

# Not Quite Right

## Introduction

Safety intervention is improving. Agencies continue to refine policy, procedure, and staff development which is resulting in step-by-step enhancement to safety assessment, safety planning, and safety management. Yet, occasionally, you still find that some things are “not quite right.”

This month we identify some of what is “not quite right” but remains a part of some people’s thinking or continues to exist within approaches to safety intervention. Mostly what is “not quite right” is conceptual – certain ways people think and perceive areas within safety intervention, but these things creep their way into practice and decision making. The trouble is that by being “not quite right” what may seem incidental or unimportant becomes very important. When we don’t get things quite right, it results in confusion, misuse, misapplication, doubt, and even clearly wrong practice and ineffective decision making.

Our purpose here is to bring attention to important areas that all of us should be alert to and considerate of with respect to their effects. We see even an article like this as an expression of a commitment to continue refinement in what we do when assessing safety and managing impending danger.

So, let’s do some clarifying. We’ll provide a statement as a belief or position which is “not quite right” and attempt to explain it, dispel it, challenge it, and provide what exists as the alternative to it.

### **Not Quite Right #1: *There are degrees to child safety.***

This belief is based on the concept of safety as occurring in stages. One might think about a child being somewhat safe. You might hear that “a child’s safety is worsening.” It is common to see in written documents, including safety

intervention instruments, reference to “safety concerns.” The idea of safety concerns seems to be related to the notion of degrees of child safety.

The essential problem with this belief is that it creates a slippery slope for workers and supervisors who are faced with trying to figure out ways to understand and apply what these degrees of safety might be and the meaning of them for safety decision making. It over complicates how you can examine and understand a family by requiring you to “peg” which degree safety is at and then figuring out what to do about it. Judgments lose the necessary crispness needed to assure intervention occurs when needed and reins in governmental interference in family life when intervention is not needed. Intervening because a child is unsafe is easier to understand and justify than because some degree of safety exists. So, this perception is confusing rather than clarifying.

For effective safety intervention, it is crucial to understand child safety as diametric. This means children are safe or they are not. This sort of precision is necessary because it determines the decisions we make on behalf of children and what action we must take. True enough, child safety can be highly dynamic. For instance, a child can be safe now but not later; danger to a child can be active or inactive; and danger can be present in many forms associated with many influences. But, despite these complexities, we know that the decision we must make is clear: Is the child safe or unsafe?

**Not Quite Right #2: *The child is “conditionally safe.”***

This idea is about these three things: purpose of intervention, location of a child, and CPS intervention liability. Our experience is that this concept plays out by how people want to represent CPS responsibility and accountability. It could very well be that the crux of the problem with this idea has to do with how it occurs as part of the safety decision making process and documentation. What most people will tell you is that the idea of “conditionally safe” refers only to a conclusion that is reached based on CPS intervention being taken. In other

words, we might say that a child who is unsafe in his home is “conditionally safe” because of actions we have taken like placement in foster care. The same folks might say to you that no one wants to draw a conclusion at the end of a safety assessment that a child is unsafe. It makes CPS look bad. It records a liability.

The problem with this way of thinking is that it is an idea that is out of place. It must not be part of the safety assessment. The purpose of a safety assessment is to determine if danger or threats of danger exist within a child’s home and whether caregivers are able and willing to protect the child. So, then, the purpose of a safety assessment is to identify who CPS is responsible to serve. “Conditionally safe” is not part of that decision. Conditionally means that a child who is unsafe is being kept safe by some kind of circumstance. If a conclusion in a safety assessment can be conditionally safe as applied as “because of CPS intervention,” it means that an intervention has occurred before the judgment about a child’s safety has been officially documented. In fact, if the three choices are “safe,” “unsafe,” and “conditionally safe,” then the all important safety assessment decision is not made when “conditionally safe” is selected as the conclusion.

We stated that this is an idea that’s out of place. You see, “conditionally safe” is a conclusion you can make once you’ve created a safety plan. The safety plan assures that the child is “conditionally safe” while you go about working with the caregivers to enhance their capacity to protect. Comfort about this issue of accountability can occur when safety plans are well justified and explained as how a child will be kept safe in his home or in a placement while CPS intervention continues.

Finally, we must mention that the use of an idea like “conditionally safe” as part of the safety assessment conclusion is an example of perpetuating fuzzy thinking based on mixed interests (i.e., liability management). This includes compromising functions (i.e., safety assessment and safety planning). In some instances, we’ve seen this thinking and practice occurring because safety

planning was not a well developed part of the intervention system and process.

**Not Quite Right #3: *Present danger and impending danger are the same thing.***

This is sort of an insidious belief. In other words, most people these days state that present danger and impending danger must be understood as unique manifestations in family life. However, the “not quite right way of thinking” seems to become operative in more subtle ways which are justified for other than conceptual reasons. What we are referring to here is designing policy and decision making instruments in ways that accept the collapsing of how present danger and impending danger will be addressed and justified. It is common to see safety assessment instruments designed as if present danger and impending danger are the same. Some people prefer the use of one safety plan to manage present and impending danger because of efficiency and, apparently, a failure to recognize the differences.

We have seen very practical problems result from this belief as it works its way into or defines practice. Notably, since present danger is more vivid and easier to recognize, staff come to believe that there is just one kind of occurrence that jeopardizes a child’s safety – present danger. If present danger is not encountered, then acuity and activity to understand impending danger erodes. Then there’s the problem of thinking that the existence of present danger means that impending danger exists. Present danger may or may not be symptomatic of a child living in a state of danger. Present danger can be an aberration of an otherwise healthy protective environment. Identifying present danger should not be considered conclusive of impending danger – that a child is living in a state of danger. A fuller comprehension of caregiver and family functioning is required to draw conclusions about impending danger. Blending these two concepts can result in less effective approaches to intervention and decision making.

A variation of this belief is that impending danger and risk of maltreatment are the same thing. Serious inroads have and continue to occur in clearing up this misconception. That's good. But we know that some confused thinking about these two concepts remains and creeps out in decision making. Since much has been written about safety and risk, we won't go into detail here. You can find some of what we've written in the archives.

***Not Quite Right #4: It's efficient to use the same instrument for different safety intervention requirements.***

We've already alluded to this "not quite right" practice, but we are including it because it is very important to emphasize this as a big mistake. You've heard "form follows function." That's the issue here. During the safety intervention process, there are many points along the way in which you evaluate danger and respond as it is uniquely occurring based on different intervention purposes. Each of these has its unique "function" within the safety intervention process. For instance, you identify and control present danger, usually at initial contact, so that you can keep the child safe as you continue to complete the study of the family. That is your purpose. You are not drawing sweeping conclusions about whether a state of danger exists for a child since you are not informed enough to do so (at the initial contact). What supports what you do under those initial contact circumstances should be designed to serve the purpose. This "not quite right" belief and practice is like this old adage: "When all you have is a hammer, everything looks like a nail." And, you know what? That's the effect this "one form for all" approach has on workers. What we are talking about is one kind of narrowness of thought that reduces the importance of purpose and function...and problem solving. So, say, a person's primary interest is to make things simple or even efficient, he might decide that having one instrument or form for safety intervention that serves all purposes is more important than assuring that the instrument that is used for a particular purpose fits and serves that purpose so that the purpose is met, justified, and conceptually supported.

Consider this chart which demonstrates what an agency ought to have within its safety intervention system tool box.

### **Safety Intervention Process Tool Box**



<b>Tools</b>	<b>Purposes</b>
Guidelines for Assessing and Documenting Present Danger	Identify present danger
Present Danger Plan	Respond to present danger
Safety Assessment	Identify impending danger
Safety Plan Analysis	Determine safety intervention
Safety Plan	Manage impending danger
Caregiver Protective Capacity Assessment	Create a case plan
Caregiver Protective Capacity Progress Measurement	Evaluate progress

**Not Quite Right #5: *Present danger plans and safety plans are voluntary.***

We know, of course, that a judge ruled in a civil action that in-home safety plans are voluntary. Some people believe this too. Not to quibble, but we think otherwise if we consider a strict definition of the word voluntary. No intervention which is predicated on the existence of an unsafe child is voluntary whether in-home or placement or a combination of the two. Present danger plans are put in

place because present danger to a child exists. Caregivers have a choice about whether to consider options as to what the present danger plan is but do not have a choice about whether there will be a present danger plan. So, as a worker involves a caregiver in considering what options exist, the message is clear that CPS must institute a present danger plan. A safety plan is put in place to protect a child from impending danger. Caregivers and workers plan together about the what, when, who, and how of the safety plan but not about whether. So a caregiver cannot choose whether to accept a safety intervention; he can participate in choosing what the safety intervention will be. Once CPS has identified a child in danger, CPS is responsible for assuring protection through safety intervention. When a child is in danger, a caregiver is not a volunteer.

**Not Quite Right #6: *Safety plans are short-term and temporary.***

Safety plans control impending danger. A safety plan must remain in place until such time as impending danger is eliminated or responsible caregivers in the child's home are protective. Present danger plans are temporary and short-term. The purpose of the present danger plan is to control the present danger until such time as the initial assessment can be completed and a fuller safety assessment can occur. The purpose of the safety plan is to control impending danger so that a case plan can be implemented which is directed at restoring a caregiver to his or her protective role and responsibilities. The length of a safety plan is directly determined by the presence of threats to a child's safety and the capacity of the child's caregiver to protect him. The safety plan remains in place for as long as it is necessary to assure a child's safety.

It is important to emphasize that while no time length can be arbitrarily applied for safety plans, safety plans can change. In fact you are encouraged to constantly be on guard for adjusting safety plans to be less intrusive. We've mentioned provisional safety management which means that safety planning and

management is best when it is dynamic and readily adjustable in accordance with what is happening in the family and changes occurring with caregivers.

**Not Quite Right #7: *Foster care placement isn't a safety plan.***

This one mystifies. There are non safety reasons for which some children are placed. However the vast number of children entering foster care are doing so because they are not safe. When present or impending danger is the reason that a child is placed, then that action – the placement or separation of the child from the home - is a safety intervention response. Foster care has deep roots as a “program” rather than a “support service” which is what it fundamentally is when child protection is at issue. Yes, in CPS cases, foster care is a safety service.

This belief has troubling effects. It contradicts the idea of provisional safety intervention. That means diligent efforts to achieve safety by the least intrusive means gets lost when foster care is not considered a safety intervention. If, as the “Foster care worker” responsible for the case, you do not think of your purposes as related to child safety, you are not likely to behave in ways that effectively address and manage safety intervention. When foster care placements are not viewed as safety plans, foster care workers typically identify with the child and often have much less to do with the child’s caregivers.

**Not Quite Right #8: *Safety plans can be replaced by case plans.***

This belief goes like this. You put a safety plan in place so you can continue to work with the family. Once a case plan can be put in place, you can drop the safety plan. The case plan takes the place of the safety plan. The case plan does what the safety plan was doing.

This isn't true. The safety plan controls impending danger. The case plan reduces impending danger by enhancing diminished caregiver protective

capacities. The safety plan controls and manages. The case plan is for remediation and change. Results of case plans can be weeks to months later. The impact of safety plans must be immediate. Safety plans provide safety services and actions that focus on how the impending danger threats are manifested. Case plans provide treatment services and resources that are focused on restoring caregivers to their protective role and responsibilities.

Case plans cannot be relied upon to keep children safe.

***Not Quite Right #9: Focusing on allegations of child abuse or neglect and associated events reveals impending danger.***

This idea comes from our past and our evolution as a field. From the beginning, CPS has been focused on child maltreatment. CPS jurisdiction as established in statutes is about child maltreatment. We substantiate child maltreatment findings. Traditionally we have been led to believe that child maltreatment is the defining concept for our decisions and who we serve. Our evolution has brought us through the risk assessment years and family system and family-centered practice. These concepts help to put child maltreatment into perspective – namely as a symptom of family life and, by the way, as we've learned more about child maltreatment, we've come to appreciate that it is a concept that has limited value in CPS decision making. This leads us to recognize that too strict a focus on allegations of child abuse or neglect can backfire on us so that we miss understanding the family in more robust ways. It helps us to know that while we want to understand all we can about the existence of child maltreatment we must consider it in the broader context of family life and routine.

Impending danger is revealed by the existence and expression of family conditions, behavior, emotion, attitudes, intent, motives, needs, and family situations. Maltreatment occurs in conjunction with these but does not necessarily explain how these represent a danger to a child.

A variation of this belief is that maltreatment and impending danger are like love and marriage – you can't have one without the other. Maltreatment can occur, yet the child may be safe. No maltreatment might have occurred, yet the child may be unsafe.

The important thing to remember about this “not quite right” point of view is that you really have to know a lot more about a family than whether maltreatment occurred in order to (1) identify impending danger and (2) select the right safety response to manage impending danger.

**Not Quite Right #10: *A kinship placement is an in-home safety plan.***

This is a common and regretful perception that works its way into policy and procedure. Let's think about this....follow the logic.

- ➡ A child is in danger in his own home.
- ➡ The worker determines that the child cannot remain in his own home because of family conditions or the lack of safety responses.
- ➡ The worker decides it is necessary to separate the child from his own home.
- ➡ The worker places the child with relatives.

The worker has selected an out-of-home placement to assure protection because an in-home safety plan cannot provide the necessary control over the present or impending danger. A requirement for an in-home safety plan is that the child continues to reside in his home all or most of the time.

A side product of this “not quite right” way of thinking is that the data associated with safety intervention is also not quite right. When kin placements are considered in-home safety plans, then data does not reflect the actual number of safety decisions that result in a placement.

**Not Quite Right #11: *Standardized safety assessment instruments are not applicable to all cultures.***

In order to understand why this conclusion is not quite right, it is important to recognize that we are considering safety assessment only and we'll clarify that importance later.

Safety assessment – as a CPS decision making requirement – is part of an involuntary, governmental intervention. Safety assessment is authorized, at least indirectly if not directly, through state statutes. The law applies to all cultures. In other words, cultural beliefs or practices that result in danger to a child are against the law. The concepts and standards present in safety assessment are to be applied consistently among all cases. The intent is to determine if danger exists which causes children to be unsafe regardless of family ideology, culture, race, nationality, ethnicity, religion, or any other distinction that might exist. To be certain, we are not talking about parenting or family functioning that is culturally unique yet not dangerous. In safety assessment, we are only concerned with family conditions, behavior, intent, attitudes, emotions, motives, and situations which endanger a child.

Safety models contain a list of safety threats which represent impending danger. Most models contain at least these safety threats:

- ❖ Lack of essential resources to meet the child's basic safety needs.
- ❖ Dangerous living arrangements.
- ❖ Intention to hurt the child.
- ❖ Extremely unrealistic expectations or extremely negative perceptions of a child.
- ❖ No one (responsible adult) in the home to perform parental duties and responsibilities.
- ❖ Caregivers fear they will maltreat the child and/or request placement.

- Caregivers lack parenting knowledge, skills, and motivation essential to protecting a child.
- Caregivers are violent.
- Caregivers cannot control their behavior.
- Child has exceptional needs which the caregivers cannot or will not meet.
- Child is extremely fearful of the home situation or people within the home.

In order for danger to exist, each of these must meet certain criteria:

1. out of control – nothing in the family is controlling this threat.
2. severe – likely to have a severe effect on a child (e.g., serious injury, maiming, debilitating, terror, extreme pain and suffering, death).
3. a vulnerable child – a child who cannot protect himself due to age or dependence.
4. specific and observable – a matter of fact and evidence.
5. imminent – danger is or could become active at any time.

The problem with this “not quite right” issue is that one can easily slip into seeing the threats as subject to broad interpretation – thus conflicting with some cultural practices. What is necessary to see is that each threat identified above must be qualified by the criteria listed 1 – 5.

To demonstrate the challenge here, let’s look at the first safety threat, *lack of essential resources to meet the child’s basic safety needs*. Using the criteria, *lack of essential resources* is qualified by being out of the family’s control and likely to have a severe effect. The criteria remove the subjectivity so that we understand that without these resources a child is going to suffer severe consequences. If the lack of the resources is somehow related to a cultural or unique family value or belief, that does not change the fact that it is a danger to the child. You can think

of an infant, for instance, who might live in a family from any culture, ethnicity, religion, etc. and is without essential resources. The infant could die. The point here is that we are not attempting to qualify danger by culture or other family attributes. We are focused only on what is going on in a particular family and whether it creates a danger to a child regardless of the basis (e.g., values, cultural behavior, rituals, norms, etc.).

We emphasized at the beginning of this “not quite right” belief that the center of attention here is safety assessment. That is crucial to separate out because safety plans and safety management absolutely have to be considered within a cultural framework. Exploring and understanding how a culture keeps a child safe is imperative for workers as they involve caregivers in the process of determining how a safety plan will operate. CPS applies its standard for identifying impending danger and seeks from the family its standards for how best to provide protection.

The final thing we should mention here is the process one uses to gather information about a family that results in a safety assessment. The approach a worker takes in information collection must involve culturally sensitive and effective interviewing which emphasizes the significance of the family as the primary source of information and guidance into understanding the culture.

***Not Quite Right #12: The missions of safety intervention and treatment intervention are different.***

The way this “not quite right” belief is stated may not be exactly right. So perhaps through our discussion we can clarify what is in question here. There is a very common practice in the field today of focusing on safety during the initial assessment and then opening the gate to all kinds of family and human conditions during ongoing CPS. In other words, we open a case because a child is not safe, and we begin working on changing that which may or may not have to do with impending danger. Have you heard about intervention that attempts to

control threats to safety and then assesses and treats unmet need? Often it is not clear whether the unmet need is even associated with the threats to safety. This “not quite right” concept means we zero in on whether caregivers are protective and, if they are not, then we expand our concerns to virtually everything that might be in need of attention in the family.

The missions of safety intervention and treatment intervention are the same. The mission is to restore a caregiver to his or her protective role and responsibilities. Safety intervention controls impending danger so that treatment intervention can enhance diminished caregiver protective capacities.

***Not Quite Right #13: Children who have been placed because of impending danger must remain in placement until the case plan is completed.***

This is the reunification belief. The corollary to this belief is that caregivers must change before a child can be returned. This belief is not correct. Children can be returned home before case plans are completed and before caregivers are totally rehabilitated. What determines when a child can be returned home is whether the child can be protected through an in-home safety plan. Conditions that are necessary in order for an in-home safety plan to be instituted and work can be identified at the point a child is placed. Those conditions serve as a benchmark for judging the timing of reunification. The conditions which allow for an in-home safety plan to replace an out-of-home safety plan must be met before a child can be returned home. Once those conditions are met and the child is returned under an in-home safety plan, case plans can proceed and caregiver change can continue.