

# Evidence for a Safe Home

## Introduction

The January 2007 article identified attributes of a safe home as a way of thinking about the desired outcome of intervention based on child safety. We also included reasons for closing a case based on child safety. Now we turn to the fact base you use to determine that a safe home has been attained. What information do you consider when confirming the presence of a safe home? What evidence do you consider that verifies and justifies reasons you use as the basis for closing a case?

Evidence for a safe home at case closure is apparent in the following areas:

- Facts about how children are behaving
- Facts about how caregivers are performing
- Facts about how the family is operating
- Facts about the caregivers' capacity to sustain continuing safety
- Facts about how community connections sustain continuing safety.

Your analysis of these facts at case closure should be taken in total. In other words, each area is important, but all areas should be considered together when drawing conclusions about evidence for a safe home. Think about the reality that some of the areas may be more positive and impressive than others, but all areas should come together as the total evidence for a safe home.

## Child Evidence for a Safe Home

*You can consider aspects of a child's individual functioning as evidence that a safe home exists. How does a child act who lives in a safe home?*

Children who live in safe homes are openly assertive. They feel comfortable speaking their minds. Depending on their age and development, they show signs of being self-protective and might even be indignant at their safety being threatened. They come to expect being protected. A good deal of their comfort and security comes from feeling identified with their family and feeling a sense of permanency that has been established with their family.

Children who live in safe homes are confident in the consistency of the home in general but, specifically, with respect to the home being safe. Such children are likely to describe their home as being safe. Children who feel safe in their home will give indication of supportive siblings and family members in addition to identifying their caregivers as protective. Certainly, in safe homes you will find no indication of maltreatment or threats of harm among the children. Additionally, children from safe homes are more likely to report regular contact with others outside the home and be able to identify those with whom they have contact.

What we've described here is child functioning that results from a child having lived in a safe home. When you are closing a case and considering how a child functions at the time of closure, you naturally will compare the child's functioning to this standard. We all know that the life experiences of children served by CPS often are troubled or even traumatic. The child's experiences and history can contribute to limited or poor functioning even as CPS intervention draws to an end. Bearing that fact in mind, you will have to judge carefully how close a child's functioning comes to the standard we've provided. We recognize maltreated children may be doing much better than when we first encountered them, but they are still not at 100% of the standard of how a child functions whose always resided in a safe home.

When comparing the functioning of a child you've served to the standard identified above, the evidence may be an indication of a safe home rather than being conclusive of a safe home. More realistically, you may be looking at degrees of functioning that are consistent or indicative of a safe home such as a child is

somewhat assertive rather than openly assertive; speaks his mind when encouraged; generally is able and demonstrates some self-protective behaviors (as appropriate to age and capacity); describes the home as generally safe; and, of course, there is no indication of maltreatment. These children, as a result of CPS intervention and having lived for an acceptable amount of time in a safe home, have at least sporadic contact with others outside the home.

### **Caregiver Evidence for a Safe Home**

*When closing a case and considering caregiver evidence for a safe home, you should be considering any adult who maintains primary responsibility for a child's safety.*

Caregivers who assure a safe home for their children behave and perform their duties in ways that can be observed and known. These caregivers are very open. They have accurate perceptions of reality. They are effective problem solvers. They recognize the presence of problems and are accepting of the need to address problems. They are alert to dangers and problems their children may encounter. They demonstrate conscience and empathy (in particular toward their young). They verbalize and demonstrate concern for their children's safety and well-being. Their positive attachment and bonding with their children is obvious. They are nurturing.

With caregivers who produce safe homes, it is easy to find examples of protective behavior. These people have accurate viewpoints of and appropriate expectations for their children. They are self-aware. These are positively motivated people in general and specifically motivated with respect to their child care responsibilities. They maintain control over their emotions and behavior. They have the intellectual capacity for a caregiver role.

In the same manner that we qualified the need to take into account how maltreated children will not likely be functioning perfectly when CPS draws to an

end, caregivers who've been in need of CPS may not be picture perfect when CPS draws to a close. What we've described above represents the standard for comparison. Since we know that caregivers as described above produce safe homes, how do the caregivers you are considering at closure compare? How do they measure up? Do the caregivers in the case you are considering closing appear to possess all, some, or few of the attributes apparent in the standard?

There are basic levels of performance that must be expected. Even though caregivers may vary among some of the characteristics you are comparing with the standard, they must demonstrate acceptable emotional and behavior control. You should expect acceptable empathy, attachment and bonding. Their reality perception and problem-solving capacity must be sufficient to recognize and address danger and basic needs. Some of their limits in performance can be compensated for by their willingness and acceptance of external support from their family network and others.

You would have to conclude that caregiver evidence for a safe home is not supported if caregivers display continuing parenting difficulties and minimal attachment to children. Of course you should be concerned if, when considering closing a case, you are continuing to see caregivers who are minimally motivated, lack self-awareness or whose capacity for solving problems vary depending on the circumstances. Questions must be raised about closing a case if caregivers have difficulty demonstrating protective behavior, sometimes view their children inaccurately, or lack maturity in their caregiver role.

### **Family Evidence for a Safe Home**

*Here we are concerned about the interaction between all household residents with slightly more attention given to the caregiver role. We are looking for family characteristics that are consistent with and contribute to the maintenance of a safe home.*

These families demonstrate overall confidence in maintaining consistency and stability. These are families that are open and socially integrated into the community. They have clearly defined roles and proper boundaries among all members and between adults and children. Positive relationships among family members are evident. These families have effective means for coping and also usually experience low stress. In these families, the home is perceived by all family members as a safe haven. Family identity is strong, and an obvious commitment to family preservation and protection is apparent. You'd expect that family members are generally healthy, that resources are readily available and accessible, that living arrangements are adequate, and that child-specific needs can be met.

The standard we provide here sounds like the ideal family. Admittedly, when considering family functioning at case closure in a safety context, it can become more difficult to have high confidence compared to this standard. In other words, acceptable change may have occurred for you to judge caregivers can protect, but you continue to see challenges and unmet need within the family. The important thing for you to remember here when considering the family system is to focus on the degree to which the family you are considering measures up against the standard. What functioning can be understood and accepted even though it may be marginal? When considering this question, just be certain to think about and draw conclusions about these things:

- Stability
- Social connections outside the family
- Role clarity
- Boundaries and expectations
- Stress and coping
- Resources and use of resources
- Living arrangements.

## **Evidence of Caregivers' Capacity to Sustain Continuing Safety**

*What capacity for internal control do caregivers have for assuring the continuing safety of their children? This question considers the ability of the caregivers to fully assume their protective responsibilities and management of the family in ways that assure continuing safety of the children following case closure. The idea here is that you are expected to judge specific caregiver plans and intentions, methods, feasibility and commitment.*

Consider whether caregivers fully understand and are attentive to the child's vulnerability and need for protection. Expect evidence of parental leadership. Judge whether caregivers are clearly able to articulate what the original safety threats were and whether (now at closure) they can articulate what has affected reduction of those safety threats. In addition, consider whether they can articulate how their previous actions were associated with the original safety threats.

You should expect and be able to clearly identify a very effective general plan they have for caring for the children. That plan should include specific protective and supervision provisions including responsibilities, timing, activities, acceptable means for child management and discipline. It might include the identification of others who will help that you also should take into account. You will want to ascertain what level of commitment caregivers possess for guaranteeing the continued safety of their children. Once you've considered and reviewed the caregivers' plan for assuring continued safety, you want to think about whether you believe they have the capacity for carrying out plans.

## **Evidence about How the Family Is Connected to the Community**

*Okay...you are closing a case and you know a lot about the family members and can make judgments about the strengths of the caregivers...but what do you know about how the family is connected to the community? This question*

*considers formal and informal external resources that have been used and that you can anticipate will remain involved with the family to help assure the continued safety of the children. This may include extended family, friends, neighbors, clubs, churches, non child welfare organizations, community child welfare agencies, and other professionals.*

In safe homes, family members (and children in particular) have daily to weekly contact with others in the community. That may be with neighbors, friends, relatives, church members, volunteers, teachers, or professional service providers. In safe homes, caregivers make use of community resources which routinely provide general support and assistance to the family. You should expect that community resources being used by caregivers and children are appropriate and reliable. Consider to what extent such community resources foster independence or dependence.

Of course, an important indicator to look for is whether family members and children will continue to be involved with professionals or agencies they are currently working with under a planned agreement at the time of closure. It is all the better if the family and community providers are highly committed to continuing involvement with frequent contact. While formal services or providers may not be actively involved with the family, check out whether mechanisms exist for outreach to the family or response to family attempts to renew involvement.

A healthy, active, supportive family and social network is powerful evidence of qualities consistent with being a safe home. Even if the family's connection is limited to a few or even one relative or friend, you may judge that those people or that person's connection and influence in the family is a profound indicator of a safe home.

## **Conclusion**

So we come to the conclusion of this article just like you will come to the conclusion of your analysis of evidence to judge the presence of a safe home. As you consider all that we've provided concerning evidence that supports the presence of a safe home, you may be feeling like it's a lot of information. It may feel overwhelming. But consider that the case closure decision requires you to decide whether CPS intervention has been successful and whether that success can be expected to endure once CPS intervention ceases. Regarding those decisions, a child's safety hangs in the balance. The stakes are high. A thorough evaluation which confirms your confidence about a safe home is justified.

As you conduct your analysis of the categories of evidence we've suggested, you can arrive at one of these conclusions:

**Very Safe Home.** Abundance of evidence that demonstrates capacity within the home and family to provide safe and protective care; caregivers value children; clear evidence of internal and/or external controls for assuring the continued safety of the child(ren).

**Generally Safe Home.** Significant evidence that demonstrates capacity within the family and home to provide safe and protective care; caregivers are supportive of children; internal controls for assuring the continued safety of the children may vary but can be reinforced by family network or community connections; low risk of maltreatment; continued CPS involvement could depend on the vulnerability of the children.

**Questionable Safe Home.** Limited evidence that demonstrates capacity within the family and home to provide safe and protective care; caregivers are accepting of children; minimal or questionable attachment; some evidence of difficulties and adjustment problems associated with child rearing; minimal internal control; family may demonstrate lack of commitment to allowing or

continuing community involvement. Indications of risk of maltreatment;  
continued CPS involvement is recommended.