BENCHCARD **A**

Gather Information About the Family

More comprehensive information than simply the incident of maltreatment must be learned about the family. This body of knowledge must include the extent of maltreatment, the surrounding circumstances, child functioning, adult functioning, parenting and discipline. The following are 7 background questions that should guide safety in each case. The answers will help the court assess threats of danger, child vulnerability, and protective capacities. The information will later help judges decide what to do about an unsafe child.

1. What is the nature and extent of the maltreatment?

- Type of maltreatment
- Severity of the maltreatment, results, injuries
- Maltreatment history, similar incidents
- Describing events, what happened, hitting, pushing
- Describing emotional and physical symptoms
- Identifying child and maltreating parent

2. What circumstances accompany the maltreatment?

- How long maltreatment lasted
- Parental intent concerning the maltreatment
- Whether parent was impaired by substance use, or was otherwise out-of-control when maltreatment occurred
- How parent explains maltreatment and family conditions
- Does parent acknowledge maltreatment, what is parent's attitude?
- Other problems connected with the maltreatment such as mental health problems

3. How does the child function day-to-day?

- Capacity for attachment (close emotional relationships with parents and siblings)
- General mood and temperament
- Intellectual functioning
- Communication and social skills
- Expressions of emotions/feelings
- Behavior
- Peer relations
- School performance
- Independence
- Motor skills
- Physical and mental health

4. How does the parent discipline the child?

- Disciplinary methods
- Concept and purpose of discipline
- Context in which discipline occurs, is the parent impaired by drugs or alcohol when administering discipline
- Cultural practices

5. What are overall parenting practices?

- Reasons for being a parent
- Satisfaction in being a parent
- Knowledge and skill in parenting and child development
- Parent expectations and empathy for child
- Decision-making in parenting practices
- Parenting style
- History of parenting behavior
- Protectiveness
- Cultural context for parenting approach

6. How does the parent manage his/her own life?

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

7. How does the family unit operate and function?

- General functioning
- Strengths
- Current stresses
- Family structure
- Clarity of roles and boundaries
- Who is in charge
- How family decisions are made
- Communication
- Presence and use of affection
- Relationship to the community
- Demographics: family make-up, housing, income (able to meet family needs?)
- Good place to capture relationship/information re: non-custodial parent
  **There are no safety threats associated with this question, but the information is used to understand the overall picture and context of the family.*

DEFINITIONS

Safe child:
Vulnerable children are safe when there are no threats of danger within the family *or* when the parents possess sufficient protective capacity to manage any threats

Unsafe child:
Children are unsafe when:

- Threats of danger exist within the family *and*
- Children are vulnerable to such threats, *and*
- Parents have insufficient protective capacities to manage of control threats

BENCHCARD B1

Present Danger Threats

A clearly observable family condition, that is significant, immediate – occurring or "in process" of occurring at the point of contact with the family, and will likely results in severe harm to a child.

Present Danger Threats – Maltreatment

The child is currently being maltreated at the time of the report or contact.
This means the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the contact, or maltreatment is in process at the time of contact.

Severe to extreme maltreatment of the child is suspected, observed, or confirmed.
This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel treatment and psychological torture.

The child has multiple or different kinds of injuries.
This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.

The child has injuries to the face or head.
This includes physical injury to the face or head of the child alleged to be the result of maltreatment.

The child has unexplained injuries.
This refers to a serious injury which parents/caregivers and others cannot or will not explain. It includes circumstances where the injury is known to be non-accidental and maltreater is unknown.

The maltreatment demonstrates extreme cruelty.
This includes such things as locking up children, torture, extreme emotional abuse, etc.

The maltreatment of several victims is suspected, observed, or confirmed.
This refers to the identification of more than one child currently being maltreated by the same caregiver.

The maltreatment appears premeditated.
The maltreatment appears to be the result of a deliberate, preconceived plan or intent.

Life threatening living arrangements are present.
This is based on specific reported information which indicates that a child's living situation is an immediate threat to his/her safety, for reasons other than poverty. This includes serious health and safety circumstances like unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc. Child welfare professionals must consider how poverty may or may not be impacting living arrangements and how potential connections to resources, instead of CPS intervention, may mitigate the concerns with the living arrangements.

BENCHCARD B1

Present Danger Threats

Present Danger Threats – Child

Parent's/caregiver's viewpoint of child is dangerous for the child.
This refers to a viewpoint that is not aligned with reality, not just a negative attitude toward the child. The parent's/caregiver's perception or viewpoint toward the child is so skewed and distorted that it poses an immediate danger to that child.

The child is profoundly fearful of the home situation or people within the home.
"Home situation" includes specific family members and/or other conditions in the living arrangement. "People within the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up. The child's fear must be obvious, extreme and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear, but their behavior and emotion clearly and vividly demonstrate fear.

The child's immediate health needs are not being met.
This applies to a child of any age. The health care required must be significant enough that its absence is likely to seriously affect the child's physical health or emotional health. This threat is in reference to emergency health or dental care. Lack of routine health care is not a Present Danger Threat. Consider whether the family is meeting the child's health needs through Western medicine or the use of tribal or traditional healers.

Child is unsupervised and unable to care for self.
This applies if the child is without supervision or care. It is important to consider the time of day and length of time that the child has been unsupervised and/or without care. Unsupervised does not always mean that the parent/caregiver is not present; this can also include circumstances where an older child is left to supervise younger children and is incapable of doing so.

Present Danger Threats – Family

The family may flee.
This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move.

The family hides the child.
This includes both overt and covert behaviors. This refers to families who physically restrain a child within the home, families who avoid allowing others to have contact with their child by passing the child around to other relatives, or other means to limit CPS access to the child.

Child is subject to present/active domestic violence.
This refers to the co-occurrence of domestic violence and child maltreatment. Either presently occurring or a general recurring state of domestic violence. Child maltreatment may occur in conjunction with the domestic violence or may be separate. There is greater concern when the abuse of a parent/caregiver and the abuse of a child occur during the same time.

BENCHCARD B1

Present Danger Threats

Present Danger Threats – Parent/Caregiver

Parent's/caregiver's intoxicated behavior (alcohol or other drugs), which is occurring now or consistently over time, is impacting their ability to provide basic, necessary care and supervision.
This refers to a parent/caregiver who is reported to be intoxicated or under the influence of drugs or alcohol now and/or much of the time and this impacts their ability to care for the child. The state of the parent's/caregiver's intoxicated behavior has a direct effect on their judgment, behavior, and ability to provide basic, necessary care for the child.

A parent/caregiver cannot/will not manage their own behaviors which impacts their ability to provide basic, necessary care, and supervision.
This includes mental or emotional distress where a parent/caregiver cannot manage their behaviors in order to meet their immediate parenting responsibilities related to providing basic, necessary care and supervision. The parent's/caregiver's actions, or lack of actions, may not be directed at the child but may affect the child in dangerous ways.

Parent/caregiver is unable or unwilling to perform basic care and supervision for the child's individual developmental needs.
This only refers to those parental duties and responsibilities consistent with basic, necessary care or supervision and that the inability to provide basic care poses an immediate threat to child safety. It is important to consider what basic care is for each child and their developmental needs, as children with disabilities will have different basic care and supervision needs compared to children without disabilities.

Parent/caregiver is demonstrating extremely unusual or unexpected behaviors.
This may include unpredictable, incoherent, outrageous, or extremely inappropriate behavior.

Parent/caregiver is acting dangerous now or is described as dangerous.
This includes a parent/caregiver described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.

Parent/caregiver is not able to be located or contacted.
This includes situations when a parent/caregiver cannot be located at the time of the report or contact, and this affects the safety of the child.

One or both parents/caregivers overtly reject intervention.
The key word here is "overtly." This means the parent/caregiver avoids all CPS attempts at communication and completion of the assessment. This refers to situations where a parent/caregiver refuses to see or speak with CPS professional and/or to let CPS professional see the child; is openly hostile (not just angry about CPS presence) or physically aggressive towards CPS professional; refuses access to the home, hides the child or refuses access to the child.

BENCHCARD B2

Impending Danger Threats

A foreseeable state of danger in which a family behaviors, values, motives, emotions, and/or situations pose a threat that may not be currently active but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention.

- Observable
- Out-of-Control
- Imminent
- Severity

1. No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs.
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 considered at a basic level. Child welfare professionals shall consider whether short-term or limited-time education or support to the parent/caregiver would mitigate the threat or if further intervention is needed.

2. One or both parent's/caregiver's behaviors shows a pattern of violence.
Pattern of violence means ongoing violent behaviors which result in situations where a child is unsafe or is likely to be unsafe. Violent behaviors include physical fighting, hitting, beating, physically assaulting a child, significant other or another adult member of the household. It may be immediately observable, regularly active or in a constant state of unpredictability.

3. One or both parents/caregivers have exaggerated, negative perceptions of the child.
This threat describes a negative perception that is so exaggerated that the parent/caregiver is likely to have a dangerous response that will have severe harm for the child.

4. One or both parents/caregivers has impulsive behavior that they cannot/will not control.
This threat is about self-control (e.g., a person's ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy and action or manage emotions. Parent's/caregiver's lack of self-control places vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues. Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe harm to a child.

5. Family does not use known, available, and accessible resources to assure the child's essential needs for food, clothing, and/or shelter are met.
This threat only refers to essential needs for food, clothing, and/or shelter that is chronically unmet and will likely result in serious harm to the child.

6. One or both parents/caregivers fear they will maltreat the child and/or request placement.
This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent's distraught/extreme "call for help." 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.

BENCHCARD B2

Impending Danger Threats

7. One or both parents/caregivers intend(ed) to seriously hurt the child.
Parents/caregivers anticipate acting in a way that will assure pain and suffering. “Intended” means that before or during the time the child was harmed, the parent’s/caregiver’s conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

8. One of both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child’s basic needs are met.
This refers to basic parenting that directly affects meeting the child’s needs for food, clothing, shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe harm for a vulnerable child.

9. Living arrangements seriously endanger the child’s physical health.
This threat refers to conditions in the home that are immediately life-threatening or seriously endanger the 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 potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

10. The child has exceptional needs which the parents/caregivers cannot or will not meet.
“Exceptional” refers to specific child conditions or needs that are beyond what is typical (e.g., intellectual/cognitive disability, physical disability, sensory disability, behavioral disability, communication disability, Autism Spectrum Disorder, special medical needs, etc.); the child does not need to have a formal diagnosis in order for the child’s condition or needs to be considered exceptional. This threat is present when parents/caregivers, by not addressing the child’s exceptional needs, create an immediate concern for severe harm to the child. This does not refer to parents/caregivers who do not do particularly well at meeting the child’s special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the child within exceptional needs not to suffer severe harm.

11. The child is profoundly fearful of the home situation or people within the home.
“Home situation” includes specific family members and/or other conditions in the living arrangement. “People in the home” refers to those who live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up. The child’s fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present in a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

BENCHCARD **C**

Vulnerability

A child is vulnerable when they lack the capacity to self-protect. This nonexhaustive list are issues that determine or increase a child's vulnerability:

- A child lacks capacity to self-protect
- A child is susceptible to harm 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 presence of danger
- A child consciously or unknowingly provokes or stimulates threats and reactions
- A child is in poor physical health, has limited physical capacity, is frail
- Emotional vulnerability of the child
- Impact of prior maltreatment
- Feelings toward the parent – attachment, fear, insecurity or security
- Ability to articulate problems and danger

Questions the judge can ask.

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

BENCHCARD D

Protective Capacities

Cognitive Protective Capacities

Cognitive protective capacity refers to how the parent/caregiver thinks in relation to the child's safety. Although this aspect of protective capacities has some relationship to intellectual or cognitive functioning, parents with low intellectual functioning can still protect their children. This has to do with the parent recognizing she is responsible for her child, and recognizing clues or alerts that danger is pending.

Cognitive protective capacities can be demonstrated when the parent/caregiver:

- has, seeks, and/or decides how to use information related to their caregiving responsibilities and what is needed to protect the child
- understands the child's needs, strengths and capabilities
- understands their protective role
- understands how their actions impact the child

Behavioral Protective Capacities

Behavioral protective capacity refers to how the parent/caregiver acts in relation to the child's safety. Behavioral aspects show it is not enough to know what must be done, or recognize what might be dangerous to a child; the parent/caregiver must *act*.

Behavioral protective capacities can be demonstrated when the parent/caregiver:

- supports the child
- meets the child's basic needs
- advocates for the child's needs
- problem-solves and seeks solutions
- addresses their own needs without negatively impacting the safety of the child

Emotional Protective Capacities

Emotional protective capacity refers to how the parent/caregiver feels in relation to the child's safety. Two issues influence the strength of emotional protective capacity: the attachment between parent and child and the parent's own emotional strength.

Emotional protective capacities can be demonstrated when the parent/caregiver:

- works to address their own emotional needs so they can fulfill caregiving responsibilities
- is emotionally able to intervene and protect the child
- is emotionally resilient
- displays concern for the child and works to emotionally protect the child
- has a bond with the child and expresses that they prioritize the child's safety

Questions the judge can ask.

- Has the parent/caregiver demonstrated the ability to protect the child in the past under similar circumstances and family conditions?
- Does the parent/caregiver understand how their actions impact their child (e.g., consider the potential outcomes of their choices, learn from past experiences, and seek advice)? ***(Cognitive Protective Capacity)***
- Is the parent cooperating with the caseworker's efforts to assess the child's needs and engaging in recommended services? ***(Cognitive Protective Capacity)***
- Does the parent understand their protective role and recognize the specific safety threat to the child (e.g., asked the maltreating adult to leave the household, reporting violations of a no contact order)? ***(Cognitive Protective Capacity)***
- Does the parent/caregiver make arrangements so the child has adequate supervision when the parent/caregiver is unavailable? ***(Behavioral Protective Capacity)***
- Has the parent/caregiver demonstrated problem-solving skills related to caregiving (e.g., asking people in their support network to help)? ***(Behavioral Protective Capacity)***
- Does the parent have the ability to meet the child's basic needs? ***(Behavioral Protective Capacity)***
- Does the parent advocate for their child's needs (e.g., collaborate with medical professionals and service providers)? ***(Behavioral Protective Capacity)***
- Has the parent/caregiver addressed their needs which might affect the ability to protect their child, such as severe depression, lack of impulse control, or medical needs? ***(Behavioral and Emotional Protective Capacity)***
- Does the parent/caregiver believe the child's report of maltreatment and is he/she supportive of the child? ***(Emotional Protective Capacity)***
- Does the parent/caregiver display concern for the child? ***(Emotional Protective Capacity)***
- Does the parent/caregiver have a strong bond with the child? ***(Emotional Protective Capacity)***
- Does the parent/caregiver express care and compassion for the child and act in a way that they believe is in the child's best interests? ***(Emotional Protective Capacity)***