Investigations
Day 3 – Participant Manual

Investigative Decision Making In Action

Structured Simulation – Flowers/Hill

Developing Harm Worry, & Goal Statements

Collateral Information Integration

Identifying Safety Threats

Safety Planning & Support Network

Day 3:

Investigations Training Agenda

Monday	
9:00 – 9:45	Welcome Investigative Decision Making In Action
9:45-10:45	Structured Simulation – Flowers/Hill
10:45 – 11:00	**Break**
11:00 – 12:00	Developing Harm Worry, & Goal Statements
12:00 – 1:00	**Lunch Break**
1:00 – 2:30	Structured Simulation – Flowers/Hill (cont.)
2:30 -2:45	**Break**
2:45 – 3:30	Collateral Information Integration Identifying Safety Threats
3:30 – 4:00	Safety Planning & Support Network Wrap Up and Review

Investigations
Specialty Training

UA Little Rock MidSOUTH College of Business, Health, and Human Services University of Arkansas at Little Rock

Day 3

1

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Investigative Planning & Structured Decision Making

SDM is the model used to guide key decision points in a case, including how we assess safety and make informed decisions based on the information gathered.

3

Target Outcomes

- Understand how to establish expectations for applying investigative skills through planning, interviewing, and decision-making within the Structured Decision Making (SDM) framework.

4

Understanding The Limits Of What We Know

5

Moving Forward In An Evolving Investigation

6

From Understanding To Action

7

8

Investigative Decision Making In Action

What makes an investigative decision strong?

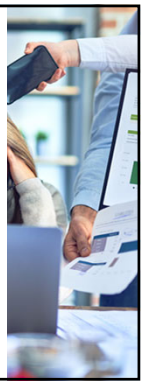
9

Target Outcomes

- Establish expectations for strengthening decision-making when determining next investigative actions.

10

Different Decisions Lead To Different Outcomes



11

Moving From Action to Intentional Actions

Let's evaluate investigative decisions and distinguish between strong and weak actions.

12

Consequences Of Weak Investigative Decisions

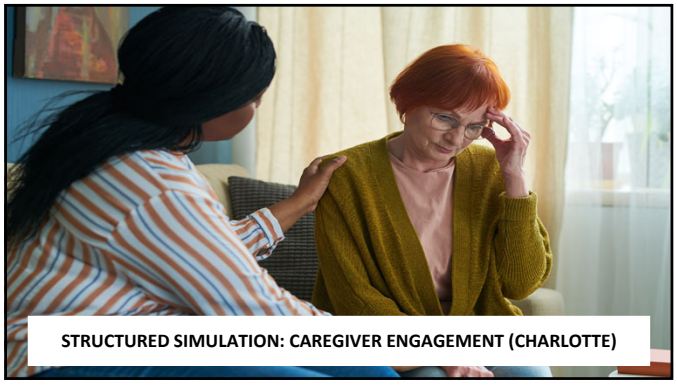
Real-world impact of weak investigative decisions on case understanding, information accuracy, and child safety.

13

From Decisions To Safety Understanding

The information you gather, the people you speak with, and the order in which you take action all contribute to your ability to accurately identify safety threats and understand what is happening in the family.

14



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Structured Simulation: Caregiver Engagement (Charlotte)

What is your goal when engaging with a caregiver in an investigation?

16

Target Outcomes

- Understand expectations for caregiver engagement, information gathering, and applying investigative decision-making in alignment with the Structured Decision Making (SDM) framework through structure simulation.

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New Staff Training
Investigations
Simulation Role Play Preparation

INVESTIGATIONS: CAREGIVER ENGAGEMENT

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SCENE 1- CHARLOTTE INTERVIEW
Location: Georgia Weems' Home

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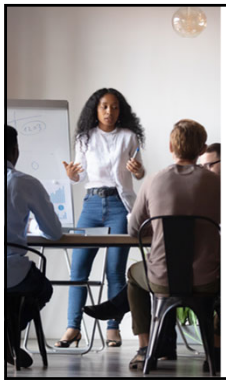
Observation Form

Scene 1
Interview: Charlotte

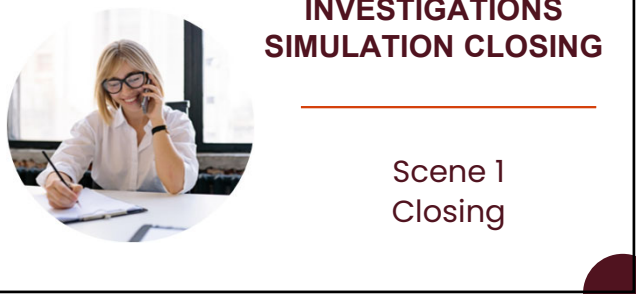
20



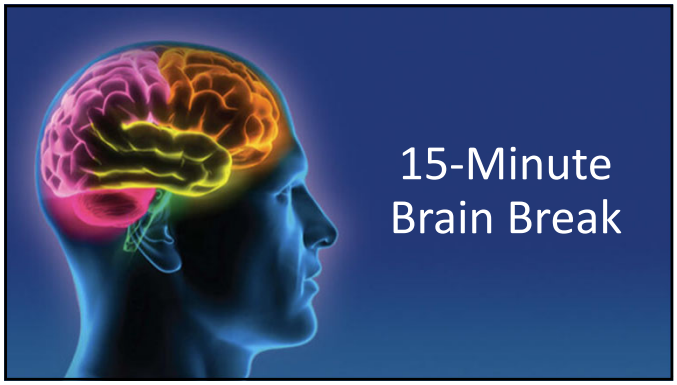
After Simulation Debrief:

- ❑GOAL REVIEW
- ❑KUDOS
- ❑KEY TAKEAWAYS
- ❑AUDIENCE DISCUSSION

21


INVESTIGATIONS
SIMULATION CLOSING
Scene 1
Closing

22


15-Minute
Brain Break

23


DEVELOPING HARM & WORRY STATEMENTS

24

Structured Decision Making & Risk Assessment

Why is it important to organize information at this point in an investigation?

25

Target Outcomes

- Understand how to write harm and worry statements.
- Organize information gathered into clear, behavior-based statements that support understanding of concerns related to child safety.

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Writing Harm & Worry Statements

Using Current Information From Charlotte

27

From Information To Meaning

To reinforce the role of harm and worry statements in organizing information and preparing specialists to gather additional information to refine their understanding.

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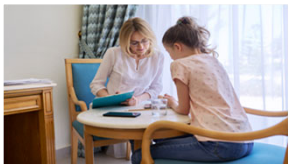
30

Structured Simulation: Frankie & Georgia Weems



Why is it important to gather information from multiple sources?

31

Target Outcomes

- Conduct structured simulation to gather additional information from a child and caregiver to deepen understanding of the case and support identification of safety concerns.

32

New Staff Training
Investigations
Simulation Role Play Preparation

INVESTIGATIONS: FRANKIE & GEORGIA WEEMS

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SCENE 2 - 3: Frankie & Georgia Weems

Location: Georgia Weems' House

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Observation Form

Scene 2-3

Interview: Frankie Flowers and Georgia Weems

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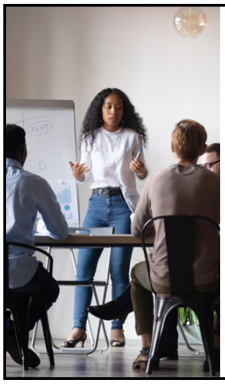

After Simulation Debrief:

- ❑GOAL REVIEW
- ❑KUDOS
- ❑KEY TAKEAWAYS
- ❑AUDIENCE DISCUSSION

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Bringing The Information Together

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15-Minute Brain Break

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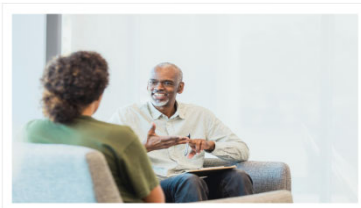
Collateral Information Integration



Why is it important to gather information from sources outside of the home?

40

Target Outcomes

- Understand how to receive and integrate information from collateral sources.
- Reassess understanding of the case based on new and potentially conflicting information.

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Speaking with Law Enforcement

42

Speaking with the ER Physician

Dr. Rhonda Dickson

43

Speaking with Charlotte's Psychiatrist

Dr. Jackson Farley

44

Wrap-Up & Key Takeaways

From Information
To Analysis

45

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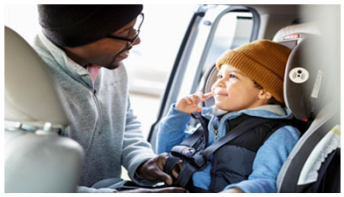
Identifying Safety Threats



What is the difference between a concern and a safety threat?

47

Target Outcomes

- Understand how to identify threats to safety using all information gathered.
- Begin applying structured decision-making to determine conditions that cause threats to a child's safety.

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Safety Threats

49

Determining The Child's Safety

50

Wrap-Up & Key Takeaways

From Decision To Action

51

52

Safety Planning & Support Networks

What is the purpose of a safety plan?

53

Target Outcomes

- Understand how identifying how safety threats can be addressed through immediate safety planning.
- Apply the use of available supports.

54

NO NETWORK, NO PLAN!

Identifying Support Networks

55

Reflection On Decision – Making & Planning for Next Steps

56

Target Outcomes Evaluation

57

INVESTIGATION OBSERVATION FORM

Charlotte Interview /Jasmine (infant) Observation

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

2._____

_____

Please start your observation form for this section

Open-Ended Questions • Used throughout the interview • Determine/Changes in Safety • Determine/Changes in Permanency • Determine/Changes in Well-Being	
Rapport Building • Introduced Themselves • Explained their role and purpose • Actively Listened • Showed respect and empathy	
Empathy, Genuineness & Respect • Tries to Understand • Sensitive • Direct • Sincere • No—Defensive • Interested • Committed • Suspended Judgment	
Practice Guidelines • Notified Parents of Children Interview/in 24 hrs. • Reviewed ALL allegations	

Assessment • Toured the entire home • Discussed threats to safety • Discussed Safe Sleep • Physically saw the child awake • Assessed the well-being of children • Explored Safety Planning • Explored Social Connections—PF • Explored Concrete Supports—PF • Explored Parental Resilience—PF • Explored Knowledge of Parenting—PF	
Family Voice • Hears them • Seeks to know wants/needs • Teach how to advocate • Encourages participation	
Follow-Up • Did you gather information that would prompt you to complete the SDM Safety Assessment?	

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 caretaker 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. They 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.

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 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.

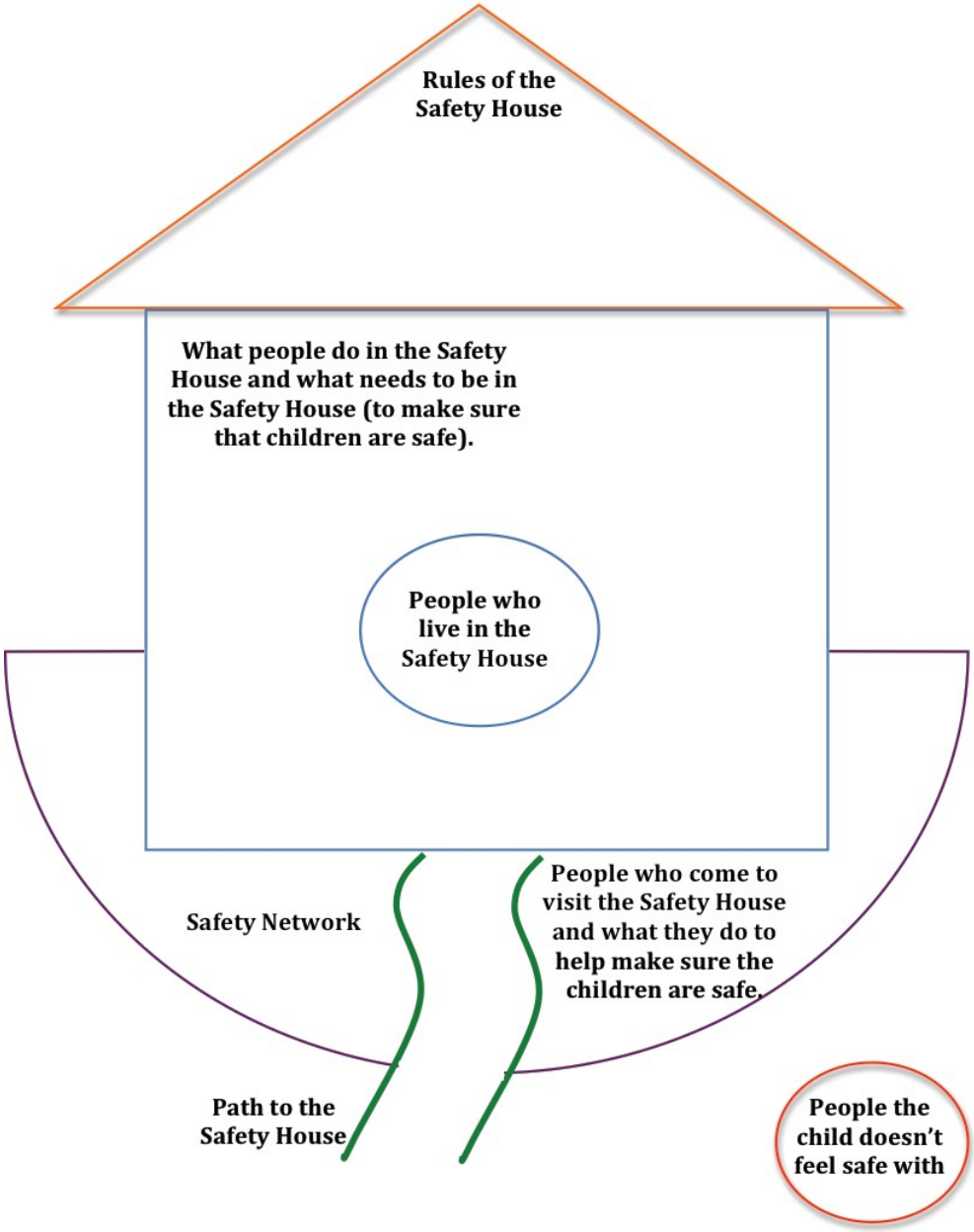
One way to think about best practices when creating these statements is to follow these steps.

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.

THE SAFETY HOUSE

Used with permission from Sonja Parker.

A tool to involve children in the safety planning process



More information is available in the Safety House booklet available at partneringforsafety.com

PROMPTS FOR THE SAFETY HOUSE

Used with permission from Sonja Parker

INSIDE THE SAFETY HOUSE: THE INNER CIRCLE AND INSIDE THE HOUSE

Inner Circle

- Ask the child to draw a self-portrait and leave extra space.
- Who else would live in your Safety House with you?

Inside the House

- Imagine that you are back home with _____ (e.g., mom and dad), and you feel as safe and happy as possible. What sorts of things would _____ (e.g., mom, dad, big sister) be doing?
- What important things would _____ (e.g., mom and dad) do in your Safety House to make sure you are safe?
- Do you need any important objects or things in your Safety House to make sure you are always safe?

SAFETY HOUSE VISITORS: THE OUTER CIRCLE

- Who would visit you in your Safety House to help make sure you are safe?
- When _____ (each of the safety people identified above) visit you in your Safety House, what important things will they need to do to help you be safe?

UNSAFE PEOPLE: THE RED CIRCLE

When you go home to live with _____ (e.g., mom and dad), is there anyone who might live with you or visit you who makes you feel unsafe?

RULES OF THE SAFETY HOUSE: THE ROOF

- Remember when we talked about all the adults who are working on a safety plan for you when you go home? They are trying to decide the rules of the safety plan. What do you think? What would the rules of the Safety House be so that you and everyone else would know that nothing like _____ (use specific worries) would ever happen again? What else? And what else?
- What rules would your _____ (e.g., sister, brother, grandma) want?

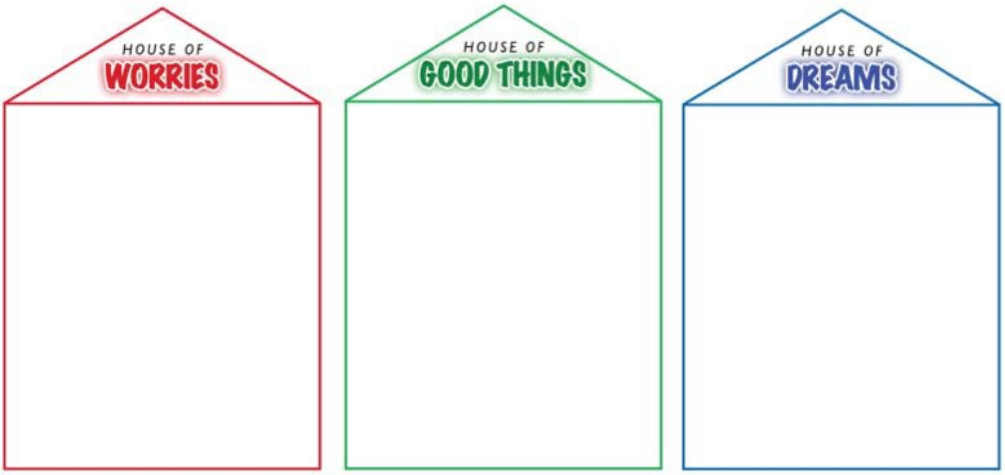
STAYING ON TRACK: PATH TO THE SAFETY HOUSE

- Let's say the path begins where everyone was very worried, you could not live with Mom and Dad, and you had to live with _____ (e.g., brother, grandpa). The end of the path, at the front door, is where all those worries are gone, and you will be completely safe living with Mom and Dad. Where are you on the path right now?
- Let's say the beginning of the path is where you feel worried that if you go home to live with Mom (or stay overnight), she will start using drugs again and be unable to look after you properly. At the end of the path, at the front door, everything in your Safety House is happening, and you're not worried that Mom will use drugs again. Where are you on the path right now?

THE THREE HOUSES

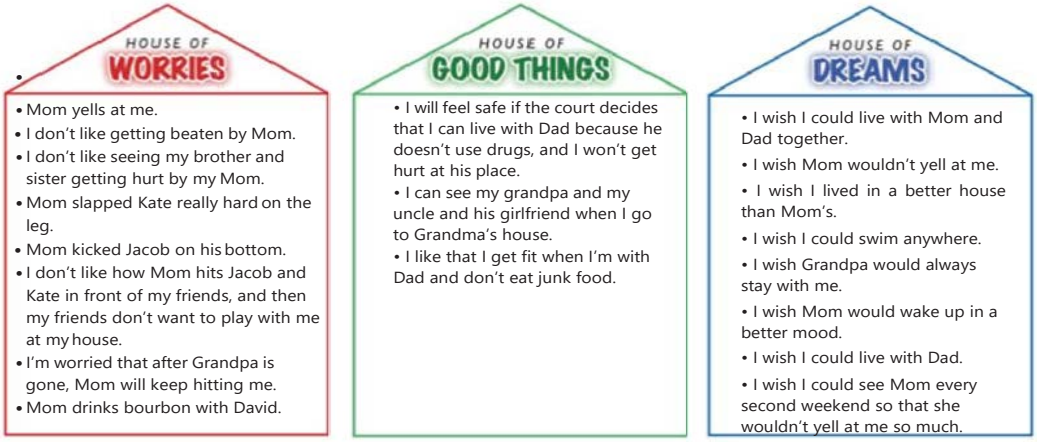
Used with permission from Nicki Weld.

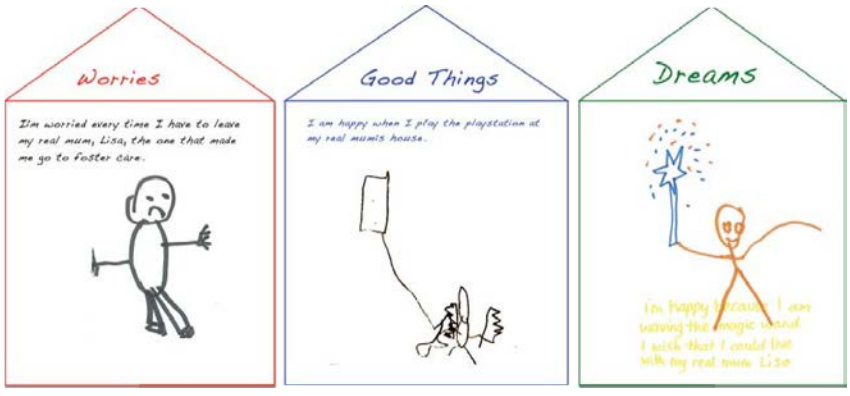
A tool that engages children in child protection assessment and planning



CASE EXAMPLES

Emma, age 8





USING THREE HOUSES

Used with permission from Nicki Weld.

1. **Prepare.** It helps to begin with as much information about the child's background as possible. You will also need the following materials: paper (one sheet for each house as well as some spares), colored pencils, and markers. When deciding where to meet with the child, choose the venue where the child is likely to feel most comfortable.
2. **Get permission to interview the child.** Sometimes child protection workers must interview children without advising the caregivers or seeking their permission. Whenever possible, caregivers should be notified in advance. You can show them the Three Houses tool to help them understand what the worker will do.
3. **Decide whether caregivers should be present.** Sometimes child protection workers must insist on speaking with children without a caregiver present. Whenever possible, let the caregivers and the child choose. If this is not possible, make all efforts to explain to the caregivers why it is necessary to speak with the child alone.
4. **Explain and work through Three Houses.** Use one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. The child can rename houses, use toys, make Lego houses, use picture cutouts, etc. Let the child decide where to start. It is often best to start with the House of Good Things, especially if the child is anxious or uncertain.
5. **Explain to the child what will happen next and involve the child in it.** Once the Three Houses process is finished, it is important to explain what will happen next to the child and to get permission to show the child's Three Houses to caregivers, extended family, or professionals. Children usually are happy to share their Three Houses, but some children's assessments could raise concerns and safety issues that must be addressed before sharing with others.
6. **Present the child's Three Houses to caregivers**. Workers usually begin with the House of Good Things. Before you show the child's Three Houses, it can be useful to ask the caregivers what they think the child put in each house.

INVESTIGATION OBSERVATION FORM

Frankie (Child) Interview

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

2._____

_____

Please start your observation form for this section

Open-Ended Questions • Used throughout the interview • Determine/Changes in Safety • Determine/Changes in Permanency • Determine/Changes in Well-Being	
Rapport Building • Introduced Themselves • Explained their role and purpose • Actively Listened • Showed respect and empathy	
Empathy, Genuineness & Respect • Tries to Understand • Sensitive • Direct • Sincere • No—Defensive • Interested • Committed • Suspended Judgment	
Practice Guidelines • Notified Parents of Children Interview/in 24 hrs. • Reviewed ALL allegations	

Assessment • Toured the entire home • Discussed threats to safety • Discussed Safe Sleep • Physically saw the child awake • Assessed the well-being of children • Explored Safety Planning • Explored Social Connections—PF • Explored Concrete Supports—PF • Explored Parental Resilience—PF • Explored Knowledge of Parenting—PF	
Family Voice • Hears them • Seeks to know wants/needs • Teach how to advocate • Encourages participation	
Follow-Up • Did you gather information that would prompt you to complete the SDM Safety Assessment?	

INVESTIGATION OBSERVATION FORM

Georgia Weems (Grandmother) Interview

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

2._____

_____

Please start your observation form for this section

Open-Ended Questions • Used throughout the interview • Determine/Changes in Safety • Determine/Changes in Permanency • Determine/Changes in Well-Being	
Rapport Building • Introduced Themselves • Explained their role and purpose • Actively Listened • Showed respect and empathy	
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Family Voice • Hears them • Seeks to know wants/needs • Teach how to advocate • Encourages participation	
Follow-Up • Did you gather information that would prompt you to complete the SDM Safety Assessment?	

SDM SAFETY ASSESSMENT

Arkansas State Police and Division of Children and Family Services

Family Name: _____ **Referral/Case ID:** _____

Date of Assessment: _____ **County:** _____

Worker Name: _____

Assessment Type: ○ Initial ○ Reassessment ○ Case closure

Household Assessed: _____

Caregiver(s) Assessed: _____

Names of Children Assessed:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

If more than six children are assessed, include additional names and numbers (e.g., 7. Joe Smith):

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

These are conditions resulting in child's inability to protect self; select all that apply to *any* child.

- ☐ Child is age 0–5.
- ☐ Child has a diagnosed or suspected medical or mental condition (includes medically fragile).
- ☐ Child has limited or no readily accessible support network.
- ☐ Child has diminished mental capacity.
- ☐ Child has diminished physical capacity.
- ☐ None apply.

SECTION 2: CURRENT SAFETY THREATS

The following is a list of safety threats, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each safety threat. Select "Yes" for all that are present for the family at the time of the assessment and "No" for all that are absent, based on the information available at this time. Select "Yes" for each that applies to an individual behavior, but *do not* select "Yes" for more than one safety threat for the same behavior.

Yes **No**

○ ○ 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/differential response (DR) case, as indicated by (select all that apply):

☐ Serious injury or abuse to the child other than accidental.

☐ Caregiver fears harming the child.

☐ Caregiver has threatened to cause harm or retaliate against the child.

☐ Caregiver has made substantial or unreasonable use of physical force.

☐ Substance-exposed infant is in danger.

○ ○ 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.

○ ○ 3. Caregiver is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened serious harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect. *Domestic violence behaviors should be captured under safety threat 9*.

○ ○ 4. Caregiver's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

○ ○ 5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing. Select all that apply.

☐ Supervision

☐ Food

☐ Clothing

○ ○ 6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).

○ ○ 7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.

Yes **No**

- ○ ○ 8. Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child.
- ○ ○ 9. Domestic violence exists, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.
- ○ ○ 10. Caregiver frequently describes the child in predominantly negative terms or acts toward the child in negative ways; AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn or anxious.
- ○ ○ 11. Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
- ○ ○ 12. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR case.
- ○ ○ 13. The child may be in immediate danger because of current circumstances AND because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.
- ○ ○ 14. Other (specify): _____

SAFETY DECISION

If no safety threats are present, select this safety decision.

○ **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Continue to the risk assessment and complete the investigation as required.

IF A SAFETY THREAT IS IDENTIFIED BY CACD AT ANY POINT IN THE INVESTIGATION, CACD CONTACTS DCFS AND STOPS COMPLETING THE SAFETY ASSESSMENT TOOL HERE. DCFS TAKES OVER TO COMPLETE SECTION 3.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

Complete this section only if one or more safety threats are selected.

SDM SAFETY ASSESSMENT
IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Family Name: _____ **Case ID:** _____ **Date:** _____

Worker Name: _____

Harm and/or Worry Statement(s): What harm, if anything has already occurred? What is the agency and/or the family worried will happen to the children if nothing else changes?

DESCRIBE THE SAFETY THREAT (caregiver + behavior + impact on child)	WHAT WILL BE DONE TO ADDRESS THE SAFETY THREAT UNTIL THE REVIEW DATE?	WHO WILL DO IT, BY WHEN?	HOW WILL WE KNOW IT IS WORKING?

Who has agreed to be part of this plan? (Must include at least one legal custodian or guardian.)

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS	
	PHONE	EMAIL

WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? *(Must be within 14 days)*	
Date/time:	**Who will be involved (caregivers, network, and agency)?**

WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?	
Caregivers/legal guardians	
Network members	
Child	
DCFS	

WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING		
NAME	PHONE NUMBER	EMAIL ADDRESS
Assigned worker name:		
Supervisor name:		
On-call contact: (After business hours, weekends, and holidays)		

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action. If I am unable to follow this plan, I will contact my DCFS worker to develop a new plan.

Legal custodians or guardians

_____

_____

Worker/supervisor

_____

_____

Children

_____

_____

_____

_____

Network members

_____

_____

_____

_____

SUPPORT NETWORK GRID

Name:_____ **Date:**_____

GROUPS OF PEOPLE	GOOD SOURCES OF SUPPORT IN MY LIFE (PAST AND PRESENT) TYPES OF SUPPORT					
	EMOTIONAL SUPPORT	SOCIAL SUPPORT	ADVICE AND INFORMATION	LENDING A HAND / HELPING OUT (LOGISTICAL SUPPORT)	FINANCIAL SUPPORT	OTHER
Significant other or close friends						
People I live with now						
Family						
Friends, coworkers, acquaintances						
Community programs, services, people						
Others						