> <p>*Is approved by a supervisor.</p> <p>*Is a dynamic plan, is reviewed every thirty days, and changes as protective capacity changes (+ or -).</p> <p>*Is also reviewed at specific points in time (see 413-080-0055(1)(b)(A thru E))</p>
Child Safety Meeting	Team Decision Meeting (TDM)	"A Child Safety Meeting" is a facilitated meeting held at the conclusion of a CPS assessment for the purpose of developing an ongoing safety plan.	TDM held prior to or shortly after out-of-home placement.	<p>Child Safety Meeting held to develop the ongoing safety plan at conclusion of CPS assessment.</p> <p>Used to determine the least intrusive interventions to manage child safety.</p> <p>Must rule out in-home safety plan as feasible before establishing out-of-home safety plan.</p>

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Protective Capacity Assessment	A parent's or caregiver's strengths or abilities to manage existing safety threats, prevent additional safety threats from arising, or stop risk influences from creating a safety threat.	The behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.	Assess protective capacity during CPS assessment to determine ability to manage safety threats, prevent additional safety threats, stop risk influences.	<ol style="list-style-type: none"> <li>1. During CPS assessment, justify a parent or caregiver's ability and willingness to protect a child and participate in an ongoing safety plan if safety threat is identified.</li> <li>2. Building on the information gained during the CPS assessment, the ongoing worker assesses parent's protective capacity in three domains, behavioral, cognitive, and emotional and determines the impact on the parent's ability to care for and keep a child safe. The assessment is completed in the context of a <i>collaborative relationship</i> with the parent to identify what must change.</li> <li>3. During ongoing case management protective capacity is assessed at each contact with the parents. It is dynamic and changing, and, as the family progresses, impacts changes in the safety plan and how Child Welfare intervenes to manage child safety.</li> </ol>

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Oregon Family Decision Meeting (OFDM)	The statutory Family Decision Meeting that must be considered after 30 days of out-of-home placement. The OFDM is described in ORS 417.365 to 417.375. The purpose of the OFDM is to establish a plan that may include a permanency plan, concurrent permanency plan, placement recommendation, and service recommendation and agreements, which provide for the safety, attachment, and permanency needs of the child.	The family decision-making meeting as defined in ORS 417.365, and is a family-focused intervention facilitated by professional staff that is designed to build and strengthen the natural care giving system for the child. The purpose of the family decision-making meeting is to establish a plan that provides for the safety, attachment, and permanency needs of the child.	Considered or held 30 to 60 days after out-of-home placement	Considered or held 30-60 days after out-of-home placement. Focus is specific on gathering family's ideas on ways to achieve expected outcomes and manage child safety. Family's ideas are incorporated into the case plan to the extent they will achieve those outcomes. Minimal change, but provides the meeting participants with the specific criteria for expected outcomes, safety plans, child safety.

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Case Plan	"Service Plan" means the services and activities designed to achieve goals for child safety, a permanent home, and child well-being.	"Case plan" means a goal oriented, time limited individualized plan for the child and the child's family, developed by the Department and the parents or legal guardians, that identifies the family behaviors, conditions, or circumstances, safety threats to the child, and the expected outcomes that will improve the protective capacity of the parents or legal guardians. The family plan described in ORS 417.375(1) is incorporated into the case plan to the extent that it protects the child, builds on family strengths, and is focused on achieving permanency for the child within a reasonable time.	Varies throughout the field. May include change goals in a Service Plan or Service Agreement. Various forms utilized throughout the state.	Case plan developed out of the work of the Protective Capacity Assessment. Identified the diminished protective capacities that need to change in order for parent to protect and care for a child.  Aligns several parts of overall plan including expected outcomes (long term changes), conditions for return (safety threshold for child returning home), ongoing safety plan, visitation plan, permanency and concurrent permanency plan.
Action Agreement	"Service Agreement" means a written, signed statement developed jointly by the Department, the legal parents or legal guardians, and other family members when appropriate that identifies change	"Action Agreement" means a written document developed between the Department and a parent or legal guardian that identifies one or more of the services or activities in which the parent or legal guardian will participate to achieve an expected outcome.	Focus on general safety, permanency, and child well-being goals.	Focus on agreement to engage in services and activities to achieve specific (expected) outcome identified in the case plan.  Is directly linked to one or more expected outcomes.

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Action Agreement (continued)	goals based upon strengths and child needs, states clear expectations, identifies permanent and concurrent plans, and establishes services and timeframes.			

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Conditions for return	None	"Conditions for return" mean a written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.	<p>No current definition or term.</p> <p>No defined practice or policy.</p> <p>Practice is unique to the case, court, branch, unit, caseworker.</p> <p>No defined way for parents to know when a child will return home</p>	<p>Is not dependent upon the parents completion of services or <b>achieving</b> outcomes</p> <p>Is a set of behaviors, conditions or circumstances that must be present to manage safety in the home with supports and services to the parents.</p> <p>Is not dependent upon the parent's completion of services or <b>achieving</b> outcomes.</p> <p>Is a part of the case plan, and made available to parents, court, and parties to the case.</p> <p>Is the benchmark for a caseworker in making the safety decision to return a child to the parents' home.</p>

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Documentation and use of the case plan	147 form series	333 form series, which is the documentation of the child's case plan	<p>147a Initial Sub Care 147b Initial Non-sub care 147c Six month sub care 147d Six-month Non-sub care</p> <p>Used for reporting to court (in part) and administrative review</p>	<p>Is the comprehensive written documentation of Child Welfare case plan.</p> <p>Is developed with the family as much as possible.</p> <p>Is the written document that guides casework for each particular family.</p> <p>Is focused on the unique circumstances of the family.</p> <p>Is reviewed every 90 days.</p> <p>333a used for cases when safety threat and child out of home</p> <p>333b when safety threat, child in home with safety plan, but court gives child welfare custody.</p> <p>333c when safety threat, child in home with safety plan, parents retain custody.</p> <p>Used for documentation and administrative review.</p>

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Measuring Progress			Documented on the 147b or 147d but not a clearly defined process in rule.	<p>Documented on the 333 series in narrative text measuring progress on the expected outcomes of the case plan. Specific domains used to measure progress, such as:</p> <ul style="list-style-type: none"> <li>• Status of Safety Threats</li> <li>• Progress toward enhancing protective capacities</li> <li>• Provision and use of services</li> <li>• Willingness and readiness to change</li> <li>• Safety Management</li> </ul> <p>Meet with the family at least every 90 days to review progress in meeting expected outcomes, documented in either case notes or a case plan update.</p>
Case Closure			Determined by court, change goals may change during the course of a case, through additional service agreements.	<p>Caseworker recommends case closure to the court when the parent has achieved or made significant progress toward the expected outcomes, and can sustain child safety in the home. Measured by specific criteria:</p> <ul style="list-style-type: none"> <li>• Caseworker observations of the child and the parents in the home</li> <li>• Receipt of evaluations and reports from service providers</li> </ul>

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Case Closure (continued)				<ul style="list-style-type: none"> <li>• Reports from participants in the ongoing safety plan</li> <li>• Measured progress on the extent the expected outcomes have been achieved</li> <li>• Consultation with others participating with the family to sustain child safety.</li> </ul>
Confirming Safe Environments (in out-of-home care)			Multiple sets of policies and rules that require different elements for assessment or confirmation by different child welfare staff (Face-to-face contact, Safety Standards, CPS assessment, Licensing Requirements, Adoption approval, and others)	<p>Assessment of a prospective caregiver based on standardized criteria. The determination is based upon what we learn about a family and our assessment of the quality and safety a caregiver <i>will</i> give to a child; a projection of safe care in the future.</p> <p>This is a shared responsibility among all CW staff, particularly the assigned caseworker and certification staff when children are placed in the home. Confirming safety is an assessment of the quality of care and safety of the child or children who are currently in the home. It is an ongoing assessment process, because the environment is dynamic and changes as children and circumstances change; it is not static.</p>

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Confirming Safe Environments (in out-of-home care) (continued)				<p>Specific assessment criteria are applied during the required contacts with the foster parent, relative caregiver, or provider.</p> <p>Specific actions required subsequent to the monthly contact/assessment to confirm the safety of the child, or initiate support for the substitute caregiver, or take action to ensure the child's safety.</p>
Placement Support Plan (out-of-home care)		<p>"Placement support plan" means a documented set of actions or resources that is developed to assist a relative caregiver or foster parent to maintain conditions that provide safety and well-being for children or young adults in the home.</p>	<p>Currently caseworkers are using safety plans in substitute care, although there is no policy governing the use of safety plans, and when one is or is not appropriate.</p>	<p>Safety plans are not used in substitute care. If child safety cannot be assured in the out-of-home placement, action must be taken to move the child.</p> <p>A Placement Support Plan is a mechanism to support to a substitute caregiver who needs assistance in maintaining a safe environment.</p> <p>The Placement Support Plan is initiated by the certifier.</p>

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Family Support Services (FSS)	Preventive/Restorative (P/R) services	Services provided when no safety threat to a child	P/R services used with both voluntary and safety related cases	<p>Voluntary services with specific eligibility criteria for each type of FSS service case:</p> <ul style="list-style-type: none"> <li>*Voluntary Placement Agreement</li> <li>*Voluntary Custody Agreement</li> <li>*Post Adoption/Post Guardianship</li> <li>*Former foster child requests ILP</li> <li>*Court referral of pre-adjudicated delinquent</li> <li>*In home family support services (very limited, with specific criteria)</li> </ul> <p>Use Case Plan 333d for voluntary services with child in home</p> <p>Use Case Plan 333e with Voluntary Custody or Voluntary Placement</p> <p>If time-limited agreements would serve as an effective tool to move the case forward a Service Agreement can be used with FSS cases. In most instances the signed case plan will be the written agreement with the family (and the signed Voluntary Custody Agreement or Voluntary Placement Agreement in applicable cases)</p>



### **Key Concepts:** *“Safety Threats/Safety Threshold” and “Child Vulnerability”*

As used in the Oregon Child Welfare Safety Model, the term Safety Threat is broadly defined as **“family behavior, conditions or circumstances that could result in harm to a child.”** In the context of the **CPS Assessment** or **Face-to-Face Contact** with the family, there are specific factors to consider when determining the presence of a safety threat. When all of the first four factors on the list below are present, a safety threat exists. When there is a vulnerable child present in the context of these first four factors, the “safety threshold” has been crossed.

#### Safety Threshold Criteria

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- A family condition is out-of-control
- A family condition is likely to result in harm
- The severe effect is imminent: reasonably could happen soon
- The family condition is observable and can be clearly described and articulated
- There is a vulnerable child

For more information about **Safety Threats** you are encouraged to reference the Child Welfare Procedure Manual, Chapter 2, Assessment, Section 5 and Appendix 2.4; **Safety Threshold**, Chapter 2, Assessment, Section 5 and Appendix 2.4; and **Child Vulnerability**, Chapter 2, Assessment, Section 6. The Procedure Manual can be found at [http://www.dhs.state.or.us/caf/safety\\_model/index.html#pm](http://www.dhs.state.or.us/caf/safety_model/index.html#pm)

Definitions from Oregon Child Welfare Administrative Rule that support these concepts are as follows:

**Vulnerable Child** means a child who is unable to protect him or herself. This includes a child who is dependent on others for sustenance and protection. A vulnerable child is defenseless, exposed to behavior, conditions, or circumstances that he or she is powerless to manage, and is susceptible and accessible to a threatening parent or caregiver. Vulnerability is judged according to physical and emotional development,



ability to communicate needs, mobility, size, and dependence.

**Observable** means specific, definite, real, can be seen and described. Observable does not include suspicion and gut feeling.

**Out of control** means family behaviors, conditions, or circumstances that can affect a child are unrestrained, unmanaged, without limits or monitoring, not subject to influence or manipulation within the control of the family, resulting in an unpredictable and chaotic family environment.

**Harm** means any kind of impairment, damage, detriment, or injury to a child's physical, sexual, emotional, or mental development or functioning. Harm is the result of child abuse or neglect and may vary from mild to severe.



### Key Concept: *“The Protective Capacity Assessment”*

The **Protective Capacity Assessment** is a collaborative process between the caseworker and the parent to examine and understand the behaviors, conditions or circumstances that resulted in a child being unsafe. The collaborative process identifies enhanced protective capacities that can be employed to promote and reinforce change, and diminished protective capacities that must change in order for the parent to regain full responsibility for the safety of the child.

#### **The Initial Protective Capacity Assessment**

- Builds on the information gathered during the initial CPS assessment
- Is the first intervention after the completion of the CPS assessment
- Allows for the development of a case plan focused on addressing the changes that must occur for the family to assure child safety.

#### **The Ongoing Protective Capacity Assessment**

- Is the process of continually observing and measuring change
  - Is the focus of face-to-face contacts with the family throughout the life of a case
- Provides the caseworker with information to document observable, measurable change.

#### **The purpose of developing a case plan based on a Protective Capacity Assessment is:**

- The parents and child welfare staff mutually understand(or agree on) the protective capacities that must change; and
- To provide a written case plan identifying the observable, sustained changes that, when accomplished, will increase protective capacity, and reduce or eliminate a safety threat.

#### **There are four stages involved in an Initial Protective Capacity Assessment:**

**1. Preparation – This is the caseworker’s time to review the case history and to plan for how to conduct a focused protective capacity assessment. The planning process will include the following:**

- Ensure you have the information needed to begin the assessment
- Consider what more you need to understand
- Decide how best to approach the family

#### **2. Introduction**

- Introduce yourself
- Introduce the **Protective Capacity Assessment** process with parents
- Discuss roles, responsibilities, expectations, issues and concerns



- Explain child welfare involvement, authority and obligations
- Review and explain court processes, and parents' rights
- Discuss self-determination, latitude, boundaries and consequences of parents' choices.
- Listen and understand a parent's point of view

### 3. Discovery

- Jointly identify specific enhanced and diminished protective capacities directly related to child safety
- Jointly discover what must change for a parent to regain and sustain responsibility for the child's safety
- Determine what the parents are willing to work on
- It is important to include discussion about what is working well
- Keep it simple – aim to come to agreements on contents of a case plan.

### 4. Case Planning

- Decide “what are we going to do”
- The plan grows out of the process of the **Protective Capacity Assessment**.
- It brings the caseworker and the parents to agreement on:
  - **What is going on now**
  - **What must change**
  - **What must eventually exist**

### **It is important to remember client self-determination in the Protective Capacity Assessment process.**

- Personal choice is fundamental to change regardless of circumstances
- Keep in mind that personal change is an internal matter

For more information about the **Protective Capacity Assessment**, you are encouraged to reference the Child Welfare Procedure Manual, Chapter 3, Section 5 and Chapter 3, Appendixes, 3.1, 3.2, 3.3, 3.4, and 3.5. The Procedure Manual can be found at [http://www.dhs.state.or.us/caf/safety\\_model/index.html#pm](http://www.dhs.state.or.us/caf/safety_model/index.html#pm)

Two definitions from Oregon Child Welfare Administrative Rule that are closely linked to the **Protective Capacity Assessment** are:

**"Safety threat"** means family behavior, conditions or circumstances that could result in harm to a child.



**"Protective capacity"** means behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.

## Appendix B: Protective Capacities Definitions and Examples

Protective capacity means being protective towards one's young. Protective capacities are cognitive, behavioral, and emotional qualities supporting vigilant protectiveness of children. Protective capacities are fundamental strengths preparing and empowering the person to protect.

### Cognitive Protective Capacities

Cognitive protective capacity refers to specific *knowledge, understanding and perceptions* that contribute to protective vigilance. Although this aspect of protective capacities has some relationship to intellectual or cognitive functioning, it does not mean that parents with lower cognitive functioning cannot protect their children. This aspect has to do with the caregiver's recognition/awareness that:

- I am the parent/caregiver
- I am the one responsible for this child
- I have to look out for danger
- I know and recognize cues that alert me that danger is impending

The stronger this capacity is the more comprehensive and astute this cognition is. For example:

- I understand and recognize how my child's behavior represents his needs
- I know I am responsible for figuring out what those needs are and getting them met
- I am aware that my child and I react to certain stimuli in predictable ways (e.g., stress, impulsive, irritable, etc.)

#### EXAMPLES OF COGNITIVE PROTECTIVE CAPACITIES THAT CAN BE DEMONSTRATED:

##### **1. The caregiver plans and articulates a plan to protect the child.**

This is the thinking ability that is evidenced in a reasonable, well-thought-out plan.

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

##### **2. The caregiver is aligned with the child.**

This refers to a mental state or an identity with a child.

- People who strongly think of themselves as closely related to or associated with a child.
- People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety.
- People who consider their relationship with a child as the highest priority.

**3. The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.**

Information and personal knowledge specific to caregiving that are associated with protection.

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

**4. The caregiver is reality oriented; perceives reality accurately.**

Mental awareness and accuracy about one's surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.

- People who describe life circumstances accurately.
- People who recognize threatening situations and people.
- People who do not deny reality or operate in unrealistic ways.
- People who are alert to danger posed by people and by the child's environment.
- People who are able to distinguish threats to child safety.

**5. The caregiver has accurate perceptions of the child.**

Seeing and understanding a child's capabilities, needs and limitations correctly.

- People who know the capacity of children at different ages or with particular characteristics.
- People who see a child exactly as the child is and as others see the child.
- People who recognize the child's needs, strengths and limitations. People who can explain what a child requires for protection and why.
- People who see and value the capabilities of a child and are sensitive to difficulties a child experiences.
- People who appreciate uniqueness and difference.
- People who are accepting and understanding.

**6. The caregiver understands his/her protective role.**

Being aware and knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.

- People who possess an internal sense and appreciation for their protective role.
- People who can explain in their own words what the "protective role" means and involves and why it is so important.
- People who recognize the accountability and stakes associated with the role.
- People who value and believe it is their primary responsibility to protect their child.

**7. The caregiver is self-aware as a caregiver.**

Sensitivity to one's thinking and actions and the effect on others, particularly the child.

- People who understand the cause – effect relationship between their own actions and results for their children
- People who are open to who they are, what they do, and to the effects of what they do.

- People who think about themselves and judge the quality of their thoughts, emotions and behavior.
- People who see that the part of them that is a caregiver is unique and requires different things from them.

## **Behavioral Protective Capacities**

Behavioral protective capacity refers to specific *action, activity and performance* that is consistent with and results in parenting and protective vigilance. While connected to the cognitive aspects of protective capacities, behavioral aspects signify that it is not enough to “know” what must be done, or “recognize” what might be dangerous to a child. The caregiver must act. Behavioral protective capacities mean the caregiver must have:

- The physical ability to act in ways to protect
- The ability/willingness to stop what the caregiver wants to do (defer needs) in order to meet the child’s basic needs
- The energy to do what must be done
- The skills that will help the caregiver effectively carry out what he/she intends

### **EXAMPLES OF BEHAVIORAL PROTECTIVE CAPACITIES THAT CAN BE DEMONSTRATED:**

#### **1. The caregiver has a history of protecting others**

A person with many experiences and events that demonstrate clear and reportable evidence of having been protective. Examples might include:

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

#### **2. The caregiver takes action to correct problems or challenges**

A person who is action-oriented as a human being, not just as a caregiver.

- People who perform when necessary.
- People who proceed with a course of action.
- People who take necessary steps, such as a caregiver seeking a Protective Order against a violent adult in the home.
- People who are expedient and timely in doing things.
- People who discharge their duties.

#### **3. The caregiver demonstrates impulse control**

A person who is deliberate and careful; who acts in managed and self-controlled ways.

- People who do not act on their urges or desires.
- People who do not behave as a result of outside stimulation.
- People who avoid whimsical responses.

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- People who think before they act.
- People who plan before they act.

**4. The caregiver is physically able.**

This refers to people who are sufficiently healthy, mobile and strong.

- People who can run after children.
- People who can lift children.
- People who are able to restrain children.
- People with physical abilities to effectively deal with dangers like fires or physical threats.

**5. The caregiver demonstrates adequate skill to fulfill caregiving responsibilities.**

The possession and use of skills that are related to being protective.

- People who can feed, care for, supervise children according to their basic needs.
- People who can handle, manage, and oversee the child to keep them safe.
- People who can cook, clean, maintain, guide, and provide shelter as required to keep children safe.

**6. The caregiver possesses adequate energy.**

The personal drive necessary to be ready for and “on the job” of being protective.

- People who are alert and focused.
- People who can move; are on the move; ready to move; will move in a timely way.
- People who are motivated and have the capacity to work and be active.
- People express force and power in their action and activity.
- People who are rested or able to overcome being tired.

**7. The caregiver sets aside her/his needs in favor of a child.**

Ability to delay gratifying own needs; accepting the children’s needs as a priority over own.

- People who do for themselves after they’ve done for their children.
- People who sacrifice for their children.
- People who can wait to be satisfied.
- People who seek ways to satisfy their children’s needs as the priority.

**8. The caregiver is adaptive as a caregiver.**

Adjusting and making the best of whatever caregiving situation occurs.

- People who are flexible and adjustable.
- People who accept things and can move with them.
- People who are creative about caregiving.
- People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.

**9. The caregiver is assertive as a caregiver.**

Being positive and persistent.

- People who are firm and have conviction.
- People who are self-confident and self-assured.

- People who are secure with themselves and their ways.
- People who are poised and certain of themselves.
- People who are forceful and forward

**10. The caregiver uses resources necessary to meet the child's basic needs.**

Knowing what is needed, getting it and using it to keep a child safe.

- People who get people to help them and their children.
- People who use community public and private organizations.
- People who will call on police or access the courts to help them.
- People who use basic services such as food and shelter.

**11. The caregiver emotionally supports the child.**

This refers to genuine, observable ways of sustaining, encouraging and maintaining a child's psychological, physical and social well-being.

- People who spend considerable time with a child that is filled with positive regard.
- People who take action to assure that children are encouraged and reassured.
- People who take an obvious stand on behalf of a child.

**Emotional Protective Capacities**

Emotional protective capacity involves the specific *feelings, attitude, identification with the child* and motivation that result in parenting and protective vigilance. Two critical issues influence the strength of emotional protective capacity:

- The nature of the attachment between caregiver and child
- The caregiver's own emotional strength

Most caregivers love their children and this love is the greater motivation to protect their children than simply the knowledge/awareness that they are "supposed to," as discussed in the cognitive examples of protective capacity. When there is sufficient emotional protective capacity, the nature of the attachment between the caregiver and child is demonstrated as:

- Love for the child is unconditional
- The caregiver realizes the child cannot produce gratification and self-esteem for the caregiver
- The quality of the attachment is not diminished when the caregiver discovers the child cannot meet the caregiver's emotional needs

In order to sustain this type of attachment, the caregiver must be:

- Emotionally stable
- Resilient enough to adjust to life and/or parenting difficulties
- Able to express and receive love
- Able to provide nurturing
- Able to love and invest emotionally in the child

**EXAMPLES OF EMOTIONAL PROTECTIVE CAPACITIES THAT CAN BE DEMONSTRATED:**

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**1. The caregiver is able to meet own emotional needs.**

Satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others.

- People who use personal and social means for feeling well and happy that are acceptable, sensible and practical.
- People who employ mature, responsible ways of satisfying their feelings and emotional needs.
- People who understand and accept that their feelings and gratification of those feelings are separate from their child.

**2. The caregiver is emotionally able to intervene to protect the child.**

This refers to mental health, emotional energy and emotional stability.

- People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately.
- People who are not consumed with their own feelings and anxieties.
- People who are mentally alert, in touch with reality.
- People who are motivated as a caregiver and with respect to protectiveness.

**3. The caregiver is resilient as a caregiver.**

Responsiveness and being able and ready to act promptly.

- People who recover quickly from set-backs or being upset.
- People who spring into action.
- People who can withstand.
- People who are effective at coping as a caregiver.

**4. The caregiver is tolerant as a caregiver.**

This refers to acceptance, allowing and understanding, and respect

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

**5. The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.**

A sensitivity to understand and feel some sense of responsibility for a child and what the child is going through, compelling one to comfort and reassure.

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

**6. The caregiver and child have a strong bond and the caregiver is clear that the number one priority is the well-being of the child.**

A strong attachment that places a child's interest above all else.

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- People who act on behalf of a child because of the closeness and identify the person feels for the child.
- People who order their lives according to what is best for their children because of the special connection and attachment that exist between them.
- People whose closeness with a child exceeds other relationships.

**7. The caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.**

Active affection, compassion, warmth and sympathy.

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

## Guideline to Achieving Permanency

	<b>1-31 Days</b>	<b>31-60 Days</b>	<b>61- 180 Days (2-6 Months)</b>	<b>181- 240 Days (6-8 Months)</b>	<b>241-365 Days (8-12 Months)</b>	<b>366-540 Days (12-18 Months)</b>	<b>541-730 Days (18-24 Months)</b>
<b>Safety</b>	CPS Assessment, Safety Analysis, Child Safety Meeting  Develop Conditions for Return	Develop Expected Outcomes	Review Safety Plan	Review Safety Plan	Review Safety Plan	Review Safety Plan	Review Safety Plan
<b>Permanency</b>	Return child home or...  Develop Visit Plan Assess sibling issues Begin relative search ASFA disclosure ICWA ID legal parties Absent Parent Search Father's Questionnaire	Return child home or...  Review Visit Plan Assess sibling issues Continue to assess relatives  Protective Capacity Assessment  OFDM/ Develop Plan and Concurrent Plan  Action Agreement	Return child home or...  Review Visit Plan Assess sibling issues Conclude Initial Relative Search FDM/Action Plan Review-Discuss Plan and Concurrent Plan progress 90 Day Case Plan Review, Discuss Plan and Concurrent Plan progress	Return child home or...  Review Visit Plan Assess sibling and relative issues Assess Adoptability Protective Capacity Assessment FDM/Action Agreement Review-Discuss Plan and Concurrent Plan progress  Youth Decision Meeting for youth +14 Develop ILP Plan	Return child home or...  Review Visit Plan Assess sibling and relative issues Begin Recruitment  FDM/Action Agreement Review-Discuss Plan/Concurrent Plan progress  Current Caretaker staffing, Guardianship Study  Complete Homestudy	Return child home or...  Protective Capacity Assessment Review Visit Plan Assess sibling and relative issues Achieve Guardianship or arrange Permanent Foster Care if there is compelling reason for child to not be returned to parent, adopted or placed in guardianship plan File TPR- Mediation Secure Relinquishments  Adoption Committee	Return child home or...  Protective Capacity Assessment Review Visit Plan Assess sibling and relative issues Finalize Adoption Complete Guardianship Review APPLA Plan to determine if higher level of permanency can be implemented (Adoption, Guardianship)
<b>Well Being</b>	Obtain Releases of Info Well Child exam Mental health assessment Order Birth Cert and SSN Card Early Intervention Referral	Order Birth Records Begin 246 Photograph Child/ Parents Order prior service records of parents	Review Mental Health/ Medical/ Educational needs	Review Mental Health/ Medical/ Educational needs	Review Mental Health/ Medical/ Educational needs	Review Mental Health/ Medical/ Educational needs  Complete 246	Review Mental Health/ Medical/ Educational needs
<b>Administrative and Legal Tasks</b>	Shelter Hearing	Jurisdiction/ Wardship Case Plan (333a and 310 Series)	CRB AAG Initial Legal Review	333a, 310 series	AAG Permanency Legal Review  Permanency Hearing CRB	TPR Trial 333a, 310 Series	Court Review of PFC 333a, 310 Series CRB

## Child Safety Meeting and Pretrial Settlement Conference Comparison: Separated at Birth?

Child Safety Meeting	PTC/SLC	Discussion questions
<ul style="list-style-type: none"> <li>• Caseworker describes the safety threat and how it was determined</li> <li>• Analysis is agency's only and is not subject to debate.</li> </ul>	<ul style="list-style-type: none"> <li>• Report to the court describes basis for jurisdictional allegations</li> <li>• Jurisdictional language is the subject of negotiation between parties and may change during the course of the PTC</li> </ul>	<ul style="list-style-type: none"> <li>• Can the Safety Model tolerate negotiation about safety threats at the child safety meeting?</li> <li>• Can the legal process tolerate a shift in jurisdictional language developed in response to the safety model?</li> </ul>
<ul style="list-style-type: none"> <li>• Participants consider the sufficiency of the Safety Plan – is it the least intrusive plan that will keep child safe?</li> </ul>	<ul style="list-style-type: none"> <li>• DHS and parties make recommendations to the court about visitation, relative placement and reunification plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Can the legal process tolerate a meeting that involves planning for visits or return plans with relatives or community members instead of limiting discussion to legal parties and the court</li> </ul>
<ul style="list-style-type: none"> <li>• Conditions for Return</li> </ul>	<ul style="list-style-type: none"> <li>• DHS and parties make recommendation for disposition – services for parents and children.</li> </ul>	<ul style="list-style-type: none"> <li>• Can these 2 concepts be reconciled?</li> </ul>

# OREGON SAFETY THREATS GUIDE

## IMPENDING DANGER THREATS

(\*THIS GUIDE HAS BEEN MODIFIED FROM THE ACTION FOR CHILD PROTECTION GUIDE)

This guide identifies and explains the 15 universal safety threats and includes a 16<sup>th</sup> safety threat added in the Oregon Child Welfare Safety Model. Remember that safety threats present in the form of behavior, emotion, attitude, perception or situations. Examples within this reference guide refer to impending danger. Regarding any family condition being considered as a safety threat, remember that the safety threshold criteria must always apply.

- 1. The family *situation* is such that no adult in the home routinely performing parenting duties and responsibilities that assure child safety.**

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at such a basic level that the absence of these basic provisions directly affect the safety of a child. This includes situations in which parents'/caregivers' whereabouts are unknown. The parent's/caregiver's whereabouts are unknown while the CPS initial assessment is being completed and this is affecting child safety. This safety threat applies when a child's caregiver is present and available but does not provide supervision or basic care. The failure to provide supervision and basic care may be due to avoidance of protective care and duties or physical incapacity. In such instances, this safety threat is considered if no other caregiver issues co-exist with the lack of supervision like substance use or mental health. Compare this threat to the safety threat concerned with impulsiveness and lack of self-control.

### Application of the Safety Threshold Criteria

The caregiver who normally is responsible for protecting the child is absent, likely to be absent or is incapacitated in some way or becomes incapacitated and is not available. Nothing within the family can compensate for the condition of the caregiver which meets the out-of-control criterion. An unexplained absence of parents/caregivers is obviously a situation that is out-of-control. Without explanation, the children have been abandoned and are totally subject to the whims of life and others. They are totally without caregiver protection. Nothing can control the absence of the caregivers.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying. Regarding absent parents/caregivers and in the absence of a family network that imposes itself, vulnerable children left without caregivers will suffer serious effects.

That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the caregiver's absence or

incapacity, the home condition, and the lack of other adult supervisory supports. The absence of caregivers meets the imminence criteria. The threat is immediate.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable and unavailable to provide basic care for the children.
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care.
- Parents/caregivers have abandoned the children.
- Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver ignores; does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child.
- Parent/caregiver is unavailable to provide necessary, protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child, and the parent/caregiver is present or approves.
- Child has been abandoned or left with someone who does not know the parent/caregiver.
- Parent/caregiver has left the child with someone and not returned as planned.
- Parent/caregiver did not express plans to return or the parent/caregiver has been gone longer than expected or what would be normally acceptable.
- No one knows the parent's/caregiver's identity.
- Parents'/caregivers' unexplained absence exceeds a few days.

**2. One or both parents' or caregivers' behavior is violent and/or they are acting (*behaving*) dangerously.**

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be immediately observable, regularly active or generally potentially active.

Application of the Safety Threshold Criteria

To be out-of-control, the violence must be active. It moves beyond being angry or upset, particularly related to a specific event. The violence is representative of the person's state-of-mind and is likely pervasive in terms of the way the person feels and acts. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily result in lashing out toward family members and children, specifically, who may be targets or bystanders. Vulnerable children who cannot self-protect, who cannot get out of the way and who have no one to protect them could experience severe physical or emotional effects from the violence. The severe effects could include serious physical injury, terror or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Violence includes hitting, beating, physically assaulting a child, spouse or other family member.
- Violence includes acting dangerously toward a child or others including throwing things, bantering weapons, driving recklessly, aggressively intimidating and terrorizing.
- Family violence involves physical and verbal assault on a parent in the presence of a child, the child witnesses the activity and is fearful for self and/or others.
- Family violence occurs and a child has been assaulted.
- Family violence occurs and a child has attempted to intervene.
- Family violence occurs and a child could be inadvertently harmed even though the child may not be the actual target of the violence.
- Parent/caregiver who is physically impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug parties, gangs, drive-by shootings).

**3. One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.**

This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy. This threat also includes caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse. This safety threat is different than the first safety threat concerned with no adult in the home to routinely provide supervision and protection. That safety threat is based on consistent neglectful caregiver's behavior; this safety threat is tied specifically to a caregivers' spontaneous reactions or failure to control their behavior.

Application of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions, resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self-control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared to, say, the lack of self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors other than aggression or emotion that affect child safety as illustrated in the following examples.

- Parent/caregiver is unable to perform basic care, duties, fulfill essential protective duties.
- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.

- A substance abuse problem renders the parents/primary caregivers incapable of routinely/consistently attending to the children's basic needs.
- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
- Parent/caregiver is delusional and/or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses.
- Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs.

#### **4. Parents' or Caregivers' perceptions of a child are extremely negative.**

"Extremely" is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.

##### Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out-of-control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver to react to or avoid the child. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver's perception or explaining it away to the caregiver. It is out-of-control.

The extreme negative perception fuels the caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place not in the process of development. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be the devil, demon-possessed, evil, a bastard or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing.
- Parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems; blames the child; perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.

**5. A family *situation or behavior* is such that the family does not have or use resources necessary to assure a child's safety.**

“Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available.

Application of the Safety Threshold Criteria

There could be two things out-of-control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family’s reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver’s lack of control related to either impulses about use of resources or problem solving concerning with use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family has insufficient money to provide basic and protective care.
- Family has insufficient food, clothing, or shelter affecting child safety.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Parents/caregivers lack life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs being adequately met.
- Child’s basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

**6. One or both parents' or caregivers' attitudes, emotions and behavior are such that they are threatening to severely harm a child or are fearful they will maltreat the child and/or request placement.**

This refers to caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, menacing and sufficiently believable to conclude grave concern for a child's safety. This also refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

Application of the Safety Threshold Criteria

Out-of-control is consistent with conditions within the home having progressed to a critical point. The level of aggravation, intolerance or dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver is or feels out-of-control. The caregiver is either afraid of what he or she might do or beyond self-limits and forbearance. A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The threat to severely harm, admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future.

This threat is illustrated in the following examples.

- Parents/caregivers use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict.
- Parents/caregivers threats are plausible, believable; may be related to specific provocative child behavior.
- Parents/caregivers state they will maltreat.
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parents/caregivers are distressed or "at the end of their rope," and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

**7. One or both parents' or caregivers' attitudes or emotions are such that they intend(ed) to seriously hurt the child.**

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. "Seriously" refers to an intention to cause the child to suffer. This is more about a child's pain than any expectation to teach a child.

Application of the Safety Threshold Criteria

This safety threat seems to contradict the criterion "out-of-control." People who "plan" to hurt someone apparently are very much under control. However, it is important to remember that "out-of-control" also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that 1) the acts were intentional; 2) the objective was to cause pain and suffering; and 3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time – soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns) and there is no remorse.
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse.
- Parent/caregiver does not acknowledge any guilt or wrongdoing, and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified; may express that the child deserved it and they intended to hurt the child.

**8. A situation, attitudes and/or behavior is such that one or both caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.**

This refers to basic parenting that directly affects a child's safety. It includes parents/primary caregivers lacking the basic knowledge or skills which prevent them from meeting the child's basic needs or the lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.

Application of the Safety Threshold Criteria

When is this family condition out-of-control? Caregivers who do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision. The lack of knowledge is out-of-control since it must be consistent with capacity problems such as serious ignorance, retardation, social deprivation, and so forth. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing or just don't perform. The lack of aptitude must be clear. The basis for ineptness may vary. Caregivers may be hampered by cognitive, social, or emotional influences. Motivation is yet another matter. People may be very capable, have plenty of pertinent knowledge, but simply don't care or can't generate sufficient energy to act. Remember, any of these are out-of-control by virtue of the behavior of the caregiver and the absence of any controls internal to the family.

This threat is illustrated in the following examples.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in unsafe situations.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent/caregiver is averse to parenting and does not provide basic needs.

- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown).
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children's needs thereby affecting the children's safety.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

**9. Parents' or Caregivers' attitudes and behavior result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication that the caregivers will flee.**

This threat is selected if the facts suggest that the family is acting in such a way in order to hide the child from CPS. Attempts to avoid CPS access to a child can include overtly rejecting all attempts by CPS to enter the home, see a child, and conduct routine initial assessment information collection. The key to caregivers rejecting CPS involvement is the term "overt." The rejection is far more than a failure to cooperate, open anger or hostility about CPS involvement or other signs of general resistance or reluctance. Rejecting CPS intervention must be blatant to meet the safety threshold criteria. This safety threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. In all instances when a family is avoiding any intervention by CPS, the current status of the child or the potential consequences for the child must be considered severe and immediate.

Application of the Safety Threshold

Like other safety threats, it appears when people do things deliberately that they are under control. Certainly overt rejection of CPS or an attempt to flee must be considered a deliberate act to prevent CPS from having access to a child; it is a planned-out intention to hide a child. People who solve their problems by such behavior can be considered to be out-of-control and desperate. Furthermore, caregivers who need to keep secret what is happening in their family represent people who are out-of-control. Certainly, families who are transient for purpose of keeping things secret do not possess within their ranks anything that serves to control such behavior. Overt rejection of CPS could be an expression of a parent/caregiver's rights; however, until access to the child can be gained through legal means, the conclusion about the rejection representing a safety threat remains the same.

Judging severity is speculative with respect to this safety threat. An assumption prevails concerned with a conservative point of view that caregivers who overtly reject CPS intervention as defined here or who might flee are doing so for some critical reason. It is consistent with a "worst scenario" perspective. A child might already be seriously hurt or may be in serious danger.

Imminence is obvious. Fleeing can happen immediately. The van could be packed and the family gone by this evening. People who flee are desperate and act very impulsively. Overt rejection of intervention immediately results in no access to a child and to the opportunity to determine if a child is safe.

This threat is illustrated in the following examples.

- Parents/caregivers avoid talking with CPS; refuse to allow CPS access to the home.
- Parents/caregivers manipulate in order to avoid any contact with CPS; make excuses for not participating; miss appointments; go through various means and methods to avoid CPS involvement and any access to a child.

- Parents/caregivers avoid allowing CPS to see or speak with a child; do not inform CPS where the child is located.
- Family is highly transient.
- Family has little tangible attachments (e.g., job, home, property, extended family).
- Parent/caregiver is evasive, manipulative, suspicious.
- There is precedence for avoidance and flight.
- There are or will be civil or criminal complications that the family wants to avoid.
- There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

**10. Parents' or Caregiver attitude, behavior, perception result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.**

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs), which are either organic or naturally induced as opposed to induced by caregivers. The key here is that the parents/caregivers, by not addressing the child's exceptional needs, will not or cannot meet the child's basic safety needs.

Application of the Safety Threshold Criteria

The caregiver's ability and/or attitude are what is out-of-control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either. If you are not doing what is required to assure the exceptional needs are being met daily, then, nothing within the family is assuring control.

This does not refer to caregivers who do not do very well at meeting a child's needs. This refers to specific deficiencies in parenting that must occur and are required for the "exceptional" child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

This threat is illustrated in the following examples.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

**11. The family *situation* is such that living arrangements seriously endanger the child's physical health.**

This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

Application of the Safety Threshold Criteria

To be out-of-control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child's safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

This threat is illustrated in the following examples.

- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.
- People abusing substances, high, under the influence of substances particularly that can result in violent, sexual or aggressive behavior are routinely in the home, party in the home or have frequent access to the home while under the influence.
- People frequenting the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety.

**12. The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.**

The key word is “serious,” and suggests that the child’s condition has immediate implications for intervention (e.g., need for medical attention, extreme physical vulnerability). The presumption related to this safety threat is there is some connection, either alleged or confirmed, that the physical injuries or physical symptoms are related to maltreatment. At intake and during the initial contacts with a child, physical injuries and physical symptoms may be obvious (as in a present danger), but insufficient information has been gathered to connect the child’s condition to maltreatment. However, this item remains a safety threat until such time as the maltreatment as the cause of the child’s condition is ruled out.

Application of the Safety Threshold Criteria

Serious physical effects of maltreatment are out-of-control when they are health or life threatening; when routine accessible medical care is questionable; and when their existence represents a symptom of unchecked aggressive, assaultive caregiving behavior. No control exists within the family to care for and nurture the child respective of the physical condition.

Severe is qualified by the nature of the child’s condition and the impending results of no protection and questionable medical care and follow-up.

Imminence is qualified by whether the child’s condition will not improve or worsen if left unattended.

**Note:** *Many of the examples are also consistent with present danger. The injuries identified in the examples would be apparent at first contact. These remain here in this listing to emphasize the importance of addressing serious injuries to children as a result of maltreatment, the need for immediate medical care, and the relationship of these kinds of concerns to other family conditions and behaviors that represent a continuing state of danger – impending danger. Some of the examples, such as failure to thrive, may not be apparent at the initial contact.*

This threat is illustrated in the following examples.

- Child has severe injuries.
- Child has multiple/different kinds of injuries (e.g. burns and bruises).
- Child has injuries to head or face.
- Injuries appear to be premeditated; injuries appear to have occurred as a result of an attack, assault or out-of-control reactions (e.g. serious bruising across a child’s back as if beaten in an out-of-control disciplinary act).
- Injuries appear associated with the use of an instrument which exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil, etc.).
- Child has physical symptoms from maltreatment which require immediate medical treatment.
- Child has physical symptoms from maltreatment which require continual medical treatment.
- Child appears to be suffering from Failure to Thrive.
- Child is malnourished.

**13. The *situation* is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in caregivers or self-destructive behavior.**

Key words are “serious” and “lack of behavioral control.” “Serious” suggests that the child’s condition has immediate implications for intervention (e.g., extreme emotional vulnerability, extreme antisocial conduct, suicidal thoughts or actions). “Lacks behavioral control” describes the provocative child who stimulates reactions in others.

Application of the Safety Threshold Criteria

The condition of the child is what is out-of-control. The child is a source of danger to him or herself. The damage has been done and the child cannot control it. Family members cannot control the child with respect to preventing what the child may do which could result in severe effects. Additionally, caregivers and even others can be so provoked by the child’s behavior that they are not able or wanting to control their reactions against the child.

The child’s emotional and behavioral conditions are so extreme that the child is seriously disturbed and self-destructive or behaves in ways that others will be a danger to him or her. The results could be suicide, overdose, kidnapping, self-mutilation, being physically abused, etc.

The child’s emotion and behavior are so profound that he or she is an immediate danger to him or herself without protection. The severe effects could be immediate.

The child’s condition may or may not be a result of previous maltreatment.

This threat is illustrated in the following examples.

- Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts.
- Child will run away.
- Child’s emotional state is such that immediate mental health/medical care is needed.
- Child is capable of and likely to self-mutilate.
- Child is a physical danger to others.
- Child abuses substances and may overdose.
- Child is so withdrawn that basic needs are not being met.
- Child is annoying, aggravating to the point of stimulating intolerance in others.
- Child is highly aggressive and acts out repeatedly so as to cause reactive responses.
- Child is confrontational, insulting or so challenging that caregivers lose patience, impulsively strike out at the child, or isolate the child or totally avoid the child.

**14. The situation is such that a child is fearful of the home situation or people within the home.**

“The home situation” includes specific family members and/or other conditions in the living situation. Other people in the home refers to those who either live in the home or frequent the home so often that a child daily expects that the person may be there or show up. (e.g., frequent presence of known drug users in the household).

Application of the Safety Threshold Criteria

Do you know when fear is out-of-control? Have you ever felt that way? Can you imagine a child being so afraid that his fear is out-of-control? Can you imagine a family situation in which there is nothing or no one within the family that will allay the child’s fear and assure a sense of security? To meet this criterion, the child’s fear must be obvious, extreme, and related to some perceived danger that child feels or experiences.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child’s terror is well-founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child’s fear could result in severe effects.

Whatever is causing the child’s fear is active, currently occurring, and an immediate concern of the child. Imminence applies.

This threat is illustrated in the following examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child’s fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

**15. Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child's injuries or threatening family conditions.**

Parents/caregivers do not or are unable or unwilling to explain maltreating conditions or injuries which are consistent with the facts. An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom.

Application of the Safety Threshold Criteria

You cannot control what you do not understand – what is not explained or explained adequately. A family situation in which a child is seriously injured without a reasonable explanation is a family situation that is out-of-control.

Typically this safety threat occurs in connection with a serious injury. So the severity question is already answered. Research (such as that associated with the Battered Child Syndrome) supports a concern that one serious unexplained or non accidental injury reasonably may be followed by another.

When the cause of an injury is not known, then, what might be operating could result in another injury in the near future.

**Note:** *An unexplained injury at initial contact should be considered a present danger. If the injury remains unexplained at the conclusion of an initial assessment/investigation, the lack of an acceptable explanation must be considered an impending danger.*

This threat is illustrated in the following examples.

- Parents/caregivers acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.
- Parents/caregivers express concern for the child's condition but are unable to explain it.
- Parents/caregivers appear to be totally competent and appropriate with the exception of 1) the physical or sexual abuse and 2) the lack of an explanation or 3) an explanation that makes no sense.
- Parents/caregivers accept the presence of injuries and conditions but do not explain them or seem concerned.
- Sexual abuse has occurred in which 1) the child discloses; 2) family circumstances, including opportunity, may or may not be consistent with sexual abuse; and 3) the parents/primary caregivers deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- "Battered Child Syndrome" case circumstances are present and the parents/primary caregivers appear to be competent, but the child's symptoms do not match the parents'/primary caregivers' appearance, and there is no explanation for the child's symptoms.
- Parents'/caregivers' explanations are far-fetched.

- Facts observed by child welfare staff and/or supported by other professionals that relate to the incident, injury, and/or conditions contradict the parents'/primary caregivers' explanations.
- History and circumstantial information are incongruent with the parents'/primary caregivers' explanation of the injuries and conditions.
- Parents'/caregivers' verbal expressions do not match their emotional responses and there is not a believable explanation.

16. One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights. (*\*This safety threat has been added in the Oregon Child Welfare Safety Model*)

This safety threat occurs in family situations in which the parent has previously abused and/or neglected a child(ren) and the behavior or conditions that resulted in that abuse or neglect was serious enough to require removal and the behavior or condition has not been remediated. Allowing for reunification with the child or children that were removed.

Application of the safety threshold criteria:

This situation meets the safety threshold criteria in that the *severity* of the behavior, condition or circumstance is such that it requires current removal of the child(ren) or has required permanent removal of the parent's child(ren) through relinquishment prior to termination or termination of parental rights. The situation is out of control in that the behavior, condition, or circumstance resulting in the removal of children has not changed. Exposure of a child to this severe and out of control behavior condition or circumstance that has not changed requires immediate response.

## Child Vulnerability

It is important to remember that the safety threshold criteria include a determination of the presence of a vulnerable child. Vulnerability will always include dependent young children but also can include dependent, helpless older children, especially those who are vulnerable to the authority and influence of adults within their family.

### Application of the Safety Threshold Criteria

Vulnerability is a criterion within the safety threshold criteria.

This threat is illustrated in the following examples.

- ❖ A child lacks capacity to self-protect.
- ❖ A child is susceptible to experience severe consequences based on size, mobility, social/emotional state.
- ❖ Young children (generally 0-6 years of age).
- ❖ A child has physical or mental developmental disabilities.
- ❖ A child is isolated from the community.
- ❖ A child lacks the ability to anticipate and judge the presence of danger.
- ❖ A child consciously or unknowingly provokes or stimulates threats and reactions.
- ❖ A child is in poor physical health or has limited physical capacity and robustness; is frail.