

# HANDOUT 1-A

## Consultation and Information Sharing Framework

Reason for Referral; Danger/Harm

- Detail re: incident (s) bringing the family to the attention of the agency.
- Impact on child(ren)
- Pattern/history

Risk Statement

- Risk to child(ren)
- Context of risk

Complicating Factors

- Condition/behaviors that contribute to greater difficulty for the family
- Presence of research based risk factors

GENOGRAM/FAMILY COMPOSITION/  
CULTURAL CONSIDERATIONS

(Gray Area)

Next Steps

Current Ranking

- 1 (Immediate Progress)
- 2 Safety/Protection Required
- 3
- 4 Development of next steps relevant to risk content
- 5
- 6 What
- 7 Who
- 8 When
- 9 Etc.

Goal Statements

Bottom lines; enough safety to close

Safety

- Actions of protection taken by the caregiver, that mitigate the risk, demonstrated over time
- Strengths demonstrated as protection over time

Strengths/Protective Factors

- Assets, resources, capacities within family, individual, community
- Presence of research based protective factors

Purpose/Focus of Consultation

- What is the worker/team looking for in this consult?

## AGENCY RESPONSE GUIDE

1. **WHAT IS THE ALLEGED MALTREATMENT IN THIS REFERRAL?**
  
2. **IS ADDITIONAL INFORMATION AVAILABLE OR NECESSARY TO DETERMINE AGENCY RESPONSE?**
  - a) Prior DHS (Department of Human Services) Involvement (7.202.4 E)
  - b) Obtaining information from collateral sources, such as schools, medical personnel, law enforcement agencies, or other care providers. (7.202.4 E)
  - c) Criminal and/or Agency History
  - d) Child Age and Vulnerability
  - e) Protective Factors & Strengths
  
3. **DOES THE ALLEGED MALTREATMENT MEET CRITERIA FOR AGENCY RESPONSE?**

The following definitions were taken from Colorado Children's Code Title 19, 19-1-103:

\_Any case in which a child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, or death and either: Such condition or death is not justifiably explained; the history given concerning such condition is at variance with the degree or type of such condition or death; or the circumstances indicate that such condition may not be the product of an accidental occurrence.

\_Any case in which a child is subjected to unlawful sexual behavior.

\_Any case in which a child is a child in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

\_Any case in which a child is subjected to emotional abuse. As used in this subparagraph (IV), "emotional abuse" means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development or a substantial risk of impairment of the child's intellectual or psychological functioning or development

\_Any case in which, in the presence of a child, or on the premises where a child is found, or where a child resides, a controlled substance, as defined in section 18-18-102 (5), C.R.S., is manufactured or attempted to be manufactured.

## AGENCY RESPONSE GUIDE (Continued)

   Any case in which a child tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed.

   No, does not meet criteria (screen out/I&R only).

**4. DOES THE REFERRAL REQUIRE A RESPONSE?**

   Yes (continue onto #5)

- PA5 – Child in Need of Protection
- PA4 – Youth in Conflict

   No

- Additional follow up needed?
- Provide or refer for additional services?

**5. DETERMINE RESPONSE TIME (7.202.4 K)**

1. **Immediate** and/or same day response is required when the report indicates that:

- a. Without immediate response, the child is in danger of moderate to severe harm, or
- b. The child's vulnerability or factors such as drug and alcohol abuse, violence, isolation, or risk of flight from one county to another county or state, increase the need for immediate response.

(If the report is received after hours and the time frame is immediate, the response needs to happen immediately and/or up to eight hours)

2. **End of the third calendar day** following receipt of the report when the report indicates that:

- a. W/out a response within three days, the child is in danger of moderate to severe harm, or
- b. The child's vulnerability or factors such as drug and alcohol abuse, violence, isolation, or risk of flight from one county to another county or state, increase the need for intervention in the near future.

3. **Within five working days** from the date the report is received when the report indicates maltreatment or risk of maltreatment to a child and indicates an absence of safety concerns.

**AGENCY RESPONSE GUIDE (Continued)**

**6. BASED ON THE ALLEGATION(S) IDENTIFIED IN THE REPORT, SELECT ONE OF THE FOLLOWING:** (Reference Differential Response Alleged Maltreatment Guide)

**1. HIGH RISK ASSESSMENT RESPONSE (SELECT REASON)**

<p><b>Mandatory Reason:</b></p> <ul style="list-style-type: none"> <li>○ Allegation of serious harm</li> <li>○ Allegation of sexual abuse</li> <li>○ Suspicious child fatality or homicide</li> <li>○ Institutional referral</li> <li>○ Allegation of egregious incident of abuse or neglect</li> </ul>	<p><b>Discretionary Reasons:</b></p> <ul style="list-style-type: none"> <li>○ Currently open investigation response</li> <li>○ Frequent, similar, recent referrals</li> <li>○ Violent activities in the household</li> <li>○ Caregiver declined services in the past</li> <li>○ Caregiver unwilling/unable to achieve safety</li> <li>○ Past safety concerns not resolved</li> <li>○ Previous serious child harm offenses</li> <li>○ Credible RP alleges high safety concern</li> <li>○ High child vulnerability</li> <li>○ Substance Abuse not manageable through FAR</li> <li>○ Drug exposure not manageable through FAR</li> <li>○ Domestic Violence not manageable through FAR</li> <li>○ Court ordered investigation</li> <li>○ FAR Eligible, approved exemption – staffing</li> <li>○ Not in FAR County jurisdiction</li> <li>○ Insufficient info to assess for FAR eligibility</li> <li>○ Other (Describe):</li> </ul>
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**2. THIS REFERRAL IS FAR ELIGIBLE.**

AGENCY RESPONSE GUIDE (Continued)

**DIFFERENTIAL RESPONSE ALLEGED MALTREATMENT GUIDE**

Track assignment determined by presence of imminent danger, level of risk, number of previous reports, source of the report and / or presenting case characteristics such as type of alleged maltreatment and age of the alleged victim.

**NEGLECT**

**High Risk Assessment**

**Family Assessment Response**

- Failure to provide medical care in life endangering situations
- Child inadequately supervised, imminent danger
- Child abandonment
- Child exposed to Meth Manufacturing
- Child access to drugs
- Alleged PRAN assaults non-offending victim while holding child
- Weapons are being used in vicinity of child
- Child intervenes in an incident of DV and is injured
- Alleged DV PRAN has made suicidal or homicidal statements

- Vulnerable child without supervision
- Medical diagnosis of failure to thrive
- Housing conditions pose health, safety or harm to children
- Domestic issues between adults in residence endanger safety and welfare of child
- Educational neglect
- Child born exposed to chemicals / drugs
- Caregiver involved in possession, use, sale of a controlled substance in the presence of child
- Caregiver driving under influence with child
- Child has a physical, mental or emotional condition requiring care that is not being received
- Failure to protect from conditions/actions which endanger child
- Child present or involved with parent committing a criminal act
- Items thrown in vicinity of child
- Child intervenes in an incident of DV and is not injured

AGENCY RESPONSE GUIDE (Continued)

PHYSICAL	
High Risk Assessment	Family Assessment Response
<ul style="list-style-type: none"> <li>• Life threatening injury</li> <li>• Report of non-accidental injury which requires medical attention</li> <li>• Severe injury (i.e. broken bone, injury to head, torso, genitals)</li> <li>• Third degree burns – non-accidental</li> <li>• Physical punishment to child less than 3 y/o involving shaking, throwing or hitting head or trunk</li> <li>• Excessive Physical Injuries</li> <li>• Unreasonable confinement or restraint including tying, locking, caging, chaining Child has injuries</li> <li>• Child fatality with other children living in home</li> </ul>	<ul style="list-style-type: none"> <li>• Threatened physical abuse</li> <li>• Present visible injury</li> <li>• First or Second degree burns - non-accidental</li> <li>• Report of non-accidental injury; not currently present</li> <li>• Unexplained injury</li> <li>• Excessive/extreme/severe punishment without injury.</li> </ul>

SEXUAL	
High Risk Assessment	Family Assessment Response

- All allegations of intra-familial sexual abuse

EMOTIONAL MALTREATMENT	
High Risk Assessment	Family Assessment Response

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Child is restrained or restricted from leaving during the DV incident</li> <li>• Unreasonable confinement or restraint including tying, locking, caging, chaining, or unreasonable force or cruelty.</li> </ul> | <ul style="list-style-type: none"> <li>• Verbal acts or omissions which have an observable adverse effect on the child (i.e. name-calling and language; constant yelling) unreasonable force or cruelty</li> <li>• Caregiver shows little or no attachment to child</li> <li>• Child intervenes in an incident of DV and is not injured</li> <li>• Child shows behavioral changes that appear to be related to DV and is fearful of physical injury or death to self or others</li> </ul> |
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SCREENING GUIDE

## General Information

What: Nature of the abuse or neglectful environment.

Where is the child now?

Where is the alleged perpetrator now?

When were the children last seen and by whom?

How long has this been occurring? Have things stayed about the same, become worse or improved?

What school does the child attend and how long are they there?

Is the child reporting how often this occurs?

Is any adult in the home being assaulted by his or her partner?

Have the police ever been to the home to respond to assaults against adults or children?

Have the children said that one of their caretakers is a victim of violence or is acting violently in the home?

Have weapons been used to threaten or harm a family member? If so, what kind of weapon and is it still in the home?

Have any animals been injured?

Are there any weapons in the home or drug use by family members? Are there any other environmental hazards in the home (vicious animals, meth labs, criminal activity, etc.)?

Who else lives in the home? Are there other children in the home?

SCREENING GUIDE (Continued)

**Safety/Maltreatment**

**Neglect**

What specifically did the reporter see?  
 Description of the environment and who saw it? When did they see it?  
 Age of children and what have they been exposed to?  
 Regarding the appearance of the child, what did the reporter see (clothing not appropriate for season, in poor condition, etc.)?

**Emotional Abuse**

What is being said to the child or what did they witness?  
 When, where and how often does this occur?  
 How is the child being affected?

**Domestic Violence**

Where were the children during the incident? Were the police called?  
 Who called 9-1-1 and at what time? Were any charges filed or was either parent incarcerated? Was the child(ren) physically injured?  
 Did child(ren) make any statements about how they “feel” regarding what occurred?  
 Have the children intervened or been physically harmed during a violent assault?  
 How is the violence affecting the children?  
 Has the abuser made threats of homicide or suicide?  
 Does the abuser have access to dangerous weapons or firearms?  
 Is the adult victim able to protect the child(ren)? If so, how?

**Lack of Supervision**

How often and what time of day does it occur?  
 How long is the child(ren) left alone? Are they alone now?  
 Do they know where the parent goes at these times?

**Physical Abuse**

Did the reporter see an injury? What does it look like?  
 Where on the child’s body is the injury?  
 Is medical intervention necessary?  
 When/where did it occur and by whom?  
 Have any siblings ever suffered similar abuse?  
 Has this happened before?

**Drug Allegation**

How do you know the parent is using drugs?  
 What substance is the parent using?  
 What is the impact on the child?

Is the substance accessible to the child?



Does the parent have a medical marijuana prescription?

**Drug-Exposed Child**

Is the mother still at the hospital? Who else is at the hospital?

Has meostat been ordered? Types and level of drugs present?

Does mom have a place to go? Do they have a car seat and other supplies?

How long will the child remain in the hospital?

**Sexual Abuse**

What, when, who, where and how often? Did anyone else witness the incident?

If the perpetrator is over age 10, has law enforcement been notified? Have the parents been notified?

Are there any physical indicators?

Has the child made a direct outcry? What was said?

Is the child reporting they have been inappropriately touched before?

What is the relationship of the perpetrator?

**Youth in Conflict**

What specific behaviors have you seen that worry you about this youth?

How often are these behaviors occurring?

When was the last time you observed it?

(If reporter is not the parent) Have you contacted the parents about this? Response?

Describe what you know about the youth's friends? Gang involvement? Drugs/alcohol?

Is the youth attending school?

Has the youth runaway? How many times? How long are they gone when they run?

Are there other agencies involved such as the courts or therapists?

How are the youth's behaviors affecting the family?

Does the youth have any informal supports such as mentors and/or close friends or family?

SCREENING GUIDE (Continued)

## Strengths/Supports

### Tangible Supports

How long has the family lived in the community? How long at the current address?

Does the family have a telephone, transportation, car seats etc.?

Are the adults in the home employed?

Is the family receiving any public assistance (cash assistance, food stamps, Medicaid)?

### Child Information

How would you describe the child (happy, sad, worried, tired, fun loving)?

Does the child have any developmental delays or physical handicaps?

How does the child do in school and do they express any fear/apprehension of going home?

Does the child have friends?

What does the parent say about the child – how would they describe the child?

### Family/Community Supports

Does the family call on others to help solve problems? Who do they call upon?

Are you familiar with any of the extended family?

Who are they and how is their relationship with the family? What do they say?

Are there aspects of your relationship with the family that, in conjunction with our intervention, might help to influence them for the better?

### Family Coping/Strengths

Are the parents concerned about these problems? How did they react to you expressing concern?

How do family members usually solve this problem? What have you seen them doing?

What would you say is good about mom's/dad's parenting? What would the child say about the same?

Based on what you know, who is in charge of the family?

Has the family had any previous involvement with the law/courts? Have any children been previously removed from the home?

Are there times when the mother/father is attentive rather than neglectful? Can you tell me more about those times? What did the parent and child do instead?

What do you think contributed to the parent's responding differently?

According to what you know, how did the non-offending parent react to what occurred?

If this has happened before – how has the family addressed the situation?

Are you aware of any efforts made by either of the caregivers to protect the children from abuse or neglect?

## Solutions

Have you taken any other action in addressing this problem, other than making this call?

Have you talked about these concerns with anyone else who knows the family?

Did you tell the parents you would be calling? How did they react?

What do you think is the cause of the problem?

What convinced you to make this call?

What would it take to make the child safer?

How will you know when this problem has been solved?

What else happened? Is there anything else you would like to add to this report?

## Race/Ethnicity/Culture

If you know this, could you please tell me the race, ethnicity or other information related to this child or families culture?

How does this family identify themselves regarding race, ethnicity or culture and if you don't know, you don't have to guess. If you do know this, how do you know?

Does the family belong to any religious community that you are aware of? If so, how do you know this? Why is it important for me to know this?

Do you know what the families' primary language is?

## Scaling

If this situation remained unchanged how would you rate the level of safety in the home on a scale from 0 to 10, 10 being very safe with no concerns and 0 being very dangerous?

0 ←-----→ 10

Tell me about how you reached this number.....

What do you believe needs to happen to move it one point higher on the scale?

## TAKING A CHILD PROTECTION REPORT

- I. A Child Protection Referral could start by a caller asking explicitly to make a report or by asking what they can do if they have a concern for a child's safety.

**Even if the concern does not sound valid, an Intake worker can NEVER refuse to take a referral.**

It can be helpful to explain the interview process to the caller. The following is a sample script to help guide a CP intake (your agency may have guidelines in addition to and/or excluding the following):

- a. *Answer the phone beginning with your agency name*
- b. *This is (Intake staff name)*
- c. *How may I direct your call? Would you like to make a child protection, adult protection report or something else?*
- d. *Have you made a report to our agency before?*
- e. *Before we get started I'd like to give you some information about the process we'll be using to record your concerns. This call could take some time, are you under a time constraint? (If yes, then acknowledge that fact and let them know options for call back). I will be asking you several questions about the family. Most likely you won't know the answer to at least a few. That's okay, but please understand that it's still necessary for me to ask them. First, I will be gathering some of your basic information. We will then move to getting some demographic information about the family. At some point during this call, I will give you the opportunity to share whatever additional information you think I need. I do apologize in advance but there may be times where I will interrupt or stop you to in order to get clarifying information/the most accurate, detailed and well-rounded information of your concern(s). When we are done discussing the relevant information, I will provide a brief overview of our discussion to make sure it is accurate. Do you have any questions before we proceed?*
- f. *Upon ending the call, make sure you are thanking them for making the report and if they have any additional information please call us back...*

It may also be helpful to explain to a new caller what happens to a referral after it is made and address any questions or concerns that the caller has regarding Child Protection becoming involved.