

In-Home Services as Safety Management

June 2009

Introduction

In October 2009 the Children's Bureau (ACYF) will add the National Resource Center for In-Home Services to its federal National Training and Technical Assistance Network. This important addition to the National Resource Centers serving States, Tribes and counties is largely a result of Children and Family Services Review findings associated with in-home services. In Round 1 of the CSFR, only 6 states were in substantial compliance with Safety Outcome 2: *child is safely maintained in the home when possible*, and no state was in compliance with Well-Being Outcome 1: *families have enhanced capacity to provide for child's needs*. In-home service cases were significantly less likely than foster care cases to be rated as strengths, and therefore had poorer outcomes in the areas of safety and well-being.

Round 2 of the CFSR is not complete, yet among states that have completed the review, some improvement has been made on Safety Outcomes. However, progress is uneven. It is too early to fully understand this current round's findings in relationship to the 445 in-home services cases reviewed.

Some common issues apparent in Round 1 directly associated with in-home services and safety management are: a lack of parent involvement, particularly fathers, in case planning and decision making; a lack of caseworker communication with birth parents regarding expectations; and a strong association between caseworker visits and improvement in parental involvement, timely reunification and Safety Outcome 1 (i.e., *Children are, first and foremost, protected from child abuse and neglect*) and Safety Outcome 2 (i.e., *Children are safety maintained in their homes whenever possible and appropriate*).

In-Home Safety Management as the Least Intrusive Option

The civil and appropriate approach to child protection is based on the least intrusive approach to intervention that will assure a child's safety. A least intrusive approach requires that a "a rule in – rule out" process occurs when deciding what the safety management strategy should be. This means ruling in less intrusive options that can be judged to work or ruling them out because analysis indicates them to be unsuitable. This process also avoids diametric thinking and planning that operates with only two options: leave a child in the home or remove the child. Ruling in and ruling out alternatives for safety management supports a creative process that considers combinations of responses that can be mobilized to keep a child safe. Basically what is being described here is reasonable efforts to prevent placement.

In-Home Services: Nature of the Beast

Serving in-home cases is common to all states. However, "who receives in-home services" can be confusing, ambiguous and sometimes contradictory of agency program description. The lack of focused targeting of who is appropriate for in-home services is a long-standing problem noted in research and professional literature. With respect to safety management, there is general agreement that a lack of an integrated approach exists in terms of implementing in-home services. Purpose and role of in-home approaches, an ill-fitting match with the agency's safety model, and inherent responsibilities for safety management are common challenges everywhere. For example, although all agencies indicate a purpose for their in-home services program is to keep children safely in the home, some agencies have short time-limits for how long they will serve in-home cases. Arbitrary time-limits for managing in-home safety plans contradict the safety management responsibility of sufficiently protecting the child until the parent has the capacity to take on this responsibility.

Virtually all states use contracted providers for at least some aspects of in-home service delivery with the CPS worker retaining case management responsibility. Often we've encountered such arrangements which exist without clear expectations about roles and responsibilities associated with safety management, without inclusion of safety intervention concepts and models for contractors, and without sufficient training and oversight specifically focused on safety intervention and in-home services.

The good news is that almost all jurisdictions are working on improving their delivery of in-home services. These efforts are encouraged by the CFSR process along with recognition of the evolving state of the art associated with safety intervention which reinforces exploring safety management options more thoroughly and creatively.

In-Home Services and Safety Plans

The impetus for upgrading in-home services as a more prominent part of CPS intervention at large and specifically with respect to safety intervention is happening. Evidence of an emerging emphasis to in-home safety management can be seen in comments we've received from State administrators. One leader stated, "a safety intervention practice model and in-home services are naturally and fundamentally linked." Another program administrator observed, "We anticipate that the adoption of the safety intervention model will result in significant systemic change as we improve implementation. Focus on keeping children at home when it is safe to do so has resulted in the development of new safety services. Emphasis on in-home services has begun a philosophical shift for our staff."

We have conducted several case reviews focused on safety intervention in recent years. In addition we've provided consultation to nearly every State during the past five years. Based on these experiences we've noticed some common

issues that will be part of what agency leaders will contend with as they mobilize development, change and improvement in their in-home services programs.

✘ Clarity about what an in-home services safety plan is

Staff often are not clear about exactly what an in-home services safety plan is and about what criteria would apply to judge an in-home safety plan (i.e., as actually qualifying as an in-home services safety plan and as being sufficient to assure safety). Often programs (and staff) consider a relative placement an in-home services safety plan simply because the intervention response is within the family network. While it is true that an in-home services safety plan could include a periodic separation of a child from his home (such as respite care with a relative), to qualify as an in-home services safety plan the majority of safety management occurs with the child in his home.

✘ Low use of in-home services as an option to manage impending danger

Some states do not use in-home services as an intervention option strictly focused on controlling impending danger. Some states seldom use this option. For instance, in two reviews we found no in-home safety plans in one state while in another we found 11% of cases with unsafe children opted for in-home service responses. In another review, we found that in ½ of the cases no attempt was made to evaluate the prospects of an in-home services option as an alternative to placement.

✘ Understanding the distinction: in-home safety services and treatment services

As in-home service programs continue to develop and become more clearly articulated, staff will begin to appreciate the difference between a service that is for controlling impending danger and a service that is expected to treat, remediate and change behavior. Both kinds of services may occur in a case at the same time. For instance, a homemaker and public health nurse may be entering a mother's home weekly strictly to address impending danger and assure a child is protected. They may do so without any expectation that their involvement will alter the mother's inability to protect her child. And at the same time the mother may be

going to substance abuse intervention accompanied by an individual counselor who works with her weekly in the home on life management, parenting problem solving, and impulse control. The homemaker and public health nurse are active as safety services within a safety plan which allow the child to remain in his home. Substance abuse intervention and the personal counselor are active as treatment services within a case plan which are designed to enhance the mother's diminished caregiver protective capacities. In our case reviews, we have found that often workers confused these kinds of different services which reduce the probability of plans working.

✘ Compliance in in-home services safety plans

We've also referred to these as promissory safety plans. A very common practice with in-home services safety plans is for workers to expect and ask (or admonish) parents to comply by behaving a certain way, by abstaining from certain behavior, or by carrying out some other expectations. This includes, at least in principle, that parents promise they will perform or avoid behavior identified in the safety plan. This kind of safety planning might prompt in you the response, "really!?" That would be because we are identifying what amounts to a departure from logic if not common sense. After assessing that a person either is a danger to a child or is unable to protect a child (which requires a safety plan), it hardly makes sense that you could rely on his or her compliance.

There are a couple of other areas to consider with respect to this program improvement area: volition and responsibility. It could be that one influence on this kind of in-home services safety management is the belief that in-home service safety plans are voluntary. We know that there is case law that found that in-home services safety plans are voluntary. But really in-home service safety plans are a choice that parents can make. Caregivers can participate in planning and choosing whether their unsafe child is protected with in-home services or out-of-home placement. They cannot choose whether there will be a safety plan. This leads to the second area – responsibility. Once you as the CPS worker determine that a child

is not safe, you no longer expect that caregivers will be the ones responsible to assure the child is protected. That is now your job. You can see how assuming that responsibility will result in you putting together in-home services that will assure protection rather than relying on parents to follow through by complying with directives, admonition or promises made.

✘ Predisposition in decision making

As in-home services and safety management continue to evolve and improve, we expect to see movement away from the long-standing predisposition to think diametrically about safety decision making: *If a child is safe he remains in the home and the family receives services; if a child is unsafe he is removed and the family receives services.* Seeing a change in this predisposition will be a huge step forward for CPS. First it will contribute to establishing that placement – foster care – is a safety response. We have found that agencies do not consider a foster care placement of an unsafe child as the safety plan. Second it could have an effect on staff whose decision making is prone toward child removal as their primary responsibility. Have you ever heard of a worker being assigned a CPS report and on his way out the door saying something along the line, “I’ve got to go do a pick up.” Certainly it is not our experience that this is common, but even when such a predisposition is not obvious it can be insidiously at play because in-home services programs are not sufficiently guiding workers to think and behave differently. This sort of action and decision making also represents fragmentation rather than a seamless approach in which any worker involved with the case behaves and decides in ways that contribute to the whole of intervention. That leads us to the third step forward which is every bit as important as one and two. Perhaps we’ll see more reinforcement for a systematic approach to safety planning and case planning that is based on how a family experiences intervention rather than how an agency organizes itself and its programs.

✘ The lack of in-home safety services

Without question the biggest obstacle to improving in-home services safety management that exists virtually everywhere is insufficient safety services. And, of course, this really means insufficient funding to develop and buy safety services. We see it as less challenging to design programs, write policy, conduct training and so forth compared to overcoming insufficient resources. However, we have found that assertive, creative workers and supervisors can develop in-home services safety plans by using what they have to work with (see our case example at the close of the article). This is not to say we endorse this separate from agencies having funds for safety services and communities coming together to create an array of safety service options. But even with sufficient resources, it is still crucial that CPS staff think creatively about how best to protect children in their homes. Fundamental to this is valuing what the family network has to offer in assuring in-home protection.

A Real In-Home Services Safety Plan

We close this article with an in-home services safety plan. It's an example for you and it's a real one. We are providing this example to illustrate what is possible and what is happening in some places. You will notice that the worker involved the caregivers in figuring out who could participate in the safety plan. As you read, it may occur to you that it appears the worker had good rapport with the caregivers in establishing clarity about the need for the safety plan and seeking their buy in. You will also notice that the worker created a plan that covered times when impending danger seemed to be more probable to become active. Take notice of the level of effort the worker established. Finally consider how the worker mobilized a community response. This is noteworthy in view of the common problems agencies face everywhere (as noted earlier) with respect to the absence of funding for safety services.

The Intake Assessment and Family Functioning Assessment are summaries from the record with a few worker quotes.¹ The Safety Assessment, Safety Plan Analysis and the In-home Services Safety Plan are exactly what the worker and supervisor produced. Names and places have been redacted to preserve confidentiality.

Family

Greta Barry	Mother	35 yrs
Andy Wheeler	Father	38 yrs
Amanda	Daughter	9 yrs
Maggie	Daughter	5 yrs

(Common law relationship; children are from this relationship)

Family Functioning Assessment Worker (i.e., Investigation or Initial Assessment)

Sarah Rasputin

CPS Specialist (i.e., Ongoing CPS)

Lenny Morgan

(This worker's name is identified in the safety plan. The FFA worker created the in home services safety plan and Lenny Morgan, as the ongoing CPS worker, was responsible for managing the safety plan.)

Summary of CPS Report

Police responded 12/22 to the Woodward Apartments because of a 911 hang up call. Greta and Andy had been involved in a physical fight. Both adults had injuries. Greta was responsible for instigating the fight. Andy's sister and her male companion (who is considered the girls' uncle) were present and witnessed the fight. The girls were awakened when the fight erupted and then witnessed the fight as it escalated. Greta was drunk; the other adults were sober. There is no civil or criminal record of previous domestic violence between these adults; (Andy has a domestic violence charge from a previous relationship.) Greta's and

¹ It should be noted that the worker's documentation was thorough, pertinent and well organized depicting the family in clear and revealing ways.

Andy's fighting, arguing and violence is common to the relationship. Greta had two outstanding warrants; was taken into detention and then arrested for domestic violence and simple assault. She was transported to the hospital for evaluation; was treated and then transported to jail.

Summary of Family Functioning Assessment (FFA)

A present danger plan involving the girls' uncle was put in place the night of the reported incident by the CPS after hours worker. The FFA was launched immediately and completed within two weeks.

Maltreatment was not substantiated. However circumstances surrounding the reported incident existed within a family context which included an ongoing volatile relationship between the caregivers frequently erupting into physical fighting. The context included regular substance abuse by the mother and father. The children were always present when the aggression occurred. The children expressed fear in relationship to their own safety and also the safety of each of their parents. Regarding circumstances surrounding the incident the worker wrote, "It appears as though the physical and verbal assaults between Andy and Greta are a way of life and the way they deal with conflict. Greta and Andy both deny that the drinking and fighting are issues that affect their children's safety." The worker observed that the caregivers demonstrated no remorse or reasonable concern for the incident that brought the family to CPS attention or the aggression that is characteristic of their behavior.

Both girls are developmentally appropriate; described as smart; do well in school and kindergarten. They are spontaneous and communicative. Amanda has asthma and Maggie has a history of seizures; but both are healthy presently. Both girls are sociable and readily identify friends and activities they enjoy. The girls express concern for their parents and say they wished they would quit drinking. The girls state they are afraid when the fighting occurs; they are afraid they will be hurt as things get out of hand. They have witnessed injuries both

parents have had resulting from the fighting and the girls are afraid that either of their parents could be seriously hurt.

Physical discipline is not used with the girls. Greta is the primary disciplinarian using yelling as her main method; she uses time out; she takes away privileges. Andy considers Greta in charge of discipline but has influence over the girls behavior as evidenced by them following his verbal expectations. Greta also takes more responsibility for parenting in general. Andy believes his major responsibility as a parent is financial support of the family and he worries about not meeting this responsibility. Affection is apparent among the caregivers and their children. All report parent – child activities. However, little structure is provided to the children. Poor communication exists in the parent – child relationship in the same fashion as it does between Andy and Greta. Greta also has three teenagers living with relatives for which she owes monthly child support.

Greta is unemployed which she describes as causing the most stress she experiences. She describes herself as “bottling things up” rather than dealing with them in positive and productive ways. She admits to “pent up anger” her whole life. She is physically healthy but does complain about difficulties with her ankles and knees. She has no apparent mental disorders. She has a minor criminal history involving DUI, unpaid fines and petty theft. Regarding Greta’s use of alcohol the worker records that she denies her drinking as a problem then concludes, “When Greta drinks any amount of alcohol she is unable to maintain her emotions and becomes aggressive and/or violent.” Greta reports an unhappy childhood having been a victim of physical and sexual abuse by her father and verbal abuse by her mother. Greta has a GED; she has no transportation (which reduces her ability to get employment.)

Andy was unemployed when the FFA began but was able to find work at a restaurant walking distance from the home. He denies having a drinking problem which is contrary to what others report. He served time in prison and is currently

on probation. Among other things the conditions for probation are drug and alcohol intervention and violence intervention. His criminal history includes possession of a concealed weapon, petty theft, trespassing, grand theft auto and domestic violence/simple assault. Andy is closed when discussing himself. For instance he admits to an unhappy childhood but avoids discussing anything specific. In general he is non communicative and avoiding. He is inclined to project blame onto Greta for family difficulties and in particular for CPS involvement.

This family has little to no support within their family network. Both extended families “continually request to borrow money; time; and transportation” and Greta and Andy are unable to help. Both extended families do not support the couple’s sobriety and are constantly trying to influence them to drink. The couple believes that their families have a stake in them not overcoming their difficulties.

Safety Assessment Findings

- One or both parents cannot control their behavior.
- One or both parents are violent.
- A child is fearful of home situation
- Parents show no concern or remorse for the injury or condition.

The worker concludes, “Greta and Andy continue to have violent arguments with no regard for the potential harm that could occur to their children. It appears that Andy and Greta continue to be unable/unwilling to be accountable for their actions by shifting blame from one to the other, minimizing threatening family conditions, denying the CPS precipitating incident and/or do not acknowledge their children’s fear.”

The safety assessment conclusion is that impending danger exists and there are insufficient caregiver protective capacities to protect the children. The children are not safe.

Safety Plan Analysis (Worker/record quotes)²

1. Are parents residing in the home?

“Yes. Both Greta and Andy reside at the Woodward Apartments in a two bedroom apartment. The landlord/manager has been working with the family regarding their past due rent.”

2. Is the home calm/consistent enough to allow for in home safety services?

“Yes. Greta and Andy have been cooperative and tranquil during the worker’s visits.”

3. Are parents willing to allow and /or participate with an in home services safety management plan?

“Yes. Greta and Andy are anxious for assistance and services from CPS.”

4. Can an in home services safety management plan be put in place without the need for further evaluations?

“Yes. It has been identified as domestic violence and alcohol are issues in the home.”

5. Are in home services/resources available to participate in the in home services safety plan?

“Yes. Greta and Andy have identified several resources to participate in the in home safety plan.”

In Home Services Safety Plan (Worker/record quotes)³

Intervention 1

Safety Provider: Edie Miller

Contact Information: Cell 430-6723; Inspire Education 771-4819

Central Registry Clearance: 1/22

Relationship to Family: Provides anger management classes to Greta

Capacity to Protect: Edie has dedicated her daily life to helping mothers and fathers be productive members of society by providing support classes, life skills and setting boundaries. Edie believes in productive positive parenting and safety of children.

² Verbatim as recorded in the record

³ Verbatim as recorded in the record

In Home Safety Service: Edie will go to the home on Saturday evening to check on family. Edie will be asking if there are any frustrations that the parents may have, has there been any arguing, do the children feel safe, and inquire about the parents' sobriety. Edie meets with Greta on Friday evenings for anger management classes and parenting classes. Edie agreed to incorporate in her individual classes to prompt Greta for a positive weekend and what to do when there is frustration or negativity over the weekend. Edie will contact CPS Specialist Lenny Morgan at 397-0078 to provide Specialist Morgan with updates on contacts. Edie may either leave a message or speak directly with Specialist Morgan.

Frequency: Weekly – Fridays and Saturdays

Intervention 2

Safety Provider: Patricia Corcoran

Contact Information: Work 562-0965; Home 342-8276

Central Registry Clearance: 1/23

Relationship to Family: Church Support/Mentor

Capacity to Protect: Patricia is a volunteer at the Springfield County Jail, a mentor for Child Fun Program at Public General, and provides correspondence support for women in prison. Patricia is able to articulate how domestic violence, anger and chemical abuse can potentially harm children.

In Home Safety Services: Patricia has agreed to check in on the family at their residence on Friday evenings to inquire about sobriety, frustrations, and children's safety and support the family. Patricia has agreed to visit with Greta on Wednesday evenings at Bible Study about the week and what frustrations Greta has had. Patricia will contact CPS Specialist Lenny Morgan at 397-0078 to update Specialist Morgan about contact and concerns regarding the family. Patricia may either leave a message or speak directly with Specialist Morgan. If Patricia is not able to make her weekly appointment, she will contact Michele Wilder to make the appointment for her.

Frequency: Weekly – Fridays and Wednesdays

Intervention 3

Safety Provider: Ted Scanlan MSW

Contact Information: 655-3400

Central Registry Clearance: N/A

Relationship to Family: Ted is Andy's CAP facilitator

Capacity to Protect: Ted has an MSW and is a nationally certified domestic violence counselor whose employment is dedicated to keeping families safe, individuals safe and children safe.

In Home Safety Service: Ted meets with Andy one time weekly for the Violence Stop Program. Topics and issues like frustrations, safety, communication, etc. are incorporated into his curriculum. Ted has also agreed to call on Tuesday evenings specifically to inquire with Andy about the weekend and if there were any incidents, arguments, frustrations, sobriety or safety concerns Andy would like to talk about and to also provide support. Ted will then contact CPS Specialist Lenny Morgan at 397-0078 to provide Specialist Morgan with an update. Ted may either leave a message or speak directly with Specialist Morgan.

Frequency: Weekly – Thursdays for classes and Tuesdays for phone call

Intervention 4

Safety Provider: Prairie School Counselor – Bob Ziegmund

Contact Information: 445-6700

Central Registry Clearance: N/A

Relationship to Family: School Counselor for Amanda and Maggie

Capacity to Protect: It is the counselor's daily job to work with children, to provide a safe environment and support children.

In Home Safety Service: The school counselor has agreed to check with Amanda and Maggie individually regarding events that occurred throughout the week to assess if there are any safety concerns/issues that should be addressed with the family. The school counselor will encourage both Amanda and Maggie to request meetings with the counselor if they are upset or need to discuss any problems.

Frequency: Weekly - Mondays

Intervention 5

Safety Provider: Tonya Princeton

Contact Information: 543-1422 or 543-2009

Central Registry Clearance: 1/24

Relationship to Family: Church friend - support

Capacity to Protect: Tonya is a volunteer at the Springfield County Jail and provides correspondence support with women in prison. Tonya is able to articulate how domestic violence, anger and chemical abuse can potentially harm children.

In Home Safety Services: Tonya has agreed to check in on the family at their residence on Sundays to inquire about sobriety, frustrations, children's safety and support the family. Tonya will contact CPS Specialist Lenny Morgan about contact or concerns regarding the family. Tonya may either leave a message or speak directly with Specialist Morgan. If Tonya is not able to make her weekly appointment, she will contact Michele Wilder to make her appointment for her.

Frequency: Weekly - Sundays

Intervention 6

Safety Provider: Michele Wilder

Contact Information: 456-7823 or 721-0956

Central Registry Clearance: 1/24

Relationship to Family: Minister's wife

Capacity to Protect: Is able to articulate how domestic violence, anger and chemical abuse can potentially harm children.

In Home Safety Service: Michele has agreed to be a part of the in-home safety plan if Patricia Corcoran or Tonya Princeton is unable to make their weekly appointment.

Frequency: Weekly - Mondays