

# **The When and Why of Safety Management**

## **Introduction**

Through our experience across the nation we've noticed there's a fair amount of confusion about safety planning and safety management. Do all safety plans have the same function or purpose? Once a safety plan is put in place, is that all that one must do until the case is closed? Is it reasonable to create a safety plan and close a case? Is there such a thing as a caregiver managed safety plan? How long should a safety plan exist? Are services included in a safety plan? Is child placement a safety service that is implemented as part of a safety plan and/or a safety plan in its entirety? What's the difference between a safety plan and a case plan? Can safety management be established within a safety plan?

A fundamental problem that contributes to the confusion regarding safety planning and safety management that is widely acknowledged by child welfare professionals, is that CPS casework staff have to contend with all kinds of plans: safety, case, permanency, concurrent, court ordered and . . . well you get the idea. When considering how all these plan are intended to "fit together" in some kind of cohesive and reasonable way, it can feel confounding and overwhelming. The abundance and variation of the different kinds of CPS plans has resulted in some efforts to reduce down the number of various plans into a more all encompassing "universal" type structured plan, thus attempting to have fewer plans fulfill a greater number of purposes.

Albert Einstein said, "Everything should be kept as simple as possible but not simpler." Applied to safety intervention, we take this to mean that we should be compelled to keep safety management as relatively simple, practical and reasonable as possible but not to conceive of it in a convenient way that it could be expeditious but in the wrong direction. That's a challenge. Many people approach that challenge by creating forms and requirements that attempt to

make safety management as simple and understandable as possible. We've seen this process result in taking a chance of making safety management simpler than it actually is. This compromising proposition of over simplification and quick fixes is a gamble.

Our idea is to have form (and rules) follow function. We think of this in three ways. First, safety management must relate to what is happening in a family at a specific time within CPS intervention. That means the demands for and purposes of safety management will be different in accordance to what is required at a particular time during CPS intervention. Second, safety management must be resilient enough to accommodate what a worker is experiencing and observing in relation to his or her interaction with a family at any given time. Third, how safety management occurs should be a result of what CPS staff know and carry in their heads rather than forms, time lines, names of plans or ideas. Here we make emphasis of the fact that what a CPS caseworker thinks; what a CPS caseworker does; how a CPS caseworker does it; and why a CPS caseworker does it is what is crucial in safety management. If the thinking and doing is based on the correct purpose as determined by what is happening in a family at a given point during CPS intervention, then distinctions in language, forms, time lines, and so forth, is inconsequential...at least as far as a child being kept safe.

### **Safety Management is Dynamic**

A safety plan that establishes how threats to child safety will be managed should be flexible, yet unyielding in its purpose, and should constantly be open to adjustment. A safety plan that is created the first day a family is seen face to face then remains in place for weeks and months is not dynamic. A safety plan that is required within the first week of CPS intervention that is not constantly scrutinized and modified to accommodate the dynamics of the family, changes in family conditions, newly emerging case information is not a living, breathing, alive experience. It is not timely and therefore may not be reliable. Children who are placed out of the home to keep them safe and who remain in care for

weeks and months are involved in a safety plan that is static or stagnant if there are not routine efforts to reduce the level of intrusion; to increase parent - child interaction; to support caregiver responsibility taking; and to seek ways to include in home strategies that accompany out of home safety planning strategies as appropriate.

The most fundamental concept of effective safety management has to do with the idea of provisional child protection. We are emphasizing that safety plans are provisional plans. Safety plans must continually be subject to revision and adjustment in order to accommodate changes in family system dynamics. The responsibilities in safety management are to assure that the safety plan is sufficient to keep a child safe and to assure that the least intrusive safety plan necessary is in operation. Why make a big deal about this? Well, it isn't enough to say, "establish a safety plan and then assess safety all the time throughout the life of a case." To do so would seem to be an attempt to make safety management "simpler." Speaking from a practical point of view, continual safety assessment that does not inform the provision of safety management runs the risk of becoming routine "busy work". If you as a CPS caseworker are going to know how to think about and do safety management regardless of forms and time lines, it can begin by embracing a way of thinking about safety management that is guided by purpose and based on a foundation of respect for caregivers and their right and role as the providers of protection.

### **Practical...Simple...but not Simpler**

Earlier we said that safety management is concerned with meeting certain safety control purposes at specific times during CPS intervention. Let's consider what those specific times are. There are not many.

- When a threat is identified it must be controlled immediately based on what is known. This means that controlling an identified threat occurs as

soon as it is identified: first contact or anytime during CPS intervention including ongoing case management.

- When CPS determines that circumstances and conditions have changed within the family, which supports modification of the approach to controlling safety.
- When CPS determines that safety threats no longer exist or caregiver capacities or family network capacities are sufficient to provide protection.

Remember that safety plans are provisional. They should be adjusted based on your understanding of what's going with safety threats, caregiver functioning and family support as CPS intervention continues. The more you know about a family and the nature of the safety issues the more empowered you are to create safety plans that involve people in ways that are appropriately intrusive; respectful of the caregivers and sufficient to protect. In the same sense that family functioning is dynamic, so should safety plans.

## **Purpose**

Earlier we said that safety plans and safety management are guided by purpose - more so than a particular form, a list of safety threats, a time line, when documentation is to be done and so forth. Now that we've considered when safety intervention occurs, let's look at purposes of safety management.

- The first purpose of safety management is to immediately control safety threats in an uncomplicated, efficient and suitable manner as possible.

In simple terms this purpose is concerned with suspending the immediate danger to a child so it can have no effect giving you time to better understand what is going on in the family. This purpose is primarily associated with the

initial encounter with a family. So this purpose is related to the first place in time when safety management is a responsibility. Threats to a child's safety are not always apparent at the first visit. Some times you are on guard at the first contact because the CPS report has indicated the child is or may not be safe. Safety threats that you are likely to observe upon first encountering a family are present danger threats to child safety. We wrote about present danger in March 2003. You may want to check the archives and review that month's feature. But for now let's define present danger again.

*Present danger exists when a threat to a child's safety is currently active or being carried out. Present danger is easy to detect. Present danger is totally transparent and happening right in front of you. Present danger is an immediate, significant and clearly observable threat to a child occurring in the present. For example, an infant left alone is in present danger.*

When present danger exists in a family immediate action must be taken. What we call "protective action" or a "protective plan" must be created and implemented the same day. This sometimes is the first safety plan or the first action to manage safety. Its purpose is to control the present danger in order to allow the investigation or initial assessment to proceed.

Here's an example of what we are talking about regarding the importance of immediately controlling present danger safety threats once they are identified. I was assigned a case that was called in by a neighbor. The neighbor called about a young mother and her 6-month-old infant. The neighbor was concerned because she thought the mother had been drinking and was acting bizarre. The police were already there by the time I arrived. The mother and child lived in a small trailer. When I entered the trailer two police officers were attempting to talk to the mother and calm her down. She was holding the baby; shifting her from arm to arm; handling her in a reckless manner. She was babbling, upset, disoriented. Alternatively, she would cry then verbally lash out at the police officers. The

police officers retreated for me to talk with her. She became hysterical, lost her balance and dropped the baby. I was able to catch the baby before she hit the floor. I took the baby outside; found the neighbor; and asked the neighbor to watch the baby temporarily. With the assistance of the police we arranged for the mother to be transported to the mental health center. The mother was unable to provide any reliable information about her family or others who might be a resource to her and her child. I consulted with the neighbor who knew little about the woman and nothing about her family. The child was placed in a receiving home. The safety plan or what we refer to as a CPS protective action or protective plan was child placement. The purpose of the protective action was to 1) assure the child's safety so as 2) to allow the initial assessment to proceed. I knew nothing of this woman. I had not a single clue about how to effectively protect this child in the least intrusive manner, which was also respectful of the mother and her condition. I did not know if the situation I observed there in the trailer was typical of this mother or some sort of unusual aberration. I did not know about the nature of the mother's functioning and in particular what role she could play in a safety management effort. The protective action of placing the child in the receiving home provided me with the time and opportunity I needed to gather information; to increase my understanding; to reach a determination about impending danger threats to child safety in this family and how they were manifested; and to sort out whether the apparent present danger was related to or evidence of impending danger. The protective action I took provided immediate protection for the child at the point of initial CPS contact with the family and enabled me to have an opportunity to gather better information about the family circumstances as well as become more adequately prepared to respond appropriately with a comprehensive and effective family centered safety plan if impending danger threats existed.

- The second purpose of safety management is to implement a sufficient safety plan that is based on a fuller understanding of family functioning.

While the implementation of an immediate protective plan or what some refer to as an initial safety plan is prompted by the identification of present danger that is actively threatening a child's safety at the point that a CPS worker is encountering a family, safety plans that are prompted by a fuller understanding of family functioning are usually conceived during or at the conclusion of an investigation or within the context of ongoing CPS. With this in mind, it is important to note that safety plans developed for the purpose of controlling impending danger are in most cases not established during a period of active crisis and family chaos that is often characteristic of present danger and immediate protective planning at the point of initial contact with a family. This further distinction should help to clarify not only the difference in purpose for immediate protective plans and safety plans but also the variation in the nature and qualities of the respective safety plans.

Too often, as safety models are implemented there is an inclination to focus worker safety intervention responsibilities on timeline milestones. Certainly there is merit in establishing timeline milestones for assessing safety. Namely, specific timelines for safety assessment helps to establish greater structure and standardization among staff. Too much emphasize however on safety assessment timelines without providing clarity regarding rationale for why it is necessary to assess safety at specified decision-making points often results in staff confusion and frustration. This subsequently influences the amount or rigor and analysis that workers' apply to continued safety assessment as well as safety management. In the absence of providing staff with a rationale for why they should be concerned with reassessing safety at designated points in the CPS process, a legitimate question is frequently raised regarding why it is important and necessary to always reassess child safety and reconsider safety management at

the conclusion of the investigation and then continually throughout ongoing CPS involvement.

The answer to this question is simple and yet absolutely critical to effective safety assessment and management. While it is possible in some cases to gather sufficient information to identify impending danger during an initial and/or brief contact with a family, usually impending danger becomes apparent throughout the course of the investigation and/or during ongoing CPS. Diligent efforts must be made to gather family data in order to assess family functioning consistent with impending danger standards.

How does the definition for impending danger differ from present danger?

The March 2003 article defines and describes impending danger as follows:

*Impending danger refers to threatening family conditions that are not obvious or active or occurring when you first show up but are out of control and likely to have a severe effect on a child in the near future (which is any time during the near future.)*

The fuller understanding of family functioning provides the essential basis for assessing impending danger and analyzing how impending danger threats are manifested. Additionally, a more thorough understanding of a family during or at the conclusion of an investigation or during ongoing allows CPS to evaluate family members and/or community individuals who might be suitable to assist in a safety plan; and judging what is required to provide the least intrusive sufficient safety plan.

The fuller understanding of family functioning usually does not occur as a result of a brief contact with a family or during a contact with a family when caregivers under stress or somehow incapacitated. Identifying impending danger can only result from interviews and information collection that are part of a

thorough investigation/initial assessment process or assessments required during ongoing case management. Knowing the family better in terms of what is going on and what caregivers and others capacities are can be accomplished in one or a few home visits in the child's home that include interviews with key people; interviews with those in the family network; and information collection from pertinent collateral contacts. This kind of information collection can take hours to a few days. It might take several days to beyond a month depending on how you approach conducting an investigation/initial assessment. Many states require workers 30 days to complete an investigation/initial assessment that produces the necessary information. Some states allow 90 days and beyond to complete an investigation/initial assessment. The safety management purpose being addressed here does not depend on a time requirement. This purpose is addressed at the time the CPS caseworker has enough understanding of family functioning to be able to assess impending danger and implement a sufficient safety plan. Therefore, safety management is guided by function, rationale and achievement of purpose. This purpose may be achieved during the investigation/initial assessment; at its conclusion or during ongoing case management if that is when impending danger is first understood.

It should be clear to you now that the safety plan that is intended to address impending danger can be far more robust and creative than the safety plan that must be set in place at the first contact. The safety plan that is created based on a fuller understanding of a family can be more versatile with respect to use of in home and out of home options; of kinds of actions or safety services deployed to assure safety; and of involvement of family network members and community resource people.

We should note here that many cases begin with initial contacts where no present danger is identified. In other words sometimes you encounter a situation in which the child is not in immediate danger or you do not observe danger to a child occurring before your eyes. In other words, the mother is not delusional at the point

of contact, the child is not unsupervised at the point of contact, the father is not intoxicated to the point of incapacitation, etc. Many investigations/initial assessments do not begin with a safety management issue but proceed with information collection. No protective action is taken because you do not see an indication that safety management is necessary. However, as a fuller understanding is gained from information collection often that understanding reveals impending danger. In other words, a father was not intoxicated at the point of initial contact by CPS but as a result of fuller information obtained during the course of the investigation it is determined that the father is routinely and consistently intoxicated to the point where he is unable to adequately protect.

In CPS, family members are reluctant to reveal themselves, to disclose what is happening within the family. If something is not happening before your eyes like present danger threats, it will take time and effort to understand individual and family dynamics. By conducting effective investigations/initial assessments impending danger can be exposed and understood. Your ability to explain the specifics of what you've observed as a threat of danger requires a full and effective study of the family. This is how you identify impending danger. If no protective plan or action has been taken at the onset of an investigation, then it is at the point that impending danger is identified that CPS establishes the first safety plan. Naturally, if a protective plan was established to allow the investigation to proceed then during or at the conclusion of the investigation when you establish a safety plan to manage impending danger you are essentially implementing the second safety plan. Does that confuse you? Well a way we've thought about it is that the protective plan is a short term, temporary, uncomplicated means for assuring safety while the investigation proceeds. Once impending danger can be assessed and understood as a result of the investigation the more formal official safety plan is established. The purpose of this "official, more formal" safety plan

is to manage impending danger in the least intrusive manner to allow CPS remedial intervention to proceed.

Here's an example of what we are talking about concerning this second purpose, impending danger and a more robust official safety plan. A case was assigned to me in order to complete an investigation/initial assessment. It involved a father, mother, an 11-year-old girl and a 2-year-old boy. The report was primarily concerned with the parents leaving the children alone on weekend nights while they socialized at a local bar. The report indicated that the girl was not capable of caring for her brother and that the children were alone for long periods of time. The older child was reported to be extremely afraid. The first visit occurred promptly after receiving the report and both parents and the children were seen at the initial visit. There was no present danger and therefore no need for a protective action or a safety plan at the time. At the first home visit I began the information collection process by interviewing both children, each parent separately, and the parents together. The parents were cooperative; a bit reluctant to open up; and preoccupied with who reported them. A number of concerns were revealed about family life and stress. Subsequent to the first home visit I continued the information gathering with contacts with family members; some key collateral interviews; and follow up interviews with the parents – separately. Within 10 days or so I had come to understand the family in such a way that I determined that impending danger existed. Leaving the children at home alone on weekends was not the threat to safety. Domestic violence was. Through conducting the information collection I became aware of serious violent exchanges between the parents each equally ferocious in their fighting. The fighting usually was influenced by alcohol. These fights terrorized the girl and the toddler was unprotected while the fighting occurred. The fighting occurred occasionally each month but was generally spontaneous in occurrence. In other words the violence could happen at any time. The family was generally successful in concealing this behavior from the neighbors and others. However, through the process of gaining a fuller understanding of family functioning and by connecting with the rather extensive family network in the community I could

become well informed about the impending danger and how it manifested. The fuller understanding resulted in the creation and implementation of a safety plan that included some family members; a case aid to monitor family interaction; an intensive family service worker to prevent violence from having an effect on child safety, and some planned parent- child separation. I was able to achieve the second purpose of a sufficient safety plan based on a fuller understanding of the family.

You can easily notice the difference between the example of the protective action taken in the first case example and the “official” safety plan in this example. This safety plan could only be produced from having had a fuller understanding of the family. It is obviously much more robust and comprehensive than the simple placement action in the first example. Yet, it is less intrusive than the protective action, which was necessary given the lack of information at the point, and time the protective action in the first example was required.

- The third purpose of safety management is to modify existing safety plans always seeking to reduce intrusiveness.

PROVISIONAL! Remaining attentive to the idea of dynamic and provisional safety plans and safety management, this third purpose may be required during investigation but is more likely to occur in the context of ongoing CPS case management. The expectation is that CPS should routinely reassess safety threats and consider what is happening in a family that could have a bearing on modifying safety plans. Now, that could mean that a family’s situation worsens which results in the need for more intrusive measures to safeguard a child; alternatively, it can mean that family circumstances, individual behavior and attitudes or resources and capacities have change sufficiently to modify, revise, adjust or even drop a safety plan.

Here we must confront the predisposition to view safety plans in rather diametric terms. This refers to these kinds of perceptions:

- Children are safe, CPS leaves them at home; or children are not safe, CPS places children; and
- Children are not safe; CPS creates an in-home plan or an out of home plan.

This kind of “one way or the other” way of seeing safety management fails to appreciate that the best safety intervention, safety plan, safety management is that which is creative, multi-dimensional or multi-layered.

When you think about this purpose of modifying safety plans it is best not to think diametrically but to approach the modification to safety plans like producing a kaleidoscope. Don't feel confined to certain options or single methods. Modify safety plans, that figuratively speaking; reflect various shades, shapes, symbols, and figures. We do not need to be restricted to the lock step thinking of out of home or in home safety plans. Combinations of methods for managing safety and various people involved in accomplishing the safety plans objectives can contribute to achieving this purpose more effectively and more sensitively with respect to the family. So “modified safety management” represents a third version within the safety intervention/safety planning process. And yet, this third version may continue to evolve into additional modified safety plan versions right up to the time the caregivers fully resumes responsibility for providing protection to their children. The purpose of the modified safety plans is to manage impending danger, allow caregivers to contribute to the child protection responsibility to the extent appropriate and reduce intrusiveness.

The responsibility for modifying safety plans is profound in ongoing CPS intervention. It is associated with important ongoing CPS activities and responsibilities such as safety plan oversight, concurrent planning, caregiver –

child visitation, reunification, client progress and client change. Upcoming monthly articles will be devoted to the safety management in ongoing CPS. So for now we will leave this particular purpose for later deliberation.

## **Closing**

This article began with a bunch of questions representative of confusion that exists with respect to safety plans. Here's how we'd answer those questions.

- *Do all safety plans have the same function or purpose?*
  - No
  
- *Once a safety plan is put in place, is that all that one must do until the case is closed?*
  - No
  
- *Is it reasonable to create a safety plan and close a case?*
  - No
  
- *Is there such a thing as a caregiver managed safety plan?*
  - No
  
- *How long should a safety plan exist?*
  - Until threats to safety no longer exist or caregiver capacity is sufficient to provide protection.
  
- *Are services included in a safety plan?*
  - Yes...see our article from March 2004
  
- *Is child placement a safety service and all or part of a safety plan?*
  - Yes to all...again look at the March 2004 article

- *What's the difference between a safety plan and a case plan?*
  - See our article from December 2003
  
- *Can safety management be established within a safety plan?*
  - Yes

We hope that this article helps to clarify matters concerned with creating and managing safety plans.