

The Safety Intervention Process

Introduction

- What? Safety concepts provide the foundation for safety intervention.
- When? Safety concepts are applied differently at different times during safety intervention
- Why? Safety intervention must be sufficiently flexible and relevant to address safety issues as they change over time.

We've noticed from time to time that sometimes confusion seems to exist concerning the application of safety intervention across the CPS process. Part of this lack of clarity seems associated with figuring out how safety concepts apply as case conditions and safety intervention issues change over time. This month we attempt to clarify what should happen in safety intervention; what concepts are involved and when it should happen.

Intake – Receipt of the CPS Referral

Information collection at intake is the first safety intervention responsibility. While the intake interview may focus on specific events and circumstances related to alleged maltreatment, attempts at information collection should be broad enough to consider child vulnerability, caregiver functioning and the identification of present danger or family conditions that conceivably could represent impending danger. Clearly, reporters often do not possess sufficient information to allow for a high degree of confidence about the presence of safety threats but the intent of CPS should be to assure that efforts occur to seek out such information.

Evaluating and determining whether there are any indications of threats to safety within the information reported is the second safety intervention responsibility at intake. Presumably, to the informed intake worker, this occurs simultaneously as the information is being provided by the reporter. However, after the report has been completed and as a part of the screening activity, certainly identifying information consistent with present or impending danger is a necessary decision step leading to the third responsibility at intake.

Making a judgment about the prioritization for assignment to investigation/initial assessment is the third safety intervention responsibility occurring during intake. The prioritization decision is based on present and impending danger. If information gathered from the reporter indicates that present danger exists then the prioritization decision should be for an immediate face-to-face response. If impending danger is identified or suggested within the reported information then the response decision should be for a response within the same day or within 24 hours depending on the nature of the reported information, the location and condition of the child and access threatening people have to the child.

The Initial Contact with the Family

Remember that present danger is the most obvious form of a threat to child safety. We have described it as transparent, happening right before your eyes. Upon first contact with a family and during the first visit, it is crucial to judge whether present danger is occurring in the home and family. We emphasize this responsibility here at initial contact but certainly want to state that during any involvement with a family initial assessment staff and ongoing case management staff should be alert to present danger. So, for now let us consider assessing for present danger as the first responsibility at initial contact.

The second safety intervention responsibility at initial contact is dependent on the first. If present danger is identified at any time during the initial contact (or

for that matter at any time) information collection and other activities should be suspended in order to take protective action in order to stop or control the present danger. This responsibility includes consideration of the caregivers' interests and family resources respective of providing protection so that the initial assessment can proceed and the children will be safe.

The third responsibility is very important and actually is an enduring responsibility throughout the safety intervention. At any time that a child is placed as a part of a protective action or within a general safety plan strategy, you must assess the safety of the home where the child is placed. This, of course, includes evaluating the placement providers whether kin or foster parents.

The fourth responsibility, if placement is involved as the protective plan, is immediately facilitating caregiver – child visitation. Maybe you've not thought of caregiver – child visitation as a safety responsibility. We believe that it is fundamental to effective safety intervention. And we want to emphasize here that it is of paramount importance that visitation be an active part of safety intervention throughout the time a child is placed. So we conclude here that when children are placed visitation is a safety intervention responsibility that transcends the various CPS process steps.

Some safety models instruct staff to assess safety during the initial contact(s) with a family and establish a safety plan if needed within a prescribed period of time – say 5 days. The spirit of this rule apparently is to focus worker attention on the importance of making judgments about safety threats and taking action in a timely manner. Our point of view is different. We believe that taking action should immediately follow the identification of a safety threat. In other words as soon as you judge that a safety threat exists you should take immediate action to establish a means of protection – such as a protective action or protective plan when present danger exists and a safety plan when you've fully evaluated and identified impending danger.

Before we leave the initial contact let's consider the purpose of the protective action or protective plan so it is clear what it is and how it is different from a safety plan. Since present danger is immediately obvious action must be taken even prior to knowing much about the family or for that matter knowing whether the present danger is evidence of impending danger as well or an aberration in terms of not typical of family functioning. When present danger exists there is no time to continue extensive information collection in order to fully understand whether impending danger also exists and how it is occurring in the family. The protective plan is a simple, straightforward action taken to suspend what is going on in order to allow for the completion of the full initial assessment. Typically it involves a placement usually with someone close to the family. A safety plan is best when it is based on a full initial assessment that provides the sort of understanding that informs an effective, robust means for controlling and managing safety threats in the least intrusive manner possible.

When present danger is identified at the initial contact, you should feel compelled to accelerate the initial assessment by attempting to collect all necessary information as swiftly as possible. Expedience reduces worry and upset delays produce for families; shortens the time where protective plans are needed; and arrives promptly at reasonable and informed decisions and actions.

During the Investigation or Initial Assessment

While it is certainly possible to collect enough information during an initial contact to begin making informed judgments about a family including the presence of impending danger, it often is unlikely. We have described impending danger as more elusive; as related to how caregivers and families function; as something that is building toward having severe effects on a child. Identifying impending danger requires exploration and understanding as well as interpretation about what is happening in a family and what it is likely to result.

During the initial assessment the safety intervention responsibility is to collect information from family members and those who are familiar with the family that will result in as full an understanding as possible concerning the presence of safety threats (impending danger) and the nature of caregiver protective capacities. We advocate gathering sufficient information in 6 discrete areas.

- The extent of maltreatment
- Circumstances surrounding the maltreatment
- Child functioning including vulnerability
- Adult functioning (caregivers)
- General parenting
- Disciplinary practices

Safety threats (from all models nationally) can be revealed through sufficient information gathering and understanding related to these 6 information areas.

At any time during an initial assessment – even when everything is not completed – when impending danger is identified safety management should immediately proceed. A safety plan should be established. Why is that? Think of the safety threshold criteria. Remember that one criterion is concerned with imminence. Impending danger is likely to occur soon! That means that taking action to control impending danger must happen immediately.

At the Conclusion of the Investigation or Initial Assessment

At least unofficially an initial assessment is complete when sufficient information has been collected to make decisions like substantiation, risk of maltreatment and whether to send the case onto ongoing CPS case management. If the presence of safety issues has not occurred prior to the completion of the initial assessment then it is imperative that an official safety assessment occurs at

this time. This is the first safety intervention responsibility at the conclusion of initial assessment. The responsibility includes completion of a safety assessment, which officially indicates the specific impending danger that exists or confirms that no impending danger exists.

The second safety intervention responsibility is to analyze the information collected during initial assessment – specifically information related to the impending danger threats – in order to judge what is required to establish a sufficient safety plan. There are analysis questions that can be included in this analysis:

- 1) How are safety threats/impending danger threats occurring in the family?
- 2) Can a caregiver or the family at large manage and control safety threats/impending danger threats without direct assistance from CPS?
- 3) What kind of CPS managed safety plan is appropriate for this family? (e.g. in home; combination of in home and out of home; out of home)
- 4) What safety responses, services, actions and providers are required to adequately control the safety threats?

We've written about safety assessment and analysis of the safety threats as if they are two distinctly separate functions. What we know is they pretty much occur as one process. You reach a conclusion about the presence of safety threats that flows immediately into analyzing how they are operating and what would control them.

The next safety intervention responsibility is to put in place a safety plan that is sufficient based on the analysis of safety threats. This responsibility must include dialogue with and involvement of the caregivers and other family members as appropriate. It is likely that such worker – client interaction concerned with planning for protection of the children begins toward the conclusion of the initial assessment and becomes more focused at the point that you are attempting to create an effective safety plan. While safety plans do not

depend on caregivers for implementation, they should include caregivers' interests, acknowledge their role and be sensitive to their feelings through the process of safety assessment, safety planning and implementation of the safety plan.

Sometimes a protective plan or a safety plan is in place prior to the conclusion of an initial assessment. Reasonably every thing that has been described here should occur again in terms of confirming judgments made earlier, factoring in all that is understood about the family and re-evaluating the sufficiency of protective action that has been taken prior to the conclusion of the initial assessment. It is possible in some cases that protective actions taken during the initial assessment can be dismissed given full understanding gained from the initial assessment. It is important to emphasize that when a protective action or protective plan has been created during an initial contact and has endured throughout the initial assessment, it should be replaced by a safety plan if threats have been judged to exit or should be dismissed. Protective plans should not continue beyond the conclusion of the initial assessment.

We close this segment by identifying the important responsibility for establishing conditions for return when children have been removed at any time during an initial assessment and remain in care as the case transfers to ongoing CPS case management. Conditions for return establish the benchmark that is used by ongoing CPS staff and the caregivers to direct decision making for reunification. Establishing conditions for return is the responsibility of the initial assessment worker and reasonably can be contained with court orders concerned with the placement.

When a Case is Transferred from Investigation to Ongoing CPS

The primary safety intervention responsibility that occurs when a case is transferred from initial assessment to ongoing case management is concerned with safety management. The responsibility, which is shared between the initial

assessment worker and the ongoing CPS worker, is to assure that the assessment of safety threats and the safety plan are fully communicated to and understood by the worker receiving the case. In addition to transmission of necessary documentation, this responsibility could involve face-to-face deliberation between the workers involved; with caregivers and family members; and with people involved as providers in the safety plan.

This exchange and interaction should occur promptly upon case transfer but certainly within a week. This assures that the transfer for oversight of the safety plan is well understood and uninterrupted.

During the Case Plan Assessment

When a case is transferred to ongoing CPS case management it is usual for the beginning work to be focused on assessing the family in order to form a case plan. The important safety intervention responsibility at this stage is to evaluate caregiver protective capacity. Presumably, information coming from initial assessment lays a foundation for considering caregiver protective capacities that are enhanced and those that are diminished. While you might study lots of different things with respect to the kind of case plan assessment that you complete, your responsibility regarding safety intervention is to be certain to gain a clear understanding of the nature, quality and effectiveness of caregiver protective capacities. Within this assessment is the need to identify which diminished caregiver protective capacities should be addressed in the case plan and to consider how enhanced caregiver protective capacities can be deployed to support and encourage caregiver participation and progress.

At the Case Plan

The Adoption and Safe Families Act (ASFA) requires that safety issues be addressed in case plans. Therefore, the safety intervention responsibility at this point is to build a case plan with caregivers and the family that contains a

centerpiece devoted to addressing diminished caregiver protective capacities. Evidence of this responsibility being met will be apparent to the extent that some, pertinent case plan goals are specific to caregiver protective capacities; that services are identified relevant to facilitating the enhancement of those diminished caregiver protective capacities; and that behavioral descriptions are apparent as basis for measuring progress toward enhancement.

During Service Provision

The safety intervention responsibilities for ongoing CPS case management begin when a case is transferred and are concurrent with all other case management activities that are occurring. In other words, this is not a linear sort of matter that begins following implementation of the case plan. We write about it here as a separate step but keep in mind that this is a continual thing from case transfer to case closure.

The essential safety intervention responsibility during service provision is oversight of the safety plan. It is safety management. It involves routinely, frequently considering safety threats. Are they still apparent? Are they changing? What affects them? Are there new threats? It requires rather constant interaction with caregivers, family members and people involved in the safety plan. The purpose of the contact is to assure that the safety plan is being implemented appropriately and that nothing is eroding its effectiveness. Additionally, this responsibility includes being vigilant in considering the need to make adjustments to the safety plan. Can intrusion be reduced? Should different services or providers be installed? Can the family assume more responsibility?

As mentioned earlier, evaluating safety in placement families is a constant concern in safety intervention. While it is required that such safety assessments occur every six months, it is good practice that it be a part of routine consideration in all contacts with placement homes and providers.

Just as a reminder, let's mention here that caregiver – child visitation is a continuing safety intervention responsibility when children are in placement.

The other safety intervention responsibility is concerned with assessing caregiver participation and progress related to the case plan. During service provision note must be taken about whether “treatment” is working with respect to enhancing caregiver protective capacities.

At the Case Evaluation

Most policies require a case evaluation of some sort at least every six months. Often these are tied to administrative reviews associated with placement cases. We prefer that case evaluations occur every 90 days following the implementation of a case plan. It just makes sense to be tuned into whether people are participating, providers are suitable and plans are working so that they can be adjusted in a timely way.

The safety intervention responsibilities at case evaluation are two-fold. First, you must measure progress. ASFA requires it. You must judge whether progress is occurring with respect to enhancement of caregiver protective capacities. This is incredibly important when it comes to placement cases. Whether termination of parental rights occurs within the limits of the law depends on caregivers making progress toward resuming their protective parental role. Big stakes! This responsibility for measurement involves more than checking on caregiver progress. It includes judging whether plans and providers are right for what is needed and working appropriately. It includes considering whether the target(s) of the case plan are the right ones. Did you and the caregivers select the right protective capacities to address? All of this, of course, results in a judgment about proceeding as planned or adjusting plans.

Second, you make conclusions about the suitability of the safety plan that remains in place. The spirit of this responsibility is to determine whether

intrusiveness can be reduced and if caregiver responsibility and involvement can be increased. When a case evaluation occurs you assess the prospect of adjusting the safety plan: confirm a current one; decrease intensity; or increase intensity.

At Reunification

We decided to address reunification by itself. The reunification decision is a part of the safety intervention responsibility occurring at the case evaluation concerned with judging the adequacy of the safety plan. First off, we believe that reunification exists within a process that begins when a child is placed and is officially concluded at a “formal” case evaluation. We put quotes around formal because we don’t want to suggest that it can only occur at some official, policy required case evaluation but can occur when case conditions indicate that it is appropriate. But the decision should happen as a discrete, point in time sort of event; thus, we refer to formal. The process of reunification begins at placement and is formally established based on the conditions for return. The conditions for return guide the ongoing case manager and caregivers to know when the time has come that a child can be returned home. For the record, conditions of return do not require caregiver change necessarily; conditions for return requires specific circumstances that must exist within the home for the child to be returned.

A later article will focus entirely on reunification, but let’s briefly summarize the safety intervention responsibilities here:

- Involvement of caregivers and family members in the decision;
- Confirmation that conditions for return have been met or exist;
- Consideration of how caregiver progress contributes to reunification;
- Evaluation of caregiver – child visitation and its influence on the decision;
- Safety assessment of caregivers and home;
- Creation or increase of an in home safety plan;
- Reunification plan for child’s return to home; and

- Identification of safety alerts.

At Case Closure

Safety intervention responsibilities are not completed until certain assessments and conclusions are reached. Here we make no distinction about whether safety threats have disappeared during ongoing case management or whether safety plans have been dismissed some time prior to the question of closing the case.

Just for the record, it is important to emphasize that in no instance should a case be closed if a child is not safe.

Fundamentally, the safety intervention responsibilities at case closure are governed by the definition for child safety.

A child is considered safe when there are no threats to child safety or sufficient caregiver protective capacities exist to protect a child from threats.

The first safety intervention responsibility at case closure is safety assessment. A judgment is required concerning the absence of safety threats or the presence of safety threats (e.g., how they are occurring; what's influencing them; how they remain.) If safety threats are absent this judgment includes considering the likelihood they will remain absent.

The second responsibility is concerned with judging caregiver protective capacities. Are they sufficient to protect against threats that continue to exist or might emerge? Are protective capacities well established and robust? Do caregivers fully embrace and act effectively in their protective role?

The final safety intervention responsibility is to review the need for a “safety net” followed by establishing one as appropriate. Now a safety net is different from a safety plan. We’ve said if a safety plan is needed the case should not be closed. A safety net refers to arrangements, connections, supports within the family network or community that can be created, facilitated, reinforced that reassure the caregiver and provide resources and assistance.

The End

Our interest has been to demonstrate in as brief a manner as possible that safety intervention is comprehensive and relies on the application of concepts, practices and decision making differentially in accordance with CPS and family circumstances over time.

Although not fully discussed, we hope you’ve noticed that we are in favor of vigilance in safety intervention; flexibility related to seeking to adjust intrusion downward; and caregiver inclusion in planning and in experiencing an ever increasing return to fulfilling his/her rightful role as the child’s protector.