

The Safety Assessment and Management Process Reference Manual



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Table of Contents

INTRODUCTION.....	3
PURPOSE AND DISCUSSION	4
THE RELATIONSHIP BETWEEN SAFETY AND RISK	5
DEFINITIONS	7
POLICY	10
INTERVAL POLICY:	10
DOCUMENTATION	12
INFORMATION GATHERING	15
SIX (6) ASSESSMENT DOMAINS.....	15
IN-HOME SAFETY ASSESSMENT	19
<i>Present vs. Impending Danger.....</i>	<i>19</i>
<i>Safety Threshold</i>	<i>23</i>
<i>Pennsylvania In-Home Safety Threats.....</i>	<i>24</i>
<i>Protective Capacity.....</i>	<i>32</i>
<i>Safety Analysis.....</i>	<i>37</i>
<i>Safety Decision.....</i>	<i>39</i>
<i>Safety Plan Management.....</i>	<i>40</i>
<i>Preliminary Safety Decisions and Immediate/Preliminary Safety Plans</i>	<i>41</i>
CASEWORK PROCESS	50
INITIAL REFERRAL.....	50
ASSESSMENT/INVESTIGATION	52
STATUS DETERMINATION.....	55
IN-HOME/ACCEPTED FOR SERVICES.....	56
REUNIFICATION.....	59
CASE CLOSURE	60
SUPERVISORY ROLE AND RESPONSIBILITIES.....	63
BIBLIOGRAPHY.....	69
PENNSYLVANIA SAFETY THREATS.....	72
SAFETY ASSESSMENT WORKSHEET – IN-HOME.....	76
SAFETY PLAN	78
INSTRUCTIONS FOR COMPLETION OF THE IN-HOME SAFETY ASSESSMENT WORKSHEET.....	80
INSTRUCTIONS FOR COMPLETING THE SAFETY PLAN.....	87
SUPERVISOR CHECKLIST	89

Introduction

The Adoption and Safe Families Act (ASFA) was signed and became federal law on November 19, 1997. This law is tied to federal Title IV-B and Title IV-E funding, building on and amending the Adoption Assistance and Child Welfare Act of 1980. ASFA refocuses requirements to the issues of child safety, permanence, and well-being. In addition to ASFA, the Administration for Children and Families has focused greater attention toward improving outcomes for children and families involved with the child welfare system by developing specific outcome measures and indicators. Through the Child and Family Services Review progress toward improving outcomes is assessed, evaluated, and monitored. Specifically, there are two outcome measures that address child safety:

1. Children are, first and foremost, protected from abuse and neglect; and
2. Children are safely maintained in their homes whenever possible and appropriate.

Safety Outcome 1 speaks to assuring that investigations are conducted in a timely manner and preventing children from becoming victims of repeat maltreatment. Whereas, Safety Outcome 2 is measured by determining if services were provided to the family to protect the child and to prevent entry into foster care or re-entry after a reunification , and also to assess for risk and safety concerns relating to the child in their own home or while in foster care. In addition, Pennsylvania's statutory and regulatory requirements provide the framework for safety assessment.

Since AFSA went into effect, the Commonwealth of Pennsylvania has worked toward prioritizing the tenets set forth by ASFA with safety maintaining its paramount status. When Pennsylvania participated in the Federal Child and Family Services Review in 2002, safety was determined to be an area that would benefit from further study and improvement. As a result, the Risk Assessment Task Force reconvened and formed a sub-committee dedicated to conducting a local and national review of safety assessment instruments. More recently, the Department of Public Welfare (the Department) requested technical assistance from the National Resource Center on Child Protective Services (NRCCPS) in further refining Pennsylvania's safety assessment process. As a result of this technical assistance, the NRCCPS provided the Department with recommendations that would enhance the safety assessment and management process. Additional literature, which was developed by Action for Child Protection, Inc. was reviewed, incorporated, and led to the development of the process and tool that follows. Special thanks go to Emily Hutchinson and Wayne Holder for their knowledge, insight, and assistance.

Purpose and Discussion

Purpose

The purpose of a safety assessment and management process is to assure that each child in a family is protected. The primary purpose of this process is to enable caregivers to provide protection to the children for whom they are responsible.

This manual provides reference material regarding the Pennsylvania safety assessment and management process to assist the transfer of knowledge gained from training to actual casework practice.

Discussion

Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure, including removal and reunification decisions. The focus is on identifying safety threats, present and/or impending danger, protective capacities, and working with caregivers to supplement protective capacities through safety interventions. The process leads to making informed decisions about safety planning and implementation of safety interventions that will control identified threats. Safety assessment and management is not incident based and is not defined by determining the presence or absence of injuries or incidents. Safety analysis and decision making uses all available information to conduct a thorough analysis to decide if a safety plan is needed and what specific interventions are available and accessible to control identified threats. These safety interventions are used to supplement the caregiver's protective capacities. The interventions provided may be in-home, out-of-home or a combination of the two.

A safety assessment and management system is reliant on good social work practice and is congruent with family-centered and strength-based practice. The county agency is responsible for making an independent judgment regarding the child's safety. The best conclusion on safety, however; cannot be reached simply by independent observation of the family. Family members hold information critical to making a sound safety decision. The agency, therefore, must establish a relationship with the family that supports the disclosure of information from the family and engage the family to discover other relevant information.

Supervisors play a vital role in safety assessment and management and one of their primary functions is to ensure the quality of work related to safety decision making and management.

The Relationship Between Safety and Risk

Historically, Safety Assessment and Risk Assessment have been tied together in casework practice. As with most processes, safety and risk are intertwined and dependent upon each other. To minimize one, the value and importance of both are diminished. Both are key elements in protecting children from harm.

Safety Assessment and Management and Risk Assessment are processes that often ask the same questions to make different decisions. Both are **continuous, ongoing processes** that a worker must undertake. The information gathered and the conclusions drawn from both processes become the basis for the development of the family service plan. During the initial investigation stage of the casework process, the primary focus needs to be on child safety. Once the initial investigation is completed and the monitoring on ongoing safety occurs, safety and risk become a parallel process.

A **Safety Assessment** includes gathering necessary information to identify the presence of **present** and **impending** safety threats and protective capacities. The analysis of identified safety threats and the status of protective capacities lead the caseworker to make a determination of child safety. If no safety threats exist or protective capacities are sufficient to control any identified safety threats, the child is safe and no plan is needed. If protective capacities do not exist or are not sufficient enough to control the threats then a safety plan is needed. The caseworker must engage the caregivers in developing a safety plan that will address the threats by identifying and mobilizing or supplementing the caregiver's protective capacities with external safety interventions. Present danger exists when a threat is clearly observable and occurring now. An immediate/preliminary safety plan must be developed to control the threats of harm. The determination of impending danger is concerned with specific, but less obvious, threatening family conditions, behaviors, attitudes, intent, motivation, and/or capacity. Impending danger implies that a circumstance within the family can be reasonably anticipated to occur over the next hours, days, or weeks if protective measures are not taken.

On the other hand, a **Risk Assessment** evaluates **future** threats of harm to a child. It is a conclusion that is reached by analyzing what is happening generally in a family. Based upon the presence of risk influences, a determination is made that maltreatment is likely to occur or reoccur. It helps identify the factors that must be addressed to reduce future risk levels, the individuals who need to be served and how they will be served. The concept of risk is concerned with treating family conditions that are associated with and can lead to a child being maltreated. Risk Assessment is concerned with the potential for future maltreatment, but the future is unspecified and can be the long-term future.

Risk factors and safety threats are family conditions or dynamics that differ in quality, degree, presentation, and timing. All safety threats are risk factors, but not all risk factors are safety threats. Children who are at high risk of future maltreatment are likely to also be experiencing safety threats.

Information revealed through safety and risk assessments become the building blocks family service planning. While the safety interventions externally control the threat of harm, services provided for in the family service plan should assist the caregiver in developing the protective capacity necessary to protect the child. As the caregiver's protective capacity increases, the level of the safety interventions should gradually decline. Utilization of information learned in the process of risk assessment leads to identification of services to reduce the likelihood of future harm to a child. These services will also assist the caregiver in building and sustaining protective capacities. Use of both safety and risk assessment enhances a caseworker's ability to identify and to provide the appropriate level of services to assist a family with resolving underlying issues that are adversely affecting the family.

Definitions

The definitions of the words and phrases below should be used within the context of Safety Assessment and Management Process.

Safety Assessment and Management Process: The on-going method of assuring child safety which includes four phases: Safety Assessment; Safety Analysis; Safety Decision; Safety Plan and Management.

Safety Management: The intervention used to control present and impending danger to a child. Interventions include in-home, out-of-home, or a combination of both.

Safety Definitions When the Child is In Their Own Home

- **In-home Safety Assessment:** The continuous process of collecting information related to child safety in six domains to identify threats to safety and protective capacities to determine if the child remains safe in their own home, or, if the child is in a placement setting, to determine if reunification is possible.
 - **Safety Threats:** The conditions or actions within the child's own home that represent the likelihood of imminent serious harm to the child. There are two types of safety threats:
 - **Present Danger** – an *immediate, significant, and clearly observable* family condition (severe harm or threat of severe harm) occurring to a child/youth in the present.
 - **Impending danger** refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child in the near future.
 - **Safety Threshold:** The point when a caregiver's behaviors, attitudes, emotions, intent, or situations are manifested in such a way that they are beyond being risk influences and have become an imminent threat to child safety. In order to reach the safety threshold a condition must:
 - **Affect a vulnerable child;**
A child's **vulnerability** is based on their emotional, behavioral, and cognitive functioning; health and ability to care for himself/herself. A vulnerable child is susceptible to the effects of danger and is unable to protect himself from the danger. Vulnerability is not based on age alone. A teenage youth with disabilities that affect his emotional, behavioral, or cognitive functioning may be more vulnerable to a threat of serious harm than a younger child without any disabilities.

- **Be specific and observable;**
The condition must be **specific and observable** in the form of behavior, emotion, attitude, perception, intent, or situation. The existence of condition is based on more than a gut feeling. The condition is clearly identifiable.
- **Be out-of control;**
When a condition is **out-of-control** there is no apparent natural, existing means within the family network that can assure control.
- **Be imminent; and**
Imminent means that serious harm could happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days.
- **Have potential to cause serious harm to a child.**
Serious harm could include serious physical injury or untreated serious physical illness, significant pain, and suffering.
- **Protective Capacity:** Protective Capacities are specific and explicit strengths that manage and control safety threats. These strengths are exhibited cognitively, emotionally and behaviorally by a caregiver.
- **In-Home Safety Analysis:** The process by which a county agency staff person systematically evaluates the information gathered. The purpose of the safety analysis is to identify and to explain what is associated with or influences safety threats and protective capacities. The results of the analysis lead to a safety decision.
- **Preliminary Safety Decision:** A determination made that present danger exists based on information gathered prior to the completion of the assessment/investigation. Emergency action should be taken to assure child safety.
- **In-Home Safety Decisions:** A determination related to the safety of a child in their own home, which is based on the conclusions of the safety analysis.
 - **Safe:** Either caregivers' existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.
 - **Safe with a Comprehensive Safety Plan:** Either caregivers' existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.

- **Unsafe:** Caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.
- **Safety Plan:** A written arrangement between caregivers, responsible persons and the county agency that delineates the interventions or actions implemented to control safety threats identified in the in-home safety assessment. Safety Plans are developed for the following in-home safety decisions: Safe with a Comprehensive Safety Plan and Unsafe.
 - **Immediate/ Preliminary Safety Plan:** A written arrangement between caregivers, responsible persons and the county agency designed to control present danger and/or impending danger in order to allow the Child Protective Services (CPS) investigation, General Protective Services (GPS) assessment, and/or safety assessment to occur. An immediate/preliminary safety plan is only used when present danger and/or impending danger has been identified prior to the completion of the safety analysis.
 - **Responsible Persons:** Any individual who has a role and responsibility to assure the child's safety for compliance with the plan. Safety interventions identified in the safety plan must be immediate, specific and measurable and be agreed upon by all of the identified responsible persons prior to the plan going into effect.

Other Applicable Definitions:

- **Accept for Service:** A decision made on the basis of the needs and problems of an individual to admit or receive the individual as a client of the agency or as required by a court order transferring custody of a child to the county agency under 42PaC.S. Sections 6301-6305 (relating to the Juvenile Act).
- **Risk Assessment:** The process by which the caseworker assesses the current level of risk to a child to determine the likelihood of future harm, abuse, or neglect as prescribed by the Pennsylvania Risk Assessment Model.
- **Placement:** Twenty-four hour out-of-home care and supervision of a child.
 - Informal Living Arrangement: Twenty-four hour out-of-home care and supervision of a child arranged by the custodial caregiver without the intervention of the court.

Policy

Interval Policy:

Assessing and managing a child's safety as part of the casework process is done throughout the life of the case, at each and every contact. Safety related information gathered at each contact must be documented in the structured case note. In addition, documenting safety assessment information using the In-Home Safety Assessment form is required at specific intervals. After assuring the child's safety as prescribed in Sections 3490.55 and 3490.232 of the Protective Services Regulations, documentation of safety related information shall be completed using the In-Home Safety Assessment form by the county agency at the following intervals.

During the Assessment/Investigation

- Within 24 hours of the first face-to-face contact by the newly assigned caseworker in order to confirm that the safety decision made by the prior caseworker is still accurate. This should occur every time the case is transferred.
- Whenever evidence, circumstances or new information suggests a change in the child's safety.
- At the conclusion of the investigation/assessment, when a decision was made whether or not to accept the case for ongoing services. This may not exceed 60 calendar days from the date the referral was received.
- When a new referral is received for a case that has been accepted for services, a new safety assessment must be completed at the conclusion of the new assessment/investigation. Revise the existing Safety Plan and Family Service Plan, as needed.

Cases Accepted for Services/In-Home

Once the case has been accepted for ongoing, in-home services, safety must continue to be assessed at every contact and documented in the structured case note and on the In-Home Safety Assessment form at designated intervals. The safety plan must also be continually reviewed and amended, if necessary, based on the gathered safety related information. The intervals for completing the In-Home Safety Assessment form are listed below.

- Within 24 hours of the first face-to-face contact by the newly assigned caseworker in order to confirm that the safety decision made by the prior caseworker is still accurate. This should occur every time the case is transferred.
- Whenever evidence, circumstances or new information suggests a change in the child's safety.
- Within 30 days prior to the FSP/CPP Review. Safety Assessment information should then be used to inform these reviews. This cannot exceed 6 months from the date the case was accepted for ongoing service.
- Within 30 days prior to any planned return home from placement.

- Within 24 hrs after any unplanned return home from placement.
- Within 30 days following any planned or unplanned return home.

Cases Accepted for Services/Out-of-Home

Regardless of whether the child is in a placement setting, In-Home Safety Assessments must continue to be completed for the home of origin. The In-Home Safety Assessment would be conducted as if the family were intact to determine whether or not reunification is possible.

Note: A process for assessing safety when children are in substitute care is currently under development. Counties are to continue to use their existing policies in regards to assessing/assuring safety of children in substitute care. Once the safety assessment for substitute care process has been completed, additional intervals will be added to this section.

Case Closure

- Within 30 days prior to case closure, along with risk assessment in accordance with 3490.321(h)(4).

Goal Changes

- Adoption: When the goal has changed from reunification to adoption and the parental rights are terminated, an in-home safety assessment on the family of origin does not have to be completed.
- Placement with a Fit and Willing Relative, Permanent Legal Custodianship, and Another Planned Permanent Living Arrangement: When the goal has changed from reunification to any of these permanency goals and custody of the child has formally been transferred to the permanent caregivers, an in-home safety assessment on the family of origin no longer needs to be completed.
- If there is a court decision to change to goal back to reunification, an in-home safety assessment per the above interval policy will be required.
- If after permanency has been achieved and a new referral is received regarding the child's permanent caregivers, the in-home safety assessment on that family must be completed in accordance with the interval policies for in-home safety assessments until the case is closed.

Court Ordered Terminations

- When court jurisdiction is terminated and the agency simultaneously closes the family's case, there is no expectation that the agency must return to the home within 30 days following the child's return home in order to complete a safety assessment as prescribed by the interval policy.

Other

- One of the intervals for completing an In-Home Safety Assessment form is within 24 hours after the first face to face contact. This includes instances when the child and primary caregivers are not seen at the same time. If the caregiver and child have not been seen at the same time, the In-Home Safety Assessment form would be completed after these individuals have been seen. This; however, should not exceed the 24 hr timeframe.
- A preliminary safety assessment must be made at the initial contact. There may be instances when a caseworker must make the immediate, preliminary assessment and safety decision without seeing both the child and the caregiver in order to assure child safety. This would lead to the development of an immediate/preliminary safety plan.

Documentation

Consistent with the Department of Public Welfare (DPW) regulations at Title 55 Pa. Code, Sections 3130.43(b)(5), 3490.55(e) and 3490.236(a), county agencies are required to document their contacts with families in the family case record. For the purposes of Safety Assessment and Management process, this documentation of contacts is referred to as structured case notes. As part of this structured case note, information should be included which documents and supports the safety assessment and management process, including the safety analysis and safety decision.

Documentation on the In-Home Safety Assessment: In-Home Safety Assessment Documentation:

Information in the structured case note should clearly show that the safety decision is consistent with the analysis, identification of safety threats and caregiver protective capacities. The In-Home Safety Assessment Form and Safety Plan need only be completed as per the interval policy and/or if changes arise to the safety analysis, decision, and plan. If any changes arise, the caseworkers must complete and/or update the In-Home Safety Assessment Form and Safety Plan and incorporate any supplemental information related to that change in the structured case note.

All of the identified elements from the safety assessment worksheet should be considered and documented, as necessary, in the structured case note. Elements to consider are:

1. Information gathered related to the Six (6) Domains;
2. Any or all of the fourteen safety threats present within the child's living situation that threaten a child's safety;
3. Any or all protective capacities which operate to control the identified safety threat;
4. The safety decision and analysis for that decision; and

5. The safety plan to include which person is responsible for each action step/safety intervention.

All changes to a child's safety analysis, safety decision, and safety plan must also be documented by using both the structured case note and the worksheet. Also documented within the structured case notes should be:

1. The type and frequency of the caseworker's management efforts including dates, the nature of the management activity and who was involved;
2. Any judgments about changes within the family that impact safety;
3. The status of present or impending danger; and
4. Any changes related to caregiver protective capacities.

As part of ongoing safety management, structured case notes should continue to reflect not only that the child is safe or unsafe, but the criteria used to determine this including all information obtained during the continuing assessment process. Further, a structured case note should provide enough information to respond to the following questions:

- Are safety interventions controlling the safety threats?
 - More than needed.
 - Less than needed.
 - As needed.
- Is there new information relative to safety?
 - Have safety threats increased?
 - Are there new safety threats?
 - Is there a change in caregiver protective capacity?

Safety Assessment Information Recorded in Other Documents

In addition to the In-Home Safety Assessment, the Safety Plan and the Structured Case Note, safety related information is also documented on other forms. This is not a change to current practice; however, the content of information documented may change to reflect the new safety model of practice.

Family Service Plans

As part of the In-Home Safety Assessment, county workers will be assessing for the presence of protective capacities. Protective capacities, in addition to risk factors must be addressed on the FSP. For any protective capacity that is determined to impact child safety and is diminished, behaviorally specific action steps must be developed. Caregiver progress in enhancing their diminished protective capacity must also be documented on the FSP. This progress, or lack thereof, impact decision-making related to reunification.

Child Permanency Plans

Safety related information related to the child should be considered when developing the Child Permanency Plans (CPP). Goals and services related to safety may need to be developed to support reunification or another permanent connection.

Individual Service Plans (ISP) and other documents which may address safety should continue to do so and should reflect goals and services developed for FSPs and CPPs.

Information Gathering

When conducting a safety assessment, or any other type of assessment, there are three methods of information gathering:

- Record review- determining if there are any patterns or history of behaviors that would shed light on current safety threats;
- Observation- what is seen, heard, and felt, what ultimately guides what questions are asked; and
- Interviews- using Interactional Helping Skills and Strength-Based, Solution-Focused techniques to ask questions, gain understanding and perspective on the family; and, ultimately, gather information to inform decision making.

Information gathering is the foundation of safety assessment. When conducting a safety assessment, caseworkers must strive to continually collect information related to child safety. The information gathered during a safety assessment is used to identify the presence of safety threats. Safety threats are the conditions or actions within the child's current living situation that represent the likelihood of imminent serious harm to the child. There are two types of safety threats; present danger threats and impending danger threats.

Present danger is an immediate, significant, and clearly observable threat to a child occurring in the present. Identification of present danger to a child requires the least amount of information gathering because by definition it is danger that is happening now and is clearly observable. Therefore, present danger can generally be observed by any reasonable person.

Impending danger, on the other hand, refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child in the near future. Impending danger is subtle and requires the county agency staff person to ask targeted questions. Impending danger can be revealed when individual and family functioning and home life are examined carefully and thoroughly.

Six (6) Assessment Domains

Successful assessment relies on comprehensive information gathering. Further, it is important to understand not just the allegations made, but also the underlying causes behind the allegations. In order to do this, we must gain a robust understanding not only on the maltreatment but also how the family operates. There are six domains that are used to accomplish this. Each domain can be restated in the form of a question to guide the worker in determining if enough information has been collected in relationship to the domain.

TYPE OF MALTREATMENT

This is a straightforward information element concerned with facts and evidence which support the presence of maltreatment which comes from worker observation, interviews

and corroboration. This includes making a conclusion (status determination) about the type of maltreatment (sexual abuse, lack of supervision, etc.) and the specific symptoms and facts (injuries/constant hitting) which are consistent with the maltreatment.

1. *What is the extent of the maltreatment?*

This question is concerned with the maltreating behavior and the immediate physical effects on a child. It considers what is occurring or has occurred and the results. The answer to this question results in a determination that maltreatment has or has not occurred. This includes decisions regarding allegations of suspected child abuse and allegations regarding the need for general protective services as defined in the Child Protective Services Law (23 Pa. C.S., Chapter 63) and the Protective Services Regulations (55 PA Code, Chapter 3490). However, relying only on information from this question is inadequate for assessing safety.

Information that answers this question includes:

- Type of maltreatment
- Severity of the maltreatment;
- History of the maltreatment;
- Description of specific events;
- Description of emotional and physical symptoms; and
- Identification of the child and maltreating caregiver.

NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES

This qualifies the maltreatment by placing it in a context or situation that precedes or leads up to the maltreatment or exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, the circumstances that accompany the maltreatment are important and are significant by themselves. These circumstances can qualify how serious the maltreatment is.

2. *What circumstances surround the maltreatment?*

This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or has occurred.

Information that answers this question includes:

- The duration of the maltreatment;
- Caregiver intent concerning the maltreatment;
- Caregiver explanation for the maltreatment and family conditions;
- Caregiver acknowledgement and attitude about the maltreatment; and
- Other problems occurring in association with the maltreatment.

CHILD FUNCTIONING

This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the "normalcy" standard. So, it is critical that a caseworker has a working understanding of

child development in order to consider how a child is functioning in respect to what is expected given the child's age. Among the areas of information to consider are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, consideration is given to the child's physical capabilities including vulnerability and ability to make needs known.

3. How do the children function, including their condition?

This question is concerned with a child's general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day rather than focusing on points in time.

Information that answers this question includes:

- Capacity for attachment;
- General mood and temperament;
- Intellectual functioning;
- Communication and social skills;
- Expression of emotions/feelings;
- Behavior;
- Peer relations;
- School performance;
- Independence;
- Motor skills;
- Physical and behavioral health; and
- Functioning within cultural norms.

ADULT FUNCTIONING

This information element has strictly to do with how adults (the caregivers) in a family are functioning personally and presently in their everyday lives. It is concerned with life management, social relationships, meeting needs, problem solving. Among the things to consider in gathering information and assessing are behavior, communication, ability to relate to others, cognitive functioning, intellect, self-control, problem solving, coping, impulsiveness and stress management. It also includes adult mental health and substance use. It is concerned with whether role performance is influenced by mental health or substance abuse. It includes perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history, and previous relationships.

4. How do the adults within the household function, including substance use and behavioral health?

This question is concerned with how the adults/caregivers in the family feel, think, and act on a daily basis. The question focuses on adult functioning separate from parenting. It is concerned with how the adults in the household function, regardless of whether they are parents or not.

Information that answers this question includes:

- Communication and social skills;
- Coping and stress management;
- Self control and rationality;
- Judgment, problem solving and decision making;
- Independence;
- Home and financial management;
- Employment;
- Community involvement;
- Self care and self preservation;
- Substance use;
- Physical and behavioral health and capacity; and
- Functioning within cultural norms.

GENERAL PARENTING

When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring. It does not include any specific incident of maltreatment or discipline practice as these are covered in separate domains. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

5. How do caregivers generally parent?

This question explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction.

Information that answers this question includes:

- Reasons for being a caregiver;
- Satisfaction in being a caregiver;
- Caregiver knowledge and skill in parenting and child development;
- Caregiver expectations and empathy for a child;
- Decision making in parenting practices;
- Parenting style;
- History of parenting behavior;
- Protectiveness;
- Caregiver assures appropriate supervision in his/her absence; and
- Whether another adult is undermining parental authority.

PARENTING DISCIPLINE

This is another information element that focuses information collection into one area—discipline of children. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline.

6. *How do the caregivers discipline the children?*

This question is concerned with the manner in which caregivers approach discipline and child guidance. This question is broken out from general parenting because this aspect of family life is highly related to both safety threats and risk of maltreatment.

Information that answers this question includes:

- Disciplinary methods;
- Concept and purpose of discipline;
- Context in which discipline occurs; and
- Cultural practices.

These domains apply to all types of child welfare cases from intake and referral through to case closure, regardless of whether the child is in the home or in a substitute care setting. Remember, the purpose of exploring the six domains is to understand how the family and specifically the caregivers function and protect the children in their care. This concept is universal regardless of the living situation. Although in some instances, e.g. a placement setting where no allegations/instances of abuse/neglect have occurred, it may not be necessary to explore the nature of maltreatment or the circumstances surrounding the maltreatment because there are none present at that time.

The effectiveness of a safety assessment is dependent upon whether or not the information collected is *pertinent* and *relevant* to identifying the safety threats to the child and caregiver protective capacities, and whether *sufficient* information has been gathered to draw accurate conclusions about child safety. For safety interventions and services to be relevant and effective, county agency staff must systematically gather information and continuously evaluate family members' strengths and their ability to address their problems. This information is used to engage parents and caregivers in a culturally responsive working relationship that builds on their strengths to resolve the problems that endanger their children and families.

In-Home Safety Assessment

Safety Assessment is an essential ingredient for appropriate and adequate intervention with families. The goal of safety assessment is to gather and analyze information related to safety threats and caregiver protective capacity that will support sound decision making regarding the safety, permanency, and well-being of children and to determine appropriate safety interventions.

Present vs. Impending Danger

Safety threats can occur either as present danger or impending danger. They can also occur simultaneously. One represents a threat to the child's safety in the here and now and the other represents a threat to the child's safety in the approaching days or weeks.

The reference to weeks means that the potential for the threat to occur prior to the workers next visit is likely.

Present Danger

This is an immediate, significant, and clearly observable threat to a child actively occurring in the present. It exists at the highest safety threshold. Present danger is easier to detect because it is transparent and is occurring now. Present danger can be identified at anytime during the life of a case. If present danger is observed, then the child is not safe. Present danger requires immediate protective action.

The key words in this definition are:

- **Immediate** - This means that what is happening in the family is happening right before your eyes. You are in the midst of the danger the child is subject to. The threatening family condition is in operation. Its effects can result at any moment.
- **Significant** - Referring to a family condition, this means that the nature of what is out-of-control and immediately threatening to a child is onerous, vivid, impressive, and notable. The family condition exists as a dominant matter that must be dealt with.
- **Clearly Observable** - Present danger family conditions are totally transparent. You see and experience them. There is no guess work. A rule of thumb is: If you have to interpret what is going on, then, it likely is not a present danger.

The following is a list of potential present danger threats. If any of these situations occur, immediate protective action must be taken. Note, while the following present danger threats are not separate factors on the In-Home Safety Assessment Instrument, there are direct connections between the present danger threats listed here and the 14 In-Home Safety Threats. The right hand column of the chart reflects how each present danger threat may likely be documented on the In-Home Safety Assessment Instrument.

Present Danger Threat		In-Home Safety Threat #
Maltreatment		
<i>Maltreating Now</i>	The parents' mistreatment of the child is occurring right now. The maltreatment will typically be physical, verbal or sexual in nature.	4 5
<i>Face/Head</i>	This includes bruises, cuts, abrasions, swelling or any physical manifestation alleged to have occurred as a result of parental/caregiver maltreatment of the child.	1 5
<i>Serious Physical Injury</i>	Typically, this would include bone breaks, deep lacerations, burns, diagnosable malnutrition, etc. It also should consider multiple serious injuries to a single child, i.e. severe burn and broken arm.	1 5
<i>Premeditated</i>	There must be clear information that what has been alleged is associated with and a result of a deliberate,	1

	preconceived plan or thinking which the parent is responsible for and which preceded the maltreatment event. Examples include: a caregiver who puts water in a pan, waits for it to boil and then places a child into the boiling water as a punishment.	
<i>Several Victims</i>	This refers to the identification of more than one child who currently is being maltreated. There is no historical context here. For instances of several victims in a chronic neglect situation, the existence of multiple victims does not automatically mean present danger exists. Present danger would be identified based on the acuity of the neglect.	*
<i>Life Threatening Living Arrangements</i>	This is based on specific information which indicates that a child's living situation is an immediate threat to his/her safety. This would include the most serious health circumstances: buildings capable of falling in, exposure to elements in bitter weather, fire hazards, electrical wiring exposed, weapons accessible and available, etc.	5 11
<i>Unexplained Injuries</i>	This refers to a serious injury which parents and others cannot or will not explain. Generally this information comes from the medical community or other professionals.	3
<i>Bizarre Cruelty</i>	This qualifies the maltreatment that has been alleged. Such things as locking up children, torture, exaggerated emotional abuse, tying up children, etc.	12
<i>Sexual Abuse</i>	Report of sexual abuse by a caretaker, and the alleged maltreater has current or immediate access to the child.	4
Child		
<i>Parent's Viewpoint Of Child Is Bizarre</i>	This is the extreme, not just a negative attitude toward the child. It is consistent with seeing the child as possessed with the devil and this perception is clearly inaccurate.	12
<i>Vulnerable Child Is Unsupervised or Alone for Extended Period</i>	This present danger threat only applies if the child is truly without care. The selection of this present danger must consider both the child's age, ability to care for themselves and developmental level. It does not apply if the caregiver has arranged for care of the child and has not returned at the agreed upon time. It has to be occurring now (not in the past).	8 9
<i>Child Fearful</i>	This does not refer to generalized fear. Children who are described as being obviously afraid of: their present circumstance, the home situation, or a person because of a concern of personal threat would fit this threat.	14

<i>Child Needs Medical Attention</i>	To be a present danger threat, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. In other words, if children are not being given routine medical care, it would not constitute a present danger situation. It should have an emergent quality.	8
Parent		
<i>Parents Are Unable to Perform Parental Responsibilities</i>	This only refers to those parental duties and responsibilities consistent with basic care or assuring safety. This is not associated with whether parents are effective parents generally, but whether their inability to provide basic duties leaves the child in a threatened state.	9 10 11
<i>Parents Described As Dangerous</i>	Information would be considered present danger here when parents are described as physically/verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways, etc.	5
<i>Parent Out of Control</i>	This threat may include aspects of the preceding threat. However, this allows for capturing emotional upset or depressed people who cannot focus themselves or manage their behavior in ways to properly perform their parental responsibilities. Their actions or lack of actions may not be directed at the children, but may affect them in dangerous ways.	6
<i>Parent Intoxicated</i>	Applying the present time context, this refers to a parent who is drunk now or strung out on drugs now. The state of the parent's condition is more important than the use of a substance (drinking compared to drunk). The parent/caregivers incapacity has a direct effect on the child's safety.	6
<i>Spouse Abuse Present</i>	This considers family situations in which both child maltreatment and spouse abuse are reported to be occurring in the present time.	9
<i>Family Will Flee</i>	This may require some interpretation. Transient families, homes which are not established, families with limited possessions, etc. are included.	13

* There is not a safety threat listed on the In-Home Safety Assessment Form that relates to multiple victims. To document this present danger threat, record the identifying information for all of the victims and then select the type of threat the victims experienced.

Impending Danger-

This a threatening condition that is not immediately obvious, currently active or occurring now but are out of control and likely to cause serious harm to a child in the near future.

Impending danger has distinct features. While present danger is overt, impending danger is covert. Impending danger is a threat that can reasonably expected to result in serious harm if safety intervention does not occur and/or is not sustained. These threats may or may not be identified at the onset of intervention, but are understood upon a more complete evaluation and understanding of the individual and family conditions/functioning. This understanding results in a reasonable and prudent conclusion that without safety intervention there is a probability for severe harm in the near future. The threat may become active at any time.

Impending danger is concealed or hidden with general family functioning. Caregivers may be reluctant to reveal information about themselves or to disclose what is happening in the family. If a threat to safety is not obvious and currently occurring, it will take time and effort to gather information to properly assess and analyze impending danger. Impending danger is identified through careful and thorough information gathering and engagement of the caregivers and family members.

To determine if a family condition is an impending danger, a caseworker should be able to:

- Identify the behavior, motive, attitude, emotion, perception, lack of capacity or family situation that is out of control;
- Describe the threat of danger in detail;
- Indicate how the behavior, motive, attitude, emotion, perception, lack of capacity or family condition is dangerous to a child;
- Determine the duration of the threat of danger;
- Describe how and when the threat of danger occurs;
- Determine the frequency of the threat of danger;
- Describe the circumstances that prevail when the threat of danger is active; and
- Describe anything that stimulates or influences the threat of danger.

One must have a thorough understanding of how a family operates in order to have confidence in drawing conclusions about impending danger. The more that is known about the caregivers and family, the more effectively one can identify impending danger. That is why information collection is so crucial in safety intervention.

Safety Threshold

When conducting an in-home safety assessment it is important to remember that, in order to be classified as a safety threat, a situation, condition or behavior must meet the safety threshold. The safety threshold is the point when a caregiver's behaviors, attitudes, emotions, intent, situations, etc. are manifested in such a way that they are

beyond being risk influences (future maltreatment) and have become an impending danger threat to child safety. These conditions could reasonably result in the harsh and unacceptable pain and suffering for a vulnerable child.

Safety Threshold: In order to reach the safety threshold a condition must meet all of the following criteria:

- Affect a vulnerable child;
- Be specific and observable;
- Be out-of control;
- Be imminent; and
- Have potential to cause **serious** harm to a child.

A child's **vulnerability** is based on their emotional, behavioral, and cognitive functioning; health and ability to care for himself/herself. A vulnerable child is susceptible to the effects of danger and is unable to protect himself from the danger. Vulnerability is not based on age alone. A teenage youth with disabilities that affect his emotional, behavioral, or cognitive functioning may be more vulnerable to a threat of serious harm than a younger child without any disabilities.

The condition must be **specific and observable** in the form of behavior, emotion, attitude, perception, intent, or situation. The existence of condition is based on more than a gut feeling. The condition is clearly identifiable.

When a condition is **out-of-control** there is no apparent natural, existing means within the family network that can assure control.

Imminent means that serious harm could happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days:

For children in the home, **serious harm** could include serious physical injury, significant pain, and suffering.

When applying the safety threshold there is no substitute for sufficient information. The more information that is obtained to sufficiently answer these questions, the better equipped the caseworker is to apply the safety threshold to identify safety threats. The existence of safety threats are contained within or related to the answers to six questions. These questions and the information needed to answer these questions are discussed in detail in the *Assessment* section entitled *Information Gathering*.

Pennsylvania In-Home Safety Threats

The Pennsylvania Safety Assessment and Management Process include fourteen (14) safety threats that may occur when the child is in the home. These safety threats were selected based on research conducted by the National Resource Center for Child

Protection and Action. County agency staff should use the six domains to gather information to determine the presence of any of these safety threats.

1) Caregiver(s) intended to cause serious physical harm to the child.

In order to meet this criterion, a judgment must be made that the acts were intentional; the objective was to cause pain and suffering; nothing or no one in the household could stop the behavior; or there is no remorse. The incident was planned or had an element of premeditation. Before or during the incident the caregiver's conscious purpose was to hurt the child. The focus was about causing the child pain.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. The crux of this safety threat is pain and suffering which is consistent with serious harm. It is reasonable to conclude that a caretaker who has such feelings toward a child could act on those feelings soon. This threat includes both behaviors and emotions.

- Caregiver(s) wants to inflict pain and/or injury to teach the child a lesson; discipline is not the primary reason.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns).
- Caregiver(s) do not acknowledge any guilt or wrongdoing and they intended to harm the child.
- Caregiver(s) may feel justified, may express the child deserved it and they intended to hurt the child.
- Caregiver(s) can reasonably be assumed to have had some awareness of what the result would be prior to the incident.

2) Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.

This threat refers to caregivers who are directing threats of harm toward a child. Their intentions are hostile, menacing, and sufficiently believable to conclude serious concern for a child's safety. The threat to severely harm or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future. The caregiver is or feels out-of-control.

- Caregiver(s) state they will maltreat.
- Caregiver(s) threats are plausible, believable; may be related to specific provocative child behavior.
- Caregiver(s) talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Caregiver(s) are distressed or "at the end of their rope," and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms.

- Caregiver(s) describes disciplinary incidents that were out of control and are threatening or fearful that this behavior will be repeated.

3) Caregiver(s) cannot or will not explain the injuries to a child.

Caregivers are unable or unwilling to explain maltreating conditions or injuries or their explanation is inconsistent with facts. An unexplained serious injury or condition is a present danger. A situation in which a child is seriously injured without a reasonable explanation is out-of-control. An injury or condition that cannot be explained or explained adequately is a threat that cannot be controlled.

This safety threat typically occurs in connection with a serious injury which speaks to the level of severity. Research, such as that associated with Battered Child Syndrome, supports a conclusion that one serious unexplained or non-accidental injury reasonably may occur again. When the cause of an injury or condition is not known, what might be occurring could result in another injury in the near future.

- Caregiver(s) acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.
- Caregiver(s) express concern for the child's condition but are unable to explain it.
- Caregiver(s) accept the presence of injuries and conditions but do not explain them or seem concerned.
- History and circumstantial information are inconsistent with the caregivers' explanation of the injuries and conditions.
- Caregivers' verbal expressions do not match their emotional responses and there is not a believable explanation.
- Facts related to the incident, injury, and/or conditions contradict the caregivers' explanations.

4) Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.

Child sexual abuse always presents serious harm to the child. Behaviors, attitudes, emotions, intents and situations that are occurring are often disguised as having a positive intent (grooming practices) or are ignored to avoid the reality that sexual abuse is occurring. The safety concern relates to whether or not the sexual abuse is imminent.

- Caregiver(s) do not believe the children's disclosure of sexual abuse even when there is a preponderance of evidence and this affects the children's safety.
- Sexual abuse has occurred in which family circumstances, including opportunity, may be consistent with sexual abuse.
- Caregiver(s) deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.

- Child sexual abuse is suspected and circumstances suggest continued abuse is likely to occur.
- Alleged perpetrator or perpetrator has access to child.
- Caregiver(s) or others with access to the child have forced or encouraged child to engage in sexual activities.
- Non-offending caregiver(s) is unable or unwilling to prevent the alleged perpetrator, perpetrator, or known sexual offender from having access to the child.
- Caregiver(s) cannot control their sexual impulses.

5) Caregiver(s) are violent and/or acting dangerously.

This threat includes both behaviors and emotions which may be immediately observable, frequently occurring or may occur in the future.

- Violence includes hitting, beating, physically or verbally assaulting a child or other family member.
- Violence includes acting dangerously toward a child or others including throwing things, taunting with weapons, driving recklessly, aggressively intimidating and terrorizing.
- Presence of domestic violence whereby violence involves physical and verbal assault on an adult caregiver in the household in the presence of a child; the child's exposure to the presence of domestic violence causes fear for self and/or others.
- Family violence is occurring and a child is assaulted; attempting to intervene; and/or inadvertently harmed even though the child may not be the actual target of the violence.
- Caregiver(s) who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- Caregiver(s) whose behavior outside of the home (e.g., drugs, violence, aggressiveness, and hostility) creates an environment within the home which threatens child safety (e.g., drug parties, drive-by shootings).

6) Caregiver(s) will not or cannot control their behavior.

This threat is concerned with the lack of caregiver self-control which jeopardizes the safety of the child. This threat includes caregivers who cannot control their emotions resulting in sudden explosive outbursts or impulsive uncontrolled reactions or actions.

Severity should be considered from two perspectives. The lack of control is significant. It has moved beyond the caregiver's ability to manage it regardless of self-awareness and the lack of control could result in serious harm. This threat includes behaviors other than aggression or emotion that affect child safety.

- Caregiver(s) is acting bizarrely, delusional, and/or experiencing hallucinations
- Caregiver(s) is under the influence of some substance or is chemically dependent and unable to control the effects of the addiction.
- Caregiver(s) is seriously depressed or unable to control emotions or behaviors and is functionally unable to meet the children's basic needs.
- Caregiver(s) makes impulsive decisions and plans which leave the children in unsafe situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Caregiver(s) is emotionally immobilized; which can be either chronic or situational (e.g. paralyzed by fear as a result of domestic violence relationships).
- Caregiver(s) has addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).

7) Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior.

Caregiver(s) can be so provoked by the child's behavior that they react dangerously. The child's behavior is so out-of-control that the caregivers cannot safely manage it. The caregivers are aggravated by the child's behavior to the point that they are not able or willing to control their reaction to the child. The child's behavior is unmanageable and the caregiver's severe reaction may cause the child serious harm making the situation unpredictable and most likely imminent.

- Child is confrontational, insulting or challenging; highly aggressive and acting out repeatedly; threatens to run away; abuses substances; so that caregivers lose patience, impulsively strike out at the child, isolate the child, or totally avoid the child in an extreme manner.

8) Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.

The needs of the child are acute and require immediate and constant attention by the caregiver(s). The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects would be immediate.

The caregiver's ability and/or attitude are what is out of control. If a caregiver is not doing what is required to assure needs are being met then no one within the family is ensuring control.

- Caregiver(s) does not seek or follow recommended treatment for child's immediate and dangerous medical conditions.
- Caregivers' failure to give prescribed medication endangers the child's life or causes their conditions to worsen.

- Child complains of extreme pain and the caregiver(s) does not seek medical or dental attention.
- Child is suicidal, is self-mutilating, or is exhibiting other harmful behaviors (e.g. substance abuse), but the caregiver(s) will not take protective action.
- Caregiver(s) expectations of the child are totally unrealistic in view of the child's condition.
- Child is a physical danger to others.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.

9) Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, neglected, seriously ill, or even dying.

This threat includes caregivers whose whereabouts are unknown. The immediacy of the severe effects is based on an understanding of the circumstances associated with a caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports. This threat includes both behaviors and emotions.

- Caregiver(s) is unable to perform basic care, duties, or fulfill essential protective duties.
- Caregiver(s) is incapacitated, incarcerated, hospitalized, on vacation, absent from home, or current whereabouts are unknown.
- Caregiver(s) does not attend to the child; the need for care goes unnoticed or unmet (e.g., child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).
- Caregiver(s) leaves child alone, not considering length of time alone and child's age/development.
- Caregiver(s) leaves child with other inadequate and/or inappropriate caregivers.
- Caregiver(s) is unable to care for the child due to trauma of recent assault or repeated incidents of violence, including domestic violence.
- Caregiver(s) has abandoned the child.

10) Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.

This refers to basic parenting that directly affects a child's safety. This extreme inability and/or unwillingness to meet basic needs, creates child safety concerns. Caregivers may be hampered by cognitive, social, or emotional conditions. The situation is out-of-control based on the behavior of the caregiver and the absence of any controls within the family.

- Caregiver(s) does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).
- Caregiver(s) expectations of the child are unrealistic and far exceed the child's capacity thereby placing the child in unsafe situations.
- Caregiver(s) avoids parenting and basic care responsibilities.
- Caregiver(s) does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Caregiver(s) place their own needs above the children's needs thereby affecting the children's safety.
- Living conditions severely endanger the child.

11) Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which present an immediate threat of serious harm to a child.

Basic needs refer to the family's lack of minimal resources to provide shelter, food and clothing or their unwillingness and/or inability to use resources if they were available.

The lack of resources must be so acute that their absence could have an imminent severe effect on a child. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is ascertained by context such as extreme weather conditions or sustained absence of food. It is influenced by the vulnerability of the child (e.g. infant, ill, fragile, etc.)

- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Family is routinely using their resources for things (e.g., drugs, electronics, vacations) other than basic care and support thereby leaving them without basic needs being adequately met.

12) Caregiver(s) perceive child in extremely negative terms.

"Extremely" is meant to suggest a perception which is so negative that, when present, creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and must be inaccurate and exaggerated. No one inside or outside the family has much influence on changing or altering the caregiver's perception.

The extreme perception is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the child's or caregiver's presence in the household. Anything occurring in association with the perception could trigger the caregiver to react aggressively or totally withdraw at anytime.

- Child is perceived to be the devil, demon-possessed, or evil.
- Caregiver(s) perception of the child is extremely negative e.g. deformed, ugly, deficient, or embarrassing.
- Caregiver(s) perceive the child as having taken on the same identity as someone the parent/caregiver hates, is fearful of, or hostile towards; and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered by caregiver(s) to be punishing or torturing them.
- Caregiver(s) is jealous of the child and believes the child is a detriment or threat to the caregiver(s)' relationship and stands in the way of their best interests.
- Caregiver(s) sees child as an undesirable extension of self who needs purging or punishing.
- Caregiver(s) sees the child as responsible and accountable for the caregiver's problems; blames the child; perceives, behaves, or acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.

13) Caregiver(s) overtly rejects county agency intervention; refuses access to a child; and/or there is some indication that the caregivers will flee.

The rejection is far more than a failure to cooperate, open anger or hostility about county agency involvement or other signs of general resistance or reluctance. This safety threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. Overt rejection of intervention immediately results in no access to the child and no opportunity to determine if the child is safe.

- Caregiver(s) refuse to allow county agency in the home or access to certain parts of the home.
- Caregiver(s) refuse to allow county agency to see or speak with a child; do not inform county agency where the child is located.
- Family is highly transient, family has little attachments (e.g., job, home, property, extended family) and/or there are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial debt) and behaviors suggests flight for the purpose of avoiding agency involvement.
- Caregiver(s) has demonstrated behaviors of avoidance and/or flight
- Caregiver(s) overt behavior prevents caseworker from assessing child's living condition. These behaviors include but are not limited to: refusing to talk to county agency, avoiding contact with county agency, making excuses for not participating, missing appointments, or other evasive, manipulative, or suspicious behavior.

14) Child is fearful of the home situation, including people living in or having access to the home.

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. The home situation includes specific family members and other conditions in the living situation. Other people in the home refers to those either living in the home or frequenting the home so often the child would expect that person would likely be there.

If the level of fear is consistent with the safety threat, it is reasonable to believe that the child's terror is founded in something occurring in the home that is extreme. It is reasonable to believe that the source of the child's fear could result in serious harm.

Whatever is causing the child's fear is active and an immediate concern of the child. Imminence applies.

- Child demonstrates extreme emotional and/or physical responses (e.g., post traumatic stress disorder, crying, inability to focus, nervousness, withdrawal, fear of going home) indicating fear of the living situation or of people within the home.
- Child expresses fear and describes people and circumstances which are an obvious and/or serious threat.
- Child recounts experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem clear, serious, and believable.

Protective Capacity

Caregiver protective capacity is a concept that applies specifically to adults who live with a child and are responsible for the primary care of a child. In particular, we refer to the adults who hold the primary responsibility for the child's safety. Normally, we are thinking of the child's parents or a person who operates in that capacity in relation to a child. So, this includes natural parents, stepparents, a paramour of a child's parent. This could also include extended family members depending on the family's situation. The caregiver resides with the child; they live in the same household. Another distinction is that the caregiver - child relationship is expected to be a continuing one. The caregiver is going to remain in the child's life and will maintain responsibility for the child's safety. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, care providers such as childcare providers and babysitters.

A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. Protective capacities of a caregiver impact decisions to increase or decrease the level

of safety interventions, decisions to reunify a placed child with his/her natural family, decisions to terminate parental rights, and decisions whether or not to close a case, etc. The concept of protective capacity plays an important role in safety assessment and management as well as family service planning.

When considering a particular aspect, quality or trait of an individual parent or caregiver, how does one decide whether it represents a protective capacity or not? Here are some questions to explore in relation to individual characteristics:

- *Does the characteristic prepare this child's parent/caregiver to be protective?*
For instance, this might include facts about the parent's/caregiver's knowledge or skill.
- *Does the characteristic enable or empower the child's parent/caregiver to be protective?*
For instance, this might involve the parent's/caregiver's emotions and perceptions held toward a child.
- *Is the characteristic necessary or fundamental to being protective?*
For instance, this might be related to the parents/caregiver's physical health and strength.
- *Must the characteristic exist prior to being protective?*
For instance, this might be related to the parent's/caregiver's ability to correctly read reality.
- *Can the characteristic be related to acting or being able to act on behalf of a child?*
For instance, this might involve the parent's/caregiver's mental health.

Why are caregiver protective capacities as covered here so important to agency intervention? As mentioned above, this is a defining concept for agency intervention. Fundamentally, county children and youth agencies exist because at times caregivers within our communities are not protective—they lack protective capacities or their protective capacities are sufficiently diminished so that their children are not being protected from danger. When can child protective services be closed? A case can be considered to no longer require agency intervention when a caregiver possesses and demonstrates sufficient protective capacities to assure that the child is safe.

Using this concept, agencies conduct assessments to identify threats to safety and evaluate caregiver protective capacity; agencies open cases for ongoing service and treatment because caregiver protective capacities are diminished; agencies assess and develop case plans with caregivers designed to enhance diminished caregiver protective capacities; agencies evaluate progress and enhancement of caregiver protective capacities and reduction of threats to child safety; then agencies close cases

when caregiver protective capacities are sufficient to protect the child, and caregivers are restored to their protective role and responsibilities.

In terms of safety assessment and management when a child is in his own home, protective capacities must be assessed in order to determine a caregiver's ability to protect a child in direct relation to a safety threat. If a caregiver possesses a protective capacity that actively controls a particular threat of harm to a child, the child is considered safe from that threat of harm. Conversely, any gaps or limitations in the caregiver's protective capacities directly related to a safety threat must be addressed in terms of safety interventions in the safety plan to substitute for what a caregiver cannot or is unable to do when a safety threat exists. The gaps or limitations are referred to as diminished protective capacity.

Diminished protective capacity does not necessarily mean that the capacity is absent. It may be turned down or turned off. Caregivers get tired; their abilities are reduced or lessened. They can be in a weakened state due to influences such as stress, substance abuse, or controlling behaviors of others. Safety interventions must supplement diminished protective capacities to externally control the threat of harm.

Family service plans (FSP) must link safety threats to diminished protective capacities which allow the threats to exist. The FSP must work to build diminished protective capacities by bringing about internal change in the caregivers or sustainable external or environmental changes so that the caregiver's protective capacity protects the child from the threat of harm. In terms of family service planning, the conclusions drawn from a thorough appraisal of a caregiver's overall protective capacities, along with conclusions drawn from the risk assessment, lead to the goals, objectives, and actions in a family service plan. Controlling the threat by safety interventions in the safety plan without building caregiver protective capacities in the family service plan cannot assure that a similar or new threat won't put the child in danger of serious harm again in the future. Measuring the degree of a caregiver's protective capacities in conjunction with the risk assessment process helps to assure that the level and intensity of services provided are appropriate. The purpose of the goals, objectives, and actions in the family service plan is to reduce the future risk of harm and build the caregiver's protective capacities in order to provide the child with a safe and permanent home.

A thorough protective capacity assessment builds confidence in the decision to have a caregiver remain responsible for the safety of a child and what safety interventions may be necessary to control the threat of harm. Gathering information to identify potential protective capacities of a caregiver must go beyond the caregiver's statement about their capability or intent. Others who know the caregiver can confirm what is learned from the caregiver. Observation of caregivers' and others' behaviors and actions can validate or contradict the information that has been gathered. Attempt to establish proof of protective capacities as much as possible.

When gathering information regarding potential protective capacities, it is important to keep the following in mind.

- Involvement with a county children and youth agency is a highly stressful time for a caregiver. The caregiver may be in an emotional state that could include anger, shock, denial, confusion, dismay, or distrust. A person operating primarily from emotions may be more likely to be self-revealing. A caregiver's emotion and behavior may reflect indications of their protective capacity and could be indicative of their natural reflex and instinct.
- A non-offending caregiver is an important source of information about their protective capacities. A non-offending caregiver may intentionally or unintentionally reveal information specifically related to thinking, feeling or behaving that is relevant to protectiveness.
- A history of being protective is a significant indicator. Although every safety and protection situation must be examined in its current state, what a caregiver has done and how a caregiver had behaved in the past exists as an indication of what the caregiver may be able or willing to do in the present. It is extremely important to balance past behavior with the fact that something in the current situation could alter a caregiver's standard reaction or action.
- Examine with whom the non-offending caregiver is allied. If alliance is unclear, confused, conflicted, or competitive, the caregiver's ability to protect may be compromised.
- The caregiver's attitude toward the current situation, the threat to safety, the vulnerability of the child is an important indicator of protectiveness. This must also be balanced with a caregiver's initial reaction which may be viewed as righteous indignation at the onset of county children and youth involvement but diminishes as time goes on.
- Asking the caregiver what their plan is to protect the child can reveal information regarding protective capacities. A reasonable and workable plan is a good sign of protective capacity and increases confidence regarding the caregiver maintaining responsibility for providing protection.
- Others who know the caregiver can confirm information regarding the caregiver's protective capacities. Any information provided must be weighed for reliability.

Caregiver protective capacities are grouped into three areas of functioning. People vary in terms of the capacity they possess. It is hard to think about someone who does not demonstrate some, even if a few, enhanced capacities. Very challenged or troubled caregivers may have limits in a large number of capacities, while some caregivers can be having just as hard a time because a limited number of capacities (or even one) are seriously diminished. Protective capacities are considered in relation to how they contribute to empowering and enabling a parent – the primary caregiver to keep his or her vulnerable children safe. These are not family characteristics; these are individual caregiver characteristics.

Cognitive Protective Capacity (Thinking)

Does the caregiver have the specific intellectual, knowledge, understanding, and perceptions to protect the child?

Emotional Protective Capacity (Feelings)

Does the caregiver have the specific feelings, attitudes, and identification with the child and motivation to protect the child?

Behavioral Protective Capacity (Action)

Does the caregiver behave in a manner that is consistent with protecting the child?

The following three charts further explain protective capacity.

Behavioral Protective Capacities

The caregiver has a history of protecting.	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.
The caregiver takes action.	This refers to a person who is action-oriented as a human being, not just a caregiver.
The caregiver demonstrates impulse control.	This refers to a person who is deliberate and careful, who acts in managed and self-controlled ways.
The caregiver is physically able.	This refers to people who are sufficiently healthy, mobile, and strong.
The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities.	This refers to the possession and use of skills that are related to being protective.
The caregiver possesses adequate energy.	This refers to the personal sustenance necessary to be ready and able to perform the job of being protective.
The caregiver sets aside her/his needs in favor of a child.	This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.
The caregiver is adaptive as a caregiver.	This refers to people who adjust and make the best of whatever caregiving situation occurs.
The caregiver is assertive as a caregiver.	This refers to being positive and persistent.
The caregiver uses resources necessary to meet the child's basic needs.	This refers to knowing what is needed, getting it, and using it to keep a child safe.
The caregiver supports the child.	This refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being.

Emotional Protective Capacities

The caregiver is able to meet own emotional needs.	This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.
The caregiver is emotionally able to intervene to protect the child.	This refers to mental health, emotional energy, and emotional stability.
The caregiver is resilient as a	This refers to responsiveness and being able and

caregiver.	ready to act promptly.
The caregiver is tolerant as a caregiver.	This refers to acceptance, allowing and understanding, and respect.
The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.	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.
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.	This refers to a strong attachment that places a child's interest above all else.
The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.	This refers to active affection, compassion, warmth, and sympathy.

Cognitive Protective Capacities

The caregiver plans and articulates a plan to protect the child.	This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan.
The caregiver is aligned with the child.	This refers to a mental state or an identity with a child.
The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.	This refers to information and personal knowledge that is specific to caregiving that is associated with protection.
The caregiver is reality-oriented, perceives reality accurately.	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.
The caregiver has accurate perceptions of the child.	This refers to seeing and understanding a child's capabilities, needs and limitations correctly.
The caregiver understands his/her protective role.	This refers to awareness...knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.
The caregiver is self-aware as a caregiver.	This refers to sensitivity to one's thinking and actions and their effects on others—on a child.

Safety Analysis

Safety analysis is the process by which a caseworker systematically evaluates the information gathered related to safety threats and protective capacities. The purpose of the safety analysis is to identify and explain what is associated with or influences a safety threat or protective capacity.

Knowledgeable safety analysis is dependent upon the quality of information gathering and the accuracy of identifying safety threats and protective capacities during assessment. Safety analysis provides:

- Details of how negative family and caregiver conditions are safety threats;
- Details of how the protective capacities serve to protect the child from a threat of harm;
- Frequency and predictability of safety threats and protective capacities in terms of when they are active;
- Explanation of the extent of the safety threats' and protective capacities' presence and how they affect family life and functioning;
- Explanation of factors associated with a safety threat or a protective factor; and
- Rationale and justification for the conclusions which lead to the safety decision.

The safety analysis leads to a determination of whether a safety plan is needed by evaluating the safety threats and protective capacities. The safety analysis also provides the bridge between identifying safety threats and developing interventions that will control them. Without examination of the nature and manifestation of safety threats and how caregiver protective capacities are diminished or functioning, reliance may be placed in safety plans that do not take into account the details of how a safety threat may be occurring.

Safety analysis occurs after the assessment and is the responsibility of the county agency caseworker and supervisor. The supervisor provides oversight and guidance to the process. The safety analysis is completed after sufficient information has been gathered to understand the nature, extent, function, and interrelationship of a safety threat. Both present danger and impending danger threats are evaluated in the safety analysis process. The conclusions reached as a result of the safety analysis give direction to what a safety plan must achieve. The safety plan is dependent upon the conclusions reached regarding how and why the threats are happening and what caregiver protective capacities are diminished.

The result of analyzing safety threats and protective capacities is a better understanding of what is causing present and impending danger and what is needed to protect the child from serious harm. This process is best achieved with several opportunities to work face-to-face with the caregivers. Thought should be given to the setting where the contacts occur, how to initiate and conduct the conversations, how to respond to caregivers' concerns, and who else should be involved in the process.

The relationship between safety threats and protective capacities may be direct or indirect. In a direct relationship, the protective capacity would prevent the safety threat from actually occurring. In an indirect relationship, the protective capacity and the safety threat come from different caregivers, protecting the child from an occurring safety threat.

How safety threats and protective capacities are occurring can be understood by breaking down the conditions associated with a threat into parts. The parts are then

examined to determine how they relate to each other and how they reveal the manner in which the threats are manifested. The direct impact of conditions on the child and conditions weakening protective capacities of the caregivers can influence the potential for serious harm to the child. The following questions assist in breaking down the threats.

- 1) How long have family and caregiver conditions posed a safety threat?
- 2) How frequent do the conditions pose a safety threat?
- 3) How predictable is the safety threat? Are there occasions when the threat is more likely to be active?
- 4) How predictable is the protective capacity? Are there occasions when it is less likely to be active?
- 5) Are there specific times (day, evening, nights, weekends) that might require “special attention” due to the way in which a safety threat is manifested?
- 6) How does the safety threat affect overall family functioning?
- 7) Do safety threats prevent a caregiver from adequately functioning in primary roles (i.e., Individual life management, parenting, etc.)?
- 8) Does the protective capacity have a negative or a positive impact the caregiver’s functioning?
- 9) What is associated with, occurs at the same time, stimulates, or influences the safety threat?
- 10) Are the safety threats likely to continue?
- 11) Is the severity likely to increase?
- 12) Are the protective capacities likely to diminish?
- 13) What may cause the protective capacities to diminish?
- 14) What allows the caregiver to maintain the protective capacity?
- 15) What are the characteristics of the child’s vulnerability?
- 16) Which of the caregiver’s protective capacities might be diminished?

Once an understanding of how the safety threats and protective capacities are occurring, a decision regarding safety can be made.

Safety Decision

In-Home Safety Decisions

An in-home safety decision determines whether or not a child is safe, safe with a comprehensive safety plan, or unsafe in their home of origin. The safety decision must include analysis of the existing safety threats and any operating protective capacities that reduce the level of threat. The analysis evaluates the safety threats and the caregiver’s protective capacities to identify and explain what is associated with or influences a safety threat or protective capacity.

Consideration of the following will assist in assuring the appropriate decision is made.

- **Are the identified present or impending threats of serious harm in the family adequately managed by caregiver protective capacities?**

If either caregiver protective capacities sufficiently control specific and identified safety threat or no safety threats exist, the child is considered **safe**. The child can safely remain in the current living arrangement. Safety plan is not required.

- **If caregiver protective capacities are diminished, can safety interventions be implemented to supplement the protective capacities to control the serious threats of harm?**

The child is considered **safe with a comprehensive safety plan**, either caregiver's existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.

- **Do safety threats exist that cannot be managed?**

The child is considered **unsafe**; if caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.

Effective safety decision making must involve the caregivers, not only as a component of the assessment but as part of the decision making process. Caregivers who are part of the process are more likely to be motivated and committed to the safety interventions and family service plan actions. A decision as to whether a safety plan is needed due to family conditions, behavior, emotion, attitudes, perceptions, motives or situations should be reached mutually, but is ultimately the county agency's decision.

Additionally, while the county children and youth caseworker recommends safety plans, the caseworker is not the sole person responsible for safety decision making. Caseworkers should also include information gathered from the referral source, all collateral contacts, and private providers, primary health care providers, in addition to family member information. The supervisor's role in the decision making process involves discussion with the worker regarding his or her assessment, analysis and recommendations, as well as the final approval to agree with, alter, endorse, and/or collaborate on the caseworker's recommendation and implementation of a safety plan.

Safety Plan Management

Safety planning is the process which occurs at any point during the life of the case when a child's safety is threatened and protective capacities cannot manage the threat of serious harm. During this process, when a present danger exists in a family, immediate

action must be taken to ensure the child's safety. A safety plan must be:

- **Immediate** so that it is capable of being in operation the same day it is created;
- The interventions must be **specific and measurable**; and
- **Sufficient** to manage safety.

A caseworker must develop a safety plan when there are present danger threats or impending danger threats identified and those threats cannot be managed by the caregiver's protective capacities. A caseworker would not need to develop a safety plan when there are no present danger or impending danger threats or the protective capacities in the family can adequately manage foreseeable safety threats.

The safety plan is initially developed based on the results of the in-home safety assessment and analysis of the information gathered during the safety assessment. The results of the in-home safety analysis lead to a determination of safe, safe with a comprehensive safety plan, or unsafe. A safety plan must be developed for **ALL** children determined to be safe with a comprehensive safety plan and unsafe.

For children determined to be safe with a comprehensive safety plan; the developed safety plan can include an informal living arrangement as a safety intervention. This intervention is intended to be short term and is designed to assure the safety of the child while the investigation and/or assessment are being completed. The arrangement is made without court involvement. If it is determined that the informal living arrangement needs to continue beyond the investigation/assessment period, the following should be considered:

- Are there dependency issues that necessitate the filing of a dependency petition?
- Does the informal living arrangement caregiver wish to be approved as a resource family?
- Are there sufficient supports for the informal living arrangement caregiver to maintain the placement on a longer basis? (e.g. childcare, financial support, etc.)
- Does the informal living arrangement caregiver have the legal authority to make medical and educational decisions regarding the child?

Preliminary Safety Decisions and Immediate/Preliminary Safety Plans

Present danger threats identified throughout the casework process require an immediate response on the part the county caseworker to assure safety. Often this decision must be made prior to the completion of the GPS assessment/ CPS investigation and in some instances, prior to conducting face-to-face interviews with all of the caregivers and/or family members. In many instances, the protective action is to take the child into emergency custody. The reason for this is that the threat is occurring now and there is not enough time to conduct a comprehensive assessment of caregiver protective capacity and family resources. Immediate protective action must be taken. Once the immediate safety of the child can be assured, the county caseworker may then proceed to complete their assessment/investigation.

If present danger exists, an immediate/preliminary safety plan must be developed to control the present danger threats. An immediate/preliminary safety plan is short term. It must assure child safety while the investigation or assessment continues. An immediate/preliminary safety plan is specific and tied to a particular safety threat(s). The interventions of the safety plan must control those threats so that sufficient information can be gathered and analyzed to make a safety decision and determine the need for a safety plan.

When developing immediate/preliminary safety plans it is important to keep several criteria in mind: while primary caregivers (parents) are to be involved in considering action to be taken, given the immediate consequences of present danger, the immediate/preliminary safety plan should include other responsible people. One should not rely on the primary caregivers to be responsible for assuring the immediate/preliminary safety plan works. When using relatives as caregivers in providing the immediate/preliminary safety plan, be certain about who they are allied with—the parents, the child or CYS.

Keep in mind the immediate/preliminary safety plan need only last as long as it takes to complete the intake process or investigation, and, when an immediate/preliminary safety plan is needed, staff should work expeditiously to complete the intake (investigation) assessment as soon as possible. An immediate/preliminary safety plan should only be in place for a brief period of time. Attempts should be made to gather sufficient information for concluding the intake process and decision making promptly. Since this is a short-term measure and as minimally intrusive as possible, keep it simple, and as close to the family and within the family network so far as possible.

In addition, there are a number of questions that can be considered at the point one encounters present danger regarding a child's safety during the onset of the initial assessment. Ponder these questions to consider the need for and nature of the immediate/preliminary safety plan indicated.

- Specifically, what is the present danger with which I am concerned? How is it occurring? What measures will be sufficient to control the present danger?
- Is the family interested in and capable of cooperating with an immediate/preliminary safety plan?
- Is there any resource within the family that can serve to manage the present danger? (e.g., non offending parent, kin, etc.) How do I know if they are willing and able?
- What do I know about these resources (people)? How can I find out?
- Is it clear that the persons responsible for the immediate/preliminary safety plan understand and believe the safety threats and are aligned with the child?
- Are resources and supports available and sufficient to address the present danger during the next few hours and days e.g. trustworthy, reliable, committed, available, and allied to plan?
- Does the family have immediate needs that must be addressed? (e.g., housing,

food, some sort of care) that affect safety? How does that impact the safety interventions? What can I offer?

- Can an in-home immediate/preliminary safety plan be established? How will I involve the parents/family?
- What logistics need to be addressed e.g. timing, transportation, child's belongings, school, etc?
- How can this plan be monitored?
- Does the child need a medical evaluation or immediate medical care? Why? How do I communicate this to the parents? How will this be accomplished?
- Has supervisory consultation and approval been sought?
- What are the immediate next steps? How will I explain the next steps to the family? How will I know and believe their responses, commitments etc. regarding the next steps?

Once the plan is developed it must be confirmed with the family/responsible persons and enacted the same day that the present danger is identified.

Safety Planning

The safety plan is developed with a specific child in mind. The safety plan must identify under what conditions a child will remain safe in the home. When a child is determined to be unsafe, the safety plan should include interventions that mitigate the safety threats and any supports needed to maintain those interventions. A safety plan should include the following:

- An analysis of the present and/or impending danger threats.
This analysis is critical because it establishes what must be controlled. That is what are the threats, when do they occur?
- How present and/or impending danger will be managed including by whom, under what circumstances and agreements, and in accordance with specification of time requirements, availability, accessibility and suitability of those involved.
- Consideration of caregiver awareness and acknowledgement of safety threats.
- Consideration of caregiver acceptance and willingness for the plan to be implemented.
- A plan for agency oversight.

Ultimately a Safety Plan must:

- **Control or manage impending danger**
The single purpose of the safety plan is to control or manage present and/or impending danger. If any other purpose is included, it may not be a safety plan.
- **Have an immediate effect**
The safety plan is created because present and/or impending danger has been identified. The definition for present danger is that it is happening now and impending danger is that it is imminent. That means serious harm is going to happen anytime within the near future; from later today, tomorrow or up to, but generally not exceeding 60 days. Therefore, the safety plan must be established and implemented at the point the present and/or impending danger is identified

and do what it is supposed to do the very day it is put into place, that is control present and/or impending danger.

- **Be immediately accessible and available**
Available means the provider has sufficient time and capacity to do what is expected. Accessible means the provider will be in place, readily responsive and close enough to the family to meet the demands of the plan.
- **Contain safety services and actions only**
Actions and services contained within the safety plan are designated specifically for the purpose of controlling or managing present and/or impending danger. Safety services must have an immediate effect. A safety service must achieve its purpose fully each time it is delivered.
- **Not contain promissory commitments**
The safety interventions must externally control the safety threat. Promissory commitments require internal change of the caregiver in order to meet the commitment. Behavior change is accomplished through the services in the family service plan.

Once a safety plan is developed, a method for monitoring compliance with the safety plan must be put into place. While monitoring compliance of the safety plan is ultimately the responsibility of the agency, responsible caregivers identified in the safety plan also aid in the monitoring of the safety plan. This means that not only is it the agency's responsibility to monitor compliance with the plan, but it is imperative that there is communication with other persons, professionals and agencies that are involved with the family and that they all have an interest in assuring the child's safety, which ultimately leads to compliance with the plan.

Action steps identified in the safety plan must be specific and measurable and must have an immediate positive impact on controlling the safety threat to the child. To identify action steps, the caseworker should consider any and all protective capacities in operation within the family and their support system. Whenever possible, the identified protective capacities should be used to control safety threats, if and only if the worker can clearly justify how the protective capacities will truly control the threats.

Actions within Safety Plans

Safety Management

Safety management is the method used to control present and impending threats to a child. Safety management includes in-home, out-of-home or a combination of in-home/out-of-home interventions. Safety interventions should always be viewed on the continuum of response alternatives, from least to most intrusive with the most severe safety intervention being placement of the child. These safety interventions can take place in the home or out of the home and can be either formal (professional services) or informal activities (relatives, kin, and neighbors).

Safety management must be:

- 1. Capable of having an immediate effect;**
- 2. Immediately available;**
- 3. Always accessible; and**
- 4. Sufficient to control the danger or threat of danger.**

Safety management is concerned with *controlling* danger and threats of danger only – not changing parent/caregiver behavior.

To be effective, safety management must be responsive to how safety issues change throughout the course of agency intervention. Safety management must be able to respond to new or changing threats of present or impending danger, as well as the protective capacities of the caregivers. Safety decisions can be modified as a result of those changes. When changes occur in the family situation, safety interventions should be reviewed to determine whether or not they are still appropriate based on the present or impending threats to the child's safety. At this time, additional safety interventions may need to be implemented if the present or impending threats to a child's safety have increased and protective capacities within the family are insufficient to control the threats. If the threats to a child's safety have decreased, safety interventions may be able to be decreased. The process by which safety interventions and caregiver's protective capacities are assessed should directly relate back to the safety analysis and resulting decision.

Safety management is focused on behavior, emotion, attitude, motive, intent or situations that are associated with present or impending danger threats to child safety. Safety management must have influence over specific threats to a child's safety and must change and adjust to differences in threats to safety and caregiver protective capacities.

Safety management includes five safety management actions that can be applied alone or in combination.

Safety Intervention

Safety actions may include formal or informal services or activities and may be provided by professionals, non-professionals and the family network.

Separation

Separation is a safety action concerned with threats related to stress, caregiver reactions, child-care responsibility and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand and daily pressure. Additionally, separation can have a supervisory – oversight function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row.

Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-home placement of a child or combinations. Activities and services that fit this action include:

- Planned absence of caregivers from the home
- Respite care
- Day care
- After school care
- Planned activities for the children
- Child placement: short-term; weekends; several days; or few weeks

Crisis Management

Crisis management is specifically concerned with intervening to bring a halt to a crisis and to mobilize problem solving to return a family to a state of calm. For this action to apply there must be a sudden precipitating event or onset of conditions that immobilize caregivers' ability to solve their problems and manage their lives thus reducing their protective capacities to provide protection and basic care. The purpose of crisis management is crisis resolution and immediate problem solving in order to control the threat to child safety. Activities or services that are consistent with this safety action must specifically address the crisis and may include:

- Crisis intervention
 - Entering a domestic violence shelter;
 - Entering a detoxification program for drug/alcohol treatment;
 - Emergency medical care; or
 - Immediate mental health commitment (voluntary or involuntary).
- It is likely that crisis management will be applied in conjunction with other safety actions.

Social Support

Social support is an action that reduces social isolation and seeks to provide social support. This action is versatile in the sense that it may be used alone or in combination with other actions in order to reinforce and support caregiver efforts. Keeping an eye on how the family is doing is a secondary value of social connection. Keeping the safety threshold in mind, this action may be useful with those who are failing to meet basic protective parenting responsibilities such as young, inexperienced parents; those who are anxious or immobilized emotionally; those who need encouragement and support; those who are overwhelmed with parenting responsibilities; and those who are developmentally disabled. Activities or services that are consistent with this safety action include:

- Basic parenting assistance and teaching
- Homemaker services to address environmental concerns
- Supervision and monitoring
- In-home babysitting

Resource Support

Resource support refers to safety action that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child

safety. Activities and services that constitute resource support used to manage threats to child safety include:

- Resource acquisition (i.e. getting heat, water, electricity, food, etc.)
- Transportation services (particularly in reference to an issue associated with a safety threat)
- Housing assistance

Differences between Safety Interventions and Actions in the Family Service Plan

Safety interventions as prescribed in the safety plan focus on controlling the threat of harm to a child while actions in the family service plan focus on eliminating the conditions causing and sustaining the threats of harm and strengthening protective capacities.

Crosswalk between Safety and Service Plans	
Safety Plan	Service Plan
The purpose is to control	The purpose is to change
Limited to imminent safety threats	Addresses a wide range of family needs
Put into place immediately upon identifying imminent safety threats	Put into place following further assessment and when the family is ready
There are many activities and services within the safety plan, which are occurring simultaneously.	Activity and services can be spread out occurring intermittently over a long period of time
Must have an immediate effect. This means it must work the day it is set in place	Is expected to have long term effects achieved over time
The provider's role and responsibility in the safety plan is exact and focused on the safety threats	The provider's role and responsibility vary according to client need

An example of the services that would be established on the service plan might include mental health or substance abuse counseling, parenting education, or anger management. These treatment services would not be appropriate to include in the safety plan as they do not exert an external control to offset the immediate safety threat. However, the caregiver's participation in such services may result in the caregiver internalizing changes that would control future risks of harm by enhancing protective capacities. Ultimately, these services will have a greater long term impact on the safety and well-being of the child, but would not assure the child's immediate safety.

Safety interventions should be assessed as part of the ongoing casework process in order to determine that the interventions put into place are adequate and remain consistent with the needs of the family to control the threats to the child. If there is evidence, circumstances, or new information that suggests a change in the family situation and ultimately poses threats to the child's safety, the analysis of the current safety interventions need to be reviewed in order to determine why threats are occurring. The review of the analysis may determine that the safety interventions put

into place were not appropriate or that the changes in the family situation require different interventions.

Implementing the Safety Plan

A Safety Plan is contingent upon the plan being followed as outlined and agreed upon by all responsible persons. The most important part of the safety plan is the people who participate in it. Focus should be placed upon collaborating with all responsible persons in order to develop the most comprehensive and effective safety plan. People who participate in the safety intervention must be capable and willing to provide a safe environment for the child, which means that they must have protective capacities which enable them to assure the child's safety. A responsible person is any individual(s) who has/have a role and responsibility to assure the child's safety for compliance with the plan; types of responsible persons could include caregivers, kin, household members, service providers, resource families, agency staff, and/or other identified resources. All responsible persons identified in the safety plan must be actively and effectively engaged in safety assessment and safety planning. They must understand and agree that the threats to the child's safety exist and that the child is unsafe. They must also understand that the purpose of the safety intervention is to control the threat of serious harm to the child. They must be not only available but also to be able to successfully perform the intervention.

Collaborating with and obtaining agreement from the caregivers, family members, and/or other persons involved with the child to act as responsible persons for the actions that will be taken as a part of a safety plan is a critical component of safety planning. It is also an opportunity to engage the family to act on their own behalf and enhance their protective capacities in order to assure the safety of their children. The steps that caregivers take to enhance their own protective capacities will enable them to meet the services, goals, and objectives outlined in their family service plan, which will ultimately lead to them providing their children with a safe, permanent home. A safety plan becomes effective when all responsible persons have agreed to the conditions outlined in the safety plan. This effective date should be included in documentation within the case record and on the safety assessment worksheet.

Characteristics of an effective safety plan are usually dependent on one or more of the variables listed below:

1. Responsiveness of intervention to safety needs;
2. Intervention based on the family's input;
3. Willingness of the family to implement intervention;
4. History of past behavior and/or effectiveness of similar interventions;
5. Effectiveness of intervention to mitigate safety threat;
6. Selection, availability and accessibility of interventions;
7. Immediate implementation of intervention;
8. Required frequency of intervention; or
9. Intensity of intervention required to control safety.

Developing and maintaining a safety plan is the primary responsibility of the county children and youth agency which is informed by the family, any and all private providers, and collaterals involved with the child.

The Role of Providers in Helping to Monitor the Safety Plan

County children and youth agencies are required to complete the appropriate safety assessment worksheet and make safety assessment decisions. Private providers who provide services to families on behalf of the county children and youth agency are expected to provide information to the county children and youth agency which will inform the safety decision made.

Providers who provide services on behalf of the county children and youth are responsible for assessing for present and impending danger at every contact and immediately contacting the county worker with information about any threats to the child's safety. The provider worker must ensure that this information is received by the county worker. If the county worker is not available at that time, the provider worker must ensure that a supervisor or someone at a higher level at the county agency is aware of the information.

Provider workers should also ensure that conditions related to child safety are described in required reports, such as ISPs. Intervention and services must be provided to aid in strengthening protective capacities and address the emergence of safety threats.

Casework Process

Initial Referral

As per Pennsylvania's Child Protective Services Law and related regulations, the first responsibility of a County Child Welfare Agency is to ensure the immediate safety of a child who is the subject of a report (regulations 3490.55 and 3490.232).

After receipt of the report, county agency staff must make the immediate decision about how and when to respond to the report in consideration of the child's safety before passing the report along for processing or assignment. In simple terms, with every new report the following questions must be asked and answered immediately: how soon should contact be made with the child and family that has been reported, and who should make that initial contact to best ensure child safety.

While it is understood that referral sources are sometimes reluctant or unable to provide detailed information at the time of the Intake, the county agency staff should make every attempt to uncover potential immediate threats to a child's safety that may not be clearly evident.

The following are questions that county agency staff must ask reporting sources in order to look beyond the obvious while trying to make an initial determination of present danger. These questions are discussed in greater detail in the Safety Assessment section of this manual, regarding Information Gathering.

- What is the extent of the maltreatment?
- What circumstances surround the maltreatment?
- How do the children function, including the condition?
- How do the adults within the household function, including substance use and mental health?
- How do caregivers generally parent?
- How do the caregivers discipline the children?

Ultimately, if a determination of present or impending danger is made or safety cannot be assured with information gathered from the reporting source, the county agency staff should respond **immediately** to the safety needs of the child. A typical flow to the initial referral process would look like this:

- Gather as much information from the reporter as possible
- Gather any additional information immediately available (prior agency records, police contacts, etc.)
- Determine if the case is appropriate for the agency based on requirements (child under 18, caretaker perpetrator, etc)

- If the report is accepted, apply the criteria for present or impending danger by asking the question “given what is known from the report, does present or impending danger for the child exist?”
- Ask, “Has the immediate safety of the child been assured?”
- If present or impending danger has been identified and/or the safety of a child has not been assured, the necessary response time must be determined. The immediacy of the response is based on safety thresholds, level to which the threat is controlled, imminence, and child vulnerability.
- If the report is accepted and the child is judged as being free from present danger, the timing of the response must take into account the location of the safe place, how long the child will be in the safe place, and access that others have to the safe place.
- If the report is not accepted for investigation or assessment based on information gathered, forward the report information to the appropriate authority or community resource to allow further response as needed.
- When a referral results in the determination of present or impending danger, it may be necessary to consider including law enforcement in the response.

County agency staff are not limited to the scope of the questions above, and are encouraged to ask thought-provoking questions of reporting sources in order to uncover all available information regarding child safety that will lead them to make appropriate decisions regarding response time. The assignment of a response time is called a safety tag or “tag”.

The correct standard for deciding the urgency of a response is assessing present danger. A determination of present danger would dictate an immediate response from the county agency staff that is consistent with that “tag”. In the case of “present danger”, county agency staff are expected to consult with their supervisor. Staff and their supervisor should consider what the circumstances are that endanger the child or exist as an immediate threat and determine the timing of face to face contact that can assure the danger is mitigated or controlled.

A determination based on all available information that the child’s safety is ensured and that present danger is not a current safety concern will allow the caseworker to consider the best course of action based on applicable regulation and best practice considerations. This decision should also be reviewed with supervisory staff.

A response other than “immediate” is based on a decision that the child in question is not subject to any severe, imminent safety threat that would define present danger.

In summary, the following points are important to remember when considering initial report response time:

- Present danger refers to an immediate, significant, and observable threat to a child actively occurring in the present. Present danger requires immediate protective action.

- Information reported to a county agency consistent with present danger should prompt an immediate response.
- Decisions regarding potential present danger and response time should be reviewed with a supervisor whenever possible.
- An immediate response is qualified as a face-to-face encounter by county agency staff with a child and family.
- Failure to factor in present danger when prioritizing referrals for assignment and contact could result in serious injury, disability, severe trauma, and/or death to vulnerable children.
- The present danger standard is the best means by which to effectively judge response time at intake.
- The effectiveness of a safety assessment is dependent upon whether the information collected is pertinent and relevant to identifying the safety threats to the child and caregiver protective capacities and whether sufficient information has been gathered to draw accurate conclusions about child safety.

Assessment/Investigation

At the first face-to-face contact, the county agency caseworker must consider the following:

- Does present danger and/or impending danger exist;
- Is the child safe now;
- What immediate actions are needed to control the present danger; and
- Are there means within the caregiver's or family's network to provide an adequate and immediate safety intervention to protect the child?

This decision is the preliminary safety decision. If present danger exists or if identified impending danger is likely to become active, an immediate/preliminary safety plan must be developed to control the threats of serious harm. The immediate/preliminary safety plan must assure child safety while the investigation or assessment continues. Once the preliminary assessment and plan is completed the caseworker would continue to conduct face to face contacts and gather safety related information. At the conclusion of the investigation/assessment the caseworker would complete an In-Home Safety Assessment form, as per the interval policy.

Identification of present or impending danger must always remain a consideration throughout the life of a case when contact is made regarding the child. Situations and conditions change and present or impending danger could appear at any time.

The assessment/investigation period is a crucial and complex time during the casework process. This is the time when most of the new information regarding a child, their family, and safety threats would be uncovered. Understanding this as a time of great potential for information exchange and situational change for families will assure that the caseworker maintains their vigilance with respect to assuring child safety.

During this time of assessment/investigation, the focus of the safety assessment and management process is on maintaining child safety while gathering information to identify present or impending danger and making analysis of the information gathered. This includes analyzing the safety threats that present threats of safety to a child and the caregiver's protective capacity. This further includes caseworker communication on a consistent basis with their supervisor.

55 Pa. Code, §§ 3490.61 (a) and 3490.235 (e) requires supervisors to review each report of suspected child abuse or general protective services with the caseworker at a minimum of once every 10 days during the assessment/investigation period. The county agency supervisor is to document these contacts with the county agency caseworker. They must also review cases on a regular and ongoing basis to ensure that the level of services is consistent with the level of risk to the child to determine the safety of the child and the progress made toward reaching a (status) determination”.

When deciding who to interview when completing assessments/investigations, caseworkers should follow 55 Pa Code, § 3490.55 (d) which states: “when conducting its investigation, the county agency shall, if possible, conduct an interview with those persons who are known to have or may reasonably be expected to have, information relating to the incident of suspected child abuse including, but not limited to, all of the following:

- (1) The child, if appropriate;
- (2) The child's parents or other person responsible for the child's welfare;
- (3) The alleged perpetrator of the suspected child abuse;
- (4) The reporter of the suspected child abuse, if known;
- (5) Eyewitnesses to the suspected child abuse;
- (6) Neighbors and relatives who may have knowledge of the abuse; and
- (7) Day care provider or school personnel, or both, if appropriate.”

In regard to the safety assessment and management process, a slightly different protocol can be applied to guide the information gathering process.

1. Interview with the identified child
2. Introduction with parents (whenever possible)
3. Interview with siblings
4. Interview with the non-alleged maltreating parent
5. Interview with the alleged maltreating parent
6. Closure with parents/family

Both lists are similar in that they ask workers to gather as much comprehensive information about the family and family situation as possible. The suggested protocol has been introduced to help gather a progression of information to inform the interview with the alleged maltreating parent/perpetrator.

After the first face-to-face contact with the child, a safety assessment with documentation of data gathered related to safety threats and protective capacity of caregivers is required within 24 hours. As assessment/investigation proceeds beyond the initial contacts, it may or may not be necessary to complete a safety plan, however, it must be remembered that assessing for safety should never leave the mind of a worker while completing the assessment/investigation. Safety assessment is not simply a “front end” determination. It is a dynamic process that is ongoing and whenever evidence or circumstances suggest that a child’s safety may be in jeopardy, it is the responsibility of the worker to assess and analyze that information and plan for the child’s safety. A discussion of child safety should also be part of every caseworker’s weekly supervisory conference.

As the initial assessment/investigation period is primarily the time that a worker would complete the task of assessing and analyzing all 14 of the Pennsylvania Safety threats for in-home cases, understanding the definitions and grasping key concepts regarding safety is vital for successful completion of the Safety Assessment and Management Process. If a worker beginning an assessment/investigation of a report does not understand the concepts of: information gathering in the six domains, application of the safety thresholds, safety analysis including safety thresholds, and protective capacity of caregivers, then safety planning cannot be successfully implemented.

Any worker who does not feel comfortable with these concepts should seek support from their supervisor and begin an education and practice experience process to assist them in learning the skills needed for safety assessment.

Early in the assessment/investigation period, the assigned caseworker should be reviewing the 14 safety threats and asking themselves whether or not they are comfortable with the information gathered to be able to make an informed decision regarding the safety of the child involved in relation to that safety threat. If a worker identifies a potential safety threat which they don’t have enough information to determine if the safety threat reaches the safety threshold, they should conduct further assessment/investigation to gain additional perspective and make any necessary informed decisions.

The key points to remember regarding safety assessment during the time of an assessment/investigation:

- Although a safety tag assessment has already been completed in regard to response time, it is crucial that information provided in an initial report be reviewed and confirmed in regard to child safety.
- The information gathered during this time period is significantly influenced by the worker’s effort, skill, and willingness to engage the family and key persons in relation to assessing a child’s safety.
- The safety of a child should be considered at every contact and in relation to safety thresholds and the 14 safety threats even if the In-Home Safety

Assessment form is not required at that time. All information should be documented in the structured case notes.

- Workers and their supervisors need to be completely comfortable with their knowledge and understanding of the 14 safety threats and other relevant definitions in order to be able to successfully complete the ongoing safety assessment process as circumstances change within the family.
- Assessing and analyzing a caregiver's protective capacity is as important as assessing and analyzing the 14 safety threats.
- During this time, supervisors are responsible for reviewing each report that is under assessment/investigation and determining the safety of the child. Supervisors are required to keep a log of these reviews which would include as a minimum an entry at each 10 calendar day interval during the assessment/investigation period.

Status Determination

At the time of status determination, a thorough analysis of information gathered must include consideration of each of the 14 safety threats, assessment and analysis of caregiver's protective capacities and safety threats, as well as the decision regarding the necessity of having a safety plan, the needed level of intervention, and the safety decision which reflects the analysis of information gathered. This must be documented on the Safety Assessment Worksheet.

The key to making a good safety decision is reviewing information gathered and assuring that the information reviewed is *pertinent, relevant, and sufficient*. This is referring to information gathered from the time of the initial report forward. By assuring that the information reviewed is pertinent, relevant, and sufficient, caseworker and supervisor's safety decisions will be based on the best possible informed decision.

It is important to note that at the point of supervisory review and participation in status determination is not only required by regulation, but good practice and a necessary component for successful safety assessment. Caseworkers should be in the habit of being able to successfully communicate information gathered in relationship to all 14 safety threats and express how the information gathered can be understood in relation to present or impending danger.

Supervisors too need to recognize the status determination interval as a key decision making point in the casework process. This period is not a time for assumptions or for assuming "no news is good news." Supervisors have to use this time to draw information and conclusions from their staff and staff have to use this opportunity to seek reinforcement or correction regarding their information gathering process and analysis.

In addition to making a status determination and determining if the case must be accepted for services, a decision must also be made regarding whether or not the child is safe, safe with a comprehensive safety plan, or is unsafe. People are sometimes

unpredictable and family circumstances can change quickly. Information can be hidden from county workers or misrepresented even by collateral contacts who believe they are helping a child. However, a safety decision should represent analysis and decision making using the best possible informed judgment with information that was available at the time of the decision.

Informed judgment on the part of social work staff and supervisors when making status determinations is the only systematic way to balance the need to assure child safety with our goal of maintaining families together in the least restrictive environment possible. By making the effort to gather all available information from the family and potential collateral contacts, collecting factual, observable data, and discussing these items in relation to safety threats and protective capacities within a family, county agency staff can make credible, correct, and useful safety decisions at the time of status determination that will help provide better outcomes for children and families.

In-Home/Accepted For Services

The safety assessment and management process is a continuous process throughout the life of a case and does not end at the completion of the assessment/investigation period. 55 Pa Code §§3490.61 (c) and 3490.235 (g) state that “when a case has been accepted for service, the county agency shall monitor the safety of the child and assure that contacts are made with the child, parents, and service providers.”

After a case has been accepted for service, there are case management responsibilities for which every ongoing caseworker is accountable, including managing safety plans and facilitating change through service planning. Managing these tasks simultaneously is no small challenge. Certainly both responsibilities can be intertwined, however, it is important that these two responsibilities are fully understood in terms of their distinctiveness in purpose and activity. For that reason, earlier sections of this manual discuss the relationship between safety and risk as well as the differences.

Furthermore, in order for caseworkers to successfully manage child safety on an ongoing case, workers must recognize that the safety assessment and management process is a continuous process and be willing to be vigilant with respect to oversight of safety plans beyond the initially developed plan. Discussion of child safety must occur each time a county worker and supervisor meets to discuss a case.

To successfully ensure the safety of children, caseworkers must not allow the statutory minimums to be the standard by which they work. Practically speaking, effective continued safety management includes not waiting for a crisis to occur before taking action, encouraging cooperation among all parties with a shared responsibility involved with the safety plan, and oversight defined by the nature and intensity of the safety threats.

As a part of practice related to continuing safety management, a caseworker should always consider whether the objectives for the safety plan are being achieved. In other words, a worker should routinely ask themselves four questions.

- (1) Is the plan effective?
- (2) Are safety responses adequate?
- (3) Are participants in the plan involved and active as prescribed by the safety plan?
- (4) Was safety reassessed whenever evidence, circumstances, or new information suggested a change in the child's safety?

These questions are universal for caseworkers, regardless of whether a child is at home or in out of home placement.

Ultimately, the safety plan is a tool that the ongoing caseworker should view as an asset that provides for stability within a family that allows that worker time to create and support the changes needed within the family. Oftentimes, family service plan actions such as mental health treatment or drug and alcohol treatment involve long term goals that will create internal change within a family. Without an effective and secure safety plan in place, caseworkers and family members will find that they are spending their time constantly planning for the present, providing services that are akin to “putting out fires”, and never reaching the long term goals of the family.

Todd Holder, a national CPS consultant has described safety planning as the hub of a wheel that keeps the wheel turning. The hub of the wheel is the focal point where all of the spokes of the wheel come together to create stability. The safety management function of the ongoing caseworker is similar to that hub in purpose. By binding together the various requirements, activities, individuals, and agreements that form a safety plan, the “wheel” can safety function and move forward.

Once a safety plan has been established for a family, the ongoing caseworker has a series of tasks that they must continue to perform on an ongoing basis to maintain the effectiveness of that plan.

- **Coordinate safety interventions** - the purpose, activity, timing, and implementation of all that comprises safety intervention within a safety plan must be well understood by the worker and managed to assure that people are where they are supposed to be, that activities are occurring according to the safety plan, and that the purpose of each activity is being achieved.
- **Generate, organize, and administer resources** - management of a safety plan involves assuring that necessary resources are available and applied appropriately.
- **Guide activities, actions, and tasks** - safety plans consist of activities, actions, and tasks that include caregivers, children, family members, relatives, and professional providers. The ongoing worker must guide these activities, actions, and tasks at different frequencies and for different lengths of time.

- **Evaluate the provision of safety interventions** - evaluating the provision of safety interventions occurs consistent with criteria for creating a safety plan: accessibility, availability, and immediate impact.
- **Use benchmarks to determine caregiver progress in relation to safety planning** - measuring progress will help determine whether or not the safety plan can be modified to be less restrictive. Consider measuring whether over time threats have been reduced, caretakers have developed enhanced protective capacities, and/or if other observable behavior changes will allow the worker to decrease safety plan restrictions.
- **Re-assess caregiver commitment and willingness** - caregivers should be involved in the safety management process. The level of commitment, willingness to maintain the safety plan, and ability to maintain the safety plan by the caregiver should be routinely visited.
- **Support and maintain performance** - communication with those who are responsible for carrying out safety actions, activities, and tasks as well as providing support and encouragement for all involved are part of safety plan management.
- **Confront, mediate, negotiate, and resolve conflict** - A variety of issues can arise during the ongoing maintenance of a safety plan. A county caseworker's management responsibilities include resolving problems.
- **Continue to assess safety** - a huge part of maintaining an ongoing case is monitoring and assessing present and impending danger. Safety management during ongoing casework demands that caseworkers continue to conduct safety assessments at each contact and document gather safety related information on the structured case note and the In-Home Safety Assessment form at specific intervals so that the nature and extent of present and impending danger are in the case record.
- **Revise safety plans** - safety management is fluid and ever changing. A caseworker's safety management skills should be supported by a flexibility that results in safety activities, actions, and tasks being increased or decreased in accordance with the status of present and impending danger and changes in caregiver protective capacities.
- **Document and maintain case records** - whether that documentation is on the safety assessment worksheet or in structured case notes as required by regulation, all relevant aspects of the safety assessment and planning process should be well documented.
- Maintain communication with their supervisor regarding every aspect of the ongoing safety planning process.

Safety management during the ongoing maintenance of a case is concerned with making sure that safety plans are working and appropriate so that caregiver protective capacities can be enhanced. Vigilance is the most important demand in safety management.

All of these activities are very challenging, both in terms of effort required and complexity. Some of the activities are repetitive and most of these activities continue

during case management for months. Due to these safety threats, caseworkers are well served to understand and become as proficient in these safety activities as possible.

Just as caregivers are to be involved in the initial aspects of safety planning so too should they be involved in the ongoing maintenance of the plan. Using all of the skills caseworkers have at their disposal, such as: identifying familial resources, using least intrusive approaches, using flexible services, utilizing family strengths, listening to and acknowledging concerns, empowering the family with information, addressing needs immediately, advocating for the family, enhancing protective capacities, respecting individual differences, and including the family in meetings, discussion, and decisions, safety plan maintenance can be a positive experience that assists caseworkers in their ongoing relationship with a family.

Reunification

An out-of-home placement is never considered a permanent or long-term strategy for safety management. In fact, it should be approached as a temporary, provisional action with constant and vigilant efforts to routinely consider differences in caregivers, safety threats and the home with the intention of adjusting safety plans appropriately. This kind of thinking, decision making and practice is why we must bear in mind that reunification is a decision and practice that is part of provisional safety management.

The reunification decision is a determination about four things:

1. Caregiver demonstrates enhanced protective capacities;
2. Change or adjustment to circumstances within the family, home or among caregivers;
3. Conditions for return have or can be met; and
4. An in-home plan can be implemented.

Two of these issues must always be addressed in the decision. Reunification can occur only when conditions for return have been met and an in-home safety plan can be implemented. Progress and change that are apparent either through planned action or shifts in circumstance are important but not defining when making the decision to return a child. Notably these four considerations affirm that returning children is not predicated on caregivers fully changing their lives or achievement of results or outcome.

Reunification is possible and ethical as remediation continues. Fundamentally, the reunification decision is a determination about whether an in-home safety plan can replace a substitute care safety plan. That is why reunification can be considered practice and decision making within the context of provisional safety management.

Foreseeable impending danger threats do not have to be eradicated in order for children to be reunified with their families. Caregivers do not necessarily have to change completely in order for children to be reunified with their families. However, caregivers have to make enough sustainable change so that an in-home safety plan can be supported with safety interventions. County caseworkers have to keep in mind that if

safety concerns no longer remain in the home of origin, but goals of Family Service Plans and Child Permanency Plans might not have been achieved, it is possible that the child can return back to the home of origin.

Reunification is a very serious decision. It should occur within the context of a well planned and specific process involving discrete steps. A reunification process helps to structure and standardize practice and enhance decision making effectiveness. The different steps in this process help to ensure that particular individuals who make these decisions are included, such as; treatment providers, safety service providers, agency supervisors, parents, children, extended family, resource parents, etc. Application of this process is part of provisional safety management. The process involves 14 steps.

1. Assess safety threats 30 days before a planned return home or 24 hours after an unplanned return home.
2. Assess parent-child visitation.
3. Assess the circumstances within the home primarily concerned with the presence of a safe home and the potential to produce one.
4. Reach a judgment about the willingness and capacity the parents possess in respect to actively supporting reunification and accompanying in-home safety plans.
5. Conduct meetings with resource parents.
6. Conduct meetings with treatment providers.
7. Document information regarding the presence of a safe home.
8. Establish a reunification plan.
9. Prepare the child for return.
10. Prepare the caregivers, family and home for return.
11. Initiate efforts and activities at establishing a safe home, including safety assessment, and identify and discuss any alerts to danger or deterioration of the reunification plan.
12. Plan and arrange an in-home safety plan.
13. Implement the in-home safety plan and proceed with reunification.
14. Engage in follow-up and oversight to confirm the reunification decision, including conducting a safety assessment 30 days following planned OR unplanned reunification.

Case Closure

When considering case closure, caseworkers should look to see if the family service plan objectives have been met and intended internal change within a family has decreased future risk to a child in the home and enhanced caregivers' protective capacities. Ultimately, it is a combination of family service plan objectives and safety assessment of a child within a home that will determine whether or not a case can be closed.

What constitutes a safe environment in regard to case closure? Most if not all of those characteristics have been identified in previous sections of this manual. The following

are a few summary statements to consider as a caseworker when determining if a child's case can be closed.

- **An absence of or control of threats of severe harm** - a safe environment does not contain active threats to child safety. If any threats do exist, they are being effectively managed and controlled by the caregiver. This control should be easily observable and sufficient time should have elapsed to conclude this status is absolutely confirmed.
- **Presence of caregiver protective capacities** - a safe environment exists because those caregivers with the assigned task of providing a safe home are assuring that protection is occurring, available, and ongoing. Caregiver protective capacities must be confirmed at case closure as observable, functioning, and effective.
- **A safe home is experienced as a refuge** - A safe environment as a refuge for a child is the first and most obvious place a child thinks of and goes to be safe. Confirming a home as a refuge requires sufficient time where continual protective care can be confirmed and observed by the caseworker.
- **Perceived and felt security** - a safe environment is perceived and felt by a child as a place of security. This translates into how they view and feel about their protectors, their parents, or caregivers.
- **Confidence in consistency** - a child needs to be able to count on a home remaining safe. For a case to be closed, the caseworker needs to have decided that there is a likelihood that the changes that have occurred will likely remain.

If a caseworker is unsure about the current safety of a home, they should seek facts in the following general information areas as indications of a safe home. Facts found can help a caseworker reach a conclusion regarding safety, however, these facts are only to support findings regarding present danger, impending danger and safety thresholds as discussed earlier. Correct analysis of these facts will lead to good decisions regarding case closure. When reviewing facts as described below, caseworkers and supervisors should consider whether the information they are reviewing is pertinent, relevant, and sufficient as described earlier in this manual.

- **Facts about how the children are behaving in the home** - children who are in a safe home demonstrate a certain sense of comfort and security that comes from being in that home and feeling a sense of permanency.
- **Facts about how caregivers are performing** - this would include any adult who maintains primary responsibility for a child's safety. With caregivers who provide safe homes, it is easy to find examples of protective behavior.
- **Facts about how the family is operating** - safe homes demonstrate observable interactions that are positive and consistent among all family members clearly showing boundaries, role clarity, effective use of resources, and coping mechanisms.
- **Facts about the caregiver's capacity to sustain continued safety** - seek facts that will help provide clarity about caregiver plans, intentions, methods, feasibility, and commitment.

- **Facts about how community connections sustain continued safety** - understand how formal and informal resources have been used and that the caseworker can anticipate will remain involved with the family.

Ultimately a case cannot be closed unless a determination has been made that a child is safe in the current environment in which they live. This decision could be reached based on one of three potential situations.

- 1) Caregiver protective capacities are such that child safety is assured through internal means within the family. A safe home exists.
- 2) Caregiver protective capacities and functioning sufficiently, and motivation and willingness exist to allow external sources to provide ongoing support to assure child safety. A safe home exists because of both the caregiver protective capacities and the broader family network including relatives, friends, neighbors, or others or through sustained attachment to professional services. Note, this option can only occur if both the external and internal supports are sustainable.
- 3) An alternative family with a safe home is provided for the child to assure child safety, permanence, and well-being.

Each of these results can be revealed and confirmed through an assessment of the caregiver and family characteristics and qualities that comprise and form the basis for a safe home. The judgment concerning each attribute of a safe home is routinely evaluated during the course of ongoing casework and in conjunction with supervisory approval.

Supervisory Role and Responsibilities

The supervisor is ultimately accountable for what caseworkers do. It is true that the supervisor is the person who is ultimately responsible for actions and decisions occurring as a part of safety intervention, however, this point is not to create anxiety among supervisors, but to underscore how crucial it is for supervisors to be highly expert in safety intervention; to be appropriately involved in supervising the safety intervention process and to assure that supervisory oversight and approval presides as the basis for safety intervention decision making.

It is for these reasons that regulations require consistent oversight of the safety assessment and planning process from the initial contact all the way through the ongoing work on an open case. For both CPS and GPS assessments/investigations, Supervisors are required by a55 Pa Code §§3490.61 and 3490.235 to review reports during the assessment/investigation and help determine the safety of a child and progress being made toward a status determination. Supervisors are further required by these regulations to document in a log their case reviews with caseworkers during this assessment/investigation period every ten days at a minimum. These same regulations also require the supervisor to monitor the safety of a child and assure contacts after a case has been accepted for services.

These regulations regarding constant oversight of the safety of a child remain in place, even after the determination of safety has been made by a caseworker.

It is also important to note that a supervisor can provide great support to a worker completing this crucial task. Supervisors can inspire as well as dictate when highly complex issues such as safety assessment confront a caseworker.

Although safety assessment and management strategies vary during the life of a case, certain supervisory skills and practices are consistently needed regardless of the stage a case is in. As noted earlier, the safety tag is made in regard to the initial report and is represented by a caseworker's response time. Supervisory approval of safety tag is typically expected. Such approval should be based on two considerations.

- A determination that the information gathered regarding the report is pertinent (information has a relationship which influences or is associated with child safety), relevant (information has significance with respect to revealing situations and behavior related to child safety), and sufficient (information is abundant, in-depth, and complete as related to making a decision about child safety).
- A conclusion that the identification of present and/or impending danger is adequately supported by the information collected and documented within the report.

Even though we have referenced these factors in regard to initial contact decisions, these factors should form the basis for all supervisory activities leading up to safety decisions and interventions.

At the time of the initial safety decision, the supervisor endorses the response decision as correct; assures that the response/safety plan occurs according to the decision; and assures that the caseworker is prepared for the intervention.

Supervisors must provide three kinds of consultation and support related to an initial contact: 1) caseworker preparation; 2) preparation for the intervention; and 3) crisis resolution during an initial contact. When either present or impending danger has been identified in a report, the supervisor should always attempt to meet with the caseworker who has been assigned an initial assessment requiring a prompt response.

Key issues concerned with caseworker preparation includes consideration the following questions.

- Does the caseworker understand the challenges of the first contact as represented in the reported information?
- Does the caseworker understand the nature and occurrence of family circumstances that represent a threat to child safety?
- Does the caseworker have a strategy for approaching the initial contact?
- Checking out safety threats? Collecting information? Contending with potential intervention hazards?
- Does the caseworker consider anticipatory action if present or impending danger is confirmed?
- Is the caseworker prepared emotionally for the contact?
- Does the caseworker recall the Pennsylvania Safety threats “off the top of their head?”
- Does the caseworker have the ability to define and explain what each safety threat is?
- Does the caseworker demonstrate the ability to recognize and document observed family behavior, attitudes, emotions, intents, perceptions, and motives?
- Does the caseworker demonstrate the ability to use the safety threshold criteria to evaluate and determine whether a family condition is a safety threat?
- Does the caseworker recognize the value of assessing protective capacity as well as safety threats?

Another consideration requiring supervisory support, specifically at the time of the initial contact, is the decision to involve law enforcement because of caseworker safety or to assist in child protection. The supervisor should also consult with the caseworker about the wisdom of identifying resources to support the intervention such as transportation and back up staff support.

Moving from a focus on the initial response to the assessment/investigation, a supervisor's responsibilities concerned with safety intervention during and at the conclusion of the initial assessment include:

- Consulting with a caseworker while the initial assessment is proceeding;
- Assisting caseworkers with information gathering challenges;
- Consulting with the caseworker on the safety analysis that occurs at the conclusion of the initial assessment;
- Approving the safety intervention based on the conclusions reached during the initial assessment;
- Providing support and guidance to staff at any point that legal intervention is required; and
- Assuring expected documentation requirements are met at the appropriate intervals.

Any decision is only as effective as the quality of information that is available to inform judgments. You have to have sufficient information to make necessary decisions and take appropriate action. Therefore, the most crucial responsibility for a supervisor is to assure that pertinent, relevant, and adequate information is gathered by caseworkers from caregivers, children, and the family network. Conversation regarding the safety of children in a home should be occurring during every supervisory session and whenever cases are reviewed.

As a supervisor, how do you know that the caseworker has gathered enough information? Earlier in this manual at the Safety Assessment Section under *Information Gathering*, six clarifying questions were provided to support caseworkers seeking additional information for making safety decisions. These questions could also be used by supervisors at any point in the information gathering process to help assess caseworker knowledge regarding a family and the information gathering process. Once again, discussion regarding this issue and the six clarifying questions should be occurring during every supervisory session and whenever cases are reviewed.

With that in mind, the following is a list of criteria that could assist a supervisor in determining if the caseworker has gathered sufficient information. When reading caseworker documentation or conducting discussions with caseworkers about what they know about a family, supervisors should consider the following points.

- Breadth – Is the caseworker's understanding of the family based on information that covers the critical points of inquiry (maltreatment, surrounding circumstances of maltreatment, child functioning, adult functioning, general parenting, and discipline).
- Depth – Is the caseworker's understanding based on facts that are explained by probing and diligent consideration of pertinent information from each point of inquiry? Information related to the six assessment questions is precise and detailed.

- Reliable – Is the information the caseworker possesses trustworthy and dependable with respect to reflecting the reality of the family and correct answers to the points of inquiry? Information is reasonably believable, factual and can be justified.
- Pertinent – Is the information relevant, significant, and applicable to revealing the presence of safety threats to a child? A caseworker knows what is important. The information is relevant to decision making.
- Objective – Is the information factual, actual and unbiased? A caseworker knows what exists without interpretation or value judgment.
- Clear - Is the information unambiguous? A caseworker knows what is apparent and unmistakable.
- Association - Does the caseworker understand how information is connected and inter-related? A caseworker knows how different things occurring in a family are linked.
- Reconcile – Has the caseworker resolved apparent distortion and differences in information among the points of inquiry? A caseworker is able to reconcile discrepancies within case information or family system dynamics.
- Supported – Is the information confirmed or corroborated by reliable sources? A caseworker is confident about what the information means – what can be believed and understood.

Asking what the caseworker believes is the correct course of action to assure child protection is an invaluable skill supervisors must master in regard to safety assessment. Empowering workers to provide input into safety decisions will help ensure that workers don't hesitate to bring to seek supervisory support during these decision points.

Once a supervisor has supported a caseworker through an assessment process, the task shifts to supporting the worker through analysis, decision and, if necessary, plan development. When completing the task of actual plan development, an involved supervisor should ask the caseworker the following questions:

- Can we take all that we know and filter out that which informs us about safety threats and possible family or agency responses?
- Can we identify that which is the most significant or weighty information when it comes to assessing safety threats?
- Can we understand in precise ways how safety threats are occurring as explained by all that we know about a family?
- Can we examine and scrutinize what within a family might serve as an option, strength or resource that can be applied as part of safety intervention-in other words, are we fully assessing and taking advantage of a family's protective capacity?
- Can we breakdown information in ways that provide us confidence about the family situation, the family setting, motivation, willingness to cooperate, capacity to participate and other critical ingredients to creating a safety plan?
- Can we use what we know to seek out family and community resources, people, and services that can be accessed to participate in a safety intervention?

- Do we know enough about the conditions of the family that affect safety and what are the implications for being able to protect the child in the home? If not what do we know that informs other alternative safety responses?

Once a supervisor has led a caseworker through a safety analysis, decision and if necessary the development of a safety plan, the supervisor has a responsibility to approve a safety plan. A supervisor and caseworker should reflect on the following questions prior to concluding the initial assessment and approving the plan:

- Has the caseworker completed all the work related to safety intervention correctly including gathering information to safety that is relevant, pertinent, and sufficient?
- Did the caseworker involve himself appropriately in the case and with the family?
- Did the caseworker fully engage the family in the assessment and planning process?
- Did the caseworker communicate clearly the duties of the responsible parties and document their agreement with the plan?
- Did the caseworker act in a timely way and expend reasonable levels of effort as suggested by safety related information?
- Did the caseworker involve all pertinent parties in the initial assessment process?
- Did the caseworker perform acceptable professional practice and judgment?
- Did the caseworker assure the child was safe while the initial assessment proceeded?
- Did the caseworker gather sufficient information including protective capacity along with safety threat information?
- Did the caseworker demonstrate competence in his knowledge and skill related to safety intervention?
- Did the caseworker document safety assessment and safety plan in accordance with acceptable practice?
- Did the caseworker involve the family network and appropriate others in pursuing answers to protecting the children and forming a safety plan?
- Did the caseworker follow policy and procedure related to safety intervention occurring during initial assessment?
- Is the safety plan sufficient to protect the child from threats of severe harm?

While it is true that caseworkers are responsible for the results of safety plans they create, it is also true that supervisors are equally responsible. The supervisor's approval of a safety plan is a statement of conclusion that is based: on their expertise in safety intervention; their knowledge of policy and procedure; their understanding of the family based on deliberation with the caseworker; their review of the caseworker's performance; their confidence in the caseworker's competence; and their specific consideration of the content of the safety plan and how it reasonably can be judged to work to protect the child.

The supervisory approval of a safety plan is a significant thing.

Finally, at all times it is a supervisory duty to assure that the record is completed.

Supervisor access and availability is crucial when helping to assure safety intervention effectiveness at every point of safety assessment. The need for consultant (supervisory) support when there are high stake decisions that affect children, caregivers and caseworkers should be viewed and accepted as necessary for achieving best practice.

During safety assessment and management process the supervisor must guarantee that policy and procedure are followed. Standards, decision making criteria and expected practice form the source for overseeing what caseworkers are doing and how they are doing it. Supervisors are best when they are routinely considering whether policy and procedure are being followed as the intervention is occurring and once again when they look retrospectively at the application of policy and procedure after the intervention has occurred.

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Pennsylvania Safety Threats

	Safety Threats	Explanation	Criteria
1	Caregiver(s) intended to cause serious physical harm to the child.	In order to meet this criterion, a judgment must be made that the acts were intentional; the objective was to cause pain and suffering; nothing or no one in the household could stop the behavior; and there is no remorse.	<ul style="list-style-type: none"> • Caregiver(s) wants to inflict pain and/or injury to teach the child a lesson; discipline is not the primary reason. • The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns). • Caregiver(s) do not acknowledge any guilt or wrongdoing and they intended to harm the child. • Caregiver(s) may feel justified, may express the child deserved it and they intended to hurt he child. • Caregiver(s) can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
2	Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.	The threat to severely harm or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future.	<ul style="list-style-type: none"> • Caregiver(s) state they will maltreat. • Caregiver(s) threats are plausible, believable; may be related to specific provocative child behavior. • Caregiver(s) talks about being worried about, fearful of, or preoccupied with maltreating the child. • Caregiver(s) are distressed or “at the end of their rope,” and are asking for some relief in either specific (e.g., “take the child”) or general (e.g., “please help me before something awful happens”) terms. • Caregiver(s) describes disciplinary incidents that have become out of control and are threatening or fearful that this behavior will be repeated...
3	Caregiver(s) cannot or will not explain the injuries to a child.	Caregivers are unable or unwilling to explain maltreating conditions or injuries which are consistent with facts. An unexplained serious injury or condition is a present danger.	<ul style="list-style-type: none"> • Caregiver(s) acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred. • Caregiver(s) express concern for the child’s condition but are unable to explain it. • Caregiver(s) accept the presence of injuries and conditions but do not explain them or seem concerned. • History and circumstantial information are inconsistent with the caregivers’ explanation of the injuries and conditions. • Caregivers’ verbal expressions do not match their emotional responses and there is not a believable explanation. • Facts related to the incident, injury, and/or conditions contradict the caregivers’ explanations.
4	Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.	Child sexual abuse always presents serious harm to the child. The safety concern relates to whether or not the sexual abuse is imminent.	<ul style="list-style-type: none"> • Caregiver(s) do not believe the children’s disclosure of sexual abuse even when there is a preponderance of evidence and this affects the children’s safety. • Sexual abuse has occurred in which family circumstances, including opportunity, may be consistent with sexual abuse. • Caregiver(s) deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable. • Child sexual abuse is suspected and circumstances suggest continued abuse is likely to occur • Alleged perpetrator or perpetrator has access to child. • Caregiver(s) or others with access to the child have forced or encouraged child to engage in sexual activities. • Non-offending caregiver(s) is unable or unwilling to prevent the alleged perpetrator, perpetrator, or known sexual offender from having access to the child. • Caregiver(s) cannot control their sexual impulses.

Pennsylvania Safety Threats

5	Caregiver(s) are violent and/or acting dangerously.	This threat includes both behaviors and emotions which may be immediately observable, frequently occurring or may occur in the future.	<ul style="list-style-type: none"> • Violence includes hitting, beating, physically or verbally assaulting a child or other family member. • Violence includes acting dangerously toward a child or others including throwing things, taunting weapons, driving recklessly, aggressively intimidating and terrorizing. • Presence of domestic violence whereby violence involves physical and verbal assault on an adult caregiver in the presence of a child; the child's exposure to the domestic violence causes fear for self and/or others. • Domestic violence is occurring and a child is assaulted; attempting to intervene; and/or inadvertently harmed even though the child may not be the actual target of the violence. • Caregiver(s) who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things). • Caregiver(s) whose behavior outside of the home (e.g., drugs, violence, aggressiveness, and hostility) creates an environment within the home which threatens child safety (e.g., drug parties, drive-by shootings).
6	Caregiver(s) cannot or will not control their behavior.	This threat concerns with the lack of caregiver self-control which jeopardizes the safety of the child.	<ul style="list-style-type: none"> • Caregiver(s) is acting bizarrely, delusional, and/or experiencing hallucinations • Caregiver(s) is under the influence of some substance or is chemically dependent and unable to control the effects of the addiction. • Caregiver(s) is seriously depressed or unable to control emotions or behaviors and is functionally unable to meet the children's basic needs. • Caregiver(s) makes impulsive decisions and plans which leave the children in unsafe situations (e.g., unsupervised, supervised by an unreliable caregiver). • Caregiver(s) is emotionally immobilized, which can be either chronic or situational (e.g. paralyzed by fear as a result of domestic violence relationships). • Caregiver(s) has addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
7	Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior.	Caregiver(s) can be so provoked by the child's behavior that they react dangerously. The child's behavior is so out-of-control that the caregivers cannot safely manage it.	<ul style="list-style-type: none"> • Child is... <ul style="list-style-type: none"> ○ confrontational, insulting or challenging, ○ highly aggressive and acting out repeatedly, ○ threatens to run away, ○ abuses substances... <p>so that caregivers lose patience, impulsively strike out at the child, isolate the child, or totally avoid the child in an extreme manner.</p>
8	Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.	The needs of the child are acute and require immediate and constant attention by the caregiver(s). The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects would be immediate.	<ul style="list-style-type: none"> • Caregiver(s) does not seek treatment for child's immediate and dangerous medical conditions. • Caregivers' failure to give prescribed medication endangers the child's life or causes their conditions to worsen. • Child complains of extreme pain and the caregiver(s) does not seek medical or dental attention. • Child is suicidal, is self-mutilating, or is exhibiting other harmful behaviors (e.g. substance abuse), but the caregiver(s) will not take protective action. • Caregiver(s) expectations of the child are totally unrealistic in view of the child's condition. • Child is a physical danger to others. • Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address those needs.

Pennsylvania Safety Threats

9	Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.	This refers only to adults (not children) in a caregiving role. Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying.	<ul style="list-style-type: none"> • Caregiver is unable to perform basic care, duties or fulfill essential protective duties. • Caregiver(s) is incapacitated, incarcerated, hospitalized, on vacation, absent from home, or current whereabouts are unknown. • Caregiver(s) does not attend to the child; the need for care goes unnoticed or unmet (e.g., child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards). • Caregiver(s) leaves child alone, not considering length of time alone and child's age/development. • Caregiver(s) leaves child with other inadequate and/or inappropriate caregivers. • Caregiver(s) is unable to care for the child due to trauma of recent assault or repeated incidents of violence including domestic violence. • Caregiver(s) has abandoned the child including at situations in which they flee for their own safety due to domestic violence situations.
10	Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.	This refers to basic parenting that directly affects a child's safety. This extreme inability and/or unwillingness to meet basic needs creates child safety concerns.	<ul style="list-style-type: none"> • Caregiver(s) does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age). • Caregiver(s) expectations of the child are unrealistic and far exceed the child's capacity thereby placing the child in unsafe situations. • Caregiver(s) avoids parenting and basic care responsibilities. • Caregiver(s) does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children). • Caregiver(s) place their own needs above the children's needs thereby affecting the children's safety. • Living conditions severely endanger the child.
11	Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	The lack of resources must be so acute that their absence could have an imminent severe effect on a child. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.	<ul style="list-style-type: none"> • Family has no food, clothing, or shelter. • Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety. • Family is routinely using their resources for things (e.g., drugs, electronics, vacations) other than their basic care and support thereby leaving them without their basic needs being adequately met.

Pennsylvania Safety Threats

12	Caregiver(s) perceive child in extremely negative terms.	“Extremely” is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.	<ul style="list-style-type: none"> • Child is perceived to be the devil, demon-possessed, or evil. • Caregiver(s) perception of the child is extremely negative e.g. deformed, ugly, deficient, or embarrassing. • Caregiver(s) perceive the child as having taken on the same identity as someone the parent/caregiver hates, is fearful of, or hostile towards; and the parent/caregiver transfers feelings and perceptions of the person to the child. • Child is considered by caregiver(s) to be punishing or torturing them. • Caregiver(s) is jealous of the child and believes the child is a detriment or threat to the caregiver(s)’ relationship and stands in the way of their best interests. • Caregiver(s) sees child as an undesirable extension of self who needs purging or punishing. • Caregiver(s) sees the child as responsible and accountable for the caregiver’s problems; blames the child; perceives, behaves, acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.
13	Caregiver(s) overtly rejects county agency intervention; refuses access to a child; and/or there is some indication that the caregivers will flee	The rejection is far more than a failure to cooperate, open anger or hostility about county agency involvement or other signs of general resistance or reluctance. This safety threat applies also when there are indications that a family will change residences, leaving the jurisdiction, or refusing access to the child.	<ul style="list-style-type: none"> • Caregiver(s) refuse to allow county agency in the home or access to certain parts of the home. • Caregiver(s) refuse to allow county agency to see or speak with a child; do not inform county agency where the child is located. • Family is highly transient, family has little attachments (e.g., job, home, property, extended family) and/or there are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial debt) and behaviors suggests flight for the purpose of avoiding agency involvement. • Caregiver(s) has demonstrated behaviors of avoidance and/or flight • Caregiver(s) overt behavior prevents caseworker from assessing child’s living condition. These behaviors include but are not limited to: refusing to talk to county agency, avoiding contact with county agency, making excuses for not participating, missing appointments, or other evasive, manipulative, or suspicious behavior.
14	Child is fearful of the home situation, including people living in or having access to the home.	The child’s fear must be obvious, extreme and related to some perceived danger that the child feel; or experiences. Whatever is causing the child’s fear is active, currently occurring, and an immediate concern of the child. Imminence applies.	<ul style="list-style-type: none"> • Child demonstrates extreme emotional and/or physical responses (e.g., crying, inability to focus, nervousness, withdrawal, fear of going home) indicating fear of the living situation or of people within the home. • Child expresses fear and describes people and circumstances which are an obvious and/or serious threat. • Child recounts experiences which form the basis for fear. • Child’s fearful response escalates at the mention of home, people, or circumstances associated with reported incidents. • Child describes personal threats which seem clear, serious, and believable.

Safety Assessment Worksheet – In-Home

Date of Safety Assessment:				Type of Assessment:			
I. Family Name:		Case number:		Caseworker Name:			
Suf	Child's Name	Age	Suf	Child's Name	Age		
Caregiver Name		Rel	Date Seen	Caregiver Name		Rel	Date Seen
II. Identify Safety Threats Below			List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met			Explain how safety threshold was met/ not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)	
Date of Face to Face Contact:							
1. Caregiver(s) intended to cause serious physical harm to the child	Y						
	N						
2. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child	Y						
	N						
3. Caregiver(s) cannot or will not explain the injuries to a child	Y						
	N						
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur	Y						
	N						
5. Caregiver(s) are violent and/or acting dangerously	Y						
	N						
6. Caregiver(s) cannot or will not control their behavior	Y						
	N						
7. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior	Y						
	N						
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs	Y						
	N						
9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety	Y						
	N						
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child	Y						
	N						
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child	Y						
	N						
12. Caregiver(s) perceive child in extremely negative terms	Y						
	N						
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee	Y						
	N						
14. Child is fearful of the home situation, including people living in or having access to the home	Y						
	N						

III. Are Safety Threats Present? Yes? No? If Yes, complete the following:

Discussion Protective Capacities: A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

IV. Safety Analysis: As part of your analysis, respond to the following four questions:

How are safety threats manifested in the family?

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CYS?

Is an in-home CYS managed safety plan an appropriate response for this family?

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?

V. Children Who Were Not Seen: Every effort should be made to see each child in the family face-to-face to determine if they are safe. If there is a child in the family that was not seen (e.g. child runaway), list their name and provide justification as to why they were not seen, how long it has been since someone has seen the child and the plan identified to locate the child and to assure that child's safety.

Child Name	Age	Justification

VI. Safety Decision -

List each child by name or suffix

Decision Date:

Safe: Either caregiver's existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.

Safe with a Comprehensive Safety Plan: Either caregivers' existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.

Unsafe: Caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.

VII. Signatures of Approval (Requires Supervisory Discussion)	Case Worker Name	Signature	Date
	Supervisor Name	Signature	Date

III. Plan Agreement Print Name/ Address	Signature Indicates Agreement with the Safety Plan	Relationship to Children	Date
Responsible Persons:			
Print Name			
Print Name			
Print Name			
Print Name			
Agency Representatives:			
Caseworker		Phone:	
Supervisor		Phone:	
IV. Parental / Legal Custodian Waiver (Sign Below): “I authorize the release of all of the information on the Safety Assessment and Plan to all participants in the Safety Plan, for the purpose of providing information about their role in enforcing the Safety Plan. I hereby waive any rights to confidentiality that I may otherwise have concerning the information on the Safety Plan.”			
Parent or legal custodian name	Signature	Phone:	
Parent or legal custodian name	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Other Name	Signature	Phone:	

Instructions for Completion of the In-Home Safety Assessment Worksheet

Date of Safety Assessment: Enter the date the form is completed

Type of Assessment:

Enter the type of safety assessment you are completing.

- Preliminary (first face-to-face contact)
- Conclusion of investigation/assessment
- New information (new circumstances, referrals, etc.)
- New worker (first face-to face contact after transfer)
- FSP/ CPP review hearing (30 days prior to, not exceeding 6 months)
- Reunification (specify planned or unplanned)
- Reunification follow-up
- Case Closure

As a reminder, safety assessments must be conducted at every face to face contact. Completion of the In-Home Safety Assessment Form must be completed at the following intervals:

Assessment/Investigation:

- Within 24 hours of the first face-to-face contact
- Within 24 hours of the first face to face contact by the new caseworker every time the case is transferred;
- Whenever evidence, circumstances or new information suggests a change in the child's safety;
- At the conclusion of the investigation/assessment, when a decision was made whether or not to accept the case for ongoing services. (within 60 days of the date of referral)

Cases Accepted for Services/In-Home:

- Within 24 hours of the first face to face contact by the new caseworker every time the case is transferred;
- Whenever evidence, circumstances or new information suggests a change in the child's safety;
- Within 30 days prior to the FSP/ CPP Review. (no more than 6 months from the date the case was accepted for ongoing service);
- Within 30 days prior to any planned return home from placement;
- Within 24 hrs after any unplanned return home from placement;
- Within 30 days following any planned or unplanned return home

Case Closure

- Within 30 days prior to case closure, along with risk assessment in accordance with 3490.321(h)(4);

Section I Identifying Information

The following fields are found in this section of the In-Home Safety Assessment Form:

- **Family Name:** Enter the Family Name/Case Name
- **Case Number:** Enter the Case Number that is assigned to the family
- **Caseworker Name:** Enter the name of the caseworker completing the safety assessment
- **Suffix, Child's Name, and Child's Age:** Enter the suffix your agency has assigned to each individual child under suffix. (If your agency does not utilize suffixes, leave this section blank and just list the child's name). Enter the name and age of each child residing in the household.
- **Caregiver Name, Relationship, Date Seen:** Enter the name of each primary caregiver residing in the home and their relationship to the child.

Section II Assessment of Safety Threats

This section documents both present and impending danger threats. This section is to be completed using information gathered in relation to the six domains.

The following columns/fields are found in this section of the In-Home Safety Assessment Form:

- **Identify Safety Threats Below (Column):** This column is the listing of the fourteen safety threats.
- **List Each Child (Column):** This column is where the caseworker would document the date of the face to face contact(s) with the child AND indicate the presence or absence of a safety threat.
 - Enter the date of face to face contact (field) with the child.
 - This field could include individual dates of contact or a range of dates representing when each child was seen.

II. Identify Safety Threats Below	List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met					Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face to Face Contact:	1/08	1/1/09 – 3/9/09				
1. Caregiver(s) intended to cause serious physical harm to the child	Y N	A	B			

- List each individual child by their suffix in the columns provided. Each column represents one child. If your agency does not utilize suffixes, place the child's name (or initials) in this column.
- "Y"- threat is present and meets the safety threshold; "N"-threat does not exist or does not meet the safety threshold.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met				Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face to Face Contact:		1/1/08	1/1/09 – 3/9/09			
1.Caregiver(s) intended to cause serious physical harm to the child	Y		B			
		A				

- Explain how the safety threshold was met/ was not met (column):** This column is where caseworkers would describe how the safety threshold was met (e.g. there is an active safety threat) or was not met. Caseworkers should provide enough explanation so that the supervisor or other individual reading the case file would get a clear understanding of how the threat was in operation.
 - Preliminary Assessments:** Preliminary assessments are often completed with limited information. It is still important to document what information is known. For identified safety threats, caseworkers should still indicate the presence of that threat by recording the child’s suffix or name in the “Y” line. For the remaining safety threats, it is permissible to record the child’s name or suffix in the no line; however, the caseworker should record any information that has been identified to date and explain that current evidence does not indicate the presence of this threat
 - For all other assessments after the preliminary assessment, an explanation must be provided for every safety threat as to how the safety threshold was or was not met. Do not leave any of the safety threshold explanation spaces blank. Do not state that any safety threat is N/A.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met				Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face to Face Contact:		1/1/08	1/1/09 – 3/9/09			
1.Caregiver(s) intended to cause serious physical harm to the child	Y		B			
	N	A				

Section III Protective Capacity: This section documents the current status of the caregiver’s protective capacity. Protective capacities can be absent, diminished or enhanced. When the family first becomes involved with CYS, they may have several capacities which are absent or diminished. Over time, the caseworker will be able to document caregiver progress in the development or use of protective capacities.

- Are Safety Threats Present (Check Box)?** The purpose of this checkbox is to link the information related to the identified safety threats.
 - Check yes or no depending on whether any safety threats were found. If, at any time a caseworker is conducting a safety assessment and no safety threats are present the protective capacity section is not required. This may occur at the beginning of the casework process when it is determined

that an assessment/investigation is not necessary or at the end of the casework process when you are getting ready to close the case.

If any safety threats are present, continue completing this section to determine if any caregivers have any protective capacities.

III. Are Safety Threats Present? Yes? No? If Yes, complete the following:

Discussion Protective Capacities: A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

The next set of fields (**column name, safety threat by number, and child suffix/name**) are all interrelated. We are looking at how a primary caregiver caused or failed to prevent a specific safety threat to a specific child. The caseworker must then determine the relationship between the threat and what protective capacity needs to be put into place or enhanced to prevent the safety threat from reoccurring. There may be situations where multiple caregivers, children, and threats could be mitigated by a specific protective capacity. If this is the case, one may list multiple caregivers, threats, and children on one row in this section of the form.

III. Are Safety Threats Present? Yes? No? If Yes, complete the following:

Discussion Protective Capacities: A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

- **List the caregiver protective capacity (column):** select the protective capacity that, when enhanced and in operation, would mitigate the safety threat from the listing of protective capacities provided in the Safety Assessment and Management Process Reference Manual. This listing is as follows:

Behavioral

- The caregiver has a history of protecting.
- The caregiver takes action.
- The caregiver demonstrates impulse control.
- The caregiver is physically able.
- The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities.
- The caregiver possesses adequate energy.

- The caregiver sets aside her/his needs in favor of a child.
- The caregiver is adaptive as a caregiver.
- The caregiver is assertive as a caregiver.
- The caregiver uses resources necessary to meet the child's basic needs.
- The caregiver supports the child.

Emotional

- The caregiver is able to meet own emotional needs.
- The caregiver is emotionally able to intervene to protect the child
- The caregiver is resilient as a caregiver.
- The caregiver is tolerant as a caregiver.
- The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.
- 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.
- The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.

Cognitive

- The caregiver plans and articulates a plan to protect the child.
- The caregiver is aligned with the child.
- The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.
- The caregiver is reality-oriented, perceives reality accurately.
- The caregiver has accurate perceptions of the child.
- The caregiver understands his/her protective role.
- The caregiver is self-aware as a caregiver.

III. Are Safety Threats Present? Yes? No? If Yes, complete the following:

Discussion Protective Capacities: A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?



- **Description of Protective Capacity (column):** This column is provided for the caseworker to provide specific information about how a protective capacity is enhanced, diminished, or absent. Caseworkers should begin by identifying the status of the protective capacity and then provide specific information as to how that determination was made. For instance, if a caregiver has a protective capacity but it is diminished, when is it diminished, under what circumstances, what did the protective capacity look like when it was enhanced? What would need to happen to enhance that protective capacity enough that the caregiver could prevent the safety threat from reoccurring? How would you know, etc?

III. Are Safety Threats Present? Yes? No? If Yes, complete the following:

Discussion Protective Capacities: A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?



Section IV Safety Analysis: This section asks four questions that will guide the caseworker in considering options for family safety planning, as well as the potential of in-home safety planning. This analysis will also help inform whether the child needs to be removed from the home. This section should be used to help document the information obtained through the casework process to help support your resulting safety decision.

- **Response to Analysis Questions:** Caseworkers must respond to each of the four analysis questions. The questions help to summarize the information learned about the identified safety threats and caregiver protective capacities, and helps determine what type of plan is necessary in-home, out-of-home, or combination of the two. This information also guides the safety decision.

IV. Safety Analysis: As part of your analysis, respond to the following four questions:

How are safety threats manifested in the family?

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CYS?

Is an in-home CYS managed safety plan an appropriate response for this family?

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?




Section V Children Who Were Not Seen: This section identifies which children were not able to be seen at the time the safety assessment was conducted.

- The child’s name, their age, and the justification as to why the child was not seen should to be listed. Efforts to see the child, the date the child was last seen, and the plan to locate or see the child should be documented here as well.

V. Children Who Were Not Seen: Every effort should be made to see each child in the family face-to-face to determine if they are safe. If there is a child in the family that was not seen (e.g. child runaway), list their name and provide justification as to why they were not seen, how long it has been since someone has seen the child and the plan identified to locate the child and to assure that child's safety.		
Child Name	Age	Justification


Section VI Safety Decision: Based on all of the information gathered and the safety analysis a safety decision is made. This decision should reflect the level and/or amount of safety intervention and the degree of intrusiveness needed to control the safety threat.

- The date the decision was made should be documented under “Decision Date”.
- Each child in the home should be listed by suffix or name in this section.
- This section will determine whether each individual child is:
 - safe;
 - safe with a comprehensive safety plan; or
 - unsafe.
- To indicate a safety decision, record the child’s suffix or name in the corresponding line. Each child should have their own safety decision. Several columns have been provided so that multiple children could be listed.

VI. Safety Decision -	List each child by name or suffix				
Decision Date:					
Safe: Either caregiver’s existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.				D	
Safe with a Comprehensive Safety Plan: Either caregivers’ existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.	A		C		E
Unsafe: Caregivers’ existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.		B			

Section VII Signature of Approval: This section indicates worker and supervisor approval of the safety assessment.

- The caseworker should only sign the worksheet after supervisory discussion and concurrence has been reached.
- Caseworker name should be printed on then line above “Case Worker Name.” Caseworker should sign the document above “Case Worker Signature”. The form should be dated with the date on which it was signed. The supervisor also includes their printed name, signature, and the date of when the safety assessment worksheet is signed.
- If the supervisor instructs the caseworker to make revisions or modifications of the documentation contained on the In-Home Safety Assessment, those changes should be made prior to either person signing the form. This type of revision is not considered to be a “new” safety assessment.

VII. Signatures of Approval (Requires Supervisory Discussion)	Case Worker Name 	Signature	Date
	Supervisor Name	Signature	Date

Instructions for Completing the Safety Plan

Section I Demographic Information:

- **Family Name:** Enter the family name which is on the safety assessment worksheet.
- **Case Number:** Enter the case number which is assigned to the family.
- **Child’s Name/Suffix:** Enter the child’s name or suffixes as they are documented on the safety assessment tool.
- **Date of Safety Plan:** Enter the date the safety plan is completed.

Section II Safety Plan: This is the section where the safety interventions would be recorded. Safety Interventions are actions which can take place immediately and have an immediate effect.

- **Safety Threat by #:** In this column, list the corresponding number of the safety threat to be addressed (from the Family Safety Assessment)
- **Child Suffix:** In this column, list the name or suffix of the child for whom a Safety Action is being developed.
- **Responsible Person:** In this column, the person who is responsible for the Safety Action is listed.
- **Safety Action:** In this column, the specific details of the safety action are documented.
- **Time Period:** The expected duration of the specific Safety Action is documented in this column.
- **How Monitored:** The method by which the Safety Action will be monitored is documented in this column. The person responsible for monitoring, and the frequency of contact for monitoring should also be detailed in this column.

Section III Plan Agreement: Signatures on this section of the plan indicate that the responsible persons agree to their portion of the plan and are willing and able to carry out their responsibilities.

- **Responsible Persons:** Each person who has a responsibility in the implementation of the service is listed in this column, including their address.
- **Signature:** Each responsible person is required to sign their agreement to the safety plan. The signature of each person constitutes their complete agreement with the safety plan and their role with the plan.
- **Relationship to Children:** Each responsible person's relationship to the children should be listed here.
- **Agency Representatives:** This section contains the signature of the county agency caseworker and their supervisor, as well as their phone numbers.

Section IV Parental/Legal Custodian Waiver & Signatures: This section is where the parents/caregivers indicate their understanding and agreement to the safety plan. There may be instances where the parent/caregiver refuses to sign the plan. Caseworkers should document their explanation of the safety plan to the caregiver/parent and document that they were unwilling to sign.

- **Parent or Legal Custodian Name:** This section includes the printed name and signature of the parent(s) and/or legal guardian(s), and their respective phone numbers.
- **Child Name:** In addition, any child 14 years or older is required to sign.
- **Other Name:** The "other" signature line would be utilized by any other household member (i.e. paramour, step parent, grandparent, etc.) who would not technically be considered a parent or legal custodian but has a significant role in the family.

These signatures authorize the release of information contained in the safety assessment and plan to persons who are responsible for safety actions.

Supervisor Checklist

- _____ 1. Has the worker completed all the work related to safety intervention correctly including gathering information to safety that is relevant, pertinent, and sufficient?
- _____ 2. Did the worker involve himself appropriately in the case and with the family?
- _____ 3. Did the worker fully engage the family in the assessment and planning process?
- _____ 4. Did the worker communicate clearly the duties of the responsible parties and document their agreement with the plan?
- _____ 5. Did the worker act in a timely way and expend reasonable levels of effort as suggested by safety related information?
- _____ 6. Did the worker involve all pertinent parties in the initial assessment process?
- _____ 7. Did the worker perform acceptable professional practice and judgment?
- _____ 8. Did the worker assure the child was safe while the initial assessment proceeded?
- _____ 9. Did the worker gather sufficient information including protective capacity along with safety threat information?
- _____ 10. Did the worker demonstrate competence in his knowledge and skill related to safety intervention?
- _____ 11. Did the worker document safety assessment and safety plan in accordance with acceptable practice?
- _____ 12. Did the worker involve the family network and appropriate others in pursuing answers to protecting the children and forming a safety plan?
- _____ 13. Did the worker follow policy and procedure related to safety intervention occurring during initial assessment?
- _____ 14. Is the safety plan sufficient to protect the child from threats of severe harm?