

Q and A about Safety Intervention

January 2011

Introduction

Happy New Year

This begins ACTION's 9th year of publishing monthly articles devoted to safety intervention – practice and decision. This year we begin with a series of articles devoted to addressing questions that we encounter directly from professionals in the field or through the consultation and technical assistance we provide.

This month we have two questions about in-home service plans and one about the meaning of supervisor approval of safety decisions.

Question

Why are there so few in-home safety plans among cases?

Answer

The lack of in-home safety plans most everywhere is something that we have found to be true through all the consulting and case reviews we have done. There are very few in-home safety plans in CPS caseloads. One explanation for the lack of in-home safety planning is the lack of emphasis to seek out options that can keep kids safely in their homes. It is usual to see that we continue to make decisions influenced by bilateral and simple thinking: when children are safe we leave them at home (obviously no safety plan) and when children are unsafe we remove them. This either – or sort of practice does not underscore the need for

due diligence to consider less intrusive – family network options that can keep the child safe at home.

Most jurisdictions do not have sufficient if any safety service resources that are specifically designed for in-home service plans. Safety services – safety service providers are concerned only with managing impending danger threats. The focus is related to providing essentially the surveillance and need meeting which assures a child can remain safely at home. The lack of these kinds of programs, services and providers may be explained by funding shortage, program planning or recognition among program implementers about the value and necessity these resources can provide as a fundamental part of safety intervention.

The lack of creativity and energy in safety planning is another explanation for why there are so few in-home safety plans. In-home safety plans often require high density in terms of contact with the home. That can be a huge challenge for you to come up with a person who can meet the demand to be responsible for the in-home safety plan. The challenge is answered by creatively identifying multiple suitable non professional safety service providers from the family network. Then, timing is everything. You schedule those people in ways that each contributes what little or a lot he or she can to assure the in-home contact is sufficient to control the impending danger. We have seen this happen where professional resources are scarce yet the in-home safety plans creatively maximize the involvement of family and community members. It takes a lot of energy and will to rally these options.

Courage and commitment. Another explanation for the limited use of in-home safety plans has to do with will and the limit you or your agency is willing to go to keep kids at home. In some circumstances a person may conclude that the only way to keep a child in the home safely would be to have someone there 24 -7. The conclusion is that it is not realistic or practical. When asked the question, “If you could have someone in that home all the time necessary, would the child be safe?”

The answer is usually, “Sure, but it’s just not possible.” We ought to be challenged by our will to do all that can be done in developing safety intervention to be bold, courageous and committed. Do you think we will ever get beyond the limits of work days, week-ends, night demands? In the 1970’s a bunch of young CPS Social Workers in Nashville, TN, led by Patricia Lockett, were gravely concerned about the numbers of children who were removed during the night because they were left alone, unsupervised. This group of courageous, committed professionals designed the Emergency Caretaker Program which was extremely effective. Once identified by law enforcement or others, kids stayed in their homes with trained caretakers 24 hours a day until the family situation was sorted out. The point is – a reluctance to stretch the limits about what lengths we’ll go to keep children protected in their homes is part of the answer to this question.

Question

Is a relative placement an in-home safety plan?

Answer

This question is sort of a sub question about how agencies conceive of what a safety plan is. Some agencies consider a safety plan whatever you do other than foster care placement (which means some agencies do not consider or at least refer to foster care placement as a safety plan). Some agencies consider relative placement an in-home safety plan presumably because the child remains within the family network. In some places an in-home safety plan is a sort of agreement between the worker and caregivers about matters associated with protection or an admonishment by the worker for caregivers to not behave in ways that fail to protect. The point here is that ideas and practices about safety plans in general and in-home safety plans specifically can get sort of mixed up.

For the record, relative placements are not in-home safety plans. The elaboration follows.

The “least intrusive” concept defines and regulates the creating and implementing of safety plans. CPS interferes with family and home least when it acts in ways that keep family members together; that maintain family and home life with children at the center; that are supportive of daily contact, interaction and routine. Children remain in their home as undisturbed as possible. People, services, surveillance, actions, schedules, etc. come into – occur in the home or in association with the case to support the child staying home. The “least intrusive” concept even applies to these kinds of arrangements. Consider – one person dropping by every afternoon for an hour is less intrusive than several people involved at different times during the day or week doing different actions to assure the in-home protection. However, the point remains that what is being done keeps the child in his home.

Another explanation to this question is concerned with safety planning options which take us away from the either – or of the location of a child or placement (i.e., relative or foster care). You may remember from previous articles that there are a limited number of safety actions that are needed and applied with families in which impending danger exists. These safety actions can be used creatively to match up with a particular family situation. Thinking this way allows you to see the use of relatives in safety management in a more creative way. Here are the safety actions with some examples:

Behavior Management (which might occur while a child remains in his home)

- Out-patient or in-patient medical treatment that provides medical care to control chronic physical conditions which affect behavior associated with foreseeable danger.
- Substance abuse intervention – detoxification or management that controls intake, sobriety, monitors substance abusing behavior and addiction.
- Emergency medical care that treats immediate physical conditions that affect behavior associated with impending danger.

- Emergency mental health care that treats and manages acute mental health conditions that result in behavior associated with impending danger.
- In-home health care that manages health issues affecting caregiver behavior or health concerns affecting the behavior of vulnerable children (both as related to impending danger).
- Supervision and monitoring of caregiver behavior and stress and circumstances that influence caregiver behavior.
- Stress reduction.
- Disincentives, negative/positive reinforcement, alternative behavior options.

Crisis Management (which might occur while a child is in his home)

- Crisis intervention & counseling specifically focused on a crisis situation that is associated with or creating impending danger to a child's safety.
- Resource acquisition when the lack of resources creates a crisis or obviates the resolution of a crisis associated with impending danger.

Social Connection (which might occur while a child is in his home)

- Friendly visitor.
- Basic parenting assistance and teaching fundamental parenting skill related to immediate basic care and protection.
- Homemaker services that provide social outlet for family members and are pertinent to family or home issues that are associated with impending danger.
- Home management that provides social outlet for family members and is pertinent to family or home issues that are associated with impending danger.
- Supervision and monitoring that occurs within routine in-home contacts, within social conversations.
- Social support through the use of various forms of social contact formal and informal, with individuals and/or groups, focused and purposeful.

- In-home babysitting that allows for social contact, conversation and support.

Separation (which might occur periodically each week, over weekends, or 24 -7)

- Planned absence of caregivers from the home.
- Respite care.
- Day care that occurs periodically or daily for short periods or all day long.
- After school care.
- Planned activities for the children that take them out of the home for designated periods.
- Child placement: short-term, week-ends, several days, few weeks.
- Out-of-home placement that lasts from weeks to months fits within this action.

Resource Support (which might occur with a child in his home)

- Resource acquisition related specifically to a lack of something that affects child safety.
- Transportation services particularly in reference to an issue associated with a safety threat.
- Employment assistance as an assistance aimed at increasing resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with impending danger to a child's safety.

The point of providing you with the safety actions and examples is to demonstrate that safety plans can be complex with respect to what is going on and where a child is at any particular time as part of the safety plan. Related to the specific question – children being with relatives under specific arrangements and less than 100% of the time could be considered a part of an in-home safety plan. Children being with relatives 100% of the time – regardless of the

arrangements for caregiver contact and visitation – are out-of-home placements and not in-home safety plans.¹

Question

What does supervisor approval of safety decisions mean?

Answer

Every agency requires its supervisors to sign off on your work. The sign off occurs usually at the completion of each decision or specific event such as intake screening, the safety assessment or safety planning. In our case reviews sometimes we find no evidence of supervisory involvement while the work is occurring and no signature indicating involvement at the conclusion of the decision or event. Sometimes the absence of evidence of supervisory involvement is likely a documentation glitch or a timing thing. We believe that sometimes a record doesn't reflect the communication and interaction that occurs between the worker and the supervisor as the work is occurring and then completed.

In either instance – whether evidence and signatures of supervisors exist in the record or not, the standard and answer to this question are the same. A supervisor is responsible for the quality of work that occurs in a case, the decisions that occur, and the actions that are taken. The responsibility extends to include the manner and professionalism that the worker employs. It includes the assurance that acceptable practices and policy were applied. When a supervisor approves safety decisions, he is going on record that he accepts accountability for the work, decisions and actions taken. The supervisor's approval also is a statement of his knowledge of the case, his consultation with the worker, and his

¹ Some safety plans involve caregivers moving in with relatives with their children. In the purest sense this is not an in-home safety plan as set forth here and in relation to the "least intrusive" idea. However, one could argue that it still has dimensions and expectations consistent with an in-home safety plan given the caregiver – child relationship remaining a daily consistent interaction.

conviction that he can defend the record in so far as what reasonably could have been known that contributed to the case outcomes.

Civil and criminal liability is an overwhelmingly intimidating thing – yet a reality. Workers are always the first in line to be vulnerable to charges. Supervisors are always second due to this question of “approval.” Supervisor approval means the supervisor has accepted these areas of liability: case guidance and oversight; accountability for practices, decisions and outcomes; compliance with policy and procedures; and application of diligence and acceptable intervention. You know...the answer to this question is why supervisors ought to be experts in safety intervention.