INTERNAL COMMUNICATION FORM DEPARTMENT OF HUMAN SERVICES	**Suspense** **Honolulu County: 10/01/14** **Hawaii County, Kauai County, and Maui County: 12/01/14**
Subject: PROTOCOL FOR UNKNOWN PERPETRATOR WITH SERIOUS HARM CASES	**Originator:** Theresa Minami 586-5668

To: ALL CWS SECTIONS From: CWSB/PDA Date: 10/01/14 Memo No. 1

FOR INFORMATION:

Protocol:
The protocol for Unknown Perpetrator with Serious Harm has been developed to outline practice to support the staff's casework efforts and to promote consistency to complete the following:

- Information Gathering and Understanding the Family;
- Child Safety Assessments, Comprehensive Strengths and Risk Assessments, Analysis for In-Home Services, In-Home Safety Plans, and Case Decision Making;
- Service Planning and Identifying Measurements for Behavioral Change; and
- Monitoring Progress in Services.

Definition for the purposes of the protocol:
Unknown Perpetrator Cases shall be defined as cases with serious harm to a child by one or both of the child's parents and/or individuals who had access to the child and the perpetrator has not been identified at the time the Intake was accepted for CWS assessment.

Serious Harm shall be defined as Harm in accordance with Hawaii Revised Statutes (HRS) 587A; for purposes of the protocol, serious harm is the non accidental death of a child; non accidental injuries and/or harm to a child that requires medical attention (bone fractures, burns); non organic Failure to Thrive, etc.

Assignment and Rotation:
Honolulu County:
Cases meeting the criteria above shall be assigned to Unit 08. The worker shall be skipped for two rotations following the assignment of the case meeting the criteria.

Hawaii County, Maui County, and Kauai County:
Cases meeting the criteria above shall continue to be assigned based on the current rotation. The worker shall be skipped for two rotations following the assignment of the case meeting the criteria.

Tracking:
Monthly teleconferences with the Section Administrators, Program Development, and CWSB, will be scheduled to review the use of the protocol and to discuss recommended changes.

FOR ACTION:

1. The Intake Unit shall continue its current practice and check the Unknown Perpetrator with Serious Harm box in SHAKA with assignment of theses cases to the appropriate units as stated above.

2. Section Administrators, Supervisors, and CWS workers, shall use the protocol for all unknown perpetrators with serious harm cases for assessment, case planning, monitoring, and tracking within the unit and section.

3. The CWS worker shall immediately convene an 'Ohana Conference to engage and empower the family, to identify services needed, to create a case plan, and to initiate family finding.

4. The CWS worker shall request and participate in Multidisciplinary Teams (MDTs) every 3 months for review and consultation. The CWS Worker, Unit Supervisor, and Section Administrator, shall attend all MDTs.

5. Voluntary Foster Custody Agreements (VFCA) shall not be used for cases with unknown perpetrators with serious harm. In accordance with HRS 587A-11 (5) (B), a VFCA is for use with families where the safety issues are likely to be resolved within three months after the date on which the department assumed physical custody of the child. In addition, Family Court involvement affords the child and parents/legal caregivers the opportunity for legal representation.

Please contact Theresa Minami, Assistant Program Administrator, at 586-5668, if there are questions.

Rachel Thorburn, TA-PDA

Attachments: Protocol for Unknown Perpetrator with Serious Harm

c: SSDA
CWSBA/ACWSBA
ACCSBA
SSD/SSOA
Heide Lilo – UH Maui College
Dept. of the Attorney General – Family Law Division (Mary Anne Magnier, Jay Goss)
Dept. of the Attorney General – Tort Litigation Division (Randy Slaton)

Unknown Perpetrator with Serious Harm Protocol

I. Information: Gather information from the following sources and other sources, as applicable.	Notes
A. Timeline of the Injury	
1. Gather information from various sources to identify a timeline before and after injury (42 to 78 hours or longer depending on medical information) and document: a. All people who had contact with the child; b. Location of the child at the time/period of injury; and c. Events, behaviors, activities, medical issues, including any changes in eating habits, health, temperament, medications ingested and sleep and awake times.	
B. Medical/Clinical and Law Enforcement	
1. Available current and prior information, records, and photos from EMS/Fire, hospital, treatment providers and others who interfaced with the family at the time of the reported incident. 2. Multidisciplinary Team (MDT) consultation and reports. Request assistance from MDT to gather and review medical records for the child and family, as needed. 3. Available Medical Examiner's information and final report. 4. Collaboration and information exchange with law enforcement including interviews and scene information. Schedule meetings or have regular contact (recommended: at least 1 time per week, or as needed) with the police to share information and progress.	
C. Children (Injured child and all other children in the family)	
1. Medical history (including regular doctor visits and parents functioning at appointments) and prenatal care history and plans for child care. Request full skeletal exams for all children in the family, as applicable. 2. Information on developmental strengths/challenges and temperament. 3. Information from prior or current school/child care/service providers. 4. Daily routine, sleep patterns, etc. and any differences.	
D. Parents/Caregivers	
1. Convene an 'Ohana Conference immediately to engage and empower the family to identify services needed, case plan and process family finding. 2. Interview parents/caregivers separately. Convey that a full, careful investigation is standard procedure. Be open and non-confrontational, asking open-ended questions like, "What happened?" Let people talk and record verbatim. 3. Ask parent/caregiver to describe what happened and who was caring for and had access to the child. Ask them to describe the room/place child was found, as applicable. Note demeanor, utterances, actions, etc. 4. Provide the family with medical information that describes the severity and mechanics of the injury. Discuss the safety and risk issues that may have resulted in the injury. 5. Gather information from the parents/caregivers and others who know the family about the family's daily routine, functioning, and care provided to the children. 6. Review CWS history for information on risk issues, past interventions, etc. for discussion and assessment. 7. Obtain new or current psychological evaluation (within last year) for each parent/caregiver. Consult with MDT to determine if current evaluation is still applicable or if a new one is needed. 8. Gather prior CWS information in Hawaii and other states the family has lived in. 9. Gather prior criminal history and information in Ho'ohiki such as information on restraining orders. 10. Gather prior and/or current information on involvement with social/community agencies. 11. Talk with and assess natural support system. Is there someone who believes that the child's injury was extensive and non-accidental? 12. Obtain consent to release information from the parents to gather information as needed.	

II. Summary: Use information gathered to assess the family, identify safety concerns, risk issues, and injury timeline.	Notes
A. Answer the 6 Questions (Benchcard A – Child Safety: Guide for Judges and Attorneys)	
1. Nature and extent of the maltreatment? 2. What circumstances accompany the maltreatment? 3. How does the child function day-to-day? 4. How does the parent/caregiver discipline the child? 5. What are the overall parenting practices of the parent/caregiver? 6. How does the parent/caregiver manage his or her own life?	
B. Complete the Child Safety Assessment	
C. Complete the Comprehensive Strengths and Risk Assessment	
D. Complete other assessments such as the AAPI and Strengths and Stressors, as applicable.	

III. Harm: Determine type of harm and perpetrator(s) of harm.	Notes
A. Determine if there is abuse/neglect and/or threat of abuse/neglect.	
1. Identify the perpetrators. This may be done regardless of whether the perpetrator admits to committing the harm/neglect if the information gathered supports the identification of the individual or individuals as the perpetrator(s). A perpetrator may also be identified when there is no protective caregiver for the child. 2. Explain to the parents/caregivers that it is difficult to determine services needed and assure the child's safety when the perpetrator fails to admit responsibility, acknowledge the extent of the harm, take responsibility, demonstrate empathy and apologize to the victim and the family. It may also be difficult to determine services and assure the child's safety if the safety concerns and risk issues that led to the harm cannot be identified. This may delay or prevent reunification. Failure to make measurable progress in behavioral/cognitive/emotional capacity of the perpetrator to resolve the safety concerns and risk issues within 12 months of the harm/neglect may result in a termination of parental rights. This shall be clearly stated upfront to the parents/caregivers. 3. Continue ongoing efforts to engage the parent/caregiver to admit responsibility, acknowledge the extent of the harm, to take responsibility, to demonstrate empathy and to apologize to the victim and the family through the life of the case. Services, such as a psychological evaluation, therapy, and parenting skill development may be utilized to identify risk issues that may have resulted in the injury and to identify the perpetrator. Revisit what happened as circumstances change such as relationship status (divorce, separation, etc.) and developments in criminal cases.	

IV. In-Home Safety Plan or Removal	Notes
A. Determine if the home can be made safe with an In-Home Safety Plan.	
1. Identify the people, resources, services, etc needed to make the home safe. 2. A child shall be removed when there is a safety concern and the home cannot be made safe with an In-Home Safety Plan. Voluntary Foster Custody Agreement shall not be used when there is an unknown perpetrator and non-accidental serious harm or death and a child must be removed. The child and other children as applicable shall be removed through police protective custody. 3. The Department shall not accept a Power of Attorney to resolve the safety issues in these cases.	

V. Services: Identify the services to address the safety concerns and risk issues to help the parents/caregivers to gain and demonstrate knowledge, insight, skills, and abilities to be assessed as a protective.	Notes
A. Identify the factors and risk issues that resulted in harm/neglect.	
B. Identify the knowledge, skills, abilities, and behavioral changes that must be demonstrated by the parent/caregiver to address safety concerns and determine that the child is safe and that the parent/caregiver has the capacity (cognitive/behavioral/emotional) to protect the child and prevent future harm.	
1. Behavioral Outcomes include: a. Acknowledge that harm did occur and was severe; b. Acknowledge and address the issues identified in the psychological evaluation; c. Lower defense level sufficiently: • Identify personal and family stressors; • Identify existing coping strategies; • Develop additional coping strategies; • Articulate and document a full range of coping strategies; • Apply strategies to real-life situations; and • Apply strategies to hypothetical stressful situations; d. Develop effective parenting skills; and e. Identify and use an appropriate support system and resources in the community (people who have known the family at least 6 months, acknowledge the harm was severe and non-accidental, and are willing and able to act as a protective support).	
C. Identify services needed to address factors that resulted in harm and other safety concerns and risk issues identified. Services may include therapy, outreach parenting skill building, Enhanced Healthy Start, 'Ohana Time/Visitation, and other appropriate community resources. Parents/caregivers should all be referred for psychological evaluations as soon as possible. Explain to parents/caregivers that the psychological evaluation is helpful to understand the parent/caregiver strengths and key areas to focus on in services. Participate in service planning meetings whenever possible.	
D. Identify indicators, observations of professionals and family supports, and individual self-reports that will provide information to measure cognitive/behavioral/emotional change. This should be included in monthly face-to-face contact discussions and documented in contact notes.	

VI. Monthly Face-to-Face Contact	Notes
A. Complete Monthly Face-to-Face Contacts to continue to gather information about the family and progress in services. B. Check in with the service providers about parents'/caregivers' participation and progress in services prior to the visit with the parents/caregivers. C. Ask parents/caregivers to discuss and demonstrate as applicable, what is working for them in services, what they have learned, and how they will use the new skills. D. Use 'Ohana Time/Visitation and In-Home Parenting sessions as an opportunity to visit the parents/caregivers and observe how the parents/caregivers are applying new skills in real-life situations. E. Monitor child's progress and development and incorporate support needs into planning. Parents/caregivers may need enhanced skills and understanding of child's medical/developmental/emotional needs.	

VII. Unsupervised Visits, Reunification, Case Closure and Other Critical Junctures: Assess safety management needs for unsupervised visits and readiness for reunification. Utilize the MDT and 'Ohana Conferencing as part of the unsupervised visits and reunification assessment and planning. Monitor the In-Home Safety Plan and family until case closure.	Notes
A. Conduct CAN and criminal history checks to determine if there have been any new incidents and any resolution/changes on any pending charges. Obtain consents or include in court ordered service plan, as needed.	
B. Assess parents'/caregivers' protective capacity and readiness to care for the child.	
C. Identify what actions/services/protective caregivers are needed for unsupervised visits and to return the child with an In-Home Safety Plan to address safety concerns.	
D. Convene a MDT and 'Ohana Conference PRIOR to unsupervised visits and reunification. The Section Administrator, Unit Supervisor, and CWS worker shall attend the MDT. Take appropriate action based on outcome of the MDT and 'Ohana Conference.	
E. Complete and monitor the In-Home Safety Plan for a minimum of 6 months or until the safety concerns are resolved. o 1st month: 1 face-to-face per week, or more as needed. o 2nd month: 2 face-to-face visits per month (every other week), or more as needed. o 3rd month: 2 face-to-face visits per month (every other week), or more as needed. o 4th month on: 1 face-to-face visit per month, or more as needed, until the safety issues are resolved and an In-Home Safety Plan is no longer needed.	
F. Case shall remain open for 6 more months following the date the safety concerns are resolved and the In-Home Safety Plan is no longer needed. Continue 1 face-to-face visit per month, or more as needed. *Exceptions may be made for returns to non offending protective parents with Sections Administrator's approval.*	
G. Convene an Ohana Conference prior to case closure.	
H. Convene a MDT prior to case closure, if needed.	
I. Respond to and assess all Logs of Concern with a face-to-face visit. Review response and assessment with the supervisor.	
J. Consult Supervisor and consider the need for an 'Ohana Conference or other meeting prior to the birth of a new child in the family.	

VIII. Case Transfer	Notes
A. Meeting with the new assigned worker and supervisor to review case and pending activities.	
B. Notify the police and prosecutor, if applicable, and others who will need to know who to contact.	

IX. Termination of Parental Rights	Notes
A. The Department shall petition for Termination of Parental Rights when the safety concerns and risk issues that led to the harm/neglect cannot be determined through services and interventions within 12 months of the harm/neglect.	
B. The Department shall petition for Termination of Parental Rights when there is no measurable progress in behavioral/cognitive/emotional capacity of the perpetrator (Known or Unknown) within 12 months of the harm/neglect.	