

Elbert County Child Protection Team Training. November, 2007

"A hundred years from now, it will not matter what my bank-account was, the sort of house I lived in, or the make of car I drove. But the world may be different, because I was important in the life of a child."

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"There are only two lasting bequests we can hope to give our children. One of these is roots; the other, wings."

What constitutes a “suspicion” of Child Abuse?

- Sometimes, a suspicion of child abuse may be predicated upon the “feelings” of the person observing a child, however, there needs to be some sort of CREDIBLE evidence before a report of concern is made to the local department of social services.
- **Credible evidence includes:** Physical evidence such as bruises, statements of maltreatment from the child, behavioral patterns in the child that suggest maltreatment (for example: sexualized behavior in children under 10), patterns of behavior that are subject to explanation (such as a child comes in late every Monday morning to school, and you learn that the parents go out drugging on Sunday night, and don’t come home in time to get the kids to school).
- In many communities, when mandated reporters have only a visceral sense about a child (“feelings” without any credible evidence to support the feelings) the reporter will contact the department for a “consult.” This consult does not constitute a report, because the reporting party isn’t giving the name of the child, just the circumstances that are concerning the reporting party. The department can then advise the reporting party whether the concerns rise to the level of a “suspicion” of child abuse, and if not, what the reporting party might want to be aware of, in terms of dealing with the child. This has proven to be a great tool in promoting cooperation and collaboration, and has reduced the conflict that often occurs when reporters believe their reports of concern are being ignored or taken too lightly.

The “Role” of the Child Protection Team

- 1) Review the investigatory reports of child abuse and neglect and comment (when requested) upon lapses in the child protection system. This is an oversight function. Question: What are the parameters of the “child protection system” in terms of what the CPT would review?
- 2) The team may offer treatment suggestions for children and families on an advisory basis. This is not an oversight function, but rather is a way of coordinating treatment, expanding options and promoting optimal outcomes for families.

The Child Protection System

- What is the Child Protection System?
 - Reporters, mandated and non-mandated.
 - If mandated reporter, did they report in timely manner? Did the report include the elements required for reporting? (see slide on “The Mechanics of Making a Report.”)
 - Law Enforcement/Social Services
 - Intrafamilial Abuse, Institutional Abuse, Third-Party Abuse.
Who is the lead agency in each of these instances, and was a report made to the other agency? Was the effort coordinated, and focused upon safety of the child(ren)?

The mechanics of making a report... (mandatory reporter)

- Who makes reports? Mandated and non-mandated reporters. Who are mandated reporters? What does the law require them to do?
- 19-3-307 Reports of known or suspected child abuse or neglect made pursuant to this article shall be made immediately to the county department or the local law enforcement agency and shall be followed promptly by a written report prepared by those persons required to report. Such reports, when possible, shall include the following information:
 - The name, address, age, sex and race of the child;
 - The name and address of the person responsible for the suspected abuse or neglect;
 - The nature and extent of the child's injuries, including any evidence of previous cases of known or suspected abuse or neglect of the child or the child's siblings;
 - The names and addresses of persons responsible for the suspected abuse or neglect, if known;
 - The family composition;
 - The source of the report, and name, address and occupation of the person making the report;
 - Any action taken by the reporting source;
 - Any other information that the person making the report believes may be helpful in furthering the purposes of the report.
- A copy of the report of known or suspected child abuse or neglect shall be transmitted immediately by the county department to the DA's office and to the local law enforcement agency.
- A written report from persons or officials required to report known or suspected child abuse or neglect shall be admissible as evidence in any proceeding relating to child abuse.

Mandated reporters: CRS-19-3-304

- Any person listed below who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency.
- a. Physician or surgeon, including a physician in training; b. Child health associate; c. Medical examiner or coroner; d. Dentist; e. Osteopath; f. Optometrist; g. Chiropractor; h. Chiropodist or podiatrist; i. Registered nurse or licensed practical nurse; j. Hospital personnel engaged in the admission, care, or treatment of patients; k. Christian science practitioner; l. Public or private school official or employee; m. Social worker or worker in a family child care home, foster home, or child care center as defined in section 26-6-102. C.R.S.; n. Mental health professional; o. Dental hygienist; p. Psychologist; q. Physical therapist; r. Veterinarians and animal control officers; s. Peace officer as defined in section 18-1-901 (3), C.R.S.; t. Pharmacist; u. Commercial film and photographic print processor as further defined below; v. Firefighter as defined in section 18-3-201 (1) w. Victim's advocate as defined in section 13-90-107 (1) (k) (II), C.R.S. x. ministers (except for confessional in Roman Catholic church—editor's note)
- Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, video tape, negative, or slide depicting a child engaged in an act of sexual conduct shall report such fact to a local law enforcement agency immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, negative or slide attached within thirty-six hours of receiving information concerning the incident.
- Any person may report known or suspected child abuse or neglect to local law enforcement or the County Department.
- No person, including mandated reporters, shall knowingly make a false report of abuse or neglect to a county department or local law enforcement.
- Any person who willfully violates the provisions of the mandated report law: a. Commits a class 3 misdemeanor and shall be punished as provided in section 18-1-106, C.R.S.; b. Shall be liable for damages proximately caused thereby.

Screening reports

- Social Services has a fairly narrow focus in terms of what it can investigate. There will always be situations that warrant some type of intervention, but this isn't necessarily Social Services responsibility. This may, in fact be the role of "community child welfare" Therefore, the Department may screen some reports.
- What does "screened" mean?
- When would reports be screened?
- What happens with "screened" reports?
- What happens if a number of reports are made on the same children but none meet the threshold for investigation?
- Does volume ever change the threshold for investigation?
- Issues that cause confusion:
 - Youth in conflict referrals
 - Domestic violence
 - Educational issues including homeschooling and truancy
 - Drug/alcohol issues.
 - Custody issues
 - Other

*****There are simply some things that DSS cannot do. In many communities, they value developing a "continuum of care" with a focus upon a "seamless" delivery system. This is often grant-funded using a variety of organizations, both governmental and non-profit.

When a case is assigned for investigation/assessment

- What constitutes an adequate investigation?
- Process vs. Product discussion.
- Fundamentals of an investigation
 - Review of TRAILS records for previous involvement
 - Interview with reporting party
 - Interview with child and checking upon conditions of any known siblings
 - Home visit when applicable
 - Interviews with alleged perpetrator(s)

- **Assessing safety: Safety is freedom from SEVERE harm which could happen imminently.**
 - Severe means pain or serious injury, disablement, grave/debilitating physical health conditions, acute grievous suffering, terror, impairment or death.
 - Imminence means, it recently occurred or is occurring now and there is a certainty about occurrence within the immediate or near future.
- Worker should assess present danger which refers to an immediate, significant, and clearly observable threat to child safety that is actively occurring or in process of occurring at the point of contact with a family and will likely result in severe harm to a child.
- If there is "Present danger" the worker should either develop an immediate **protective plan** or place the child. If there is no "present danger" the worker should assess impending danger.
 - "Impending danger" refers to threats to child safety that are based upon specific referral information that are based upon a more thorough evaluation of individual and family conditions that are out-of-control and create an immediate threat to child safety in the future.
- If there is "Impending Danger" the worker should develop a **safety plan** or place the child.
- Risk concerns are longer-term, can be about any level of harm, and are the basis for intervention.
- **SAFETY IS NEVER ABOUT TREATMENT**, while "Risk" is reduced through treatment
- We provide treatment to reduce risk, but we must put immediate controls in place to assure safety.
- Potentially, there could be three plans in a case. A Protective plan which occurred at first contact, a safety plan which was put into place at the conclusion of the initial assessment, and the case plan which identifies ongoing treatment/dispositional hearing issues.
- The Protective Plan controls for "Present danger", the Safety Plan controls for "Impending danger" and the treatment plan is focused upon achieving permanency goals.
- The Protective Plan assure immediate safety so that the initial assessment can be completed. The safety plan promotes safety and allows time for treatment to begin to increase long term safety, and the case or treatment plan enhance family functioning and increase caregiver protective capacities for long term safety.

- **COLORADO TIMEFRAMES FOR INVESTIGATING CHILD ABUSE AND NEGLECT**
- **(Effective 2/1/07)**

- The county department shall assign priority in response time using the following time frames:
 1. **Immediate and/or same day response** when the report indicates that there may be **present danger**. If the report is received after regular business hours, the time frame is immediate and/or up to eight hours.
 2. **End of the third calendar day** following receipt of the report when the report indicates there may be **impending danger**.
 3. **Within five (5) working days** from the date of the report when the report indicates maltreatment or risk of maltreatment and indicates **an absence of present or impending danger**.

These are some of the definitions for the terms above:
7.202.531 Definitions [Eff. 2/1/07]

- A. **"Colorado Safety Assessment"** refers to the instrument in TRAILS that guides a case worker through a safety assessment process.
- B. **"Impending danger"** refers to threats to child safety that are based on specific referral information or a more thorough evaluation of individual and family conditions that create an immediate threat to child safety in the near future.
- C. **"Present danger"** refers to an immediate, significant and clearly observable threat to child safety that is actively occurring or in process of occurring at the point of contact with a family and will likely result in severe harm to a child.
- D. **"Protective plan"** refers to a written plan designed to provide immediate protection of a child and that is put in place upon the initial contact during the assessment or at anytime present danger is identified during the safety and assessment process prior to the completion of a safety assessment.
- E. **"Safety plan"** refers to a written arrangement between the family , safety service providers, and the county department that establishes how impending danger to a child will be controlled and managed

“Signing off” on cases...

- The Child Protection Team should have a mechanism to ensure that its recommendations reach the various agencies that it may review in the course of its oversight functions.
- This might involve some type of check list, such as:
 - 1) Team agrees with the Department of Social Services investigation and has no additional findings.
 - 2) Team agrees with DSS findings, but finds the following lapses in their processes:
 - 3) The Team finds the following lapses in the Child Protection System relating to specific cases: (For example: In Case “A”, the school counselor failed to report a suspicion of child abuse for nearly 3 weeks. In Case “B”, Law Enforcement investigated a case of intrafamilial abuse without contacting DSS for nearly a week. In Case “C”, the Department failed to investigate the case within the prescribed time period and no adequate reason for the delay was documented.)
- The Child Protection Team should have a mechanism for ensuring that its treatment suggestions are recorded and forwarded to Social Services. This might also involve some type of check list:
 - 1) The Team has no additional recommendations
 - 2) The Team would offer the following treatment recommendations:
- **REMEMBER:** The Team’s Treatment recommendations are **ONLY RECOMMENDATIONS**. The Department should take them into consideration, but sometimes these recommendations will not be followed due to a variety of circumstances. This IS NOT SUBJECT TO RE-REVIEW BY THE TEAM.
- If the team is making diagnostic/prognostic recommendations, these should be predicated upon a thorough understanding of the resources available. (For example, suggesting that a child be seen by the Mayo Clinic isn’t reasonable.) Suggestions might include:
 - Referral to special education for evaluation
 - Referral to Child Find (for children 3 and under to determine disabilities)
 - Referral for psychiatric evaluation or psychological evaluation. Psychiatric evaluations are rarely recommended.
 - Referrals to food/clothing bank, domestic violence program, financial assistance, child care, preschool, etc.
 - Referral for family therapy (This is something that is also difficult to obtain in many communities.)

Other issues for discussion...

- Boundaries; When, if ever, does the Child Protection Team overstep its authority?
- What happens if the team disagrees with the department?
- How are findings made known to the agencies where deficiencies are noted?
- Are notice of CPT meetings “Posted”?
- Other questions
- Adjourn