

# **The Safety Decision**

## **Introduction**

*This article is primarily about the safety assessment and safety conclusion but incidentally addresses some things about safety planning.*

We admit that some of this article is pretty elementary, and most people in CPS will find familiar content. But we felt the need to do some explaining about safety assessment in order to emphasize some important things and to clarify some questionable decision making. We begin with a simple explanation of what a safety assessment is and do this by examining common structure. We look at the purpose of the safety assessment, which although probably obvious, serves to help us with criteria for how the method should be formed and when departure from its intent occurs. Then we look at exactly what the conclusion of the safety assessment is and discuss variations which can confound decision making. Finally, we revisit the timing of safety assessments.

## **The Safety Assessment**

Here we are referring to safety assessment as the official event that is documented on the agency's safety assessment form. You know that all (as far as we know) safety assessment forms across the country are constructed with a list of safety threats which a worker considers. Here's a universal list of safety threats that we identified from examining all safety assessments. These were common to all safety assessment forms:

- ✚ Violent Caregivers or Others in the Household
- ✚ Caregiver Makes Child Inaccessible
- ✚ Caregiver Lack of Self-Control
- ✚ Caregiver Has Distorted Perception of a Child
- ✚ Caregiver Fails to Supervise/Protect

- ✚ Caregiver Threatened/Caused Serious Physical Harm to a Child
- ✚ Caregiver Will Not/Cannot Explain a Child's Injuries
- ✚ Child Provokes Maltreatment
- ✚ Fearful Child
- ✚ Caregiver Is Unwilling/Unable to Meet Immediate Needs of Child

The worker judges whether information collected during contact with the family indicates that any threats like these exist. Workers check boxes or identify yes or no to indicate the existence or non existence of a particular threat. From our perspective, a worker should indicate a safety threat only under these conditions:

1. The behavior, family condition or situation is out of control—there is nothing internal to the family to control the threat.
2. The behavior, family condition or situation is specific, can be observed, can be described—this is not intuitive or an interpretation.
3. The behavior, family condition or situation could result in severe harm to a vulnerable child.
4. The behavior, family condition or situation as a threat to safety either is active or could become active at any time.
5. Caregivers do not possess or do not actively employ protective capacities sufficient to control the threat—they are not, will not or cannot protect their children.
6. Sufficient information has been collected and analyzed to support the identification of a safety threat; sufficient information provides a basis for bringing into question whether a caregiver can or will protect a child from the threat.

Some safety assessment forms require workers to describe in detail what the safety threat is like, how it is operating within the family. This is a good idea since the threats, like those above, are standardized and, therefore, do not reveal the uniqueness of specifically what is happening in a particular family.

Before reaching a conclusion, some safety assessment forms require workers to draw conclusions about whether other sources can and will protect the children. Usually this involves a judgment about relatives, but, in some instances, the requirement includes consideration of services that can be provided or are provided to the family. Sometimes this judgment is accompanied by justification, sometimes not. This is not a good idea. It represents a breach in the decision-making process. The decision-making process is concerned with reaching a conclusion about a child's safety in his home. The requirement to judge whether people other than the primary caregivers can protect a child is concerned with safety planning and safety management, not safety assessment. We will elaborate on variations to this decision-making problem as the article continues.

The end of the safety assessment form is the conclusion about the status of a child safety within his or her home as related to the presence of threats and the adequacy of caregiver protectiveness.

### **The Purpose and Objective of the Safety Assessment**

The *purpose* of the safety assessment is to determine whether CPS protective intervention is required. The *objective* (which operationalizes the purpose) is to determine whether what is happening in a family meets the definition for "safe" and "unsafe." The objective is to rule in or rule out that a child is unsafe.

A commonly accepted definition for "unsafe" is the presence of threats to child safety and insufficient caregiver protective capacities to control the threats. The definition for "safe" is the absence of threats to child safety or sufficient caregiver protective capacities to control the threats.

These definitions are the flip side of each other, so it really doesn't matter how you describe the objective as long as it has to do with ruling in or ruling out threats to child safety and considering caregiver protectiveness. And, as we stated

above, ruling in or ruling out threats involves a judgment that the family does not possess internal capacity to control the threat.

Everything a worker does as part of safety assessment (such as identifying threats, describing the unique occurrence of threats within a family, evaluating caregiver protective capacity) should result in the decision that a child is safe or a child is not safe within his or her home. Let's re-emphasize that point. All the steps a worker goes through on a safety assessment form should lead to a conclusion about whether a child is safe or not in his or her home. Any requirement that does not directly lead to that decision should not be part of the form or the decision-making process. As the article continues, you will see our attempts to point out that requirements to make judgments about how to keep a child safe are misplaced since you are still in the midst of completing a safety assessment and trying to establish that the child is safe or unsafe (and in effect trying first to establish whether CPS keeping a child safe is even necessary).

The safety assessment conclusion meets the purpose of the safety assessment which is to establish the basis and provide justification for imposing safety management responses in a case.

### **Safety by Degrees?**

Now we need to discuss the concept of child safety within a CPS context. It is possible to find in some assessment instruments, training curricula, policy language and other sources of information the notion that child safety is a matter of degree. For instance, you might have heard or seen reference to minimal safety concerns, moderate safety concerns and serious safety concerns. This suggests that children might be somewhat safe or somewhat unsafe. This is a serious problem for safety assessment and decision making. It is too fuzzy an idea. There really isn't any way one can effectively qualify that a child is partly unsafe or is becoming safer. This is so because safety is a status or position a child is in. It is not a process. Becoming unsafe may be a process as related to dynamics,

behavior or conditions within a family which are worsening and becoming more extreme or severe. But it is at the point that behavior and conditions cross the safety threshold that a child is unsafe.

So, here, we are stating that child safety (as a status) is diametric. A child is either safe or is not safe. There is no degree of safety. As we explained in the April 2007 article, threats occur differently in families. We said present danger was an active display of a threat, and impending danger involved threats that were dormant at the time of initial case contact. However, in both instances of manifestation of threats, the child is not safe. Not to be silly, but because we think it is a good every day comparison, we've said child safety (as related to the CPS context) is like pregnancy. There are no degrees, a woman either is or is not.

The reason that this distinction about the nature of safety is so important is because the safety assessment is employed to draw a conclusion about safety so the agency can decide what must be done. That conclusion has only two options: safe or unsafe. If a child is safe, CPS doesn't have to do anything more about safety intervention. If a child is unsafe, CPS must immediately determine the best and least intrusive way to keep the child safe while CPS intervention continues.

Some people really struggle with this conception of safe and unsafe as wholly opposite and different. We think that is because of the existence of family problems, challenges and difficulties which affect family functioning, contribute to the risk of maltreatment and influence child well-being over time. These things and the potential effects of them exist and can even eventually manifest into safety threats. So, perhaps people who struggle with safe or unsafe in terms we are describing here really are acknowledging a serious area of their concern that affects the quality of a child's life but are allowing themselves to think too liberally about the relationship of these family difficulties to child well-being compared to child safety.

The diametric view of the safe – unsafe concept is crucial to safety assessment and the safety conclusion because it is definitive and precise. It forces us to confine our judgment and to justify it.

### **The Locus and Focus**

When conducting a safety assessment, where do you look and what do you look at? When reaching a safety conclusion, upon who is the conclusion based? The *locus* refers to the place or, we might say, the entity that you are assessing. The *focus* refers to the center of your attention or the center of your assessing.

The *locus* of the safety assessment is the home in which the child resides. So that includes everything and everybody that is part of the home where the child resides.

The *focus* of the safety assessment is the primary caregivers. Primary caregivers reside in the home or have primary, major, significant responsibility for caring for a child. Primary caregivers are responsible for a child's protection. Primary caregivers are parents, step-parents, a parent's companion, grandparents or others related or not related who reside in the home and who have a primary, major, significant responsibility for a child's protection. Primary caregivers are the people who have to change if they are not protective of the child. Primary caregivers are the center of attention throughout the CPS intervention process related to achieving case outcomes and being restored to their independent role and responsibility for child protection.

The *locus* of the safety assessment and the safety conclusion—the home—provides understanding about specific, observable family behavior, conditions, motives, attitudes, intent, emotion and situations that threaten a child's safety. The family's circumstances and functioning are considered, and even the physical setting, atmosphere and structure are included in the locus.

The *focus* of the safety assessment and the safety conclusion—primary caregivers—provides understanding about caregiver behavior and emotion that is a threat to a child’s safety and the emotional, intellectual and behavioral caregiver protective capacities primary caregivers possess.

In some places, safety assessment blends in the extended family as part of the safety assessment and safety conclusion. Sometimes the extended family’s capacity to provide protection is factored into the safety assessment. This is a mistake. The capacity of the extended family to provide protection is a safety response judgment—a part of safety planning as you consider the best and least intrusive measures to assure protection. The extended family is not the client. The extended family does not possess the primary role and primary responsibility for protecting a child (unless legal custody or guardianship has been established, and even then the role and responsibility rests with individuals not the extended family unit.) The extended family does not have to change. The extended family (living separate from the home where the child resides) is not the focus of the safety assessment and safety conclusion and is not part of the decision as to whether a child is safe or not.

Before we move away from the “who and what” of safety assessment, let’s consider a common dilemma some have about the safety judgment. It has to do with children who are placed. Some will argue that a child placed in a foster home should be concluded to be safe. Surely such children are protected from threats in their homes (given a diligent determination of the suitability of the foster home). The problem here is that the conclusion that a child is safe is made based on the location of the child (i.e., in foster care), not the child’s home and caregiver protective capacity. Obviously, what people are thinking is that they’ve made the child safe; presumably, the child remains safe as long as CPS intervention occurs. People appear to be worried about taking an action to protect a child yet having on record that the child is unsafe. This sort of loose application of the safe and unsafe conclusion fundamentally and logically seems to lead to thinking of the foster placement as the final act of CPS rather than a temporary action pending

successful return of the child to a safe home. This way of thinking fails to consider the *locus* of a safety conclusion: the child's home and the *focus* of a safety conclusion: the primary caregivers.

## The Safety Conclusion

The safety conclusion is really a yes – no judgment. Is the child safe or not? Since the decision is anchored against the definition for safe and unsafe, you can think of the conclusion as indicated by the following:

Indicate whether a child is safe by checking the conclusion that accurately reflects this assessment.
<input type="checkbox"/> <u>The child(ren) is/are safe.</u>
<input type="checkbox"/> There are no safety threats present.
<u>or</u>
<input type="checkbox"/> There are sufficient caregiver protective capacities to assure that safety threats are controlled.
_____
<input type="checkbox"/> <u>The child(ren) is/are not safe.</u>
<input type="checkbox"/> There are safety threats present.
<u>and</u>
<input type="checkbox"/> Caregiver protective capacities are insufficient to assure that safety threats are controlled.

Some jurisdictions have included in their safety assessment conclusion the option of selecting what it referred to as “conditionally safe.” Conditionally safe, according to these agencies, is explained as a judgment that children who are unsafe with their primary caregivers and in their own home are conditionally safe because of CPS intervention (and in some places because of extended family involvement). Some argue that an agency should never document a child is unsafe if the agency has intervened. This position is akin to what we covered above related to concluding placed children are safe. We suppose that it is sort of a liability issue to some. This idea is a mistake and another breach in decision making.

When thinking about the idea of conditionally safe, keep in mind that we stated that the conclusion is a child is safe or unsafe and that the *locus* of the judgment is the child's home, and the *focus* of the judgment is the primary caregivers. The notion of conditionally safe based on CPS intervention is not related to either the locus or the focus of the safety assessment. It is related to a response to the conclusion that a child is not safe based on the locus and focus of the safety assessment. Conditionally safe—even by admission of most of those who like the idea—is a safety intervention response. It fits with safety planning, not with safety assessment. It should be a conclusion that is reached when a safety plan has been established, and the agency goes on record that a child is conditionally safe and the conditions are based on outlined and justified CPS intervention (which might include professional services or family network responses or both).

### **Mitigation is a “Dicey” Safety Assessment Idea**

Mitigation is a precarious concept to apply in safety assessment. Mitigation can be really hard to establish and justify. Additionally, the implementation of this idea can slip off into contributing to using this as an *easy-out* option compared to more rigorous safety management. Safety assessment forms in some places include an analysis where a worker draws a conclusion that something in the case mitigates the safety threats. What is mitigation? Well let's get simple here and go straight to the dictionary:

*Mitigate – to make or become milder; less severe, less rigorous or less painful; moderate; to operate or work against.*

Immediately, we see that according to a strict definition of this term or concept that it is inconsistent with the purpose of safety assessment and management. Keeping in mind that safety is not something that exists by degree (i.e., a child is safe or is unsafe), the purpose of safety management is to control threats to safety totally. So when someone is talking about mitigating a safety

threat—using a strict definition of mitigate—it would mean lessening the threat. Lessening the threat or making it milder is actually not possible given the diametric nature of safe and unsafe. But let's move away from the concept and consider in more practical terms why mitigation is a problem in safety assessment.

Usually, safety assessment forms that include a provision for judging mitigation allow for that judgment to occur prior to the final conclusion about whether a child is safe or not. The process goes like this: safety threats are considered and indicated to exist; then safety threats usually are described in more detail; then an identification of something or someone in the family or connected to the family is evaluated regarding whether the thing or person or situation mitigates the safety threats. The judgment that concludes threats can be mitigated usually requires justification. Then the safety assessment proceeds to the safety conclusion which results in a judgment that the child is safe due to mitigating factors.

Remember that the purpose of the safety assessment is to determine whether CPS safety intervention (safety management) is required and that the objective of safety assessment is to conclude whether a child is safe or unsafe in his home (locus) based on caregiver protectiveness (focus). Now then, the mitigation judgment is about some kind of response (based on a person or situation) that presumably assures the child will be safe. Like the idea of conditionally safe, the question of whether people, situations or factors within a case can mitigate (liberally speaking control) a threat to a child's safety is a safety planning concern—not a safety assessment issue. Requiring that a judgment about controlling a threat occurs before the safety assessment even concludes the child is not safe is an obvious breach in decision making and a flaw in design.

The mitigation judgment also can misrepresent the conclusion about safe or unsafe. In many instances, we have observed the indication of safety threats followed by identification of mitigating factors which assure the child is safe and,

in fact, the analysis indicates that the threats should not have been identified in the first place because the child was always safe. The mitigating factors were really routinely at play prior to the safety assessment and were controlling any safety threats that might be apparent. Now let's think about this for a minute. We have said in articles about safety threats (see April 2007, January 2006 and March 2003) that, among other things, a family condition can be considered a threat to a child's safety when the family condition is out of control. We have qualified that to mean that internal controls within the family do not exist to keep the out-of-control family condition in check. You can see how this mistake about concluding a child is unsafe comes about. If there are internal controls that manage family behavior and situations, then no threats exist or at least we can say that threats are being managed and the child is safe. Internal controls are working. So, sometimes when folks say that a safety threat has been or can be mitigated by some family factor, they really should be concluding that the child is safe—that no threat actually exists or that threats are managed internally by the family. The child is safe.

### **The Timing of Safety Assessment**

We are going to conclude this article about safety assessment by mentioning the timing of safety assessment. One thing we want to confront is the admonishment for workers to assess safety every time they encounter a family. We are in favor of workers being on guard and alert for safety issues. However, we are concerned about an unstructured and non specific expectation that workers evaluate safety every time they show up at the family home. A general charge to assess safety at every contact is not very helpful in guiding staff and, therefore, ends up being pretty much meaningless. Safety assessment should occur with purpose; it should occur at certain intervals; and it should be conducted in relation to the case status (point a case is in the process); and according to case/family situations.

Safety assessment begins when a referral is received. The intake – screening worker and supervisor evaluate the content of the referral and decide whether the report contains information indicating present danger and impending danger. The purpose of the intake – screening safety assessment is to determine how quickly CPS should respond to the report and what might be required for the response.

Safety assessment continues when you initiate the first contact with the family. The safety issue at the first encounter is whether present danger exists. This is a field judgment based strictly on what is observed as being in process the day of the initial contact. This immediate and spontaneous safety assessment contributes to immediate action to be taken to assure a child's safety while the initial assessment – investigation proceeds in order to determine what is going on in the family generally (as compared to that first encounter).

Safety assessment occurs during or at the end of the initial assessment – investigation. This safety assessment depends on having collected sufficient information about the family to make a determination of the existence of impending danger. This safety assessment represents the most formal and official safety assessment and achieves the purpose (determining the need and requirement for continuing safety intervention) and the objective (determining that a child is safe or unsafe). This is the safety assessment that is documented on the safety assessment form and serves as the benchmark for all continuing safety and case planning decision making.

Safety assessment continues during ongoing CPS in association with case plans, service participation and case management. Now you are not assessing safety in the same fashion to determine if safety threats and insufficient caregiver protective capacities exist. That process has already occurred and is documented on the safety assessment at the conclusion of the initial assessment – investigation. There is no reason to continue to use the safety assessment form unless family situations change so that a re-examination of family conditions and

situations is necessary to revise the safety assessment. Safety assessment during ongoing CPS that occurs as a part of routine contact with a family and other involved parties is concerned with consideration of caregiver participation in the remedial process and adjustments or modifications that are occurring within the home and with the primary caregivers related to managing safety plans. When safety threats have been identified during initial assessment – investigation and children are concluded to be unsafe, a safety plan is established. The safety plan endures until safety threats are gone or caregiver protective capacities are sufficient to assure protection. So, since a safety plan is or should always be in place during ongoing CPS if a child is unsafe, there is no need to continue assessing the safety threats (in the same sense as was done early on in the case). The safety threats are controlled during ongoing CPS. So, then, safety assessment during ongoing CPS shifts to consider what kind of progress is being made to enhance caregiver protective capacity, how caregivers are participating and involving themselves in change, and what conditions are beginning to change within the home.

Safety assessment continues with documented judgments at the case evaluation event (perhaps every 90 days but no less than every 6 months). The case evaluation event is the point in time where you go on record about what we just described (i.e., caregiver progress and change, changes in conditions in the home, effectiveness of the safety plan). It is at this time too that you indicate any significant changes in the family that must be re-factored into the official safety assessment conclusion, such as changes in threats or changes in caregiver protective capacities. For instance, say the safety threat involved a person who all of a sudden is no longer part of the family situation. It could be possible that the person's absence makes an important difference in the safety assessment and safety conclusion. At case evaluation, the record should reflect that adjustment in the safety assessment.

Safety assessment concludes at case closure. The case closure decision, at a minimum, must include reconciliation against the safety definition. So the safety

assessment at case closure is judging the presence of threats and the sufficiency of caregiver protective capacities. The same safety assessment form used during initial assessment – investigation serves the requirement for safety assessment at case closure.