

Being Prepared for Ongoing CPS Safety Management

Introduction

This month we start a series of safety intervention articles that will consider ongoing CPS safety management functions, roles, and responsibilities. We will continue to emphasize concepts and ideas that we have covered in previous articles since those also serve as the foundation for ongoing safety intervention and must be understood and applied by ongoing CPS staff.

This month's article is concerned with essential understanding and competence an ongoing CPS worker must possess when assigned a case involving safety issues.

CPS Intervention Process

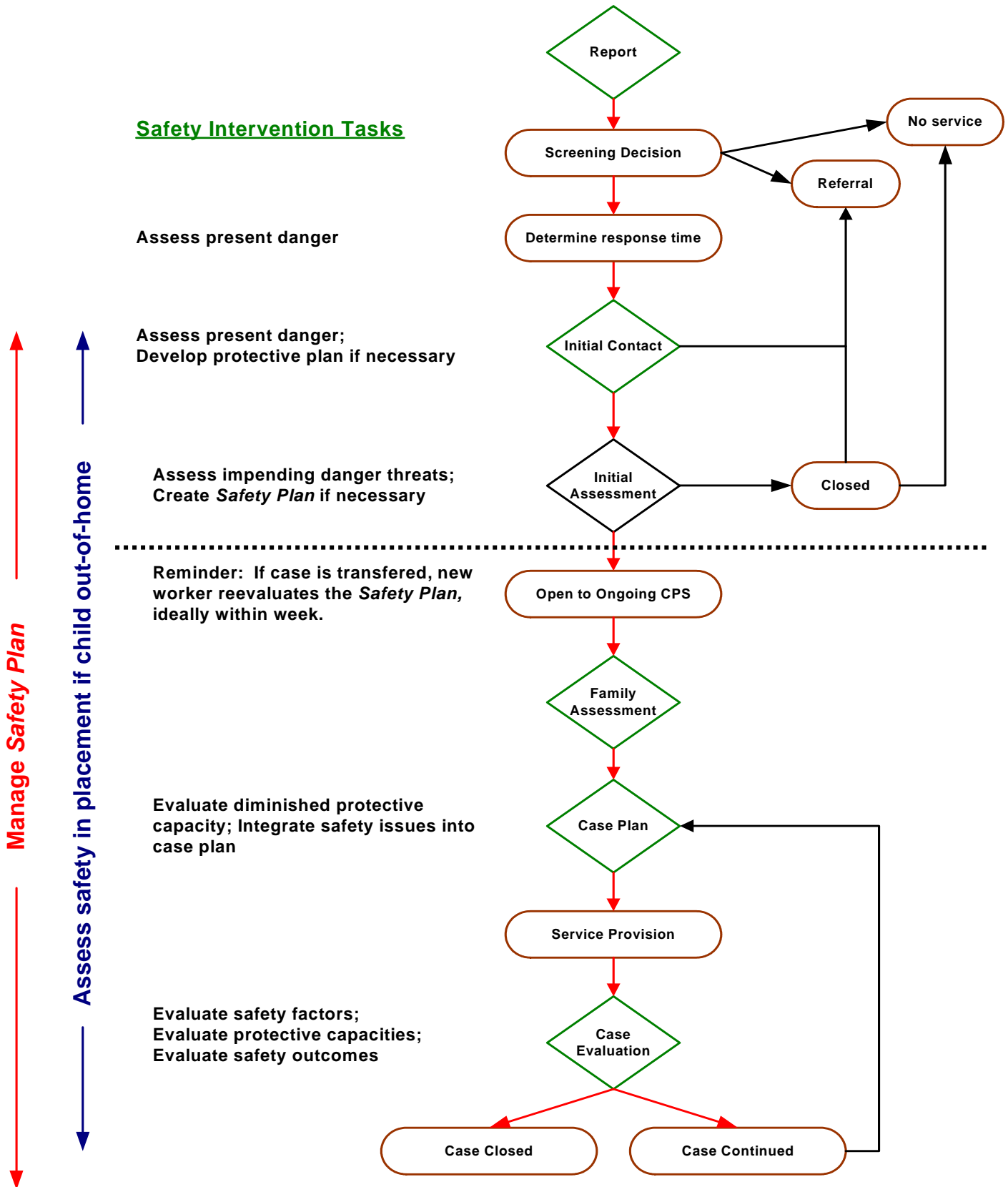
Context is everything. To fully understand your role to implement effective ongoing safety intervention, it can be helpful to consider what you are responsible for within the context of the entire process of safety intervention. We use a chart to depict the traditional CPS case process in order to visualize all the activities and decisions for safety intervention and to emphasize the ongoing CPS safety intervention responsibilities (see flowchart on Page 3).

The activities within the CPS process are essentially divided between two functions: initial assessment (investigation) and ongoing CPS (ongoing case management). The dotted line that crosses the page signifies the split between "front-end" intervention and "ongoing" intervention. This is important in order to recognize the primary safety tasks for both initial assessment (investigation) staff and ongoing CPS staff.

Summary of Safety Intervention Tasks within the CPS Process:

The primary concern of CPS staff is to ensure the safety of children. The primary objective is empowering parents to protect their own children. When you look at the CPS process, you can see how the intervention process is intended to accomplish this. The first step in managing child safety involves safety planning. The use of in-home or out-of-home safety plans assures that children are safe and protected as a result of CPS managing and substituting for what caregivers cannot or will not do. Once safety threats are under the control of CPS, the focus of intervention can begin shifting to include the achievement of the primary CPS objective: parents protecting their own children. As the chart illustrates, safety intervention begins with management and continues to include a responsibility and focus on change (during treatment or remediation). Safety intervention associated with case planning and treatment addresses caregiver protective capacities/parenting behavior related to protectiveness. Assuring child safety and then subsequently treating the reason children are unsafe are two components of a sequential, integrated and rational safety intervention system: 1) assess safety factors, 2) control safety factors (safety planning), 3) treat safety factors (reduce impending danger), 4) achieve parent protectiveness (enhance caregiver protective capacities), and 5) establish a permanent safe environment – a safe home.

Child Safety Intervention Within the CPS Process



From the flow of activities above the dotted line (front end) in the chart, CPS intervention remains generally structured: receive a case, conduct necessary contacts and completion of the initial assessment (investigation), make a decision about whether there is a need to open for services, and then start over again. One might expect that this repetitive routine contributes to initial assessment staff becoming more proficient in Safety Assessment and Planning. Notably, safety intervention has typically been approached as a “front-end” intervention, with little attention given to fully explaining what safety intervention must be during ongoing CPS.

When conducting training sessions for ongoing CPS staff, it is common for us to encounter the point of view that safety intervention – in particular safety assessment and safety planning – is not a responsibility for which ongoing CPS staff are accountable. Training participants sometimes believe that being conversant with terms, definitions and concepts is the business of initial assessment staff. *Times...they are a changin’*. The evolution of the state-of-the-art of safety intervention and federal legislation have pressed the development and implementation throughout the CPS process – notably including what is done during ongoing CPS. Safety intervention is intense, dynamic, and a lot of work.

For more detailed information about the safety intervention within the CPS process, please refer to the article entitled “**The Safety Intervention Process**” (October, 2004).

Ongoing CPS Staff as Experts in Safety Intervention

You, the ongoing CPS worker, have the responsibility to be competent and proficient in all areas of the CPS process. Not only must you take up the reins for safety intervention specific to ongoing case management, but you must be as savvy as the front end staff about all the safety tasks required during initial assessment. You need to know that what happens in safety intervention during

initial assessment keeps coming up when the case passes to you – particularly in safety assessment and safety planning. Initial assessment staff assess safety, establish safety plans and manage safety plans. They should be expert at those safety intervention activities. But you must as well. Additionally, your safety intervention responsibilities include:

- Re-assessment of foreseeable danger safety threats at case transfer;
- Evaluation of safety plan sufficiency at case transfer;
- Evaluation of the suitability and commitment of those participating in the safety plan;
- Routine communication with safety plan participants and continual oversight;
- Engagement of caregivers concerning the acknowledgement of safety issues, their lack of protectiveness, and the need to change;
- Assessment of caregiver protective capacities to determine what must change;
- Creation of a case plan that addresses safety concerns and enhances caregiver protective capacities;
- Routine and periodic assessment of safety for out-of-home placements;
- Arrangement of activities, services and service providers for focused treatment of safety issues – diminished protective capacities;
- Reasonable efforts to provide the least intrusive means for assuring children are safe;
- Routine and periodic re-assessment of impending danger safety threats;
- Modification of safety plans as needed and appropriate;
- Measurement of progress and change related to diminished caregiver protective capacities;
- Deciding about and conducting reunification; and
- Judging when caregiver protective capacities are sufficient to assure child safety and a safe home.

Each of these activities is challenging, both in terms of level of effort and complexity. Some of these activities are repetitive and most of these activities continue during case management for months. It is time for the field to acknowledge what is required in ongoing CPS safety management. Even without a larger acknowledgement, you – as the accountable, ongoing CPS worker – will be well served if you take personal responsibility to acknowledge, understand, and become as proficient in these safety intervention activities as you can.

The Basics for Being Prepared at Case Assignment

We'll be addressing all those ongoing CPS safety intervention duties that were just listed in future articles. But for now, here is an emphasis on what you need to bone up on to be ready for getting busy with those cases being assigned to you that have safety concerns. At case transfer, you should be an expert at knowing and understanding what family information is necessary in order to fully understand child safety. You should be conversant with and proficient in the application of the concept of impending danger safety threats. You should be sufficiently knowledgeable to judge the sufficiency of a safety plan.

Knowing and Using Information Standards

How do you know a child is unsafe? How do you have confidence that the judgments of others about whether a child is safe are correct? These are relevant questions for an ongoing CPS worker who is assigned a case whether safety has been identified as an issue or not. The reason this is so is that you should confirm for yourself whether a child is safe separate from what an initial assessment worker has concluded. This isn't second guessing, it is simply competent performance. The answer to these questions is: You must have access to sufficient information about the family and its members which reveals and confirms the presence or absence of child safety. Embedded within this answer is the assumption that you must know what that information is and understand how it reveals child safety.

There are six essential areas of information (offered in the form of questions) that inform safety assessment, provide a basis for effective safety management, and form the foundation for understanding what safety issues must change during ongoing CPS:

1. What is the Extent of Maltreatment?
2. What is the Nature and Surrounding Circumstances Accompanying the Maltreatment?
3. How Does the Child Function?
4. What are the Parenting- Discipline Practices?
5. What are the General Parenting Practices?
6. How do the Adults Function?

These six questions form the information standard that supports safety intervention throughout the safety intervention – CPS process. Initial assessment workers should collect this information to create “a family data base.” The information or family data provides the basis for initial assessment conclusions about safety that pass to you when the case is assigned to you. Therefore you should know about, understand, and use this same information standard to begin and continue your work in safety intervention.

At case transfer, the importance of you using the information standard cannot be overstated. The ideal, of course, is that the information standard is held in common between initial assessment and ongoing CPS staff. This promotes and enhances communication, understanding, use of language and concepts, assessment of issues, concerns, and rationale concerning what is required within the case going into ongoing CPS. But even if a commonly held information standard does exist, you can still use this information standard to seek to understand from the initial assessment worker the meaning of what is contained within records and safety instruments and what is not.

Here is an example concerning how you can use this information standard. Let's say that the impending danger safety threat identified by the initial assessment worker is: *A Caregiver is Violent*. Let's say you are highly conversant with the information standard; know the six questions; fully understand the kind of information that is related to, pertinent to each question. So you know that the relevant question in the information standard that reveals whether a caregiver is violent is how the adults function. Now, in our example, let's say that you are unable to understand why the initial assessment worker identified the safety threat – a caregiver is violent – within the documentation in the record. Whether you share the information standard in common with the initial assessment worker or not, you can easily check things out – can seek clarification for why violence as a safety threat was identified. You simply ask the initial assessment worker, “What can you tell me about Joe Don's functioning?” See how this gives you direction? The answer the initial assessment worker gives, including amplifying on what is documented in the record, can result in giving confidence about the safety assessment or stimulate you to do some information collection of your own in order to fill in the gaps.

We should also mention that the information standard provides a basis for you to reconsider the sufficiency of the safety plan, the most reasonable level of intrusiveness, and the need to modify safety plans established during initial assessment. Additionally, using the information standard as a guide to the dialogue with the initial assessment worker can contribute to identifying undetected impending danger safety threats along with unrecognized caregiver and family resources not fully identified, explored, or understood during initial assessment. We have emphasized in our example how important knowing and using the information standard at case assignment is but, rest assured, having competence in applying the information standard is crucial throughout all of ongoing CPS safety intervention.

For more detailed information about the six essential areas of information, please refer to the article entitled **“The Foundation of Safety Assessment”** (April, 2004).

Understanding and Using Safety Threats

Ongoing CPS staff must be as conversant in their understanding and ability to detect impending danger safety threats as initial assessment staff is expected to be. The responsibility for understanding and detecting impending danger safety threats begins for ongoing CPS staff at case transfer and continues until a case is closed. It is crucial that you be totally familiar with every safety threat that forms your agency’s safety model. The familiarity includes exact and working knowledge of definitions and criteria that qualifies a particular negative family condition as an actual impending danger safety threat. You must understand how impending danger safety threats occur within families and what contributes or influences that manifestation. Regrettably, we have found that it is not uncommon for CPS ongoing staff (particularly newer ones) to be generally unfamiliar with the impending danger safety threats contained within their agency’s safety model. Would it surprise you that even larger numbers of folks we’ve encountered feel limited in their personal facility with definitions for safety threats and specific case examples? In the absence of working knowledge of impending danger safety threats that includes definitions and criteria, ongoing CPS staff likely operate through individual interpretation, values, and bias. For instance, consider our previous example about the violent caregiver. We have found it no surprise in a room of 20 training participants to arrive at varied definitions as to the meaning of “violent” as a safety threat. The day of accountability for ongoing CPS staff to be competent with respect to safety threats has arrived. That is so because the state-of-the-art regarding all of safety intervention and, in particular, safety threats has evolved to a status of standardization. At our last count, over 90% of the states have safety models. All of these models have a list of safety threats. While these lists vary some in number, every model contains at least ten of the same safety threats. That means

now acceptable case practice regarding safety assessment will be measured or considered against that common standard.

What are examples of a person being conversant in his or her knowledge, understanding and use of safety threats?

- Immediate “off the top of the head” recall of the agency’s safety threats;
- Ability to define and explain what each agency safety threat is;
- Ability to provide case examples for each agency safety threat;
- Recognition of spoken or written information that suggests or is consistent with an agency safety threat;
- Recognition of observed family behavior, attitudes, emotions, intent, perceptions, motives, and situations that are consistent with agency safety threats; and
- Ability to use the safety threshold criteria to evaluate and determine whether a family condition is a safety threat.

You will be empowered to the extent that you have the capacity and foresight to consider cases, information about cases, and your responsibilities from the perspective of the safety threshold criteria. At the time of case assignment and throughout ongoing safety management, you should evaluate safety threats and the information that verifies the safety threats in accordance with this safety threshold criteria.

1. Family conditions are likely to have **severe** effects on a child.
2. There is a **vulnerable** child involved.
3. An identified family condition is **out of control** of caregivers.
4. The anticipated severe effect is **imminent** – reasonably could happen in the immediate to near future.
5. An identified family condition (as a threat) is **observable and specific** related to the above.

The safety threshold criteria that guide safety assessment and decision-making generally also can compel ongoing CPS staff to:

- Endeavor to persevere in understanding safety issues during case transfer; and
- Continue to build on that understanding as a case proceeds further along the safety intervention process governed by ongoing CPS staff.

For more detailed information about impending danger safety threats, please refer to the article entitled “**Threats to Child Safety**” (March, 2003). For more information about the safety threshold, please refer to the article entitled “**Considering the Safety Threshold**” (October, 2004).

Knowing and Understanding Safety Planning

When it comes to safety plans, the first order of business for ongoing CPS workers is to evaluate whether a safety plan that is in place at case transfer is necessary and, if so, sufficient to assure child safety. But the beat goes on. As a case continues along in ongoing CPS, you may have to create a safety plan; you will have to oversee a safety plan; you will have to continually evaluate the effectiveness of a safety plan; you will have to modify a safety plan; and you will have to decide when a safety plan is no longer required. That’s a lot of stuff to do concerned with safety plans.

You’ve got to be an expert at safety planning and knowing what a sufficient safety plan looks like. What does that entail? You must understand who is responsible for the safety plan. You must understand the purpose of the safety plan compared to any other plan with which you might have some involvement (e.g., case plan, permanency plan, etc.). You must know what the effect of the safety plan should be and be able to judge that effect. You must understand the differences between activities, tasks, and the people who perform them in safety

plans compared to other CPS involvement. You must know how to judge who is suitable, reliable, and committed to participate in a safety plan. You must understand the range of options and configurations that are possible in safety planning and how to determine which arrangement is most suitable.

We want to emphasize to you that, when it comes to safety plans, a big challenge is judging sufficiency. What that means is that, whether creating a safety plan or evaluating one that is in place, you judge that it is the least intrusive yet effective means for assuring that impending danger safety threats are controlled. Judging sufficiency requires that you are conversant in the two previous competency areas we've discussed: information standards and safety threats. You need to know a lot about a family and the apparent safety threats in order to effectively judge the sufficiency of a safety plan.

You have to know a thing -- know what it looks like -- before you can take it apart. This statement refers both to the family and to existing safety plans. You come to know the family through the information standard we discussed earlier. Here's how you get to know an existing safety plan and, in effect, how you then can take it apart:

- Know and understand how safety threats are occurring;
- Know what is associated with, what contributes to the safety threat;
- Know whether caregivers are aware of and acknowledge the safety threat;
- Know the circumstances and daily environment of the home;
- Know whether caregivers are willing and accepting of the safety plan;
- Know what specific safety responses/services are necessary (an effective match) for controlling threats;
- Know how selected safety actions are intended to control the identified safety threats;
- Know the level of effort needed from safety plan participants to adequately control and manage safety threats;

- Know how much of a response is reasonable in order to assure child safety;
- Know how often during the week assistance and supervision is required in order to assure child safety;
- Know how long and in what intervals safety actions and safety services seem necessary;
- Know if there are special periods of time that require specific attention;
- Know who can and will assure effective implementation of the safety plan;
- Know what natural supports and/or community resources are able to assist;
- Know whether safety plan participants are suitable, trustworthy, committed, properly aligned with CPS, supportive and encouraging, flexible, accessible, and always promptly available; and
- Know whether necessary safety planning resources are available and accessible to the family at the level of effort, frequency, and amount required to assure child protection.

For more detailed information on safety plans, please refer to the article entitled “**The Safety Plan**”, December 2003.

Summary

The objective of this article has been to emphasize the importance of you, as an ongoing CPS worker, to understand and accept your role and responsibilities concerned with ongoing CPS safety intervention. Such understanding and acceptance must be based on your full awareness and appreciation for all that is required of you within the safety intervention process. It is important for that awareness to include the relationship of your work in safety intervention to others who encounter the family. In that sense, then, we are promoting that you view what you do as existing within a systematic safety intervention process. Additionally, we have emphasized that in order to fulfill your obligations concerning ongoing CPS safety intervention, you must be as competent in the

fundamentals as initial assessment staff. Your beginning competency will be evidenced by your knowledge and skill in applying information standards, safety threats, and safety planning. Ongoing CPS staff must be as competent as initial assessment about all aspects of safety assessment, safety planning, and safety management.

Next month:

Case Transfer - Immediate Evaluation of the Safety Plan