

Essential Safety Intervention Concepts – A Glossary

November 2009

Introduction

Sometimes it is helpful to have important things available in one place. So that's what we've done this month. We are providing you with an alphabetical list of the essential safety intervention concepts for your easy access and reference. You may choose to scroll down to review all of the concepts. We've also linked the concepts to their definitions if you wish to select a particular concept you would like to review from the list immediately below. Place your cursor on the concept you wish to review, press Control and left click your mouse. This will take you to the concept and definition you have selected.

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Child Maltreatment

This is an operational definition compared to a legal or statutory definition. That means the concept is defined in a way that supports understanding the phenomenon and guiding intervention.

Child maltreatment is the result of family conditions and associated parenting behavior which 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.

This definition does not quality kinds of specific maltreatment, such as physical abuse, or severity.

The National Child Abuse and Neglect Data System (for national reporting of child abuse and neglect) refer to child maltreatment as "*behavior outside the norm by a caregiver that ... causes physical or emotional harm.*"

Notably the definitions here go beyond a focus on specific results such as injuries by emphasizing dysfunctional parent – child interactions that, over some period of time, cause detrimental effects for the child. These definitions give some importance to caregiver departure from normal, acceptable parenting behavior.

Caregiver Protective Capacities

Caregiver protective capacities are personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective of one's young. Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

Caregiver protective capacity is a concept that applies specifically to the adult who lives with a child and is responsible for the primary care of a child. In particular reference is to the adult who holds the primary responsibility for the child's safety. Normally this is the child's parent or a person who operates in that capacity in relation to a child. So, this includes natural parents; step parents; an adult companion of a child's parent; a grandparent; an uncle or aunt; etc. The caregiver resides with the child; lives in the same household. Another distinction is that the caregiver - child relationship is expected to be a continuing one. The caregiver is going to remain in the child's life and will maintain responsibility for the child's safety. This does not include people who care for a child temporarily such as relatives caring for a child from time to time; day care providers; other institutions providers; babysitters; and so on.

A caregiver protective capacity is a specific quality that can be observed and understood to be part of the way a parent thinks, feels and acts¹ that makes him or her protective. These are unique strengths that contribute to being protective.

¹ Caregiver protective capacities are grouped in three domains: cognitive, behavioral and emotional.

Some might think of these characteristics as somewhere close to an instinct for protectiveness particularly with regard to priority and intensity.

Caregiver Protective Capacity Family Assessment

The Caregiver Protective Capacity Family Assessment (PCFA) is a structured interactive process that is intended to build partnerships with caregivers in order to identify and seek agreement regarding what must change related to child safety and to develop case plans that will effectively address caregiver protective capacities and child needs.

The PCFA is a “people process” emphasizing mutual discovery rather than an evaluation. Case plans become the end product of the “people process” occurring between a CPS worker and a caregiver. The case plan represents the conclusion about what ought to be done to enhance diminished caregiver protective capacities and restore the caregiver to the role and responsibility of protecting his or her children. The PCFA is concluded by a case plan.

Conditions for Return

Conditions for return are statements that are part of a court order which identify specific behavior and circumstances that must exist within a child’s home for a child who is placed to return home. Conditions for return are a written statement that is related to the impending danger that requires placement and justifies invoking court jurisdiction. As a part of a court order, the statement is the official record and expectation that gives guidance to intervention, decisions and subsequent court involvement. The specific circumstances stated as conditions reasonably can account for the management of the impending danger.

Conditions for return statements are concerned with what must occur within a child’s home. This is an environmental statement along with a statement about people and what they must do. This is a statement about status or the state of circumstances within a child’s home. Basically it is a description of what the home must be like in order to be a “safe environment.” Condition for return statements are the benchmarks for reunification. That is the fundamental purpose for conditions for return – to communicate to caregivers (along with others who are party to the case) what must exist in the home for a child to be returned.

Danger Threshold

The danger threshold is the point at which family functioning and associated caregiver performance becomes perilous enough to be perceived as a threat or produce a threat to child safety. The danger threshold determines impending danger. The danger threshold is qualified by five criteria. In order for family functioning and associated caregiver performance to be an impending danger all criteria must apply and be met.

Out of control refers to family conditions that can directly 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.

Severity is consistent with anticipated harm that can result in pain; serious injury; disablement; grave/debilitating physical health conditions; acute/grievous suffering; terror; impairment; death.

Vulnerability refers to a child who is dependent on others for protection.

Imminence refers to a belief that threats to child safety could become active at any time; a certainty about occurrence within the immediate to near future.

Specific means a family condition that exists as a impending danger is observable and can be specifically described or explained; the danger is real; can be seen; can be reported; is evidenced in explicit, unambiguous ways.

Family Functioning Assessment

In safety intervention the family functioning assessment (FFA) is the first assessment occurring face to face with a family to determine the need for protective service. The FFA refers to the function that has been traditionally referred to as investigation or initial assessment. The FFA employs safety concepts and decision making methods concerned with reconciling information contained within CPS reports about alleged severe maltreatment and alleged threats to child safety. The purpose of the FFA is to determine who CPS will serve by assessing and reaching conclusions about caregivers who are unable or unwilling to protect their children from impending danger. This includes the assessment and management of present and impending danger; the identification of vulnerable children; and the assessment of caregivers with diminished caregiver protective capacities.

The FFA results in three decisions:

1. Has maltreatment occurred or is maltreatment occurring?
2. Is a child in this family subject to impending danger?
3. Is this a family who should be served by ongoing CPS?

Family Protective Resources

Family protective resources are personal; tangible and intangible assets that exist within the family network that are available and accessible for use within a temporary protective plan or a safety plan which contribute to controlling threats and managing child's safety while CPS intervention continues.

The purposes family protective resources serve are to provide close caregiver – child – family proximity and to implement less intrusive means and methods necessary to control and manage impending danger threats (i.e., threats to child safety.) Family protective resources – particularly those involving individuals – can serve as a substitute for caregivers who are not able or willing to assure the protection of their children.

The family network refers to all the individuals and social connections with which caregivers and their children are associated. A family network can include relatives; neighbors; friends; professionals involved with the family; acquaintances connected through formal means such as church members; and members of the community in which caregivers live. How wide the family network circle expands is interpreted by caregivers in accordance with their perceptions about personal and social proximity.

Protective factors and family strengths are not the same as family protective resources but by some are considered related concepts.

Protective Factors

The child maltreatment prevention field employs the concept protective factors. These are family and community conditions that increase the health and well-being of children and families. Protective factors are considered buffers which serve in helping parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

Family Strengths

Family strengths refers to assets that families possess which can be mobilized to identify solutions, bring about change and further strengthen families. The importance of recognizing and acknowledging family strengths is an overarching value and expectation which is fundamental to effective CPS.

Impending Danger

Impending danger is associated with a child living or being in a state of danger; a position of continual danger. Danger may not exist at a particular moment or be an immediate concern but a state of danger exists. Impending danger is not necessarily active in the sense that a child might be hurt immediately like is true of immediate, present danger. When a child lives in impending danger one can expect severe harm as a reasonable eventuality.

Impending danger refers to threats to a child's safety that exist; are insidious; but are not immediate, obvious, or active at the onset of CPS intervention.

Impending danger refers to threats that eventually are identified and understood upon more fully evaluating and understanding individual and family conditions and functioning.

Impending danger refers to threats that reasonably will result in severe harm if safety intervention does not occur and is not sustained.

Family situations and behaviors must meet danger threshold criteria to qualify as impending danger.

Information Standard

The information standard in safety intervention refers to what should be known about a family in order to fully evaluate the presence of impending danger and caregiver protective capacities. There are six areas of family life that can provide pertinent and sufficient information to complete an effective assessment of threats to child safety and enhanced and diminished caregiver protective capacities.

The six areas of family life which form the information standard are:

1. What is the extent of the maltreatment?
2. What surrounding circumstances accompany the maltreatment?
3. How does the child function on a daily basis?
4. What are the disciplinary approaches and typical context used by the caregiver?
5. What are the overall, pervasive parenting practices used by the caregiver?
6. How does the caregiver function with respect to daily life management and general adaptation including substance use and mental health functioning?

Intake Assessment

Intake Assessment (IA) is the first assessment within safety intervention. The IA is the decision-making method concerned with evaluating reports of threats to child safety in order to identify families that may be in need of Child Protective Services (CPS). The IA occurs as part of the intake function. Intake is a service with two service objectives: (1) to provide the point of contact for the community to express its concerns about children who may be in need of protection, and (2) to launch the safety intervention process whereby children in need of protection and families in need of CPS are identified and served. The purpose of the IA is to identify caregivers who are reported as being unable or unwilling to protect their children from impending danger. This includes consideration of the presence of threats to a child's safety, the presence of vulnerable children, and caregivers with diminished caregiver protective capacities.

Present Danger

Present danger is an immediate, significant and clearly observable family condition occurring in the present tense, already endangering or threatening to

endanger a child. This phenomenon is also referred to as immediate harm; immediate severe harm; or imminent harm. It is important to understand that the primary criterion that qualifies present danger is what is happening that endangers a child is happening now; it is currently in process of actively placing a child in peril.

Protective Capacity Progress Assessment

The Protective Capacity Progress Assessment (PCPA) is a collaborative review and conclusion about enhanced caregiver protective capacities. It includes the CPS worker, caregivers and others who are a part of the remediation process. The purpose of the PCPA is to encourage, support and facilitate caregivers in the process of behavioral change which enhances their diminished caregiver protective capacities and restores them to their role and responsibilities concerned with protecting their children.

Reasonable Effort

Reasonable effort refers to safety intervention which attempts to prevent placement. This effort is characterized by due diligence as expressed through creative and rigorous activity and endeavor to identify the least intrusive means possible to assure a child's protection prior to the selection of separating the child from his family. If safety management requires an out of home safety plan reasonable effort continues through provisional safety intervention which attempts to achieve as early a reunification of a child with his family as appropriate and feasible. Reasonable effort leading to reunification is guided by stated conditions for return.

Safe

A child can be considered safe when there is no threat of danger to a child within the family/home or when the caregiver protective capacities within the home can manage threats of danger.

Safe Home

The safe home refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of impending danger threats; the presence of sufficient caregiver protective capacities; and confidence in consistency and endurance of the conditions that

produced the safe home. The term “safe home” is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.

Safety Action

Safety action refers to the objectives that are set forth in a safety plan specifically designed to manage impending danger threats. Safety action may include formal or informal services or activities and may be provided by professionals, non-professionals and the family network. Safety action consists of five options (objectives).

Behavior management is safety action (activities, arrangements, services, etc.) that controls caregiver behavior that is a threat to a child’s safety.

Crisis management is a safety action specifically concerned with intervening to bring a halt to a crisis and to mobilize problem solving to return a family to a state of calm.

Social connection is a safety action that reduces social isolation and seeks to provide social support.

Separation is a safety action concerned with threats related to stress, caregiver reactions, child-care responsibility and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand and daily pressure.

Resource support refers to safety action that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety.

Safety Assessment

Safety assessment refers to the identification; focused evaluation; and conclusion about impending danger and caregiver protective capacities. The safety assessment occurs as part of (and at the conclusion of) the family functioning assessment. Evaluation of safety continues throughout the life of the case, however, uses purposeful, objective methods appropriate to the purpose of the judgment² at the time of the evaluation and the case status.

Safety Intervention

Safety intervention refers to all the actions and decisions required throughout the life of a case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child’s caregivers taking

² Subsequent to the family functioning assessment, safety is evaluated through the use of the protective capacity family assessment and the protective capacity progress assessment. The safety assessment instrument used during the family functioning assessment may be used also during ongoing CPS if new impending danger threats emerge or changes in family circumstances warrant.

responsibility for the child's protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety intervention consists of identifying and assessing present and impending danger; planning and establishing safety plans that assure child safety; managing safety plans that assure child safety; partnering with caregivers to identify diminished caregiver protective capacities; and creating and implementing case plans that enhance the capacity of caregivers to provide protection for their children.

Safety Intervention System

A safety intervention system is a unified whole comprised of components or parts³ designed to enhance caregiver protective capacities and restore caregivers to their protective role and responsibilities. Each part of the system is interdependent and related to each other. When connected, the parts form the whole safety intervention system. The purpose of a safety intervention system is to assure that a child is protected. The purpose is best realized when a child's caregivers or caregivers are enabled to provide the protection. It could be said that the primary purpose of safety intervention is to empower caregivers and enable them to provide protection for their children.

The safety intervention system is conceptually based (as represented by this glossary and other intervention concepts and theories.)

A safety intervention system contains actions, decisions and methods that are organized in such a way so as to result in an orderly process of moving toward the primary purpose. These parts of the system have relation to each other. Actions, decisions and methods are based on the same concepts and definitions, occur in some meaningful progression and are interdependent. The relation of the parts of the safety intervention system is characterized by sequence in activity and movement; flexibility to adjust; certainty with respect to the way of doing things. A safety intervention system guides workers to behave systematically no matter what their assignment is.

Safety Intervention System Framework

A safety intervention system is described, guided, supported and justified by a framework that exists as the foundation on which the intervention occurs. The framework consists of seven necessary elements.

Policy establishes *what* is to be done; what is expected; the rules and boundaries of safety intervention. It articulates the process within which safety intervention

³ Components or parts refers to functions, such as intake, initial intervention, case planning; treatment; practices, such as interpersonal skills, collaboration, engaging; assessments, such as family functioning assessment, safety assessment, caregiver protective capacity assessment; decisions, such as child safety, who to serve, when to close a case; products, such as safety plans, case plans, progress evaluations; and services such as casework counseling, substance abuse and mental health services, resource provision.

will occur. It sets the standards and the limits. Policy identifies the assumptions, beliefs, values and principles that underpin a safety intervention system. It articulates concepts, definitions and protocol. Policy states the purposes of a safety intervention system, outlines how its purposes can be achieved and identifies its outcomes.

Procedures provide for *how* safety intervention is to occur. This includes step-by-step descriptions. Procedures include guidelines and instructions. Procedures define the course of action to be taken from intake to closure. Procedures operationalize case practice and decision-making within a safety intervention system.

Staff development and training provides the means for knowing how to do safety intervention and mastering the skill necessary to carry it out. Training steps beyond policy and procedures to assure that a safety intervention system operates on the solid ground expressed through research, literature and the state-of-the-art. Staff development continues to provide instruction and reinforcement over time about the actions, methods and decisions that form a safety intervention system.

The information system serves as the overt expression of a safety intervention system. What is required (policy) and how it is to occur (procedures) (training) become clearly made known within the information system. The information system serves as a record of a safety intervention system, but, perhaps more importantly, prompts and cues staff to be systematic; to follow the system's plan.

Supervision guides, directs, supports and oversees staff implementing a safety intervention system. Supervisors transmit to staff what must be done and how. Supervisors judge when it is not done correctly among individuals and across staff. Supervisors move from overseeing work to creating approaches to correction and development consistent with the design of a safety intervention system.

Program management, within this framework, provides leadership to a safety intervention system. This leadership includes defining how a CPS safety intervention system will interface with a community; how CPS staff will collaborate with allied professionals in order to achieve the purposes of a safety intervention system. Program managers are responsible for generating sufficient staff and program resources to support a safety intervention system.

Quality assurance exists as the dynamic within the framework for assuring routine review, evaluation, reinforcement, criticism, feedback and adjustment. Continual improvement can only happen when results of evaluation can be spun into a process for adaptation, improvement or revision.

Safety Management

Safety management refers to the intervention used or specific action CPS takes to control impending danger to a child's safety. Safety management includes in-home, out-of-home or a combination of in-home/out-of-home actions. Safety management as an action refers to something specific that CPS does with *energy and boldness* to control a threat to a child's safety. The action to achieve safety management can be a formal service from a professional provider; an informal activity performed by a relative or volunteer; or both. Safety management must be: capable of having an immediate effect; immediately available; always accessible; and sufficient to control the danger or threat of danger. Safety management is concerned with *controlling* danger and threats of danger only – not changing family functioning or circumstances.

Safety management is provisional. Provisional safety management refers to specific plans, arrangements and actions taken by CPS for the time being based on a) the presence of threats to child safety and b) the absence of sufficient caregiver protective capacities to assure protection. Provisional safety management assures that the question of child safety and caregiver protective capacity always remains alive. It promotes the point of view that child safety and caregiver protective capacity possess potential for being different, thus requiring different CPS safety management responses.

For safety management to be provisional, it must be a living, breathing thing. It is dynamic. It is self-motivated, lively and active by a) staying tuned in to how safety threats are occurring; b) considering how caregiver protective capacities can be deployed; c) seeking out resources within the family network that can contribute; and d) being constantly open to increasing or decreasing the level of effort in safety plans in order to meet the safety needs of a child that are apparent.

Provisional safety management is conditional based on what is going on in a family associated with child safety. Provisional safety management is caregiver centered so that caregivers can participate in all aspects of safety planning and safety management. Provisional safety management employs the least intrusive measures necessary to assure a child is protected. Provisional safety management is not voluntary. If a child is believed to be in impending danger there is no choice but for CPS to protect him. The standards for provisional safety management are: vigilance, promptness, alertness, diligence and timeliness.

Safety Plan

The safety plan is a written arrangement between a family and the agency that establishes how impending danger threats to child safety will be managed. The safety plan is not a temporary plan. The safety plan must be implemented and active as long as impending danger threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. Safety plans

often remain in place for weeks into months and co-exist with the ongoing case (treatment/case) plan.

The safety plan is designed along a continuum of the least to most intrusive intervention. The safety plan may be exclusively an in home plan. The safety plan may be a combination in home and out of home plan. The safety plan may be exclusively an out of home plan.

The safety plan is established at the conclusion of the family functioning assessment after sufficient family information is gathered and analyzed. The safety plan is documented on a form that individualizes descriptions of impending danger threats, identifies safety services; identifies and qualifies providers; and identifies level of effort. The safety plan manages impending danger threats while CPS proceeds with and carries out planned treatment services.

Safety Planning Analysis

The safety planning analysis is an examination of the safety intervention information; impending danger threats as identified by the safety assessment; and caregiver protective capacities for the purpose of determining the level of effort and intrusion necessary within a safety plan to assure management of impending danger.

Safety Services

Safety services are actions, activities, tasks, or imposed situations that may be formal or informal; provided by professionals and non professionals for the purpose of managing or controlling impending danger threats. Safety services must be capable of having an immediate effect; must be immediately available; must always be accessible; and must be sufficient to control impending danger. Safety services are grouped according to five objectives: behavior management; crisis management; social connection; separation; and resource support.

Safety Service Provider

The safety service provider is the person who is responsible for performing activities, actions taken; tasks; and imposed situations planned within a safety plan. The person is verified as suitable to meet the responsibility. The person can be a professional; a non professional; and a person who is part of the family network.

Severe Harm

Severe harm⁴ refers to effects that are consistent with unusual pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, terror, impairment or death.

Temporary Protective Plan

The temporary protective plan is an *instantaneous* (same day), short term, sufficient strategy that provides a child responsible adult supervision and care to allow for the completion of the initial assessment or investigation. Usually temporary protective plans are formed as a part of the initial contact with a family. Sometimes temporary protective plans may become necessary as an initial assessment or investigation proceeds. Upon occasion a temporary protective plan may be created even in ongoing CPS as a result of some present danger suddenly occurring.

This focused, controlling intervention is labeled *the temporary protective plan* because of 1) its particular purpose – to suspend what is going on in a family long enough to support the completion of the family functioning assessment and 2) in order not confuse it with the formal, continuing safety plan which is established once a fuller understanding of the family exists. *Temporary* qualifies this protective plan as remaining in place until the family functioning assessment is concluded. The temporary protective plan is also known as the present danger plan, the immediate protective plan; and immediate protective action.

Unsafe

A child is unsafe when there is a threat of impending danger to a child within a family/home and the caregiver protective capacities within the home are insufficient to manage the threat of danger thus requiring outside intervention.

A threat of impending danger (also known as foreseeable danger, emerging danger, threat of serious harm; a safety factor, a safety influence or a safety threat) means a specific family situation or behavior, emotion, motive, perception or capacity of a family member that is out-of-control, imminent and likely to have severe effects on a vulnerable child.

Vulnerable Child

A vulnerable child is one who cannot protect himself; cannot provide for his basic needs; cannot defend himself against a physical aggression; is not alert to and/or cannot get away from a dangerous situation; is physically and/or emotionally (susceptibly) dependent on others.

⁴ This might also be referred to as serious harm or significant harm. Protecting from severe effects is the standard for safety intervention.

Criteria can be considered when judging vulnerability. Children from birth to six years old are always vulnerable. Children who are physically handicapped and therefore unable to remove themselves from danger are vulnerable. Those who, because of their physical limitations, are highly dependent on others to meet their basic needs are vulnerable. Children who are cognitively limited are vulnerable because of a number of possible limitations: recognizing danger, knowing who can be trusted, meeting their basic needs and seeking protection. Provocative children with emotional, mental health, behavioral problems can be such that they irritate and provoke others to act out toward them or to totally avoid them. Children who are highly dependent and susceptible to others are vulnerable. These children typically are so influenced by emotional and psychological attachment that they are subject to the whims of those who have power over them. Regardless of age, a child who is unable to defend him/herself against aggression is vulnerable. Children who are frail or lack mobility are more defenseless and therefore vulnerable. A child who is so passive or withdrawn to not make his or her basic needs known is vulnerable. A child who cannot or will not seek help and protection from others is vulnerable. Some children have continuing or acute medical problems and needs that make them vulnerable. Children that no one sees (who are hidden) are vulnerable. A child who is not visible to be noticed and observed should be considered to be vulnerable regardless of age.