

## **Competencies**

- 101-12 The Worker knows the proper roles and responsibilities of other community agencies in the child welfare process and can collaborate with these agencies and practitioners to develop case plans and to provide services
- 102-10 The Worker can coordinate the delivery of services to meet identified needs through case management, linkage/referral to community resources, advocacy, and by directly providing supportive services.
- 200-7 The worker knows the importance of and can initiate Safety Services and other Family Preservation services at the Family Functioning Assessment level to prevent removal of the child from the home.

## **Learning Objectives**

1. Participants will be familiar with terminology used in the practice of Child Protective Services and Socially Necessary Services.
2. Participants will be able to recognize when it is appropriate to refer the Safety Services and /or Family Preservation, Foster Care or Reunification Services in relation to the CPS casework process.
3. Participants will be able to identify a CPS Safety Plan, Protective Capacity Family Assessment , Family Case Plan, and Uniform Family Case Plan.
4. Participants will know what services constitute the Safety Services bundle, and what services are available for Family Preservation, Foster Care, and Reunification.
5. Participants will know what documentation MUST be shared between CPS and providers.
6. Participants will demonstrate an understanding that the agency CPS Worker remains the person responsible for case planning, case monitoring, and case decisions, not the service provider.

## ***CPS Terminology***

***Abused child:*** means a child whose health or welfare is harmed or threatened by a parent, guardian or custodian who knowingly or intentionally inflicts, attempts to inflict or knowingly allows another person to inflict, physical injury or mental or emotional injury, upon the child or another child in the home; or sexual abuse or sexual exploitation; or the sale or attempted sale of a child by a parent, guardian or custodian and domestic violence...

In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment. (49-1-3)

***Neglected child:*** means a child whose physical or mental health is harmed or threatened by a present refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care or education, when such refusal, failure or inability is not due primarily to a lack of financial means on the part of the parent, guardian or custodian; or who is presently without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent or guardian. (49-1-3)

***WVSAMS-*** West Virginia Safety Assessment and Management System. SAMS is the safety assessment model used by CPS in West Virginia.

***Imminent Danger:*** is defined by Chapter 49-1-3 (e) as An emergency situation in which the welfare or the life of the child is threatened. Such emergency situation exists when there is reasonable cause to believe that any child in the home is or has been sexually abused or sexually exploited, or reasonable cause to believe that the following conditions threaten the health or life of any child in the home:

Non accidental trauma inflicted by a parent, guardian, custodian, sibling or a babysitter or other caretaker; or a combination of physical and other signs indicating a pattern of abuse which may be medically diagnosed as battered child syndrome; or Nutritional deprivation; or Abandonment by the parent, guardian or custodian; or Inadequate treatment of serious illness or disease; or Substantial emotional injury inflicted by a parent, guardian or custodian; or Sale or attempted sale of the child by the parent, guardian or custodian; or The parent, guardian or custodian's abuse of alcohol, or drugs or other controlled substance as defined in section one-hundred one, article one, chapter sixty-a of this code, has impaired his or her parenting skills to a degree as to pose an imminent risk to a child's health or safety. 49-1-3(6)

***Present Danger-***Is a clearly observable family condition or threat to the child's safety that is actively occurring or in the process of occurring and will likely result in serious harm to the child. Present dangers can be identified at any point in the casework process.

***Impending Dangers-*** Threats to a child's safety due to caregiver's behavior, attitude, motives, emotions and/or situations posing a specific threat of severe harm to a child

***CPS Intake Assessment-*** the referral/report called into DHHR alleging a child is unsafe.

**Temporary Protection Plan-** A specific and concrete strategy implemented immediately to protect a child from present danger threats in order to allow completion of the Family Functioning Assessment.

**Family Functioning Assessment-** An assessment conducted to determine if a child is safe and if abuse and/or neglect has occurred

**Safety Plan-**a temporary measure designed to control one or more impending danger(s) identified which threaten the safety of a vulnerable child and there is not sufficient caregiver protective capacities to assure that impending danger can be offset, mitigated and controlled. (Can be In-Home OR Out-of-Home)

**Protective Capacities-**behavioral, cognitive and emotional characteristics possessed by the caregiver that help to reduce, control or prevent threats of serious harm, which are specifically relevant to child safety.

**Protective Capacity Family Assessment-**is a structured interactive process that is intended to build partnerships with caregivers in order to identify and seek agreement regarding what must change related to child safety and to develop family case plans that will effectively address caregiver protective capacities and meet child needs.

**Family Case Plan-**is an organized, written agreement between the social worker and the caregivers, and children when appropriate. The Family Case Plan is a deliberate, reasonable, mutually agreed upon strategy to enhance diminished protective capacities and in turn eliminating or reducing impending danger.

**Goals:** are individualized behaviorally specific statements that described what must change associated with the enhancement of diminished caregiver protective capacities. The achievement of goals will result in elimination of impending danger and the achievement of the intervention outcome.

**Case Plan Evaluation** is a formal decision making point in the safety intervention process, used to measure progress toward achieving the goals in the Family Case Plan associated with enhancing diminished caregiver protective capacities.

### **Uniform Family Case Plan**

This report was developed in collaboration between the WV Court Improvement Program, the WV Supreme Court of Appeals and the WVDHHR- Bureau for Children and Families.

The Case Plan for Foster Care is required by federal statute, and a Family Case Plan and a Child's Case Plan are required by state statute

This report is utilized along with the Family Case Plan when court involvement is necessary to protect a child.

## **Socially Necessary Services Terminology**

**SNS Provider:** providers who are paid for doing services such as transportation, parenting, adult life skills, supervised visitation, etc.

**SNS Referral:** a referral generated in FACTS by a DHHR worker for Socially Necessary Services

**APS Healthcare:** the corporation that currently holds the contract as the Administrative Service Organization for Socially Necessary Services in WV

**Authorization:** It is a prior authorization system, meaning that BCF expects providers to obtain a prior authorization from APS Healthcare before performing all Socially Necessary Services with the exception of the first authorization for Safety Services bundle. Authorization is granted by care managers at APS Healthcare if the information submitted by the provider falls within the parameters defined by the DHHR for that service (UM Guidelines).

**Denial:** a service is denied if it has been maxed out (meaning all allowable authorizations for that service have been granted) or if the service is being used in a way that does not meet UM Guidelines. Once it is denied by care managers at APS Healthcare, it is sent to assigned DHHR worker to take through the proper protocol for ASO Denials. There is an SOP for ASO Denials.

**UM Guidelines:** the manual that lays out the parameters under which the DHHR wants APS Healthcare to authorize services.

**Units:** can be an hour, can be a 15-minute period, can be a 30-minute period, can be a mile, can be an event. It depends on the particular service selected. Clearly laid out in both the UM Guidelines and the Payment Schedule, both of which can be found at [www.wvdhhr.org/bcf/aso](http://www.wvdhhr.org/bcf/aso) down left side of page.

# **WV SAFETY ASSESSMENT AND MANAGEMENT SYSTEM**

## **Present Danger Threats at Family Functioning Assessment or Other Indicated Times Definitions**

Present dangers are immediate, significant and clearly observable individual and/or family conditions (or threats to child safety) that have either resulted in severe harm to a child or are actively “in process” of occurring and will likely result in severe harm to a child. A negative family condition may only be considered present danger if there is specific information gathered at any point during the assessment that meets one or more of the definitions below.

### **Maltreatment**

#### Maltreating Now

Refers to caregivers who are maltreating their children at the point of contact during the assessment process. Maltreatment will typically be physical, verbal or sexual in nature. This does not include indications of chronic neglect that are reported as being ongoing but do not necessarily meet the criteria for present danger.

#### Multiple Injuries

Refers to different types of injuries that are non-accidental and have resulted from child maltreatment. For example, a child who has a burn on his hand and his arm also has significant bruising, and information indicates that the injuries occurred as a result of maltreatment by a caregiver.

#### Face/Head

Refers to any injury to the face or head including bruises, cuts, abrasions, swelling, etc. identified in a report and/or verified at any point of contact during the assessment process. There must be a determination that the injuries occurred as a result of child maltreatment by a caregiver. Injuries to the face and head which may have occurred last week or month are not Present Danger.

#### Serious Injury

Refers to injuries that are consistent with bone breaks, deep lacerations, burns, malnutrition, etc. as a result of caregiver maltreatment (action or inaction). This relates to serious injuries that are identified in a report and/or evident at the point of contact during the assessment or medically diagnosed concurrent with the report.

#### Several Victims

Refers to the identification of more than one child who currently is being maltreated by the same caregiver. It's important to keep in mind that several children who are being chronically neglected do not meet the standard of Present Danger in this definition.

### Premeditated

Refers to child maltreatment by a caregiver that indicates that the abuse was deliberate, a preconceived plan or intentional. This may include information that indicates that the caregiver's motive was to inflict harm on the child.

### Life Threatening Living Arrangements

Refers to specific information which indicates that a child's living situation is an immediate threat to his/her safety. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, guns/knives available and accessible etc.

### Unexplained Injuries

Refers to non accidental injuries to a child which parents or other caregivers cannot or will not explain.

### Bizarre Cruelty

Refers to maltreatment that is exaggerated and seriously detrimental to a child's emotional and physical state. This includes such things as locking children up to keep them in an "imprisoned state," chaining up children, forcing children to eat off the floor, extreme physically demanding punishment, serious emotional abuse. This qualifies the nature of identified maltreatment and requires interpretation to determine that abuse meets the definition of present danger.

## **Child**

### Parent's Viewpoint of Child Is Bizarre

Refers to an extremely negative viewpoint of a child that is identified in the report and/or clearly expressed by a caregiver at any point during the assessment process. This is not just a general negative attitude toward the child. The caregiver's perception or viewpoint toward a child is so skewed and distorted that it poses an immediate danger to that child. It is consistent with the level of seeing the child as demon possessed.

### Child Is Unsupervised or Alone for Extended Periods

Refers to vulnerable children (more likely to be a younger child) who are unsupervised and without care right now concurrent with the report and/or at any point of contact during the assessment process. The time of day, of course, is as important as is the length of time the child has been unsupervised. In order to qualify as a present danger, there must be information that indicates that a child is alone now and there is no responsible caregiver providing supervision. If the child was unsupervised the previous night but is not alone now, it is not a present danger threat of harm.

### Child Needs Medical Attention

Refers to emergency medical care that is needed immediately for a child of any age. To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child's health and

safety. In other words, if children are not being given routine medical care, it would not constitute a present danger threat. It should have an emergent quality.

#### Child Is Fearful or Anxious

Refers to children who are described as being obviously afraid. The child's fear tends to be extreme, specific and presently active. The fear is directed at people and/or circumstances associated with the home situation, and it is reasonable to conclude there is a personal threat to the child's safety if the condition is currently active. Information would likely describe actual communication or emotional/physical manifestation from the child's knowledge or perception of their situation.

### **Caregiver**

#### Caregiver Is Intoxicated (alcohol or other drugs)

Refers to a caregiver who is currently drunk or high on illegal drugs and unable to provide basic care and supervision to a child right now. In order to qualify as present danger, it must be evident that a caregiver who is primarily responsible for child care is unable to provide care for his/her child right now due to his/her level of intoxication. The state of the parent/caregiver's condition is more important than the use of a substance (drinking compared to being drunk; uses drugs as compared to being incapacitated by the drugs); and if accurate affects the child's safety.

#### Caregiver Is Out of Control

Refers to individuals in the caregiver role who are currently acting incapacitated, bizarre, aggressive/extremely agitated, emotionally immobilized, suicidal or dangerous to themselves or others at the time of the report or at any point of contact during the assessment process. To qualify as present danger, it must be determined that due to a caregiver's state of mind, uncontrolled behavior and/or emotions, he/she is unable to provide basic care and supervision to his/her child right now.

#### Caregiver Described as Dangerous

Refers to caregivers described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an attacking or aggressive manner, etc.

#### Parent/Caregiver Is Not Performing Parental Responsibilities

Refers to caregivers who currently are not providing basic care to their children right now. To qualify as present danger, there must be information in the report or any point of contact during the assessment process that indicates that caregivers are not providing child care necessary and the absence of care poses an immediate threat to child safety. This is not associated with whether the parent/caregiver is generally effective or appropriate. It is focused on whether their inability to provide child care right now leaves the child in a threatened state at the time of the report or at the point of contact.

### Caregiver Overtly Rejects Intervention

Refers to situations where a caregiver refuses to see or speak with CPS staff and/or to let CPS staff see the child; is openly hostile (not just angry about CPS presence) or physically aggressive towards CPS staff; refuses access to the home, hides child or refuses access to child.

## **Family**

### Spouse Abuse Present

Refers to family situations in which the alleged child maltreatment is accompanied by spouse abuse. To qualify as present danger, there must be an indication that the family violence associated with the allegations of maltreatment continues to be in process of occurring. This requires a judgment as to whether the family violence is actively threatening to family members right now concurrent with the report or at any point of contact during the assessment process. It is important to also take into account if the child and spouse are being abused at the same time as a result of how the violence is occurring.

### Family Will Flee

Refers to situations where there are other possible threats to child safety and there is an indication that the family may flee CPS intervention. This qualifies as a Present Danger if alleged child maltreatment and possible threats to child safety are coupled with concerns about not having access to the children. This includes transient families or families where homes are not established as examples.



## CPS Impending Dangers

- The parent/caregiver is unwilling or unable to perform parental duties and responsibilities, which could result in serious harm to the child.
- The parent/caregiver's drug and/or alcohol use is pervasive and threatens child safety.
- One of both parents/caregivers are violent, including Domestic Violence situations or general violent behavior.
- One of both parents/caregivers cannot control their own behavior.
- Child is perceived in extremely negative terms by one or both parents/caregivers.
- Family does not have resources to meet basic needs.
- One or both parents/caregivers fear they will maltreat their child and are requesting placement.
- One or both parents/caregivers intend(ed) to hurt the child.
- One or both parents/caregivers lack parenting knowledge, skills, or motivation that affects child safety.
- Child has exceptional needs which the parents/caregivers cannot or will not meet.
- Living arrangements seriously endanger a child's physical health.

# PROTECTIVE CAPACITY REFERENCE

## Enhancing Protective Capacities in the Case Plan: What Behavior Must Change

### Protective Capacity

**Personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.**

### Criteria for Determining Protective Capacities

- The characteristic prepares the person to be protective.
- The characteristic enables or empowers the person to be protective.
- The characteristic is necessary or fundamental to being protective.
- The characteristic must exist prior to being protective.
- The characteristic can be related to acting or being able to act on behalf of a child.

### Behavioral Protective Capacities

<b><u>The caregiver has a history of protecting.</u></b>	This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include: <ul style="list-style-type: none"><li>• People who've raised children (now older) with no evidence of maltreatment or exposure to danger.</li><li>• People who've protected his or her children in demonstrative ways by separating them from danger, seeking assistance from others, or similar clear evidence.</li><li>• Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.</li></ul>
<b><u>The caregiver takes action.</u></b>	This refers to a person who is action-oriented as a human being, not just a caregiver. <ul style="list-style-type: none"><li>• People who perform when necessary.</li><li>• People who proceed with a course of action.</li><li>• People who take necessary steps.</li><li>• People who are expedient and timely in doing things.</li><li>• People who discharge their duties.</li></ul>

<p><b><u>The caregiver demonstrates impulse control.</u></b></p>	<p>This refers to a person who is deliberate and careful and who acts in managed and self-controlled ways.</p> <ul style="list-style-type: none"> <li>• People who do not act on their urges or desires.</li> <li>• People that do not behave as a result of outside stimulation.</li> <li>• People who avoid whimsical responses.</li> <li>• People who think before they act.</li> <li>• People who are playful.</li> </ul>
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<p><b><u>The caregiver is physically able.</u></b></p>	<p>This refers to people who are sufficiently healthy, mobile and strong.</p> <ul style="list-style-type: none"> <li>• People who can chase down children.</li> <li>• People who can lift children.</li> <li>• People who are able to restrain children.</li> <li>• People with physical abilities to effectively deal with dangers like fires or physical threats.</li> </ul>
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<p><b><u>The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities.</u></b></p>	<p>This refers to the possession and use of skills that are related to being protective.</p> <ul style="list-style-type: none"> <li>• People who can feed, care for, supervise children according to their basic needs.</li> <li>• People who can handle, manage, oversee as related to protectiveness.</li> <li>• People who can cook, clean, maintain, guide, shelter as related to protectiveness.</li> </ul>
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<p><b><u>The caregiver possesses adequate energy.</u></b></p>	<p>This refers to the personal sustenance necessary to be ready and on the job of being protective.</p> <ul style="list-style-type: none"> <li>• People who are alert and focused.</li> <li>• People who can move, are on the move, ready to move, will move in a timely way.</li> <li>• People who are motivated and have the capacity to work and be active.</li> <li>• People express force and power in their action and activity.</li> <li>• People who are not lazy or lethargic.</li> <li>• People who are rested or able to overcome being tired.</li> </ul>
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<p><b><u>The caregiver sets aside her/his needs in favor of a child.</u></b></p>	<p>This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.</p> <ul style="list-style-type: none"> <li>• People who do for themselves after they've done for their children.</li> <li>• People who sacrifice for their children.</li> <li>• People who can wait to be satisfied.</li> <li>• People who seek ways to satisfy their children's needs as the priority.</li> </ul>
<p><b><u>The caregiver is adaptive as a caregiver.</u></b></p>	<p>This refers to people who adjust and make the best of whatever caregiving situation occurs.</p> <ul style="list-style-type: none"> <li>• People who are flexible and adjustable.</li> <li>• People who accept things and can move with them.</li> <li>• People who are creative about caregiving.</li> <li>• People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.</li> </ul>
<p><b><u>The caregiver is assertive as a caregiver.</u></b></p>	<p>This refers to being positive and persistent.</p> <ul style="list-style-type: none"> <li>• People who are firm and convicted.</li> <li>• People who are self-confident and self-assured.</li> <li>• People who are secure with themselves and their ways.</li> <li>• People who are poised and certain of themselves.</li> <li>• People who are forceful and forward.</li> </ul>
<p><b><u>The caregiver uses resources necessary to meet the child's basic needs.</u></b></p>	<p>This refers to knowing what is needed, getting it and using it to keep a child safe.</p> <ul style="list-style-type: none"> <li>• People who get people to help them and their children.</li> <li>• People who use community public and private organizations.</li> <li>• People who will call on police or access the courts to help them.</li> <li>• People who use basic services such as food and shelter.</li> </ul>
<p><b><u>The caregiver supports the child.</u></b></p>	<p>This refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being.</p> <ul style="list-style-type: none"> <li>• People who spend considerable time with a child filled with positive regard.</li> <li>• People who take action to assure that children are encouraged and reassured.</li> <li>• People who take an obvious stand on behalf of a child.</li> </ul>

## Cognitive Protective Capacities

<p><b><u>The caregiver plans and articulates a plan to protect the child.</u></b></p>	<p>This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan.</p> <ul style="list-style-type: none"><li>• People who are realistic in their idea and arrangements about what is needed to protect a child.</li><li>• People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child.</li><li>• People who are aware and show a conscious, focused process for thinking that results in an acceptable plan.</li><li>• People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.</li></ul>
<p><b><u>The caregiver is aligned with the child.</u></b></p>	<p>This refers to a mental state or an identity with a child.</p> <ul style="list-style-type: none"><li>• People who strongly think of themselves as closely related to or associated with a child.</li><li>• People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety.</li><li>• People who consider their relationship with a child as the highest priority.</li></ul>
<p><b><u>The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.</u></b></p>	<p>This refers to information and personal knowledge that is specific to caregiving that is associated with protection.</p> <ul style="list-style-type: none"><li>• People who know enough about child development to keep kids safe.</li><li>• People who have information related to what is needed to keep a child safe.</li><li>• People who know how to provide basic care which assures that children are safe.</li></ul>

<p><b><u>The caregiver is reality oriented; perceives reality accurately.</u></b></p>	<p>This refers to mental awareness and accuracy about one’s surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.</p> <ul style="list-style-type: none"> <li>• People who describe life circumstances accurately.</li> <li>• People who recognize threatening situations and people.</li> <li>• People who do not deny reality or operate in unrealistic ways.</li> <li>• People who are alert to danger within persons and the environment.</li> <li>• People who are able to distinguish threats to child safety.</li> </ul>
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<p><b><u>The caregiver has accurate perceptions of the child.</u></b></p>	<p>This refers to seeing and understanding a child’s capabilities, needs and limitations correctly.</p> <ul style="list-style-type: none"> <li>• People who know what children of certain age or with particular characteristics are capable of.</li> <li>• People who respect uniqueness in others.</li> <li>• People who see a child exactly as the child is and as others see the child.</li> <li>• People who recognize the child’s needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why.</li> <li>• People who see and value the capabilities of a child and are sensitive to difficulties a child experiences.</li> <li>• People who appreciate uniqueness and difference.</li> <li>• People who are accepting and understanding.</li> </ul>
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<p><b><u>The caregiver understands his/her protective role.</u></b></p>	<p>This refers to awareness...knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.</p> <ul style="list-style-type: none"> <li>• People who possess an internal sense and appreciation for their protective role.</li> <li>• People who can explain what the “protective role” means and involves and why it is so important.</li> <li>• People who recognize the accountability and stakes associated with the role.</li> <li>• People who value and believe it is his/her primary responsibility to protect the child.</li> </ul>
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<p><b><u>The caregiver is self-aware as a caregiver.</u></b></p>	<p>This refers to sensitivity to one’s thinking and actions and their effects on others—on a child.</p> <ul style="list-style-type: none"> <li>• People who understand the cause – effect relationship between their own actions and results for their children</li> <li>• People who are open to who they are, to what they do, and to the effects of what they do.</li> <li>• People who think about themselves and judge the quality of their thoughts, emotions and behavior.</li> <li>• People who see that the part of them that is a caregiver is unique and requires different things from them.</li> </ul>
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### Emotional Protective Capacities

<p><b><u>The caregiver is able to meet own emotional needs.</u></b></p>	<p>This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.</p> <ul style="list-style-type: none"> <li>• People who use personal and social means for feeling well and happy that are acceptable, sensible and practical.</li> <li>• People who employ mature, adult-like ways of satisfying their feelings and emotional needs.</li> <li>• People who understand and accept that their feelings and gratification of those feelings are separate from their child.</li> </ul>
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<p><b><u>The caregiver is emotionally able to intervene to protect the child.</u></b></p>	<p>This refers to mental health, emotional energy and emotional stability.</p> <ul style="list-style-type: none"> <li>• People who are doing well enough emotionally that their needs and feelings don’t immobilize them or reduce their ability to act promptly and appropriately.</li> <li>• People who are not consumed with their own feelings and anxieties.</li> <li>• People who are mentally alert, in touch with reality.</li> <li>• People who are motivated as a caregiver and with respect to protectiveness.</li> </ul>
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<p><b><u>The caregiver is resilient as a caregiver.</u></b></p>	<p>This refers to responsiveness and being able and ready to act promptly.</p> <ul style="list-style-type: none"> <li>• People who recover quickly from setbacks or being upset.</li> <li>• People who spring into action.</li> <li>• People who can withstand.</li> <li>• People who are effective at coping as a caregiver.</li> </ul>
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<p><b><u>The caregiver is tolerant as a caregiver.</u></b></p>	<p>This refers to acceptance, allowing and understanding, and respect.</p> <ul style="list-style-type: none"> <li>• People who can let things pass.</li> <li>• People who have a big picture attitude, who don't over react to mistakes and accidents.</li> <li>• People who value how others feel and what they think.</li> </ul>
<p><b><u>The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.</u></b></p>	<p>This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.</p> <ul style="list-style-type: none"> <li>• People who show compassion through sheltering and soothing a child</li> <li>• People who calm, pacify and appease a child.</li> <li>• People who physically take action or provide physical responses that reassure a child, that generate security.</li> </ul>
<p><b><u>The caregiver and child have a strong bond, and the caregiver is clear that the number one priority is the well-being of the child.</u></b></p>	<p>This refers to a strong attachment that places a child's interest above all else.</p> <ul style="list-style-type: none"> <li>• People who act on behalf of a child because of the closeness and identity the person feels for the child.</li> <li>• People who order their lives according to what is best for their children because of the special connection and attachment that exists between them.</li> <li>• People whose closeness with a child exceeds other relationships.</li> <li>• People who are properly attached to a child.</li> </ul>
<p><b><u>The caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.</u></b></p>	<p>This refers to active affection, compassion, warmth and sympathy.</p> <ul style="list-style-type: none"> <li>• People who fully relate to, can explain, and feel what a child feels, thinks and goes through.</li> <li>• People who relate to a child with expressed positive regard and feeling and physical touching.</li> <li>• People who are understanding of children and their life situation.</li> </ul>