

Immediate Evaluation of the Safety Plan

Introduction

In April, 2005, we began a series of articles focusing on the safety management roles and the related responsibilities for ongoing CPS workers. These first two articles in the series addressed the diligence and effort that is necessary when case transfer from initial assessment/investigation to ongoing CPS occurs. Last month's article concerned with the CPS case process stressed the importance of understanding and accepting the numerous complex tasks that require routine attention as long as a child is unsafe. It was highlighted that in order for ongoing CPS staff to be effective in their role they must be confident about and proficient in the tasks of initial assessment which include application of information standards that guide decision-making, safety threat identification, and safety planning.

In this month's article, we will take a closer, more detailed look at what is necessary to adequately determine if safety plans are sufficient at the time when ongoing CPS workers receive new cases from initial assessment/investigation. Let's set the foundation by looking at a typical, but real, safety plan. See if you believe that this safety plan is more detailed, similar to, or less comprehensive than the ones you usually receive at case transfer.

Disclaimer

The ongoing CPS worker's responsibility to conduct an immediate evaluation of the sufficiency of safety plans transferred to him or her remains the same whether the safety plan involves in-home safety management or out-of-home safety management. Note: If a case is transferred to you, the ongoing CPS worker, and the child is placed, that placement is the safety plan. Everything in this article applies to that situation as well as to in-home safety plans transferred to you. Okay? Read on.

The Delaney Family

This family includes a father of a three-year-old boy and his live-in girlfriend. The child has been brought into the hospital on a few occasions for injuries that were reportedly suspicious but could not be confirmed as non-accidental in nature. Currently the injuries include bruising to the face, arms and legs. The father and his girlfriend indicate that the child is “accident prone.” They stated that another child that the girlfriend was babysitting caused one of the injuries—the bruise on the forehead. There also appear to be questions regarding the quality of supervision and unrealistic expectations of the child in terms of self-care. The father is unemployed. The relationship between the father and girlfriend is often argumentative. There is some suggestion that the fighting between the father and the girlfriend has become physical. Both caregivers are very cooperative, seem very concerned, and are willing to accept CPS intervention.

Proposed In-Home Safety Plan:

1. Monitor and Supervise Situation.

Provider: Child's Pediatrician

The Pediatrician will monitor the child's welfare. He will examine the child and check for bruising and injuries. Further, the pediatrician will check with the father and his girlfriend (caregivers) regarding their personal interaction and/or any difficulties that they are having with the child.

Time Frame: Scheduled Bi-Monthly

2. Separation/Child Development

Provider: Headstart

Headstart will work with the child's motor and social skills. Headstart will also provide some separation and relief for both the caregivers and the child.

Time Frame: 5x wk - 9 am to Noon

3. Parenting Counseling

Provider: Caseworker

This caseworker will assist the father in developing appropriate parenting knowledge and improve parenting skill.

Time Frame: 2x a month

4. Resource Development

Provider: Caseworker

This caseworker will assist the father with obtaining employment.

Time Frame: Ongoing

5. Separation

If the arguments continue between the father and girlfriend, the father has indicated that he will ask her to move out.

As you proceed through the article and consider the principles and practices related to evaluating safety plan sufficiency at case transfer, think about how the Delaney safety plan holds up. What appears to be the primary impending danger threat? What level of confidence can we have about the child being protected? What are the limits of this plan?

At the conclusion of the article, we'll provide you with our take on the sufficiency of the Delaney safety plan. However, for now, consider the following:

- Do the safety responses seem sufficient? Why or why not?
- Are the safety responses consistent with the purpose of safety planning which is to control safety threats rather than change them?
- Is the level of effort sufficient by all parties involved to assure protection?
- Do you have any concerns about the time-frames, accessibility, or availability related to safety responses and those involved in the safety plan?

Key Safety Plan Evaluation Issues

Rules of Engagement at Case Transfer

The responsibility for the safety and protection of the children is the paramount responsibility for all CPS workers. Who would argue that the oversight of that responsibility could be the loosest at case transfer? All too often when the initial assessment worker hands the reins to ongoing CPS, there is some gap of time that elapses. For a day...maybe days, the case often is in limbo. Who is responsible for safety management? The initial assessment worker's attention

turns to other immediate, demanding assignments. For the ongoing CPS worker, this unknown case is dropped into a pile of already demanding ongoing CPS cases.

Every jurisdiction has varying procedures for transferring cases to ongoing that include things like required information exchange, individual meetings between supervisors and workers, case staffings, and, to a much less extent, joint home visits involving initial assessment and ongoing CPS staff. Despite apparent standards and procedures that are in place, we often hear ongoing CPS staff indicate that, for a variety of reasons, following case transfer the procedures do not consistently happen. Now, what we would maintain is that even if case transfer standards and procedures were followed, most of these do not include specific expectations and instructions for transferring the safety management responsibility and evaluating the sufficiency of the safety plan.

It should be emphasized to ongoing CPS staff what the most crucial information is that would “get them up to speed” concerning case conditions, impending danger threats, and safety plans. Furthermore, it should be emphasized to ongoing CPS staff what their ongoing CPS safety management responsibilities are.

What are the rules of engagement to which we refer? Surely, ongoing CPS staff has received lots of messages about engagement as it pertains to involving families in efforts to change. That is not what we mean here. This use of the idea of engagement in this context is concerned with the ongoing CPS worker becoming connected to, busy and occupied with the role and responsibilities of safety management. In simple terms, what should you as an ongoing CPS worker do, in the beginning, to get going with your safety management responsibilities?

The rules of engagement for ongoing CPS staff related to safety management are:

❖ Immediate Contact with the Caregivers and Children.

This rule, with respect to what qualifies “immediate” is dependent on exactly what is happening in a case: unusual case activity; nature of safety threats; whether the safety plan is in-home or out-of-home and the need to respond differently to each; child vulnerability including accessibility to the safety threat; level of effort, frequency of activities in the safety plan, and reliability of those involved in the safety plan; confidence related to caregiver participation and trustworthiness.

❖ Immediate Evaluation of the Safety Plan.

This requires confidence and proficiency regarding the purpose and function of the safety plan. This includes ensuring that threats are controlled and managed at the appropriate frequency and duration that matches how threats are occurring with services to mitigate and control them.

❖ Immediate Adjustment of the Safety Plan.

The safety threshold qualifies dangerous family conditions as imminent which means that troubling family conditions are likely to have a severe effect on a child from now to the next several days. This fact compels us to always act promptly and thoroughly when a safety plan is judged to be insufficient and in need of modification. Provisional protection needs to be understood as dynamic, alive, and always adjustable. Meeting the mandated reasonable efforts requirements supports the idea of provisional protection and best

practice. The “immediate adjustment” rule follows so that you balance assuring child safety using sufficient safety plans and do so using the least intrusive methods necessary.

Note: In the context of case transfer, “immediate” refers to a time period. It begins with cases involving an unsafe child when the case is opened or assigned to ongoing CPS rather than when the case is actually given to an ongoing CPS worker. The time period is completed within one work week. From the time a case is assigned, to when an ongoing CPS worker assumes direct responsibility for safety management, should be qualified by specifically what is going on in a case and what is set forth and required to be occurring within the safety plan. In other words, the outside limit of this time period should be thought of as a minimum standard, and the application of the rules of engagement should be qualified by specific case conditions and the requirements of the safety plan.

It is important for you as an ongoing CPS worker to become informed and prepared concerning necessary home visits, scheduled appointments, court hearings, and so on. However, the bottom line is that reviewing the safety assessment and safety plan are your most important beginning responsibilities upon being assigned a case. To do so is to effectively attend to the primary objective of CPS: to assure the safety of children.

Confirming the Rationale and Sufficiency for the Safety Plan

A sufficient safety plan is a “well thought-out approach containing the most suitable people taking the necessary action frequently enough to control the safety threats and/or substitute for the diminished caregiver protective capacities.” This definition presses us to move well beyond traditional diametric thinking associated with unsafe children and safety intervention such as the old idea and practice “unsafe equals placement.” Safety planning and, therefore, safety management should be creative and individualized to each family that is identified as needing a safety plan. At case assignment to ongoing CPS, your job

is to move immediately toward reaching a personal judgment that safety plans transferred to you are well thought-out; contain the most suitable people; include necessary actions; identify necessary level of effort; and are effectively related to safety threats and diminished caregiver protective capacities.

In order to confirm that a safety plan is the most appropriate and sufficient as described in the above definition, you must consider four areas of analysis:

❖ Do I understand how the safety threats are occurring in the family?

How long have the conditions in the family posed a threat? What is the frequency of the family condition? How predictable is the threat and, is there a time when it is more likely to be active? Are there particular times of the day that require “special attention”?

What does it mean if I do not know the answer to these questions clearly and thoroughly? If the record, the initial assessment worker, the case staffing and the procedures do not fully inform me about how safety threats are occurring, what should I do? Without being able to articulate the nature and occurrence of safety threats in detail, I am left with two alternatives: 1) launch an immediate effort to meet with the family and collect the information myself, and 2) consider the need for an out-of-home safety plan until the lack of clarity can be reconciled. Simply put, I cannot control something if I don't know what it is.

❖ Is there some caregiver capacity in the home that can manage the threat without direct assistance from CPS?

Family-centered beliefs and practices should influence CPS to always consider safety planning in ways that involve and employ family members and family resources to achieve a safe home.

Family circumstances and resources can be different between the original development of safety plans and case transfer. At case transfer, you should explore whether a non-maltreating caregiver with sufficient capacity is available. Perhaps a maltreating caregiver has since agreed to leave the home or will consider the option. It is possible that other family members or other people have become available since the time when the safety plan was established by the initial assessment worker. You should always be open to the prospect of reducing intrusiveness and returning the protective responsibility to the family, if not the caregivers, when safety can be guaranteed.

❖ Can I modify an out-of-home safety plan by increasing in-home safety management options?

Do the caregivers reside in the home? Is the home environment calm and consistent enough at a minimal level? Are caregivers willing and cooperative with in-home safety planning? Are there any further professional/medical evaluations necessary? If the answer to all of the questions is “yes,” then I should consider adopting an in-home safety plan or, at least, determine if I can work with the caregivers and family to devise some in-home safety management options that can match up with the out-of-home safety plan and can accelerate a child’s return home. How does caregiver – child visitation and contact influence this analysis question?

❖ If I consider modifying an out-of-home safety plan to an in-home safety plan, what must I figure out?

What responses, safety actions, and safety services will be needed? In what frequency? Who can and/or must be involved in planning and also in assuring that necessary action occurs as planned? Can I

make an effective match of safety responses/services to control threats? How will I know that the actions I plan will control threats as they are intended to do? What is the level of effort required, for example? How often during the week should safety actions and services occur and for how long each time should they occur? Are there periods of time each day or each week that require special attention? Besides me, are there others who can and will assure effective implementation of the plan?

There are two other things I must address. First, I must decide if the safety providers are suitable and capable beyond the required background checks. I must be able to document their protective capacities, commitment and alignment with CPS, trustworthiness, and reliability. The last step I must do, after considering the four areas of analysis and figuring out what the safety plan must be, is to reach a confident conclusion that I have what is necessary. If I cannot be confident about the plan and who will be involved in it, then I must conclude that an out-of-home safety plan is the reasonable option.

Other Criteria to Judge the Sufficiency of the Safety Plan

When evaluating the sufficiency of safety plans, keep in mind that all safety responses/services also have to satisfy five essential criteria:

1. Immediately available - can be deployed right now and in sufficient quantity.
2. Action oriented - services that are active and focused with respect to the safety factors, not change or treatment related.

3. Flexible access - services that are located in acceptable proximity and can be called upon for immediate response.
4. Immediate impact - services that do what they are supposed to do as they are delivered and achieve the objective.....keep kids safe.
5. No promissory commitments - having no expectations in safety plans for caregivers complying with or being responsible for protecting their children, promising to protect, or stopping certain behaviors.

The identification of safety threats in a family is in part a determination that a family condition is “out-of-control.” The result is that CPS must intervene on behalf of a vulnerable child and must assume the responsibility for what caregivers cannot or will not do. Substituting for parenting behavior that is “out-of-control” cannot begin leisurely. It must be immediate. Safety plans should never ask nor have caregivers promise to change behavior. If caregivers could change their behavior and situation on their own, CPS would likely never have had to be involved.

When In Doubt.....

For you as an ongoing CPS worker, evaluating and determining the sufficiency of safety plans begins as soon as a new case comes into your hands and continues throughout your ongoing safety management responsibility until the child is safe and lives in a safe home. Always be mindful that diligence and actively responding in accordance to what you know about safety threats and caregiver protective capacities is crucial to effective safety management. Safety intervention should be driven by the concept of provisional protection which maintains that what you do to manage a child’s safety should always be thought of as in a state of flux, subject to increasing or decreasing the level of effort and intrusion in accordance with what is happening in the family. Family systems are always in a constant state of adjustment and fluctuation. As caregiver protective

capacities and safety threats are enhanced or reduced, so should the level of intrusiveness be increased or reduced to match what is happening in the family.

When you use the principles, rules, and analysis provided in this article to evaluate safety plans you receive at case transfer, there are only two conclusions that are possible: safety plans are sufficient or they are insufficient. These conclusions leave you with two options or actions to take. If you conclude that a safety plan is sufficient, then you reinforce and confirm it to everyone involved and proceed to manage it. If your conclusion is that a safety plan is insufficient, then you increase or decrease the level of effort and intrusion based on your understanding of safety threats and caregiver protective capacities.

Summary

As an ongoing CPS worker, when evaluating safety plans transferred to you, consider the following:

- Make sure you know how the safety plan is supposed to be managed before you fully take the reins from the initial assessment worker.
- Make sure you fully understand exactly what is expected in a safety plan and who is to do it.
- Make sure you understand the rationale for the type of safety plan (e.g., in-home, out-of-home, or a combination of in-home and out-of-home) which includes a full understanding of the safety threats and how they are manifested.
- Make sure that the safety plan will keep the child safe. Rely on your supervisor to confirm that judgment. Concluding a safety plan is sufficient goes hand-in-hand with the level of your confidence. Any time your confidence is in question about the safety plan, chances

are that it is reasonable to question its sufficiency. “Maybe or probably” are not good standards when it comes to making sure children are safe.

- Make sure that all safety services are kept qualified by criteria that you apply.

- Confidence and proficiency at evaluating the sufficiency of safety plans are not fulfilled until you appropriately make necessary adjustments immediately upon realizing the need to do so.

Related articles for further, in-depth reference:

- March 2003 – **“Threats to Child Safety”**
- December 2003 – **“The Safety Plan”**
- February 2004 – **“Are the People Who Participate in Safety Plans Suitable to Do So?”**
- May 2005 – **“Provisional Safety Management”**

Next month

Next month’s article will be **“Protective Capacity Assessment: Beginning the Process of Integrating Safety Concerns into Case Plans.”**

Our Take on the Sufficiency of the Delaney Safety Plan

These observations are directly related to the principles and practices discussed in this article.

Do you remember that a sufficient safety plan is a well thought-out approach containing the most suitable people taking the necessary action frequently enough to control the safety threats and/or substitute for diminished caregiver protective capacity? Keep that in mind as we share with you what we believe about the sufficiency of the Delaney safety plan.

Determining the Rationale of the Delaney Safety Plan

Do I understand how the threats are occurring in the family and are the people/services taking the necessary action to mitigate against the threats?

- The answer is no. The facts are that there is a documented history of injuries that are suspicious, but are not confirmed to be non-accidental. Anyway, the injuries are unexplained. We have to pay attention to that. If you are unable to understand how, when, and what it is that you are trying to control, you need to be pretty conservative with respect to what is required to keep a child safe. Perhaps an out-of-home safety plan is necessary until you can get better clarity about the nature and occurrence of the safety threats. This is a judgment about the level of effort and intrusiveness that CPS needs to use to intervene with the family. An in-home safety plan in the Delaney case with the threats and injuries unexplained means we need to have high exposure and involvement of the “most appropriate-suitable people” in the development and implementation of the safety plan. This is so because the threats are active seven days a week when the child will not be at Headstart. Special attention should be focused on the times in the afternoons/evenings when

the girlfriend is home when there may be an increased potential for domestic violence in the home. You will notice that there is nothing in place to address these times. The Delaney situation suggests the need for a big time effort of involving eyes and ears which includes the CPS caseworker. We think that relying on the pediatrician for oversight is shortsighted given that his or her exposure to the case is likely to be less than once a week and likely is subject to the father and girlfriend bringing the child in to be seen. So, we conclude that there is not enough time or effort demonstrated in the Delaney safety plan particularly given that the single safety threat we are sure of is “unexplained injuries.”

Other Sufficiency Criteria

- Immediate availability and impact

Only the Headstart separation service satisfies this criterion assuming that there is an opening and the child can start the next day without any testing. However, this only covers three hours a day for five weekdays. Otherwise, there is nothing that is controlling or substituting for a family condition or parenting behavior that may be a threat to safety.

- Action oriented

Headstart is the only service that meets this criterion. The separation of the child and caregiver assures the safety of the child for the three hours each day during the week. None of the other services are active and focused with respect to the safety factors. Parenting counseling and resource development are not safety services. Parenting counseling and resource development are change and treatment related and are not focused on impending danger threats. (Additionally, these services take time to have an effect. See above criterion – immediate impact.)

- No promissory commitments

The father has indicated that he will ask his girlfriend to leave the home if the arguments continue. If domestic violence in the home was identified in the safety assessment, then it was determined to have met safety threshold criteria particularly as related to being out-of-control. CPS should not put the responsibility for controlling a threat on the father after having determined that he is involved in a family behavior that is out of his control

We conclude that the Delaney safety plan is insufficient and needs to be revised by the ongoing CPS worker immediately.