



This presentation and the Child Safety Guide are both a collaboration between the National Resource Centers on Child Protective Services and the National Resource Center for Legal and Judicial Issues.

The expertise of both these RC's combines to give the social work and legal communities in the states the benefit of one another's perspectives on the shared responsibility to make safety decisions about children in care.

Objective of this Presentation

Introduce basic principles
of child safety decision
making

Begin consideration of
whether to use The
Guide in local court
communities

This short presentation is intended to be an introduction to safety decision making and to start the process of considering whether and how the approach the Guide takes to safety decision making might be used in the states.

Two Ways to Get the Guide

ABA Website

www.abanet.org/child/rclji/

Purchase by Order (\$21.99)

Wire bound, hard copy

Includes bench cards

No addenda

CCPS Website

www.nrccps.org

Free down load

print out, bind as you please

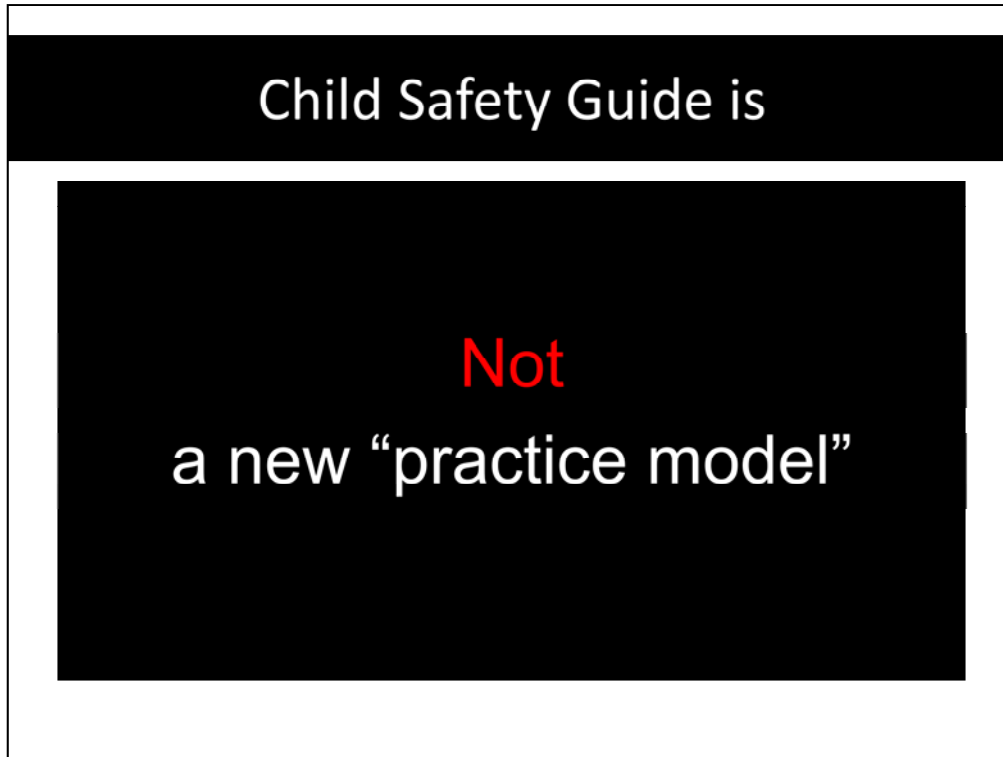
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Addenda

Purpose of the Guide

- Keep children who do not need to be in substitute care from going there.
- Ensure that those who need to go will go
- Ensure those who go stay no longer than necessary

The purpose of this Guide, like the purpose of safety decision making, is to ensure that out of home safety plans—placement in substitute care—be used only in cases where removal of the child from the home is essential for safety reasons and that those children who are placed out of their own home can be returned there as soon as it is safe for them to be there.



This is not a new practice model of some kind.

The principles presented in the Guide are those that underlie almost all child welfare practice models in the country. The Guide extracts these from the context of whatever model is in use in a state highlights them so as to focus on these elementary principles.

This is especially helpful for members of the legal community who are not trained in social work or safety decision making and are often not clear on what the child welfare agency is trying to accomplish. Unclear in this way the legal community cannot serve the function of oversight it has been assigned by federal legislation and policy.

Child Safety Guide Helps the Legal Community

Focus on the underlying principles of good safety decision-making in any practice model

Use these principles to rationally and rigorously analyze situations and make decisions about child safety

With this focus on what is important, and how it should work, better decisions can be made, based on better information.

Safety Guide: Sets Out a Rational Decision Making Process, that Provides...

- Common understanding of “child safety”
- Commonly understood vocabulary to talk about it
- Commonly accepted body of information to draw up in decision making

This Guide provides a common ground from which all can participate in safety decision making. All can work with

1. The same definition of “child safety”
2. The same words with the same meaning to talk about safety
3. A common expectation as to what information will be used—and not used—to make decisions.

Can people in your court explain...

- Your definition of “safety” for a child?
- How you determine whether a child is safe?

Think about these questions for a moment.

You want to give the judge what he or she wants and yet most of us are unclear as to what that is.

80%, more or less, of what a judge hears in court and reads in reports is argument based on insufficient evidence and on thinking errors that cannot help but creep in when people are unclear about what they should be looking at.

This Guide will help you do that.

Consensus About Expectations (before anyone goes into the courtroom)

All involved should know what is expected of them (and others) in gathering sufficient evidence, presenting it and testing it.

Expectations should be developed in an inclusive, collaborative, multi-disciplinary process

But the consensus that is necessary for a community to make decisions is not something that can be imposed on it. The Guide contains resources that you can use to inform the way you work, but it's no meant to be "adopted."

Everyone involved needs to be involved in the conversation about the Guide and how it might be used in their community. Procedures and protocols, informal or formal, need to be developed by everyone involved so that they take everyone's needs into consideration.

Sleeping Beauty

All involved need to know how good decisions are made about child safety

Key Concept

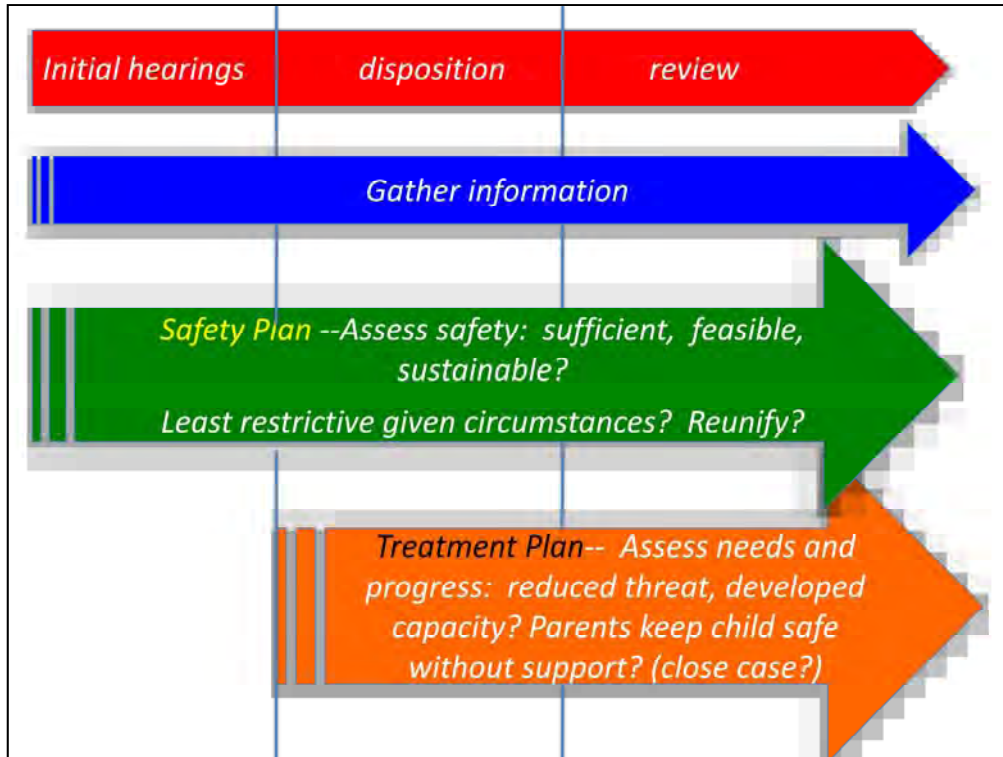
$$\begin{array}{c} \text{Threat of Danger?} \\ + \\ \text{Vulnerable child?} \\ - \\ \text{Protective Capacity?} \\ = \\ \text{"unsafe child"} \end{array}$$

Chapter 1 p. 2

This is the “formula” for determining child safety. You will likely be tired of seeing it before we are finished, today, but keep your eye on the ball. The slide will take different forms throughout and will mostly help us understand where we are as we go forward.

These are the three concepts we look at to determine whether a child is safe.

This presentation will define these concept, elaborate on and then work with them today.

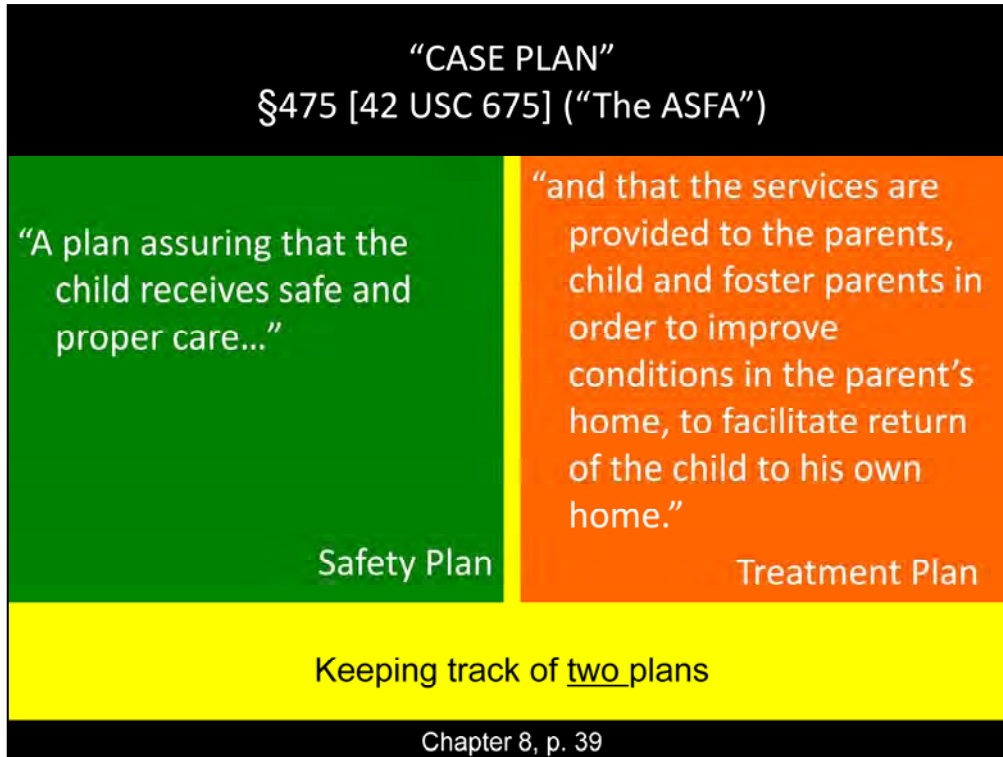


This is how the pieces of safety planning fit together through the life of the case. The information gathering, evaluation and decision making is on-going.

Safety assessment and planning also goes on through the life of the case. We gather and use information continuously determine whether children are safe where they are and, if they are not at home, whether there are things we could do to make them safe there. This is the rubric under which we both determine whether to remove a child from home and whether to return a child home, once removed.

We will see that the decision to return a child home does not turn on whether the parents, alone, can protect the child. It looks, rather, to whether supervision and/or services can be put in place to ensure the child is safe there.

The treatment plan, on the other hand, is implemented at disposition. This planning is aimed at supporting the development of the parents' protective capacities identified as compromised and at removing identified threats. The "Treatment" or "Return" or "Case" plan is not about keeping the child safe now, at the present time. It is about developing the ability of the parent to keep the child safe in the future.



The ASFA provides that each case shall have a case plan and that it contain elements that will ensure that the child is safe during the case and that the agency will help the parents develop improved capacity to protect them.

Because there are two separate goals—the keep the child safe right now and to develop parental capacity to keep the child safe in the future—it is best practice to have two separate plans to do that.

It is easy enough to become confused, here, and separate plans help dissipate it.

When we are doing things they should contribute to one or the other of these goals.

They will complement one another and how one goes will influence and shape the other. But they have two separate goals, however, and doing most of what is in the one will not contribute to reaching the goal of the other.

Gathering Information

Chapter 2 p. 3

Rational decision making is only as good as

1. The frame of analysis that is used
2. The reasoning ability of the people doing the deciding
3. The completeness and validity of the Information these people use within that frame work

Too often we make safety decisions on incomplete, inadequate and otherwise flawed information that compromises the quality of those decisions

**How do we know whether a
severe injury of a child
represents a pattern of
dangerous family conditions
or is a one-time incident?**

Information/evidence drives decisions

- Court and advocates need to be able to assess whether there is sufficient showing of *evidence* upon which to base the agency's recommendations.
- Answers to six questions is the bare minimum a judge needs to know to make safety decisions.

Chapter 2 p 3

When I sat on the bench it was common that 80% of what I heard was argument and only 20% was actually evidence that tended to prove anything being argued.

The purpose of this section to help us understand what comprises *adequate* information. The agency is presenting recommendations and those of us who review those recommendations as well as the advocates for the various parties in the case need know and recognize what kinds of information the agency should be gathering and the specific facts that should be included in the court reports and case plans.

Too often we are brought information about specific maltreatment of the child and too often even that is conclusory or invites us to use our own standards to determine what that information means.

The Guide uses six questions to elicit this information but it is not necessary for it to be presented that way. But the questions can be used to assess the completeness of the information.

Six Questions—Six Categories

1. Nature of maltreatment
2. Circumstances of maltreatment
3. Child's day-to-day functioning
4. Parental discipline
5. Overall parenting practices
6. Parental life management skills

Chapter 2 p. 3 - 5

Most of the time we get information about #1 and #2 but very frequently we learn little about the other four types of information. While the first two may tell us what has happened to the child, understanding why it did can only come from #3-#6. It is why the incident occurred that will tell us what it means and how we should be planning for the case.

Time, time, time...

- Initial contrary to welfare determination *may well* be made mostly on the basis of the nature and circumstances of the maltreatment
- Reasonable efforts findings and the case plan—due 60 days from removal—must be made on complete information

Example: p. 5

Chapter 2 p 7

At first #1 and #2 may be all that we have to go on and go on it we should.

Initially a “contrary to the welfare” determination must be made if a child is to be placed and we may need to make that initial placement on the barest of facts about the injury and the circumstances as we understand them.

But within 60 days of the placement the agency is required to develop a case plan that accounts for both the safety of the child and development of the parents’ capacity. At that point a complete and adequate investigation should have been conducted that tells us the pertinent information for all six categories of information.

Let’s take a quick look at what this completed investigation would look like in a hypothetical case.

**Make arational decision
based oncomplete
information**

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Let’s take a quick look at what this completed investigation would look like in a hypothetical case.

“Mistakes Were Made (but not
by me)”

Why We Justify Foolish Beliefs,
Bad Decisions
And Hurtful Acts

Carol Tavis and Elliot Aronson

Assessing Safety

- Vocabulary of assessment
 - Threat of Danger
 - Vulnerable Child
 - Protective Capacities
 - “safe child”

To discuss this information rationally we have to use it to assess the family situation in terms of these three concepts—which we are going to define and discuss in detail, soon.

For now we will discuss how the three concepts interact to determine whether the child is safe in the home.

Vocabulary: Safe and Unsafe Child

- **Safe child**
 - “Vulnerable” children are safe when there are no “threats of danger” within the family or home **OR** when the caregivers possess sufficient “protective capacity” to manage or control any threats.
- **Unsafe child**
 - Children are unsafe when they are “vulnerable,” there are “threats of danger” within the family or home **AND** the caregivers have insufficient “protective capacities” to manage or control the threats, making outside intervention necessary..

Chapter 1, p. 2

The initial assessment of safety, as well as the assessments we make through out the life of the case, will end with a conclusion as to whether or not the child is safe.

You will recognize this paragraph as being a restatement of our safety decision making formula.

Key Concept

$$\begin{array}{c} \text{Threat of Danger} \\ + \\ \text{Vulnerable child} \\ - \\ \text{Protective Capacity} \\ = \\ \text{"unsafe child"} \end{array}$$

Chapter 1 p. 2

Here is our formula, again.

This particular constellation of the key concepts ends up with the conclusion that the child is “unsafe” in the home. Without, however, one of these factors being present (or absent) the opposite conclusion is reached—that the child is “safe.”

This is crucial because “safe” children do not go into substitute care, nor do children for whom we can construct an in-home safety plan that will substitute for one of the factors leading to the conclusion the child is “unsafe.”

Removal
(and return)
is
about
SAFETY

Safe children are not placed in substitute care.

As this presentation progresses you will see that both removal and return are assessed in these same terms, using this same formula that gives us a standardized process that everyone understands and everyone uses..

Threat of Danger

Chapter 3, p. 10 Appendix A

The threat of danger, then is the concept with which we will start.

Page 10 is where the concept is laid out, but in Appendix A the dangers are elaborated upon.

Key Concept

$$\begin{aligned} &\text{Threat of Danger} \\ &+ \\ &\text{Vulnerable child} \\ &- \\ &\text{Protective Capacity} \\ &= \\ &\text{"unsafe child"} \end{aligned}$$

Chapter 1 p. 2

And just to let you know where we are in the formula...

Safety (Danger) Versus Risk

Statutory Language Varies among states

- Imminent risk
- Risk of harm
- Imminent risk of severe harm
- Threat of harm
- Threat of imminent harm

Chapter 1, p. 2

The first factor we consider is whether there is a danger to the child that rises to the level that the child might be unsafe.

The language of the various state statutes fall into one of 6 to 8 patterns

But they are all saying the same thing about the danger necessary to justify the consideration of removal.

Safety (Danger) versus Risk

Safety → concerned about **imminence** and **severe** consequences due to things being **out of control**

Risk → vague concept regarding whether something **might** occur if there is not intervention; risk may be mild or serious.

- **the critical question is whether or not the child is safe.**

Chapter 1, p. 2

Sometimes we get confused about the use of the words.

The Guide attempts to clearly demark the difference between circumstances that call for drastic intervention of removal.

A danger is something happening or on the verge of happening that threatens severe consequences for the child in an out of control situation.

Risk, meanwhile, may be something about which we should be concerned, and it may justify an intervention, but it is either not imminent, or the consequences might not be so severe.

The distinction is the difference between a mad dog down the block and a mad dog under the bed.

Down the block Fido is a risk—a long way away, with a fence, a locked front door, parents and the closed bedroom door between him and the baby. The baby may be said to be at some degree of risk.

Under the bed Fido is a danger. Under the bed the mad dog is about to happen to the child, the consequences will be severe and there is nothing to stop the threat.

Vocabulary: Threats of Danger

A specific family situation or behavior, emotion, motive, perception or capacity of a family member

observable

out of control

immediate

severe consequences

Chapter 3, p. 9 Appendix A pp 55-64

The agency must be able to articulate what the threat of danger is, how it rises to the level of severe consequences and show how it is imminent.

Ask the agency, for example, which of the threats of danger in the Guide (or in your state's practice model) they are talking about and what the information is that justifies them coming to the conclusion that it exists.

15 Threats of Danger

- Where does the threat of danger perceived by the agency fit on this list?
- Require specificity



Chapter 3 p. 10 Appendix A pp 55-64

If the agency is claiming that (say) one or both of the caregivers are impulsive or that they cannot or will not control their behavior we should be asking for specifics about incidents of impulsiveness and what leads to the conclusion they cannot or will not control themselves.

Is it enough to say that the parent is “using drugs?”

Do we keep in mind the number of functional alcoholics or functional people who abuse drugs, from time to time who are able to keep their children safe as they do?

Or do we substitute inferences based on that fact and what it that fact says to us, personally, to determine whether to conclude that there is an imminent threat of serious consequences in an out of control circumstance?

Instead, we need to know the specifics of the drug use to know whether it is a danger to the child, rather than a risk. There may well be the need to intervene in the family but that is not the question we are asking in safety decision making. The question we are asking is whether, during any intervention, it will be necessary to remove the child or the child is or can be made safe in the home.

Child Vulnerability

Chapter 3, p 11

We are going to move on, now, to the second concept in the formula.

Key Concept

$$\begin{array}{c} \text{Threat of Danger} \\ + \\ \text{Vulnerable child} \\ - \\ \text{Protective Capacity} \\ = \\ \text{"unsafe child"} \end{array}$$

Chapter 1 p. 2

And this is where we are in our process of analysis

If we have found a threat of danger, an imminent threat that threatens serious consequences in an out of control situation, we move on to this second concept.

Vocabulary: Vulnerability

- Vulnerability: degree of dependence on others for protection and care

- Asses vulnerability in light of *specific threats in this family*

Chapter 3, p. 11

A complicated combination of factors requires comprehensive information about family dynamic in order to determine whether a child is vulnerable to the threats that we identified.

The child's day-to-day functioning is basic, in this part of the analysis, as is information about the ability of the parents to manage their own lives. Evidence about the other categories of information also inform our judgment about the child's degree of dependence on others for protection from this identified threat.

Remember, we are not thinking about an abstract "child" or an abstract "threat" in this analysis. We are thinking about this particular child and the conditions that exist in this child's family.

It's not enough, for example, to know the child is nine years old—we have to know the level of development and functioning.

Vocabulary: Vulnerability

AGE is not *the* marker, it's only one marker

Chapter 3, p 11

Most often we consider the age of the child, or the size, but as important as that is and as potentially conclusive it as it might be—in the case of a six month old baby, for example—there are subtle issues that may be completely masked by a child's age, physical development or even the apparent sophistication of the child.

Don't forget how skilled children—even young children—can be at emulating the maturity they observe in adult behavior. They can often persuade us that they are more sophisticated than they are if we do not carefully investigate their condition

Obvious Vulnerabilities

- Age 0-6
- Physical, developmental disabilities or delays
- Poor health, physical capacity
- Inability to articulate danger

Chapter 3, p. 12

We can see these things fairly easily but, again, we cannot stay on the surface. If someone says that the child is vulnerable because of poor health and physical capacity, for example, we need to ask what the illness is and how it limits the child, what the capacity is and how it enhances or lessens the degree of dependence.

Less Obvious Vulnerabilities

Isolated from community

- Cannot anticipate or judge presence of danger
- Consciously or unknowingly provokes danger
- Emotionally vulnerable
- Impact of prior maltreatment
- Attachment (enmeshment), fear, insecurity re parent
- Unable to articulate problems or danger

Case Example, p 12

Chapter 3, p 12

This is more subtle but as important, if not more important.

A thirteen year who is socially isolated, for example, is vulnerable in a way that a six year old who goes to school each day is not. The public “invisibility” of the older child makes him more vulnerable because maltreatment is less likely to be detected.

A teen age child may well be emotionally vulnerable in ways that we may not detect unless we talk to people in her life and inform ourselves about parental discipline and parenting practices.

There is a good example of how children who present as not be vulnerable, or who are not vulnerable in some obvious ways, may well be vulnerable in other, not so apparent, ways.

Protective Capacities

Chapter 3, p 13 Appendix B pp 65 - 71

Our last factor is called “protective capacity” sometimes called “parental capacities.”

Key Concept

$$\begin{array}{c} \text{Threat of Danger} \\ + \\ \text{Vulnerable child} \\ - \\ \text{Protective Capacity} \\ = \\ \text{"unsafe child"} \end{array}$$

Chapter 1 p. 2

Just a reminder of where we are in the process of analysis.

If we assume that we have identified a threat of danger—an imminent threat of serious consequences in an out of control situation—and we assume that we have vulnerable child—one who is dependent on adults to keep her safe from this threat—then we move on to assess the ability of the parents to protect the children *who have these particular vulnerabilities to these particular threats*.

Vocabulary: Protective Capacities

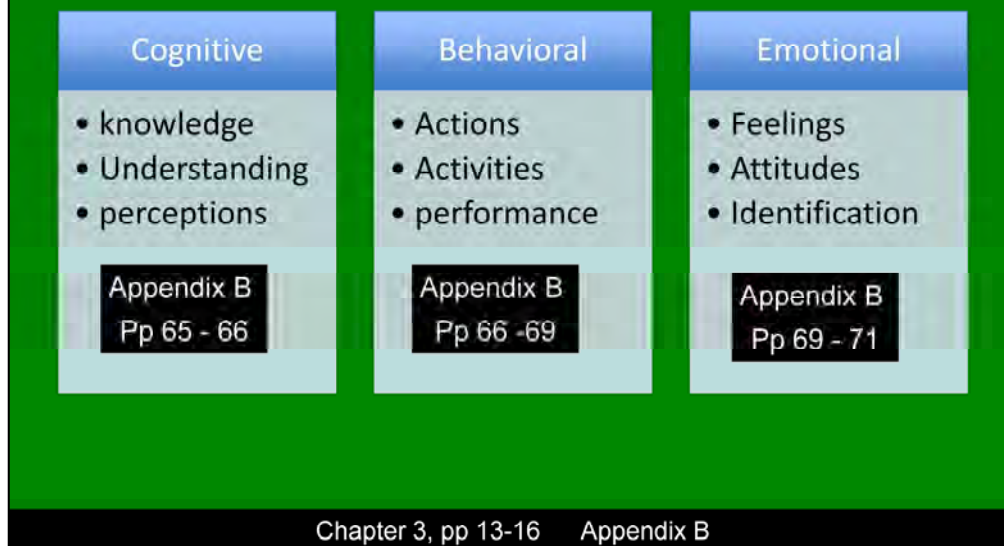
Personal characteristics

associated with being protective,
that predict protective vigilance, and
indicate preparation and power to protect.

Chapter 3, p. 13 - 17 Appendix B pp 65 - 71

Much of what we need to know about the protective capacities within a family will come from information in categories #4 parental discipline, #5 overall parenting practices, and #6 parents' ability to manage their own lives.

Three Types of Protective Capacity



These are the three categories of protective capacities.

In the cognitive domain, we are able to protect our children because we know things, we can realistically assess our circumstances and understand we are responsible for our children. We can figure things out from looking around, observing.

a low functioning parent may or may not have sufficient capacity to protect a specific child from a specific threat but to know that we need to have information about the details of their functionality

low intellectual achievement or ability does not necessarily indicate a deficit of protective capacity.

in my part of the country one can learn this by coming between a mother bear and her cubs. She

may not read a lot of Proust or do calculus but she can protect her young.

We can also behave in ways that protect our children. We have abilities to act in protective ways, to act on our knowledge, for example, that we are supposed to put the child's needs first. In general, behavioral protective capacity means that we have energy and skills to get things done that we recognize need to be done.

How do we know sufficient protective capacity exists?

- Not a matter of good intentions or sincerity
- Credible *evidence* shows that the parent can protect against a *threat that exists*.

Chapter 3, p. 13-18 Appendix B

All three of these kinds of capacity are necessary. One or more of these can be compromised while others are apparently present, although you can see from our discussion in the last slide that these capacities are inter-related and inter-dependent.

Parents can be attached to children—or enmeshed with them—to the extent that they display joy in their presence and sadness in their absence.

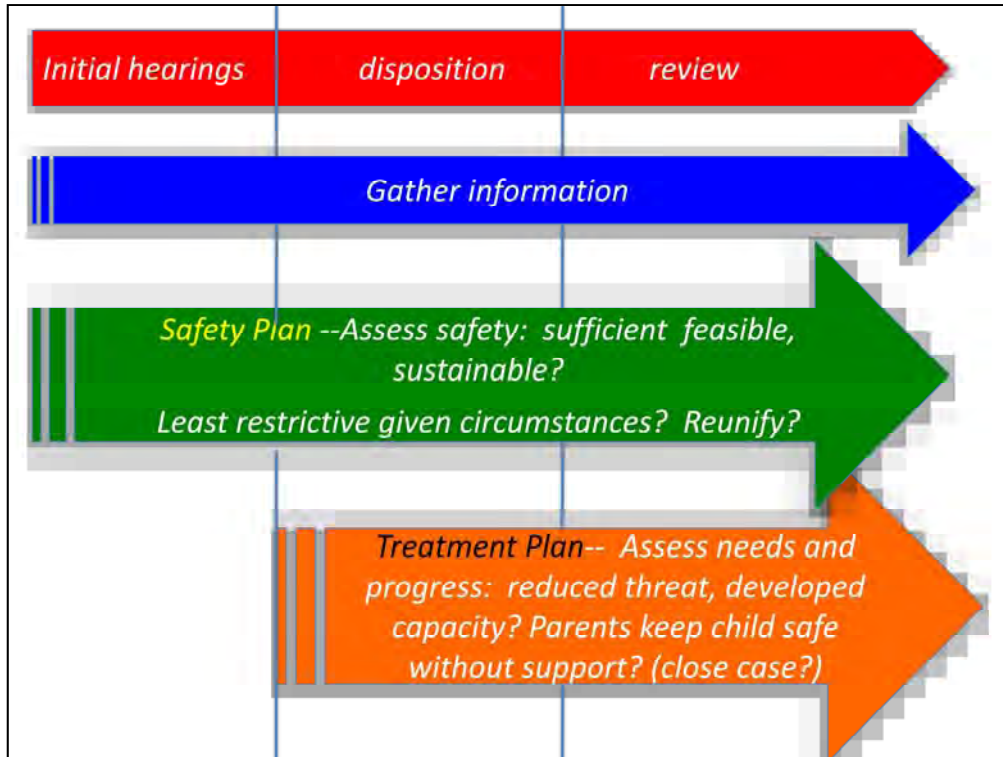
But we have all seen people who “love” their children but cannot protect or provide for them.

Parents also sometimes perceive themselves as protective when they are not. We have also seen this many times if we have been involved for very long.

Whether because of a lack of insight or some defense mechanism such as denial, we cannot look to parents as being any judge of their protective capacities.

We must have credible evidence—as well as sincere expressions from parents—to assess their ability to protect.

Once again, this assessment is not a comparison of the parent to an abstract concept of a protective parent. We need to be looking at this



Just to orient ourselves to where we are in the case....

We have gathered sufficient information and we have analyzed that information. We are ready to make the decision about whether the child is safe or not.

This Process is **Both** a Sword and a Shield

- Children who are not safe can be protected
- Children who are safe will not be taken into care

- What is the cause of unnecessary removals and tardy returns?
 - Uncertainty caused by lack of evidence and a consensus about how it should be applied.
 - “better safe than sorry”

This process combats the paralysis of uncertainty about removal and return that we can avoid by using it.

The reason that we probably take too many children into care—and probably keep them there too long—is that we do not quite know how to tell which kids should go into care and which should not. We are afraid of the dire consequences that can obtain if we make a mistake—either in an initial removal or in a reunification—so we become paralyzed in our confusion and we fall back on the misconception that the child will not be vulnerable to damage in foster care.

But we know that substitute care can have some very serious negative outcomes for children. The longer children are in care the more likely they will experience multiple placements, causing disruption and delay in their education and health care—not to mention the need to change arrangements for visitation and the need to adjust to a new home with new caretakers and new day to day regimens.

Keeping children in care because we lack confidence in how to make these decisions does not turn out to be a case of “Better safe than sorry.” It is more like those situations in which we neglect a matter because we don’t know how to handle it.

Of course, none of us have ever done that...

Mantra of Parents' Bar

No Threat of Danger
+
Child Not Vulnerable
-
Parent Has Protective Capacity
=
"Safe Child"

Chapter 1 p. 2

Just a reminder of where we are in the process of analysis.

If we assume that we have identified a threat of danger—an imminent threat of serious consequences in an out of control situation—and we assume that we have vulnerable child—one who is dependent on adults to keep her safe from this threat—then we move on to assess the ability of the parents to protect the children *who have these particular vulnerabilities to these particular threats*.

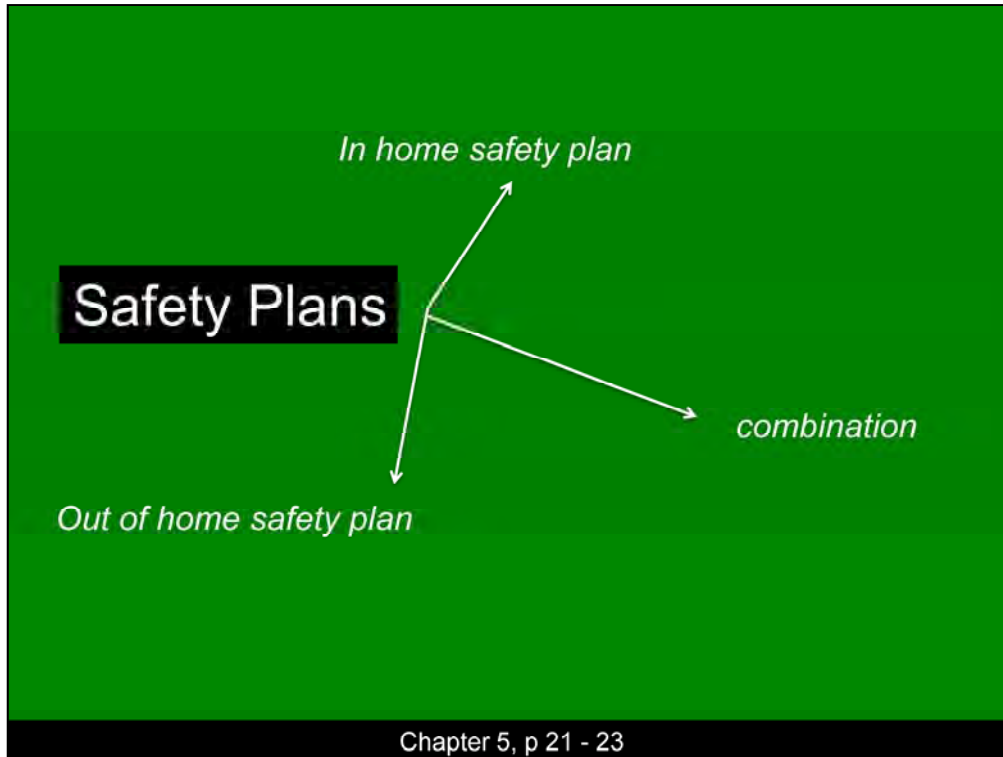
Unsafe Child?

What now?

We are going to decide later in the program whether we have safe or unsafe children based on the work we have done so far.

But that's going to be part of a large exercise later, so, let's finish up the slide show on the assumption that we have an "unsafe child."

What do we do next?



If we have an unsafe child at any point in the life of the case the ASFA requires that we have a safety plan. We usually turn immediately to substitute care but sound safety decision making requires that we look, first, at whether or not there is some way we can keep the child safe in the home or we can craft a plan that involves the child being in the home some of the time and in some kind of care at other time.

Page 58 example of combination plan. Let's take a quick look at that plan

Safety Plan

Temporarily
removes danger
or substitutes
for lacking
parental
protective
capacity to
control the
threat of danger

Chapter 5, p 21

Our safety plan for the child, in-home or in care, temporarily makes up for the lack of protective capacity we have defined in our analysis.

Looking at the in-home plan first (least restrictive placement), we need to think about what, if anything, we could do—without the parent changing one bit—that would put sufficient protective capacity in the home to make the child safe there.

*A safety plan **control** threats of danger*

It does not completely remove of them

In home plan does not require parental change if it makes child safe in the home

Chapter 7, p. 71 Appendix D pp. 77 – 81

And remember that a safety plan, whether we are contemplating placing a child in care or we are contemplating returning the child home from care, does not require the parents to have changed at all—although such change can become relevant, in so far as it may be shown to have taken place later.

The question for return is not “can the parent keep the child safe, now?” The question for return is the same as it was for removal, “Are there supervision resources and/or other services that are available that, if put in place, would keep the child safe in the home?”

Key Concept

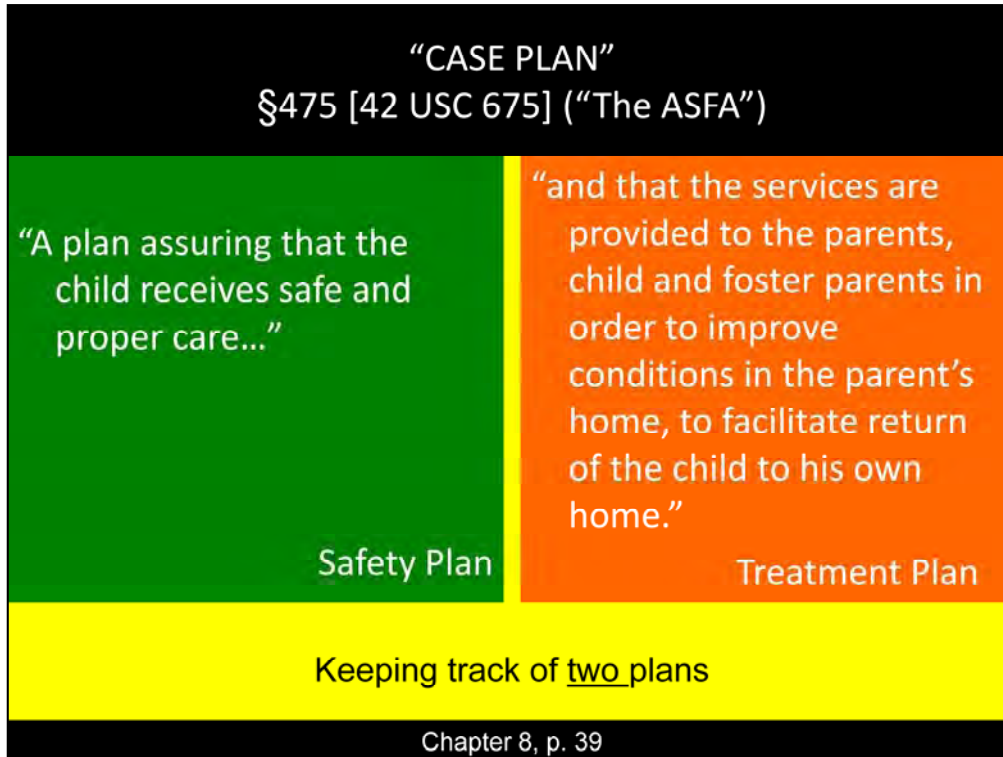
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Chapter 1 p. 36

The safety plan removes the threat of danger in the home or it substitutes for the parental capacity that is missing.

And does one or both of those things immediately.

It does not require the parent to have changed or even for the danger to be reduced *if the plan will keep the child safe.*



The ASFA provides that each case shall have a case plan and that it contain elements that will ensure that the child is safe during the case and that the agency will help the parents develop improved capacity to protect them.

Because there are two separate goals—the keep the child safe right now and to develop parental capacity to keep the child safe in the future—it is best practice to have two separate plans to do that.

It is easy enough to become confused, here, and separate plans help dissipate it.

When we are doing things they should contribute to one or the other of these goals.

They will complement one another and how one goes will influence and shape the other. But they have two separate goals, however, and doing most of what is in the one will not contribute to reaching the goal of the other.

Safety Plan ≠ Case/Treatment Plan

- Does not include:
 1. how parent needs to change, or
 2. Services to be employed to support parental change

Chapter 5, p 22

Just to be clear, these are things that are not to be included in the safety plan. These are elements of the treatment plan.

Safety Plan Must

- Immediately control or manage threat of danger
- Be made up of components (people and services) accessible when threat will be present
- Describe concrete, action oriented activities and tasks assigned to identified people
- NEVER rely on parental promises

Chapter 5, p. 22

Whether we are going to develop some supervision in the home, or put people into the home at times of high danger, or put services into place that will create this external infrastructure of safety, the plan must do these things.

If one can develop a plan that does this—but the components are not yet lined up—then implementing the plan must wait until they are.

Again, to stress a major point, this plan does not rely on the parents to succeed and it is not necessary for the parent to have changed if the plan can keep the child safe.

Is a plan...

- Sufficient?
 - Feasible?
 - Sustainable?
- How often and for how long would services be necessary?
 - Providers available as often and for duration needed?
 - Aware, committed and reliable people involved?
 - Able to sustain the intense effort until parents are able to protect without support?

Chapter 6, p. 23

These are the three criterion by which we examine the in-home safety plan that is developed or whether not developing one is reasonable.

Will it meet the needs we have identified?

Do we have the resources to allow this plan to keep the child safe?

Can this plan be maintained in place long enough for the parents to develop the capacities to protect the child?

An in-home safety plan in **this** case?

- Can **this** vulnerable child, notwithstanding lack of **these** parent's capacity to protect from **these** threats of danger, be made safe in **this** home?

Chapter 5, p. 22

Like assessing whether the child is safe or not, safety planning is always based on the information we have about *this* child, *these* parents capacities and the threats that exist in this particular home.

We do not plan for an abstract nine year old child—for example—leaving it up to each of us to imagine and act on the abilities of this hypothetical child, nor do we plan for a “substance abuser” and what each of us imagines to be the weaknesses of a “substance abuser” or the danger one of them might pose.

We can plan for safety because we know the specific information about the vulnerabilities of this child, we know about the substance abuse issues of this particular parent.

Out of home placement/out of homesafety plan only when

- it can be shown
- that **insufficient protective capacities** by adult caregivers exist;
- And
- that an **in-home safety** plan managed by CPS is **not sufficient, feasible and sustainable**to control for safety.

Chapter 5, p. 23

Although we very often immediately decide that substitute care is necessary to keep the child safe.

However we get the conclusion that the child is not safe at home, we are required by the reasonable/active efforts standard to try to create an in home plan and determine whether it will suffice to keep the child safe.

Reasonable Efforts?

If an in-home safety plan would be sufficient,
and the agency fails to consider or implement
one,
then the agency **has failed** to provide
reasonable efforts to prevent removal (or to
return child home).

Chapter 5, p. 25

The finding is “reasonable efforts to prevent placement” or “reasonable efforts to return the child home.”

If the agency is recommending substitute care the burden is on the agency to show that it has explored an in-home safety plan, identified its necessary components and—finding that such a plan is not sufficient, feasible and sustainable—is unable to implement such a plan at this time.

If they have not explored such a plan, if they have not identified its necessary components—in regard to this child and this family situation—and has not persuaded the court that such a plan is not sufficient, feasible and sustainable then reasonable or active efforts have not been made.

Reasonable Efforts to Prevent Placement

Was the safety plan implemented the least intrusive possible?

- Were actions and services necessary for safety identified accurately?
- Was sufficiency, feasibility and sustainability of in-home plan assessed?

Chapter 5, p. 25

It's not enough to keep the child safe in an out-of-home placement and that should not be accepted as the plan unless there is a showing, first, that an in-home plan would not work.

Again, the court and the advocates should be active in review of the agency's efforts and the advocates, again consistent with their duty to make an independent investigation into the circumstances of the child and the family, should not limit its argument to facts brought into court by the agency.

There is not prohibition on parties developing plans of their own when they believe that the agency's plans are inadequate and placing those plans before the court to consider along side what the agency proposes.

The Out-of-home Safety Plan: Tasks and Responsibilities

An out-of-home safety plan raises two issues the court must decide:

1) Contact “visitation”/parenting time

**2) conditions for return
(establishing clear objectives)**

Chapter 7, p. 33

The placement of a child in substitute care does not mean that safety planning is over.

An out-of-home placement is a safety plan and must be analyzed by the same standards as an in-home plan—relative to this particular child and the specific threat of danger posed to the child in this case.

Foster care is the most extreme point on the continuum of safety planning—a point from which we should be constantly trying to work ourselves back to something less restrictive.

Two parts of the safety planning for the child in care are visitation and conditions for return

Visitation

Visitation is crucial to our success in a case.

Data shows the correlation between frequency and quality of visitation and successful return of children to their families.

Visitation also offers opportunities for developing compromised parental capacities as well as maintaining the family's connections.

Supervision of Visits?

- Violence toward child?
- Child's fears of parents?
- Premeditated harm?
- Negative perceptions or unrealistic expectations of child?
- Abduction risk?
- Volatility?

Chapter 7, p 34

In some places there is too much supervised visitation, which restricts the amount of visitation that is possible and therefore the benefits of visitation for the family.

This is a list you have probably seen before as a template for whether supervision is really required for visits and it also provides the framework for inquiry into the agency's recommendation for supervised visits, in a specific case.

Minimum Visitation Plan

- Face to face weekly and more frequently
- Sibling visits at least once per month
- Augment with other contact
- Written into an order distributed to everyone
- CPS oversight as appropriate to the case
- Other steps to maintain attachment and develop protective capacity
- Dates to review
- Most natural, visitation friendly settings

Chapter 7, p 34

This is another list I am sure you have seen before. It represents many of the “best practices” in regard to visitation.

One of the often neglected opportunities that visitation presents is for the parents to learn and practice skills that they need to develop. We will talk about this at greater length in a few minutes.

Conditions for Return

Chapter 7, p 34 Appendix D

Clear conditions for return, made known to all parties in advance and consistently used as the basis for reasonable efforts findings are essential. Fortunately, it is no longer so difficult to lay out conditions for return because you have already used the analysis of the Guide to identify its elements.

Once more, often conditions for return are confused for parents completing services or making progress in services. While this may play a part in meeting conditions for return it is not a necessary component if the child can be returned home safely without such progress.

Conditions for Return

These conditions are behaviors and circumstances that must exist in the home that would allow for an **in-home safety plan** managed by CPS that is **sufficient, feasible and sustainable.**

Chapter 7, p 35 Appendix D pp 77 - 81

In short, the child should go home as soon as the conditions exist in the home that would have allowed an in-home safety plan to be sufficient, feasible and sustainable to protect the child prior to removal.

The details, the components, of an in-home safety plan that forms the basis to return the child, may not be those envisioned during the initial analysis of the situation but the danger and the protective capacities it identified are what must be accounted for.

A relative may come forward, for example, who can provide supervision.

Write Down Conditions for Return

List dangers and compromised capacities

Describe specific, verifiable actions and circumstances that will protect from **listed** dangers and capacities

Explains why an in home plan will not work at this time

(Hint: you already did this)

Chapter 7, p 36 Appendix D pp 77 - 81

The conditions for return are easy to formulate at the time that an in-home safety plan is deemed not sufficient, feasible or sustainable because making that determination is based on a clear understanding of what would have to happen to keep the child safe in the the home.

The idea is that once we know the dangers, and we know the protective capacities that are insufficient, we know what an in-home safety plan needs to account for.

Those are the same dangers and capacities to which we should be looking when the question, later in the case, become return of the child home.

remember

*An in safety plan **control** threats of danger*

It does not completely remove of them

***Control** of threats and **substituting** for capacities drives conditions of return*

Chapter 7, p. 71 Appendix D pp. 77 – 81

And remember that a safety plan, whether we are contemplating placing a child in care or we are contemplating returning the child home from care, does not require the parents to have changed at all—although such change can become relevant, in so far as it may be shown to have taken place later.

The question for return is not “can the parent keep the child safe, now?” The question for return is the same as it was for removal, “Are there supervision resources and/or other services that are available that, if put in place, would keep the child safe in the home?”

Key Concept

$$\begin{array}{c} \text{Threat of Danger/in home safety plan} \\ + \\ \text{Vulnerable child} \\ + \\ \text{Protective Capacity/In home safety plan} \\ = \\ \text{"safe child"} \end{array}$$

Chapter 1 p. 2

Again, whether we are thinking about whether to place a child out of the home in the first place or about returning the child home after such a removal, the formula remains the same.

Reunification is a Safety Decision

- What circumstances made you decide an in home safety plan would not be sufficient, feasible and sustainable?
- Do those same circumstances still exist?

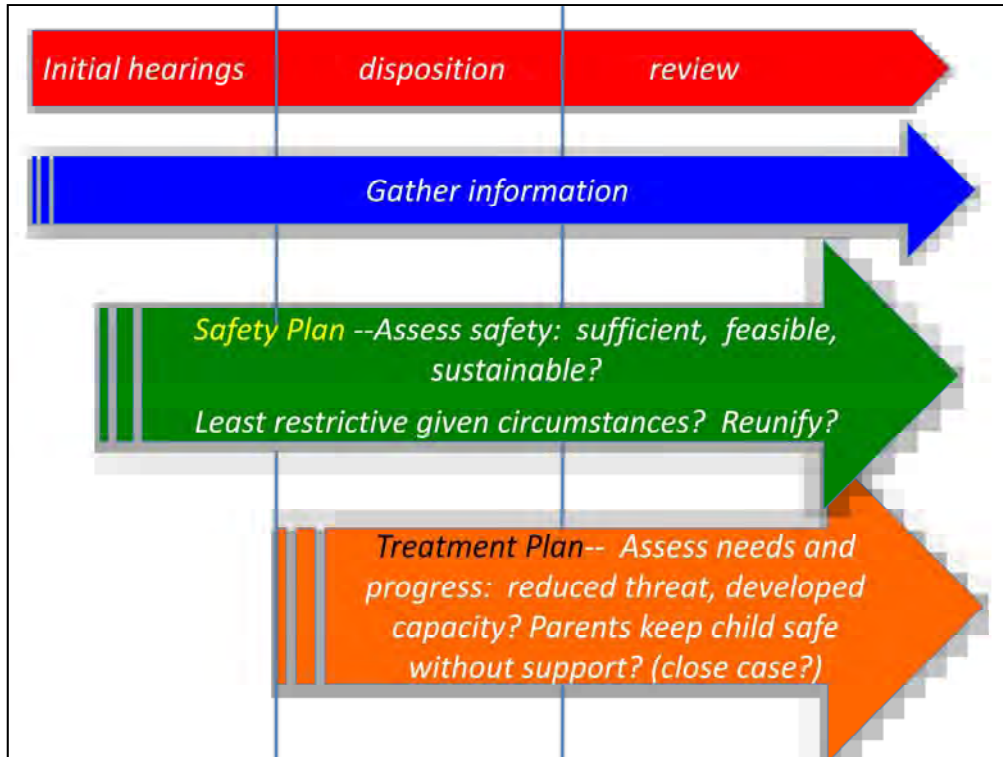
Chapter 7, p. 36 Appendix D pp. 77 – 81

The simplest inquiry about reunification is this one.

If we have done our work up front in gathering the information and using it to analyze the situation we are not confused later because we know what we need to do.

This up-front work gives us goals toward which we should be working.

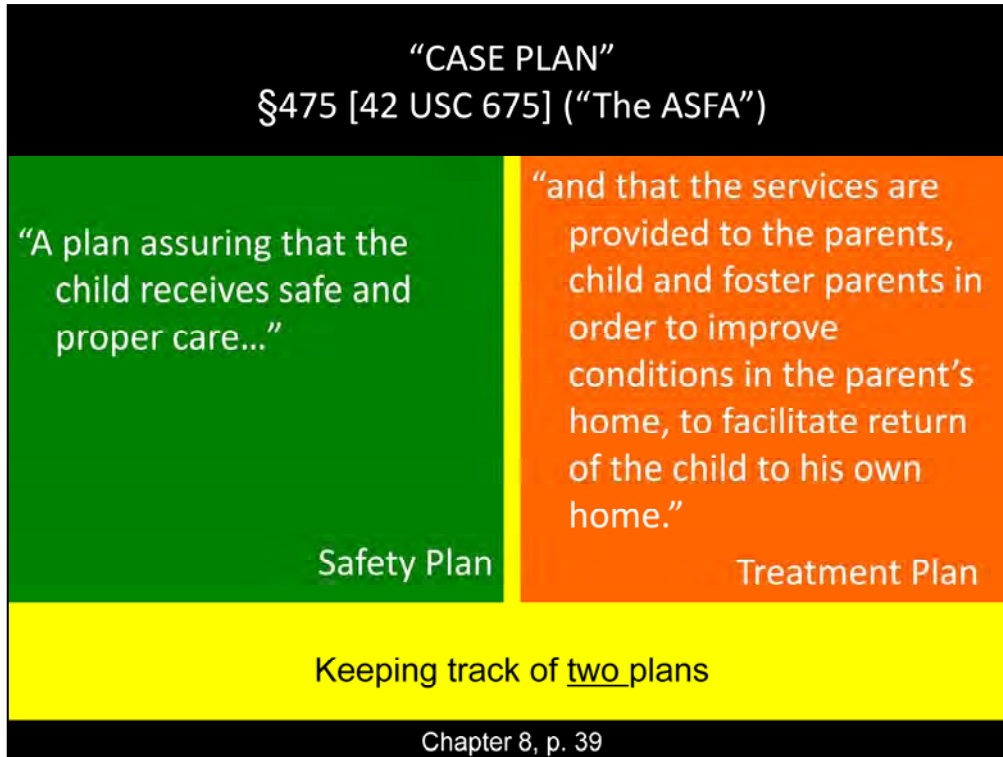
Again, the safety decision is not about whether the parent can do it alone, at this point.



So we have made the determination that the child cannot be kept safely in the home because we identified the threats and the compromised protective capacities. We have created conditions for return that define when the reunification will occur.

Or, we have made a determination that the child can be made safe in the home or the threats and lack of capacity do not rise to the threshold of imminent danger of serious consequences in an out of control situation.

Regardless of where the child is, we need to talk about the treatment plan...permanency plan...case plan...reunification plan...



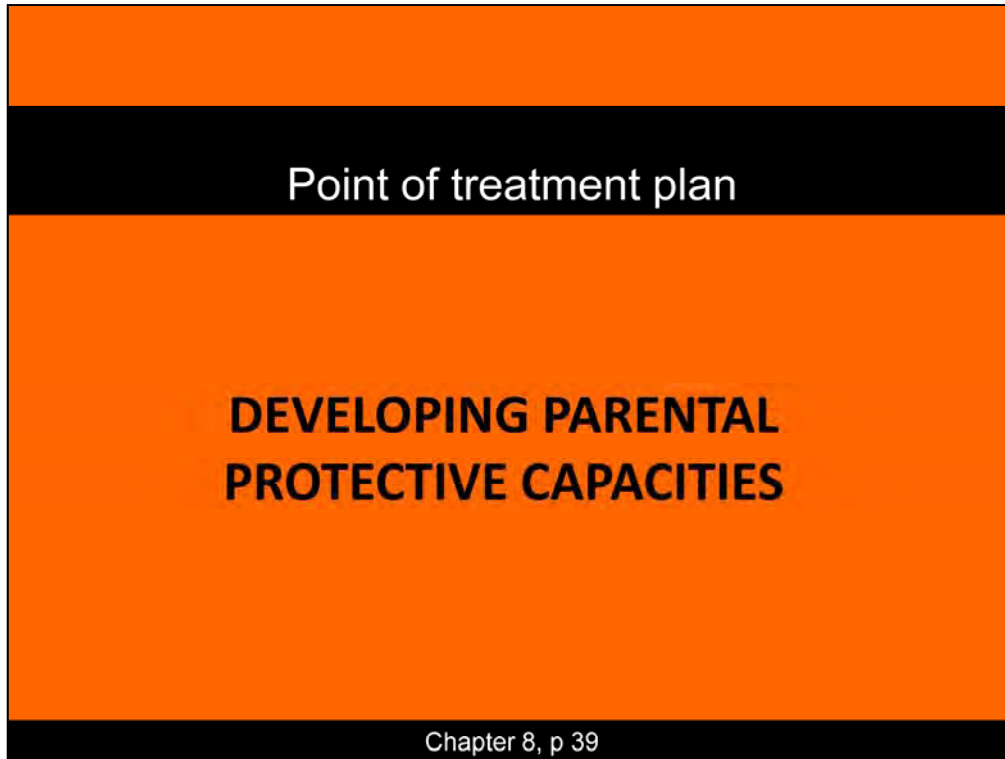
The ASFA provides that each case shall have a case plan and that it contain elements that will ensure that the child is safe during the case and that the agency will help the parents develop improved capacity to protect them.

Because there are two separate goals—the keep the child safe right now and to develop parental capacity to keep the child safe in the future—it is best practice to have two separate plans to do that.

It is easy enough to become confused, here, and separate plans help dissipate it.

When we are doing things they should contribute to one or the other of these goals.

They will complement one another and how one goes will influence and shape the other. But they have two separate goals, however, and doing most of what is in the one will not contribute to reaching the goal of the other.



The purpose of the safety plan is to keep the child safe—without considering the parents' condition.

The treatment plan is not about creating safe conditions for the child. It is about developing parental capacity and lowering the threat of danger.

Treatment Plan is

- An effective and expedient strategy to prepare parents to protect child
- Revised over time
- *States what change is expected, what evidence will show change and how will it be generated*

Chapter 8, p 39

The treatment plan's audience is broader than the agency people who use it to shape the treatment, to select the services and structure the experience of the parents so as to bring about change, that will develop protective capacities.

In addition, the legal community and the parents are the audience of the plan. In order to review the efforts of the agency, and the progress of the parents, the legal community has to understand what change the agency is trying to bring about.

The legal community, in the end, will have to decide whether the change has taken place and the treatment plan can help them decided, in advance, know how they are going to make that decision.

Time taken at the disposition to think about what kind of evidence will indicate change, or not, will avoid confusion and guesswork at future review hearings. The advocates and the court should discuss this with the agency and the parents, so that expectations will be clear.

These expectations should be written into the treatment plan.

A judge puts everyone in the court room ahead when he or she can say to a parent, in effect, "This is what we expect to see to show that you have been

Evaluating the Treatment Plan

- Concrete goals and tasks?
- Follow logically from threats and capacities?
- Same as safety plan?
- Target issues where threats arise? Where capacities compromised?
- What is parental reaction to plan?
- Both threat reduction and capacity increase?

Chapter 8, p 40

These are the things we should be looking for and inquiring about, as a reviewer or an advocate, in a treatment plan.

The connection between what the parent is expected to do and the threats/capacities must be established by questioning the agency carefully.

“How do you expect this service to create this change for this parent?”

If the safety plan is the same as the treatment plan we know the agency needs to go back to the drawing board and draw the elements of the two apart and state them separately. If we don't do that we are going to end up considering return to parent based on their performance in services or get lost in unclear goals.

The bar for return home remains where it was at removal and return is not necessarily linked to treatment progress.

The parents' attitude toward the plan can be very instructive. It may indicate a “bad attitude” but it also may be signal that some useful services may well have been over looked. More on this point later on.

Review Hearing Includes

- Are safety plan *and* case plan up to date and appropriate?
- Are services being provided and is meaningful evidence being gathered to evaluate progress?

Do facts indicate that change is happening? (p 43)

Chapter 9, p 43

The review hearings take place over a period of time and these are two inquiries that should be made at each review.

The answers to these two questions answer the third and ultimate question

Evaluating Progress

- NOT-- have parents completed services?

can we identify parental change that has taken place in terms of lessened threat and/or increased capacity?

Chapter 9, p. 43

Using this method we are not concentrating on going through the motion, but on the central issue.

One of the reasons that children might languish in care is that we are uneasy about returning them based on things like attendance at classes because we can see that the attitudes and understandings have not changed.

We need to focus on those attitudes and understandings as the thing people are evaluating.

Closing the Case — Safe Child

- Eliminated threats
- Improved capacity
- Combination of the two
- Ongoing parental improvement over time
- Parental insight
- Parental engagement in steps to sustain change
- Supports from social service agencies, family and others in place

Chapter 11 p 51

We too often think about the case being closed as an event following closely on the return of the child home.

I hope we have successfully explained how a child can be returned home based on an in home safety plan—an external infrastructure of protection—long before the parents have completed the treatment plan, before they have perfected their skills and are able to protect the child without the supportive supervision of the agency.

These are some of the things that, over time, will accumulate in the family that will indicate that the parents are able to protect the children without official oversight.

Key Concept

$$\begin{array}{c} \text{Threat of Danger} \\ + \\ \text{Vulnerable child} \\ + \\ \text{Protective Capacity} \\ = \\ \text{"safe child"} \end{array}$$

Chapter 1 p. 2

This is what the formula will look like when the case is finally closed. The parent has the ability to protect the child from any existing danger without the external support of an in home safety plan. That condition will be finally realized, in most cases, some time after the child has been returned to the home under a safety plan.

Technical Support (free)

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Our resource centers can provide technical support on Safety Decision Making in a variety of ways. This is the most elaborate session we have held, to date, with a state and we are looking for opportunities to work with states in this and other ways. We are particularly interested in opportunities to work with the agency and the legal community together, but that is obviously not the only way to approach this topic. If you are interested in further work on the Child Safety Guide you can contact us to explore the possibilities.