

A photograph showing the silhouettes of two people holding hands in a field at sunset. The sun is low on the horizon, creating a bright glow and lens flare effects. The person on the right is standing on a slight rise, leaning forward towards the person on the left. The background is a soft, hazy sky.

**EVIDENT
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SOP MODULE 3

PARTICIPANT GUIDE

ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES

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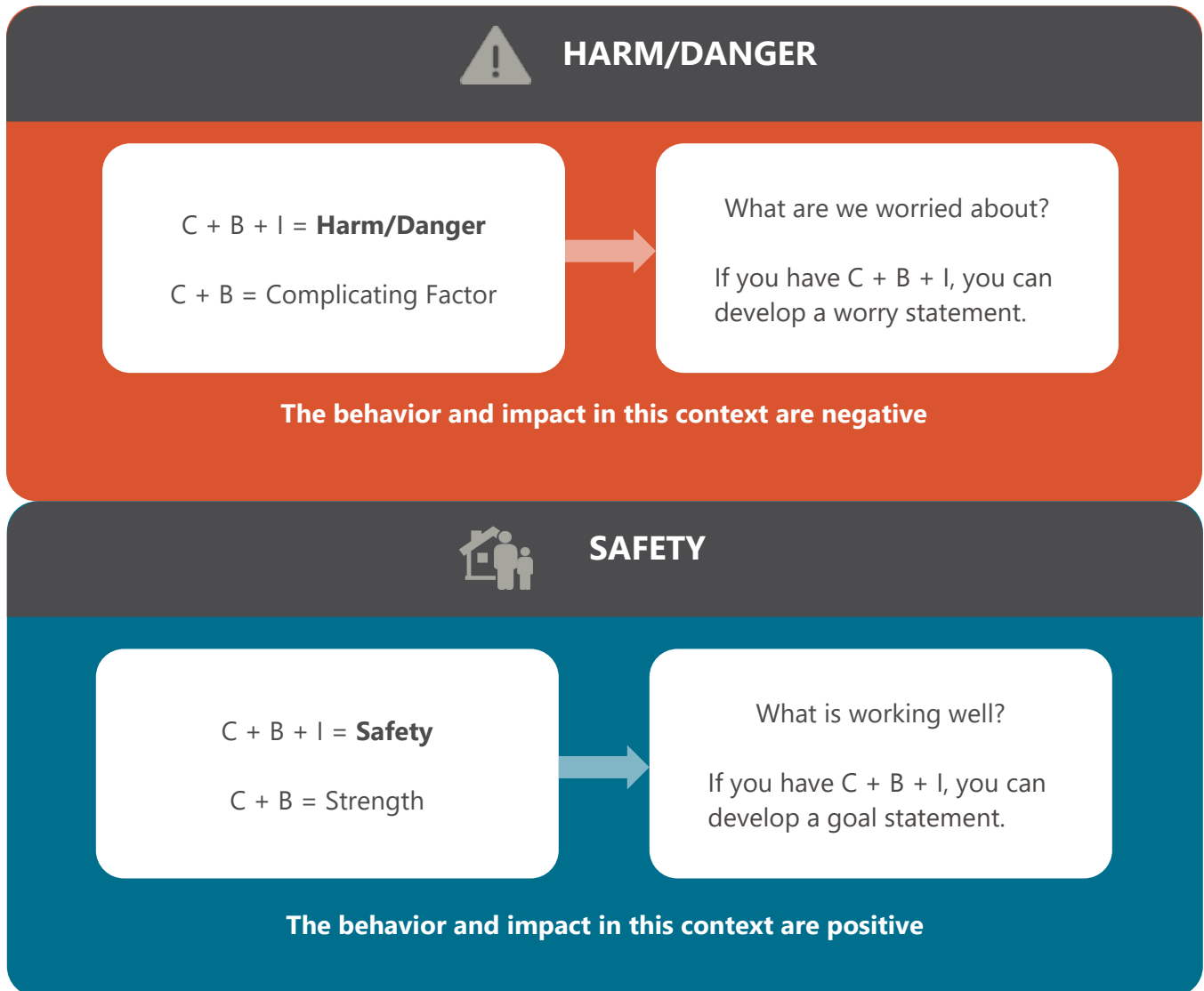
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C + B + I AND THE RULE OF THREE

Caregiver/Child or Youth + Behavior + Impact on the child = Harm/danger or safety



QUESTIONS THAT HELP SURFACE IMPACT

- When caregiver is doing X, where is the child? Can you tell me more about that?
- How often does X happen? In what context? Then what happens?
- Where else does the child display the behaviors? Who has seen this happen? Can we talk to them?
- When the caregiver is doing X, is there someone else there to keep the child safe and cared for?
- What does the new caregiver behavior look like? How has the impact on the child changed?
- What makes you feel confident that the protective actions will continue? Who else helps?

CREATING HARM, WORRY, AND GOAL STATEMENTS

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why the agency is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address. Goal statements are clear, simple statements about what the parent will *do* that will convince everyone the child is safe now and will be safe in the future.

Constructing harm, worry, and goal statements first involves safety mapping and separating harm from complicating factors. Once that is completed, staff can create these statements.

As much as possible, try to use the family's own language for these statements. Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why the agency is involved, what the agency is worried about, and what needs to happen next. The statements should be written in honest, detailed, nonjudgmental "just-the-facts" language.

HARM STATEMENTS

Harm statements are clear and specific statements about the harm or maltreatment experienced by a child. The harm statement includes specific details: who reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee, *a clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future.*



Who says (or it was reported)



What caregiver actions/inaction



Impact on the child

Example: Sam *reported* to his teacher that when his dad, Jerry, drank too many beers and got mad at his mom, Helen, Sam saw Jerry hit Helen across the face. Sam felt really scared, cried, and hid in his room.

WORRY STATEMENTS

One of the most crucial parts of this work is creating detailed statements about the resulting concerns the agency and others have. Worry statements answer two questions.

What are we worried will happen to the children if nothing else changes?

In what situations or context are we worried this could happen?

Sharing worry statements with the family, agency, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps prevent “case drift.”

Worry statements are composed of the following.



Child

may be



Impacted how?

if/when



Context

Example: Sam (age 6) may be injured (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

Sam may be emotionally harmed (scared and confused) when Jerry becomes drunk and yells at or hits Helen.

GOAL STATEMENTS

Goal statements are short, simple, behavior-based statements used to help family members, departmental staff, and other professionals clearly understand what actions parents need to take to show that the child will be safe. Goal statements lay the groundwork for the family to successfully complete their service plan. They describe what the family can do to create safety for their child.

As much as possible, try to use the family’s own language for these statements. Remember that the best use of these statements is to help ensure that all the key stakeholders—especially the family—are clear about where the family is headed with help from child welfare services. These statements should be written in honest, detailed, nonjudgmental “just-the-facts” language.

Goal statements should respond to the worry statements in about three or four sentences. The objectives for the service plan should come almost directly from the goal statements. Goal statements are composed of the following.



Child



**What will be
done differently**



**To address the
safety threat**

Example: Sam will be cared for by adults who solve their disagreements and problems in loving and caring ways, treat each other respectfully, and ask for help when they need it.

FAMILY- AND SAFETY-CENTERED PRACTICE

Whenever possible, involve children, family, extended family, and network members in the creation of harm, worry, and goal statements. These statements are meant as a bridge between professionals and family members. Perhaps the most important use of these statements is to help family members, network members, and professionals reach agreement about what everyone is worried about and what needs to happen to address concerns and the agency's bottom lines.

When these statements are not created in partnership with families (e.g., at a case consult or in supervision), they should still be shared with families and their network to help ensure that everyone who cares about the child understands why the agency is involved and what the family is being asked to do differently.

One way to think about best practices when creating these statements is to follow these steps.

1. Make sure the worry and goal statements address the agency's bottom lines.
2. Share and refine them with the family (while still holding the bottom line).
3. Use solution-focused questions to collaboratively develop statements that address the agency's bottom lines *and* have family approval.

EXAMPLES OF HARM, WORRY, AND GOAL STATEMENTS

HARM STATEMENT	WORRY STATEMENT	GOAL STATEMENT
<p>Domestic violence witnessed by child</p> <p>It was reported that 6-year-old Jason came to school multiple times stating that his stepfather, John, has gotten drunk and hit Jason’s mother, Susan. Jason has witnessed the fights, which have included his parents hitting, punching, and throwing things at each other. During this time, Jason’s grades and attendance have dropped, and many at school now worry that Jason may not be able to pass his grade level.</p>	<p>Jason may be seriously injured when John is violent and Jason tries to protect his mother.</p> <p>Jason may be seriously scared or confused when John is violent and Jason tries to protect his mother.</p> <p>Jason may do poorly at school and not pass his grade level when John is violent and Jason tries to protect his mother.</p>	<p>Jason will be cared for by adults who are nonviolent with each other and can solve their disagreements and problems in loving and caring ways.</p> <p>Jason will be cared for by adults who know and understand his particular academic needs and can provide the support and supervision he needs.</p>
<p>Physical abuse</p> <p>It was reported that 14-year-old Caleb was punched, hit, and kicked by both of his parents, Paul and Liz, on Saturday night, resulting in multiple bruises on his face, hands, and chest.</p>	<p>Caleb may be injured like this again, or receive even more serious injuries, when punched, hit, or kicked by his parents.</p> <p>Caleb may experience serious emotional harm when he is punched, hit, or kicked by his parents. He may be so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs, or place himself in dangerous situations.</p> <p>Caleb may be physically or emotionally harmed by others when he is fearful of his parents and runs away.</p>	<p>Caleb will be cared for by adults who can set safe limits for him physically, and understand and can respond to his special behavioral needs.</p> <p>Caleb will have a plan for a safe place and supportive adult to contact when he needs to leave home out of fear.</p>
<p>Injured infant; doctors say parent’s explanation does not match injuries</p> <p><i>Sometimes it is not clear how a child was injured, which makes a harm statement difficult to write. However, concern for the future can be described, and workers can write a statement that makes these concerns clear.</i></p>	<p>Because no one knows how she suffered an injury while in the care of her caregivers in October, Chelsea may be seriously injured again, suffer permanent brain damage, have bleeding in the brain, or even die when she does not receive knowledgeable care and support to keep her safe and free from injuries.</p>	<p>Chelsea will be cared for by at least one adult who knows how to safely care for her and knows about her needs as an infant.</p>

HARM STATEMENT	WORRY STATEMENT	GOAL STATEMENT
<p>Theft with child present Police reported that Rebecca took her 9-year-old daughter, Lisa, to the Stop and Shop today, and while she was there, Rebecca attempted to steal \$45 worth of products. Lisa became very upset when her mother was arrested, and she could not be soothed until her grandmother picked her up from the police station.</p>	<p>Lisa may be scared and confused when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa.</p> <p>Lisa may be socially harmed and/or lose connection with her mother when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa.</p>	<p>Lisa will be cared for by an adult who can supervise her, care for her, and make sure she is protected from being around criminal activity.</p> <p>Lisa will be cared for by an adult who understands and can provide support for her need to live with a safe and familiar person.</p>
<p>Grandparent who could not continue with placement for adolescent Police reported that while interviewing 15-year-old Lesley about the reports of her assault and battery charges and selling marijuana, Lesley's grandfather, Herb, became so upset that he threw up his hands and said, "I can't do this anymore! Call child welfare and tell them to take her!" Herb walked out of the police station. Lesley became quite angry—spitting, swearing, and eventually crying a great deal.</p>	<p>Lesley may be beaten or taken advantage of when she is selling marijuana on the streets and is without the help and support she needs.</p> <p>Lesley may lose her independence if she is arrested on suspicion of selling drugs or assault and battery.</p> <p>Lesley may be scared, confused, or angry when her grandfather gets so overwhelmed that he asks for her to be removed from his care.</p>	<p>Lesley will always be cared for by adults who recognize her needs for support and supervision and will create clear plans, rules, and action steps that will help keep her protected from harm.</p> <p>Lesley will make plans and choices that keep herself and others protected from harm.</p>
<p>Neglect due to substance abuse, methamphetamines At Mercy Hospital, Kim's landlady and Kim's 10-year-old daughter, Paula, reported that Kim overdosed on meth and passed out while cooking dinner. Paula was home at the time. A neighbor heard the smoke alarm and called the police.</p>	<p>Paula may be physically harmed (by leaving the home and being taken advantage of, or by fires in the home) when Kim is using methamphetamines and becomes distracted and unavailable.</p> <p>Paula may get sick when Kim is using methamphetamines and Paula has contact with drugs or drug paraphernalia.</p> <p>Paula may be scared or confused when Kim is using methamphetamines and becomes distracted and unavailable.</p>	<p>Paula will be cared for by a safe and sober adult who ensures her important needs are met.</p> <p>Paula will be cared for by a safe and sober adult who ensures she has no contact with drugs or drug paraphernalia.</p>
<p>Neglect, malnourishment</p>	<p>Kim may become physically ill (sick, hungry, and without the nourishment she needs to grow and be healthy) if/when Tanya and David feed her foods that are not safe for a 10-month-old to eat (such as hard candy and other hard-to-chew food).</p>	<p>Kim will be cared for by adults who will make sure she is getting the food and nourishment she needs to stay at a healthy weight and to reach her important milestones.</p>

HARM STATEMENT	WORRY STATEMENT	GOAL STATEMENT
<p>Self-destructive behavior</p>	<p>Alex may be physically hurt (run into the street, get hit by a car) if/when he is angry and overwhelmed and runs from the center without the support and help he needs to manage his feelings.</p> <p>Alex may be socially hurt (confined and have his independence taken away—in jail or more restrictive settings) if/when he becomes angry and hurts other people at the center.</p>	<p>Alex will be cared for in a setting that helps him recognize his triggers for “revving up” and supports him in developing a plan to manage his feelings and behaviors in safe ways (toward self and others).</p> <p>Alex will live in a setting that provides clear boundaries and guidelines (rules) that support him in developing skills of independence, helping out, building relationships, and achievement.</p>
<p>Physical and emotional abuse while drinking</p>	<p>Jack and Sam could be physically hurt (hit, punched, or killed) if/when Paul (dad) gets drunk and hits or chases them with brooms, belts, and other objects.</p> <p>Jack and Sam could be emotionally hurt (terrified and nervous whenever they are around their dad) if/when Paul loses his temper and says things like “F— you, you little bastards.”</p>	<p>Jack and Sam will always be looked after by safe and sober adults.</p> <p>Jack and Sam will always be disciplined in ways that leave them physically unharmed, safe, and feeling cared about.</p>
<p>Family violence, child in foster care</p>	<p>Lisa may be physically hurt (get caught in the middle of fighting, be dropped, or be hit) if/when Jason hits Tina.</p> <p>Lisa may have important bodily needs unmet (left alone or not fed, cleaned, or held carefully) if/when Jason hits Tina.</p> <p>Lisa may be emotionally or socially harmed (distressed, in the way babies can be) while she is separated from her parents.</p>	<p>Lisa will always be taken care of by adults who solve their important problems and disagreements in calm ways without violence.</p> <p>Lisa will always be looked after by adults who know and can take care of her special baby needs (such as being fed, cleaned, or held carefully).</p> <p>Lisa will have a safe, supportive, consistent plan in place that allows her to spend time with her parents. All the important adults in her life will help make this plan a success.</p>

PRACTICE: PULLING IT ALL TOGETHER

Using the following short scenario, craft harm, worry, and goal statements:

Amy is a 16-year-old white girl who came into foster care as a result of sexual abuse by her mother's live-in boyfriend, which began when she was 6 years old. She disclosed the abuse because she worried about getting pregnant and her mother's boyfriend would not allow her to have friends or do things outside the home.

Amy's mother, Dana, has since married the boyfriend who abused Amy, and they have a 3-year-old son and a 15-month-old daughter. Amy has not returned to live in the mother's home, even on a trial basis.

Dana's younger sister, Audrey, has recently returned to live in Arkansas after living in another state for the last 15 years. Audrey and Dana have had little or no contact due to Audrey living in another state and her not agreeing with Dana's way of life. She is interested in having Amy come live with her. Amy isn't sure about living with her aunt because she doesn't know her.

Amy recently disclosed to her foster mother that she is a lesbian, and she had to move resource homes. Amy's grades have fallen, she is cutting herself, her personal hygiene is deteriorating, and she ran away recently. She took refuge in a homeless camp. Her whereabouts were unknown for three days. She is already threatening to run again.

SUPERVISION TIPS FOR HARM, WORRY AND GOAL STATEMENTS

1. Have your workers practice making a harm statement for the referral closure screen and/or court reports. Check for:
 - a. Impact, or potential impact, clearly stated
 - b. Behaviorally specific detail
 - c. Evidence of past trauma
 - d. Statement formula components
2. Have your workers create provisional harm, worry, and goal statements before they meet a family for the first time so they can clearly describe worries and goals to the family.
3. Check for adherence to the statement formulas.
4. Host a conversation with your unit to share practice successes and challenges and brainstorm ways to build on the successes to mitigate the challenges.
5. Consider tracking the families in your unit where the workers used harm, worry, and goal statements, and see whether those families did better in the following areas:
 - a. Family engagement
 - b. Creating safety for their children and meeting the goal of increasing safety
 - c. Critical thinking
 - d. Faster and safer reunifications
6. Ask your workers to discuss preliminary worry statements and goal statements from their conversations with families. Brainstorm solution-focused questions and answers. Some examples are:
 - a. What do you think your child would say they were worried about if they were here?
 - b. On a safety scale from 0 to 10 (0=unsafe and 10=safe), where do you think things are?
 - c. What do you think I might be worried about? What do you think my supervisor might be worried about? Are you worried about those things too?
 - d. What would things look like if all the problems that brought our agency into your life were taken care of? (This leads to a goal statement!)