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| **Worries** | **Safety** |
| **Current & Past Harm**  Past hurt injury or abuse to the child (likely) caused by adults. Also includes risk taking behavior by children/teens that indicates harm and/or is harmful to them.   * What happened? * How it impacted the child negatively? | **Current & Past Safety**  People plans and actions that contribute to a child’s wellbeing and plans about how a child will be made safe when danger is present.  Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present.   * What happened?   How it impacted the child positively? |
| **Complicating Factors**  Actions and behaviors in and around the family and child and by professionals that make it more difficult to solve danger of future abuse. | **Family Resources**  Who or what does this family have around them that might help in the safety building process? Who are the strongest connections for this family and their children? |
| **Future Danger**  The harm or hurt that is believed likely to happen to the child(ren) if nothing in the family’s situation changes.   * Who is worried? * What might happen? * Possible negative impact on the child? | **Safety Goal**  **Safety** **Goals**: The behaviors and actions the child protection agency needs to see to be satisfied the child will be safe enough to close the case.   * The goal or end game? * What needs to be happening differently in the care of the child? * The anticipated positive impact on the child (short-term and long-term)? |

**Purpose:**

The Mapping Conversation Notes helps gather information to create the Kansas Assessment Map. Once the information is gathered about the situation and family the CPS Specialist shall analyze and organize what has been learned. This can be drafted outside the presence of the family and shared in consultation with the supervisor. After the draft has been completed the Kansas Assessment Map must be taken back to the family and reviewed for clarify and accuracy prior to finalizing the document.

**Instructions for Completion**

**Current & Past Harm Statements:**

The best predictor of future abuse is the pattern of past abuse. It is essential that what has happened to the child(ren) in the past is documented and how this has impacted them. Harm statements explain what got DCF involved. There are clear and specific statements about the harm or maltreatment that has happened to the child. Harm statements should be based upon the facts about what has happened in the past including severity, the incidents, and the impact. Harm statements tell what was reported and/or what we know about what was done to hurt the child(ren). Harm statements also include information about past incidents that are relevant to the current situation.

Components of a harm statement:

* What happened to the child (or allegedly happened)?
* How did it (or allegedly) impact the child?

Harm statements should be honest, detailed, factual and non-judgmental. They should be written in common sense, everyday language, utilizing the family’s own words when possible. When there is a disagreement about what happened, include all perspectives in the harm statement.

**Complicating Factors:**

Complicating factors are issues that may make the situation more difficult. These are not the actual abuse/neglect but makes the abuse/neglect worse or stops the parent(s)/caregiver(s) from addressing the danger. Complicating factors add to the overall picture of concerns, but by themselves do not constitute abuse/neglect. Examples are substance abuse, alcoholism, custody disputes, and mental health diagnosis. Complicating factors do not have to be fixed before the case can be closed.

Complicating factors could also be missing information. There may be things that need further exploration that could impact the understanding of the danger. When addressing the complicating factors, workers should weight the family’s tradeoffs. Every choice has tradeoffs and workers should assess how families balance the changes.

**Future Danger Statement:**

Danger statements explain what keeps DCF involved. They are simple behavioral statements of the worry we have about the child(ren) now and into the future. They capture our worries about what could happen if nothing changes and are based upon our worst fears for the safety of the child.

Components of danger statements:

* Who is worried?
* Possible worrisome adult behavior
* Possible negative impact on the child(ren)

Sharing danger statements with the family and other professionals involved helps created a focus on the key issues that need to be addressed so the family can make changes and demonstrate actions of protection. If no harm has actually happened, the danger is about what could have happened, or is likely to happen in the future, if something like that were to happen again in the future. Danger is based on the pattern of past harm.

**Current & Past Safety:**

In order to have a balanced assessment, strengths should also be identified within the family. Strengths are the good things happening within the family that make life better. Existing safety include positive people, resources, supports, or other factors that have helped the family enhance the child(ren) safety and wellbeing.

Existing safety are the good things that are happening that keep the child(ren) safe and can be built on to keep the child(ren) safe in the future. These are actions that have been taken to make sure the child(ren) are safe when the danger is present. Existing safety is based upon the facts about the strengths that have provided protection for the child(ren) in the past.

Components of existing safety:

* What has happened or is happening?
* How did it or is it protecting the child?
* How does it positively impact the child?

Existing safety should be relevant to the danger.

**Family Resources**

Who or what does this family have around them that might help in the safety building process? Who are the strongest connections for this family and their children?

**Safety Goals:**

Safety goals are clear statements that convince everyone the case can be closed. Safety goals do not include ho wthe goals will be achieved, they are not task. Safety goals are the inverse of the danger statement. They are based upon what safety looks like in future and that is addresses the danger. Safety goals should always describe the presence rather than the absence of something.

Components of safety goals:

* What is the goal or end game?
* What needs to be happening differently in the care of the child(ren) related ot the danger statement?
* What is the anticipated positive impact on the child(ren)?

It is important to include the family in establish the safety goal and their agreement to the goal provides clarity to the CPS Specialist to close their case. Often families will have their own ideas about what needs to happen to ensure their child(ren) are safe. Whenever possible, these ideas should be incorporated into the safety goal alongside the CPS Specialist perspective about what safety looks like. The CPS Specialist bottom lines should not be negotiated, and some goals might be different then what the family has identified.

**Lasting Safety Scaling:**

To complete the assessment process, judgements must be made about how safe the child(ren) are in the home. This is done by using a scaling question.

The Lasting Safety scale can be asked in one of two ways:

* Basic safety scaling question
* Case specific scaling question

Scaling can make complex situations like child safety more concrete and meaningful. Scaling questions also provide a simple way to get the family’s perspective about the problems and solutions. The number itself doesn’t matter what important is the information that comes from asking follow up questions such as:

* What brings your number to a \_\_?
* What keeps your number from being a bit higher?
* When would your number have been the lowest? What was happening then?
* What would it take to make your number one or two points higher?
* Where do you think I (supervisor, the judge) would rate it? What makes you think they would give it a \_\_?

Scaling questions are not limited to the basic and case specific safety questions. The possibilities for using scaling questions are endless. Confidence, capacity, and willingness can be scaled to get a picture of the potential for change and barriers to change.

**When Completed:**

The CPS Specialist will share the Kansas Assessment Map with the family and provide them with a copy. This is done to ensure the information documented is clear and accurate, also include different perspectives. The family does not have to agree but it is imperative that parent(s)/caregiver(s) understand the worries of the CPS Specialist. After the Kansas Assessment Map is shared with the family there may be revisions made to the documents. Danger statements and safety goals generally do not change once they are documented. Occasionally changes to the danger statements and safety goals may be necessary when:

* A new assessment indicates a change to the level off seriousness of a current worry.
* A new assessment indicates a new worry based on a different type of harm.

[](http://srsshare.srs.ks.gov/communications/Graph/Official%20Logos/Program%20Areas/Family%20Services/PPS-black.png)