Key Concepts in Safety Practice

Introduction

Once again we've decided to set aside our emphasis on safety intervention during ongoing CPS in order to address an area where we've been encountering considerable interest. As we work with states, tribes and localities throughout the country, we frequently encounter questions about what constitutes a safety intervention system or are asked to clarify a variety of concepts related to safety. Workers in the field and their supervisors frequently struggle with concepts like risk vs. safety and, as importantly, how these differences emerge in day-to-day practice. We see that most people doing this work have a good understanding of *present danger*, that "in your face" danger that any one would recognize makes a child unsafe. On the other hand, *impending danger* is more difficult to identify and requires solid assessment approaches and skills to uncover it. Similarly, we see managers and directors who want to clarify expectations for staff about safety and safety practice to improve overall practice but at times need concrete help in terms of concepts and framework for implementation of a safety intervention model.

So this month's article is an overview (or review depending on your frame of reference) of the current conceptual framework and key concepts that reflect state-of-the-art related to safety practice and decision making in CPS. Key safety concepts are defined and safety-related processes are identified in a concise way that can be helpful in day-to-day practice or in developing policy, procedure or refining a safety intervention system.

Principles of a Safety Intervention System

Excellence in safety intervention systems and practice is contingent upon full appreciation and implementation of key principles.

- There are fundamental and precise distinctions between children who are unsafe and children who are at risk of maltreatment.

- Given that CPS is an intrusive service, with the multiple tasks now expected of CPS workers and constraints on resources, we have an obligation to target resources first to children who are unsafe.

- Safety, as opposed to risk, is the preeminent concern in all aspects of CPS practice.

- A safety intervention system relies on explicit precision in language and application. Consistency of terms and their use in day-to-day work and in all written communications, such as policy, procedure and practice guidelines is critical to creating an effective system of safety for children and families.

- The primary populations served are children who are determined to be unsafe by acceptable, consistent standards of practice, sufficient information gathering, and use of appropriate tools that guide decision making.

- There is focus on safety, first and foremost, in all policy, procedure, practice guidelines, performance appraisals, QA, training, i.e., all administrative documents and processes.

- Staff are sufficiently trained on safety assessment and management and the distinct tasks associated with their role and can demonstrate these competencies.

- Supervisors play a vital role in safety intervention, and their **primary** function is to ensure quality of work related to safety decision making and interventions.

- Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure, including removal and reunification decisions. "Safety in placement" is also a priority, guiding placement decisions.

- A safety intervention system is not incident based. That is, the scope of the work is not defined by determining the presence or absence of injuries or incidents. The scope of the work is identifying safety threats, present and/or impending and working with families to mitigate those threats.

- A decision that a child is unsafe does not equate with removal. It directs us to make informed decisions about safety planning that will control the threats. These actions may be in-home, out-of-home or some combination of the two.

- Safety interventions control safety threats and focus on enhancing caregiver protective capacities rather than ensuring well-being in all domains of life. CPS work is finished when safety threats are mitigated or when caregivers' protective capacity is sufficient.

- A safety intervention system relies on collection and analysis of discrete information sets rather than evaluating every aspect and detail of each

family member's life. (For detail, please see our article on "The Foundation of Safety Assessment." April, 2003)

■ A safety intervention system is reliant on good social work practice and is congruent with family-centered and strength-based practice. Safety is what we do; family-centered practice is how we do it. In safety practice, strengths are important when they truly mitigate safety threats or support protective capacities of the parent(s).

■ There is a valuing of debate, discussion and critical thinking that allows staff the freedom to seek consultation and to hear and explore other ideas.

Key Terms and Definitions

In the principles above, we noted that precision in language and application of key terms is essential to effective implementation of a safety intervention system. If we have different definitions and/or terms for the same concepts, it is confusing to staff, clients and partners and compromises model integrity. The following offers clear and precise definitions of terms in a safety intervention system.

Risk of Maltreatment
The <u>likelihood (chance, potential, prospect)</u> for parenting behavior that is harmful and destructive to a child's cognitive, social, emotional and/or physical development, and those with parenting responsibility are unwilling or unable to behave differently. Risk occurs along a continuum from low to high. All safety threats are risks, but not all risks are safety threats.

Safe

Children are considered safe when there are no present danger or impending danger threats, or the caregivers' protective capacities control existing threats.

Unsafe

Children are considered unsafe when they are vulnerable to present or impending danger, and caregivers are unable or unwilling to provide protection.

Present Danger

Immediate, significant and clearly observable severe harm or threat of severe harm is occurring to a child in the present requiring immediate CPS protective response.

Impending Danger

This refers to a family circumstance where a child is living in a state of danger, a position of continual danger. Danger may not exist at a particular moment or be an immediate concern (like in present danger), but a state of danger exists. Impending danger to child safety or this state of danger is not always obvious or occurring at the onset of CPS intervention or in a present context, but these can be identified and understood upon more fully evaluating individual and family conditions and functioning.

Safety Threshold

This refers to the point at which a family condition (or risk factor) reaches the level of a safety threat. The safety threshold is met when the following 5 criteria are assessed to apply.

1. **Severity** is consistent with harm that can result in significant pain, serious injury, disablement, grave or debilitating physical health or physical conditions, acute or grievous suffering, terror, impairment, death.
2. **Will likely occur in the immediate to near future:** A belief that threats to child safety are likely to become active without delay; a certainty

about an occurrence within the immediate to near future that could have severe effects.

3. **Observable:** Danger is real; can be seen; can be reported; is evidenced in explicit, unambiguous ways.

4. **A Vulnerable Child:** Dependence on others for protection

5. **Out-of-Control:** Family conditions which can affect a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family's control.

The Six Assessment Questions

As mentioned in the Characteristics of a Safety Intervention System above, standardized information gathering is crucial. Imagine if we had CPS Programs that allowed each staff person to decide what important information is necessary to collect. As indicated above, present danger is readily identifiable and likely apparent to the average person on the street. Impending danger is more illusive, however, and requires focused professional information gathering and assessment. The areas of focus are:

1. Maltreatment
2. Circumstances Surrounding the Maltreatment
3. General Adult Functioning:
4. General Child Functioning
5. Parenting: General
6. Parenting: Discipline

It is the information gathering and assessment of the interplay among these 6 areas that further informs us about unseen, yet very real threats. A complete safety assessment cannot be done without this focused assessment. (For more detail on the 6 Questions, please refer to our safety article, "The Foundation of Safety Assessment, "April, 2003.)

Immediate Protective Plan

Immediate protective plans are used when there is the identification of specific present danger to a child. They are designed to control and manage the present danger threats so that the child is safe while an initial assessment/investigation continues. They are short-term in nature, thus making them distinctly different than safety plans and case plans. They are replaced with safety plans when the assessment is completed. The following areas must be evaluated when considering an immediate protective plan.

- Parents' willingness to co-operate.
- Description of person(s) responsible for the protective action, check of home for obvious safety threats.
- Confirmation of person responsible for protective action: trustworthiness, reliability, commitment, availability, alliance to plan. Most importantly, does this person believe that the safety threats are real and may result in serious harm to the child? Can the worker justify that this person can and will protect the child?
- Description of protective action, what it is and the details of how it will work, including communication between worker and provider of protective plan and time frames of protective action and oversight.

Safety Plan

Safety Plans are actions taken that are oriented towards <u>controlling impending danger</u> rather than changing the conditions that cause the impending danger. A safety plan must control or manage impending danger, have an immediate effect, be immediately accessible and available and contain <u>safety services and actions</u> only, not services designed to effect long-term change. It must be sufficient to ensure safety.

Safety Plans are only effective when they meet specified criteria. Consider this: do we want a safety plan that is not effective? Safety plans must meet the following criteria:

- They are a written arrangement with the parent(s), those who will help maintain safety and the CPS worker.

- They clearly specify the impending danger identified from a standardized set of safety threats and individually describe how they are seen within each family.

- Safety Plans identify how each impending danger safety threat will be managed and also specify:
  - Who will perform what types of safety actions?
  - What is the suitability of this person (s)?
  - Under what circumstances will they perform the safety actions (location, who else will be there, for example)?
  - What time frames, (frequency, duration, and exact times and days) will the safety actions occur?
  - Are the safety providers available & accessible at the times the threats are present and need managing?

- Safety Plans are representative of the least intrusive/restrictive intervention. This means the most intrusive options are used only after all least intrusive options have been determined to be insufficient to assure safety.

- CPS maintains responsibility and accountability for the sufficiency of the safety agreement.

- Specifics related to governance of the safety agreement are stated clearly.

- Oversight and administration of the safety agreement is stated and is the responsibility of CPS.

- A communication strategy among participants is clearly identified.

Safety Services

So, when we talk about safety actions or safety services, what exactly do we mean? Remember, safety services are designed to control and manage safety threats, not to effect long-term change. Safety services may include:

- In-home to out-of-home placement (partial to total);
- Different kinds of placements (relative, foster, emergency shelter, voluntary, court ordered);
- Protective role of parents needs to be evaluated (non-protective to significant);
- Protective role of others (friends, relatives, others);
- Safety service arrangements can be very limited or quite extensive;
- Types of providers may vary from relatives to neighbors, church members, para professionals to professionals for example;
- Parental access to child must be clarified. It may be that no access is needed to ensure safety, or, perhaps, liberal supervised access is fine; and
- Separation (temporary to permanent).

Sufficiency

Once the safety plan is complete, review with the supervisor is essential. We want to make certain that the plan is sufficient to assure safety, that is, that a prudent judgment is made by the worker and supervisor that the degree of intrusiveness and level of effort represented in the safety plan will be reasonably effective in protecting a child.

Protective Capacities

Protective Capacities are personal and parenting behavioral, cognitive and emotional characteristics specifically and directly associated with being protective of one's children. These differ from what we have traditionally identified as strengths or protective factors in their direct relationship to the positive influence they exhibit in controlling or managing safety threats.

Safety Intervention System Processes and Tasks

With the principles and key definitions of a safety intervention system clear, it is important for us to think about the structure, processes and tasks associated with safety practice.

Safety Intervention Systems have two primary components: 1) Safety Assessment and 2) Safety Management. Within these functions, there are distinct tasks that workers complete as well as specific decisions that are made at each point throughout CPS involvement with the families.

Safety Assessment

The purpose of safety assessment is to determine if there is present and/or impending danger, i.e., are there safety factors that meet the safety threshold? Assessment of safety is an ongoing process that occurs throughout involvement with each family from intake and initial contact until closure. Safety assessments are precise in focus, in that information is gathered and analyzed according to the 6 questions. Information gathered informs the safety assessment, and we then apply standardized criteria that are known through research and literature to be related to the presence of safety concerns. Each safety factor identified must meet the safety threshold defined above.

Safety Assessment Tasks

1. At initial contact, assess for present danger.
2. If present danger is identified, then implement an immediate protective plan.
3. Whether there is present danger or not, continue with initial assessment to gather information on the 6 questions, analyze for impending danger according to the safety threshold.
4. Apply standardized safety assessment criteria, i.e., safety assessment tool and make a safety decision. Safety decisions are limited. A child is either safe or unsafe. If there is a child who is unsafe, the next steps we take are to ensure safety through a structured approach to safety management.

Safety Management

Safety management is the identification and implementation of actions intended to control safety threats or threats of harm. Safety actions must match the frequency and duration of the threat of harm and be in effect for the period of time when relevant caregiver protective capacities are absent. They must also be accessible in time and physical proximity and have immediate effects that control for safety threats. Workers need to be concerned at this point with the following tasks and processes.

Safety Management Tasks

1. Continuously assess for present and impending danger.
2. If present danger emerges, implement immediate protective plan.
3. Complete initial assessment and standardized safety tool.
4. If impending danger is identified, implement a safety plan in collaboration with the family. Safety plans are developed along a continuum from least to most intrusive/restrictive. This means that removal of the child from the home occurs only after the use of an in-home safety plan has been ruled out as a safety management option.
5. Take responsibility for monitoring the safety plan and assuring its continued effectiveness.
6. Continuously evaluate the need to alter the safety plan, either reducing or increasing the intrusiveness/restrictiveness as indicated by continual safety assessment.
7. Assess need for ongoing services, and transfer as indicated.

Many programs throughout the country view safety as the job of Intake and Initial Assessment and then focus on treatment or change oriented services after transfer to Ongoing Services. We believe that safety must remain a focus throughout CPS involvement and is the primary reason for intrusion into the family system. Safety management continues as does the process of assessing protective capacities. After transfer to Ongoing CPS, regardless of whether the

child is in or out of the home, workers need to attend to the following tasks and issues.

Safety Management (Other Key Tasks)

1. **Case Planning/Ongoing Intervention:** In a safety intervention system, case planning is focused on change that reduces safety threats and increases parental protective capacities so that parents can resume the protective function for the family. Therefore, these two areas form the core of case planning. All case plans must be related to change in these areas, and there must be a rational relationship between them and the goals, tasks, interventions and services that comprise the case plan. Intervention is not the "friendly visitor" approach, or the "catch them doing bad" approach but is precisely focused on assisting parents/caregivers identify, understand and change issues related to safety threats and protective capacities. The approach is one of mutuality and shared discovery for both the parent(s)/caregiver(s) and the worker.

   Case plans are focused, time limited, behaviorally specific, attainable, relevant, understandable to all and agreed to by the parent(s). Agreement is defined by the parent(s)' true understanding of the areas for change, a demonstrated readiness for change, an understanding of the behavioral change needed and how the interventions will help accomplish this change. Case plans provide the basis for understanding when the work is completed so that CPS involvement is no longer required. Conversely, they provide the basis for deciding that sufficient change has not occurred so that permanency goals may be justified and pursued.

2. **Visitation:** When children are removed from their homes, visitation is, of course, vital to maintaining attachment and a sense of connectedness between parents and children, so it is important that they occur with great frequency if possible. Decisions about visitation also have a safety component. The safety question is, "Does this child's safety need to be

assured during visitation?" If the answer is yes, then decisions need to be made about the level of supervision of visitation and who is able to/capable of providing it. The role of the person supervising the visitation must be well-defined.

3. **Placement:** Decisions about placement, whether short or longer term and whether in kinship care, foster care or residential placement are safety decisions. This level of intrusiveness is only justified when it is clear that safety cannot be maintained or managed in the home. If the decision to remove is made, it is imperative that CPS ensure safety in placement. This dictates that kinship care placements be comprehensively evaluated in terms of their appropriateness and suitability to provide a safe, nurturing environment for the child. Similarly, foster care placements must be evaluated along the same criteria. In both instances, special consideration is given to special needs of the child, the number of children in the home, any risk behaviors of children or others in the home, etc.

4. **Reunification:** Consideration of reunification is clearly a safety decision. It is the obligation of CPS to return children to their homes as soon as safety can be assured. Therefore, reunification decisions need to be made at the following points in time in CPS involvement:

   a. If an immediate protective plan has been implemented that required removal;
   b. If a safety plan required removal; and
   c. If the child has been removed to allow sufficient time for change intervention with the parent/caregivers.

The factors that need to be assessed as the basis for decisions about reunification are:

> ➤ Have safety threats been eliminated or sufficiently mitigated? Or
> ➤ Are there sufficient protective capacities now present in one or more caregivers/parents in the home? Or
> ➤ Can safety threats now be controlled and managed in the home?

Decisions about reunification are based on these safety issues and are not based on general well-being standards. That is, removal decisions are based on safety threats that cannot be managed at home, and decisions about reunification are based on whether the safety threats are now eradicated, or mitigated so they can be managed in the home. Reunification decisions are not delayed until the parent/caregiver attains some higher level of performance not related to safety.

Reunification plans need to incorporate safety plans for the transitional period and are sensitive to timing and re-entry issues that will be experienced by children and parents.

5. **Case Closure:** The decision to terminate involvement with families is a safety decision. There are key questions that need to be answered to make this decision. They are:

   a. Have safety threats been eliminated or sufficiently mitigated? How is this known/observed?
   b. Are there sufficient protective capacities now present in one or more caregivers/parents in the home? How are they demonstrated?
   c. Do family members know who to contact for help in the future if new threats emerge?

d. If children are not at home and cannot be returned, have permanency goals been attained, and do they assure child safety?

Closing

Safety Intervention Systems and safety practice consistent with these principles, definitions and tasks reflect the current state-of-the-art in Child Protective Services. This model integrates knowledge gained over the last 35 years and yet relies on worker and supervisor analysis and professional judgment in identifying and managing threats to child safety through a family-centered approach.