

Danger as a Basis for Opening a Case for Ongoing CPS

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Introduction

Do not decide to open a case for ongoing Child Protective Services (CPS) based solely on present danger.¹ Do decide to open a case for ongoing CPS based solely on impending danger.

We all know that present danger is vivid, often resulting in effects that are highly concerning. What we typically do not know at the time of identifying present danger is whether what is going on is symptomatic of a family condition that always exists as a threat to a child's safety. Sometimes present danger that exists at the initial contact is an anomaly. Sure, it's true that the present danger is real and exists, but it is not normal for the family.

The business of opening cases to ongoing CPS strictly based on identifying present danger is wrong for two reasons: (1) It is unfair and inhumane² to families to be interfered with unless evidence exists that proves caregivers are unprotective in general versus one time only. (2) The purpose of ongoing CPS is to address issues that are associated with threatening a child's safety and enhancing caregiver protective capacities, neither of which hardly ever can be ascertained based upon identifying present danger. Ongoing CPS is about "treating" pervasive non-protectiveness. So, consider this. If present danger is a one-time only event, an anomaly, what would ongoing CPS be "treating?"

We will use a real case³ to demonstrate what we are talking about here. The case will be summarized as it actually occurred. The case should highlight why present danger alone is not a good standard for opening cases for ongoing CPS.

¹ Some jurisdictions transfer cases into ongoing CPS immediately after identifying present danger during initial encounters with a family. This is done before a complete assessment of the family occurs.

² Unjustifiable intrusion into family life is also an abridgment of civil rights.

³ The case has been redacted to assure confidentiality.

The Ribald Family

CPS received a report from a hospital social worker concerning the Ribald family at 11:00 a.m. in December. The family consisted of the mother Crissy (27 years old) and Jacob (4 years old). The hospital social worker reported that Jacob was punished by being made to sit in scalding hot water. The child experienced burns on his feet and lower legs. The child is in ER and will be transferred to a different hospital. There were no previous CPS reports on this family. Hospital staff believed this to have been abuse and that it was intentional.

During initial contact, the CPS worker learned that the afternoon of the incident Crissy and Jacob were going to a relative's home for a cousin's birthday party. They were late. Crissy said that she ran the water and checked that it was okay. She told Jacob to get into the tub. She then answered an important return phone call from her credit union related to fraudulent use of her debit card. While she was discussing the business matter, Jacob got out of the tub which is common for him to do. Crissy yelled at Jacob to get back in the tub immediately which he did. Crissy continued the phone call. As she was finishing the call, Jacob got out a second time. She did not check the water a second time. It was then that Crissy noticed Jacob's feet and lower legs were reddening and swollen. Crissy called her mother, a registered nurse, who came to the home. Upon checking on Jacob, the grandmother and mother took him to the emergency room.

The worker correctly judged that this child was in present danger when the event occurred (i.e., vivid, serious injuries; questionable caregiver judgment). Should the case have been transferred then and opened to ongoing CPS? Did the CPS worker know much about Crissy at the time the present danger conclusion was reached? The facts regarding the incident and injury were clear and gravely concerning. Did what the CPS worker know represent a horrible example of negligent, abusive parenting? Was this incident a result of typical disturbing things happening in the household? Was Crissy's explanation understandable and believable? Could this have been a terrible mistake made by an otherwise protective, loving mother? If the case was to be transferred into ongoing CPS

after identifying the present danger incident, it could very well be that failing to reconcile these questions could result in wrong decision making. But, if the family functioning assessment continued, what might be learned that would better inform the decision making?

Crissy continued to consistently describe what happened as summarized above. Her remorse was real. She was open about the incident and about sharing information about herself in general. The grandmother did not believe that Crissy burned Jacob intentionally. “She has done fine with Jacob,” the grandmother stated. Crissy never uses physical forms of discipline as reported by her, the grandmother, Crissy’s sister, and Jacob. Crissy takes Jacob to day care and picks him up every day.

As the Family Functioning Assessment continued, more understanding of Crissy’s functioning was revealed about her parenting: She set aside her own needs for Jacob. She demonstrated love and sensitivity toward him. She showed empathy for Jacob and his experiences. She and Jacob are bonded and have a positive attachment. She accurately recognized Jacob’s needs and is able to articulate them to others. She had realistic expectations for Jacob.

Crissy was a single mom. She was physically able to care for Jacob. She was employed at a clothing store. She had been attending college. She was drug free. She enjoyed socializing with her friends. She did volunteer work twice weekly with the elderly. She was adaptive and intellectually able. She considered herself to be calm and happy.

Jacob was in pre-kindergarten. He was physically healthy and extremely active. His teachers had suggested he be tested for ADHD. At both school and home, he was challenging with respect to staying focused and following through with directions. While a sweet and generally obedient child, Jacob was hyperactive and had limited attention. He wandered in class and talked, sometimes becoming disruptive. He was quite verbal. He was age and

developmentally appropriate with respect to physical and intellectual capacity. He enjoyed and got along with his peers at school.

Crissy and Jacob had a good support system with the grandmother, a sister, and friends. They were actively involved in their local church. The family did experience stress from Crissy's challenging schedule and limited income.

The Family Functioning Assessment (FFA) provided a context about this family that demonstrated that the present danger was not associated with Crissy's usual approach to parenting. Agreeably, Crissy was careless the day of the incident but understandably affected by a serious matter which misdirected her concentration (i.e., dealing with fraudulent charges against her bank account). Crissy indicated she'd checked the water but did not recheck. Apparently Jacob could have actually turned the hot water on again. Jacob's hyperactivity added to the unfortunate outcome which Crissy is aware of and understands in terms of her own vigilance.

By completing the FFA, the CPS worker established that despite the present danger event Crissy was performing effectively as a parent, had no history of non-protectiveness, and had an effective support system. While stress existed, Crissy showed evidence of managing it reasonably well. Additionally, the FFA provided understanding about Jacob and his needs which Crissy was familiar with and addressing.

If this case had been transferred to ongoing CPS, what would have been treated? What kinds of goals would have ended up on the case plan? What caregiver protective capacities would have been identified as needing enhancement? How fair would it have been to Crissy who is almost exclusively a good mother who made a single mistake?

Present danger existed at the time of the report, and the judgment that Jacob was in present danger the evening of the event is correct. The hospital personnel's opinion that Crissy's intentions were to hurt Jacob and that, therefore, the act was abusive was based on the seriousness of the injuries and limited information beyond the specific event. The completed FFA revealed what was normal in the family and home which compared differently to the present danger event and the hospital personnel opinions.

This case demonstrates why present danger alone is not a sufficient criterion for opening a case to ongoing CPS. It also demonstrates the importance for conducting effective FFA's before reaching conclusions.

When you think about it, the same kind of mistake that happened to Crissy and Jacob could occur to any of us.