



**Charting the Course towards Permanency
for Children in Pennsylvania:
A Knowledge and Skills-Based Curriculum**

**110 Module 8:
Assessing Safety in Out-of-Home Care
Standard Curriculum**

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**Agenda for the 2-Day Workshop on
Module 8: Assessing Safety in Out-of-Home Care**

Day One

Estimated Time	Content	Page
30 minutes	Section I Welcome & Introductions	1
45 minutes	Section II Defining Out-of-Home Care	6
1 hour 15 minutes	Section III Knowing the Child to be Placed	17
1 hour 30 minutes	Section IV Present Danger	26
2 hours	Section V Indicators of Safety in Out-of-Home Care	40

**Agenda for the 2-Day Workshop on
Module 8: Assessing Safety in Out-of-Home Care**

Day Two

Estimated Time	Content	Page
2 hours	Section VI Focused Information Collection through Quality Visitation	49
2 hours, 45 minutes	Section VII Analyzing Safety Information & Making the Safety Decision	60
1 hour, 15 minutes	Section VIII Workshop Closure & Evaluations	69

Module 8: Assessing Safety in Out-of-Home Care

Section I: Welcome & Introductions

Estimated Time:

30 minutes

Performance Objectives:

N/A

Methods of Presentation:

Lecture, Large Group Discussion

Materials Needed:

- ✓ Flip chart stand/paper
- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Markers
- ✓ Name Tents
- ✓ Sticky Notes
- ✓ Tape
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ **Handout #1: Charting the Course Towards Permanency: Module 8: Assessing Safety in Out-of-Home Care**
- ✓ **Handout #2: Agenda & Overall Learning Objectives**
- ✓ **Handout #3: Action Plan**
- ✓ **Poster #1: Out-of-Home Care Safety Assessment Worksheet**
- ✓ **PowerPoint Presentation:**
 - **Slide #1: Module 8: Assessing Safety in Out-of-Home Care**
 - **Slide #2: Ground Rules**
 - **Slide #3: Name Tents**
 - **Slide #4: Characteristics of Safety & Safe Environment**
 - **Slide #5: Information Explored to Identify Characteristics of Safety & A Safe Environment**
 - **Slide #6: Goal & Purpose of Training**
 - **Slide #7 and #8: Overall Learning Objectives**
 - **Slide #9: What's In It For Me?**
 - **Slide #10: Agenda**

Module 8: Assessing Safety in Out-of-Home Care

Section I: Welcome & Introductions

Trainer Note: Prepare the training room in advance by placing name tents, markers, and handout packets (if using) at each table. As participants arrive, greet each one. If using the PowerPoint Presentation, have **PowerPoint Slide #1 (Module 8: Assessing Safety in Out-of-Home Care)** showing as participants enter the room.

Prior to the start of the training, if handouts are provided in packet form, ensure that **Handout #17 (Information Collection: Safety in Out-of-Home Care Sample Interview Questions)** and **Handout #23 (Sample Allison Assessment)** have been removed. If handouts will be distributed throughout the workshop, place a copy of **Handout #1 (Charting the Course Towards Permanency: Module 8: Assessing Safety in Out-of-Home Care)** (PowerPoint presentation) at each seat.

Trainer Note: If all of the participants in the room know each other and their role within the agency, you may elect to skip the introduction portions of **Steps 2 and 3** and simply ask participants to identify one thing that they do now to make sure children are safe in out-of-home care.

Trainer Note: Refer to **Trainer Resource #1 (The Safety Assessment and Management Process Reference Manual)** as needed.

Step 1: Welcome

Start the training session promptly at 9:00 AM. Welcome participants to the training and introduce yourself.

Display

#2 (Ground Rules) and guide participants through reviewing all of the training room guidelines.

Pass around the sign-in sheet or have it available for signing during breaks.

Step 2: Introductions-

Guide participants through the completion of their name tents **PowerPoint Slide #3 (Name Tents)**.

County	Name	Unit/Department
Length of time in position		What one thing do you do now to make sure children are safe in out-of-home care?

Instruct participants to write:

- the county in which they work in the top left corner of the name tent;

- their position in the agency in the top right corner;
- the amount of time they have been in their position in the bottom left corner; and
- one specific way that they currently make sure children are safe in out-of-home care, in the bottom right corner.
 - Instruct them to avoid things like “home visits” but rather what they do in the visit that lets them know the child is safe.

When the name and four corners are complete, ask participants to stand their name tent in front of them. Then ask each person to introduce themselves/their position and to share one way they currently make sure children are safe in out-of-home care that they wrote down. List each way participants make sure children are safe in out-of-home care on a flip chart as they are presented.

Step 3: Characteristics of Safety & Safe Environment

When introductions are complete, review the list on the flip chart for consistency of what staff currently do to make sure children are safe in out-of-home care. Ask the group if they think this or a combination of these actions is sufficient to meet the expectation of keeping children safe in out-of-home care. Is it a standard way of doing this work? Is it routinely expected? Does it provide a structure to assure safety in out-of-home care is assessed the same way in each county?

Acknowledge participants’ current work and share that the goal of this training is to provide a specific approach for workers to assess, judge, and determine that a child will be safe in out-of-home care from the time they are first removed from their caregiver(s) of origin and throughout the duration that the child is in an out-of-home setting.

Share that this training builds upon information learned in *Charting the Course Module 4: In-Home Safety Assessment and Management*. We will apply what we learned about the Six Assessment Domains as well as our understanding of what safety means. Ask participants to reflect on their learning about safety as a concept.

Display page one of **PowerPoint Slide #4 (Characteristics of Safety & Safe Environment)** and share that in Module 4, these characteristics were used to describe and define safety and a safe environment. Briefly review the characteristics using the summary below.

- **An absence of perceived or actual threats** – there are NO Safety Threats to the child(ren): behavioral, emotional, or situational.
- **Presence of caregiver Protective Capacities** - a safe environment exists because those caregivers with the assigned task of providing a safe home are assuring that protection is occurring, available, and ongoing.
- **A safe home is experienced as a refuge** - A safe environment as a refuge for a child is the first and most obvious place a child thinks of and goes to be safe.

- **Perceived and felt security** - a safe environment is perceived and felt by a child as a place of security. This translates into how they view and feel about their caregivers.
- **Confidence in consistency** - a child needs to be able to count on a home remaining safe. Children and family members believe that the home environment will be safe each day.

Display **PowerPoint Slide #5 (Information Explored to Identify Characteristics of Safety & A Safe Environment)** and remind participants that during Module 4, they also discussed that in order to understand if these characteristics are in operation they must gather information to determine the following:

- **How the children are behaving in the home** - children who are in a safe home demonstrate a certain sense of comfort and security that comes from being in that home and feeling a sense of permanency.
- **How caregivers are performing** - this would include any adult who maintains primary responsibility for a child's safety. With caregivers who provide safe homes, it is easy to find examples of protective behavior.
- **How the family is operating** - safe homes demonstrate observable interactions that are positive and consistent among all family members clearly showing boundaries, role clarity, effective use of resources, and coping mechanisms.
- **The caregiver's capacity to sustain continued safety** - seek facts that will help provide clarity about caregiver plans, intentions, methods, feasibility, and commitment.
- **How community connections sustain continued safety** - understand how formal and informal resources have been used and that the worker can anticipate will remain involved with the family.

During Module 4, participants viewed these concepts as an end state. In other words, when families become involved in the child welfare system due to active Safety Threats (or other concerns), child welfare professionals actively work with these families to foster the development of the characteristics of safety and a safe environment. When thinking about out-of-home care, we can use these same characteristics, but we begin our work with the assumption that the out-of-home caregivers and their homes have these characteristics already in operation.

The general mindset being – if children are removed from their homes because there are threats of harm identified, then we need to ensure that the homes they are moving to are operating in a positive way.

Step 4: Review of Agenda and Overall Learning Objectives

Distribute **Handout #2 (Agenda & Overall Learning Objectives)**, display **PowerPoint Slide #6 (Goal & Purpose of the Training)** and tell participants that during the next

two days, we will continue to explore this concept and define along the way, the specific process by which the safety of children in out-of-home care will be assessed. This training is designed to help participants become more aware of issues related to the safety of children in out-of-home care and to allow them time to think about, or perhaps rethink, how they currently view their responsibilities to children in out-of-home care.

Refer to **Handout #2 (Agenda & Overall Learning Objectives)**, display **PowerPoint Slides #7 and #8 (Overall Learning Objectives)**, and review the learning objectives. After reviewing the learning objectives, using **PowerPoint Slide #9 (What's In It For Me?)**, conduct a brief What's In It For Me activity to identify what, in addition to the learning objectives, participants would like to learn during the course of the training. Record participants' responses on flip chart paper. If participants identify a topic that will not be covered, record that information on a Parking Lot flip chart, and attempt to meet that need during break through conversation or provision of resources.

Display and review **PowerPoint Slide #10 (Agenda)** discussing when learning objectives, and participants' needs, will be covered throughout the next two days of training.

Trainer Note: Throughout the two days of training, participants will learn a variety of new terms and concepts, encourage them to complete **Handout #3 (Action Plan)** at the end of each section to help remember what they are learning.

Share that **Poster #1 (Out-of-Home Care Safety Assessment Worksheet)** is hanging on the wall as a visual. You may ask how many participants are aware as to whether their respective agencies currently require their safety assessments be documented on this form.

Refer back to the poster throughout the training as needed.

Module 8: Assessing Safety in Out-of-Home Care

Section II: Defining Out-of-Home Care

Estimated Time:

45 minutes

Performance Objectives:

- ✓ Given the definition of safety in out-of-home care, participants will recognize that both informal and formal living arrangements will be assessed using the Out-of-Home Care Safety Assessment and Management Process.
- ✓ Participants will be able to list each of the five steps to assess safety in out-of-home care.

Methods of Presentation:

Lecture, Large Group Activity, Large Group Discussion

Materials Needed:

- ✓ Flip chart stand/paper
- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Markers
- ✓ Tape
- ✓ Trainer Developed Flip Chart: Agree
- ✓ Trainer Developed Flip Chart: Disagree
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ **Handout #3: Action Plan, revisited**
- ✓ **Handout #4: Glossary of Terms**
- ✓ **Handout #5: The Process for Assessing Safety in Out-of-Home Care**
- ✓ **PowerPoint Presentation:**
 - **Slide #11: Tuning In Activity**
 - **Slide #12: Glossary of Terms**
 - **Slide #13: Safety in Out-of-Home Care**
 - **Slide #14: Out-of-Home Care**
 - **Slide #15: Formal Care**
 - **Slide #16 and #17: Informal Care**
 - **Slide #18: Global Look At...**
 - **Slide #19: Steps to Assess Safety in Out-of-Home Care**
 - **Slide #21: Knowing the Child to be Placed**
 - **Slide #21 and #22: Provider Selection**
 - **Slide #23: Present Danger Assessment and Initial Safety Determination**
 - **Slide #24: Confirm a Safe Placement Setting**
 - **Slide #25: Monitor for Stability**
 - **Slide #26: Action Planning**

Section II: Defining Out-of-Home Care

Step 1: Tuning in Exercise

In a few minutes we will review some key terms for the Out-of-Home Care Safety Assessment and Management Process. Before we do that, we will be conducting a brief exercise to tune in to our perceptions about out-of-home care.

Explain to participants that they will hear a brief statement and will be asked to decide if they agree or disagree with that statement. Display **PowerPoint Slide #11 (Tuning In Activity)** and place a sign or flip chart paper on each side of the room. One with the header “agree” and the other with the header “disagree”. Participants should stand next to the sign that reflects their decision for each statement.

Trainer Note: This activity is intended to be brief and should last no more than 10 minutes; however, you may opt to add additional statements to which participants can respond.

Read the following statements, allowing time for participants to move to the sign that represents their decision.

- All children are safe in out-of-home care.
- Children should be placed with kin whenever possible.
- County Children and Youth Agencies (CCYAs) are not responsible for informal placements.
- A fire alarm/smoke detector (or other physical plant requirement in the 3700 regulations) makes a child safe.
- Children are safer in formal, licensed homes.
- Our work in assessing safety in out-of-home care is viewed by those outside of the agency as excellent.

If there is a statement that generates substantial differing opinions, take the time to ask participants why they either agreed or disagreed with the statement. It is unlikely that all participants will have the same answer for each question. Their decisions may be based upon their own beliefs, their work experience, or their knowledge and awareness of data.

As we move through the training we will underscore that just because a child is in an out-of-home setting does not mean that they are safe. To ensure safety, we must actively assess both informal and formal settings to ensure that the caregivers have the capacity to protect the children placed in their care. This moves beyond whether there is a fire alarm in the home; to whether the caregiver maintains the fire alarm and knows how to respond and can take action if the alarm goes off.

Step 2: Glossary of Terms

Acknowledge that the concept of assessing formal and informal out-of-home living arrangements may represent a change in practice. It may also represent the need to ensure that we are using the same language. Acknowledge that since practice varies from county to county the terms formal and informal living arrangements may mean different things to different people. To help provide clarity and address this concern, a glossary of terms was developed.

Distribute **Handout #4 (Glossary of Terms)** and display **PowerPoint Slide #12 (Glossary of Terms)**. This handout will be referred to throughout the training. Refer participants to the definition of safety in out-of-home care and, using **PowerPoint Slide #13 (Safety in Out-of-Home Care)**, review the definition. In the previous section we revisited the characteristics of safety and safe environments from Module 4. This definition is essentially a restatement of these characteristics. It offers for us the foundation for learning and understanding all of the components of the Out-of-Home Care Safety Assessment and Management Process.

As with the In-Home Safety Assessment and Management Process training, this term and other terms and concepts are used in this training and must be defined and understood before we can move on to the specific components of the Out-of-Home Care Safety Assessment and Management Process. **Handout #4 (Glossary of Terms)** is a useful resource for participants.

Review the terms out-of-home care, formal care, and informal care with participants referencing **Handout #4 (Glossary of Terms)** and using **PowerPoint Slide #14 (Out-of-Home Care)**, **PowerPoint Slide #15 (Formal Care)**, and **PowerPoint Slide #16 and #17 (Informal Care)**.

It will be important to further clarify the definition of informal care. It is the intent that these arrangements be temporary and that the child is to return to the home of the caregiver(s) of origin when the presenting issues are addressed and it is safe for the child to return home. Regardless of whether the arrangements were made prior to or after County Children and Youth Agency (CCYA) involvement, the Out-of-Home Care Safety Assessment Process should be used to assess the child(ren)'s safety in the out-of-home care setting and the In-Home Safety Assessment would also continue to be conducted on the caregiver(s) of origin to determine when it is safe for the child to return home or to modify the Safety Plan.

The term "temporary" is a subjective term that can be open to interpretation, but it is the position of the Department that these informal arrangements should not exceed 60 days unless there is an exceptional circumstance that is sufficiently documented in the case record. The intention is that the CCYA/child welfare professional make the distinction between "temporary" and "not temporary" based on intent. For example, if it is the intent that efforts be made toward reunification or that the child remain with the alternate caregiver until other arrangements can be made, the arrangement can be considered

temporary. If the intent is that the child resides with the alternate caregiver(s) long-term, the intent is not temporary. As time and circumstances progress, the possibility exists that the situation might change. This will need to be assessed on an ongoing basis. If it is determined that the informal living arrangement needs to continue beyond a 60-day period, the following should be considered and documented in the case record:

- Are there dependency issues that necessitate the filing of a dependency petition?
- Does the informal living arrangement caregiver(s) wish to be approved as a resource family?
- Considering the definition of “informal care”, is the intent that the informal living arrangement becomes a permanent arrangement? If so, is the caregiver(s) now considered the “caregiver(s) of origin”?
- Are there sufficient supports for the informal living arrangement caregiver to maintain the placement on a longer basis (e.g. childcare, financial support, etc.)?
- Does the informal living arrangement caregiver(s) have the legal authority to make medical and educational decisions regarding the child?

The term “prior to” refers to situations where the caregiver(s) of origin elected to move the subject child(ren) on their own accord prior to the CCYA becoming involved with the family, for which the trigger is the decision to accept the case for assessment or investigation.

The term “involvement” refers to cases that have been accepted for a Child Protective Service (CPS) investigation, General Protective Service (GPS) assessment, or accepted for service.

Inform participants that part of their post work for this module will be to speak with their supervisor about their agency’s specific policies and procedures.

Trainer Note: Be prepared for participants to offer scenarios they find challenging to determine whether the arrangements meet the definition of informal care. If participants offer scenarios that they struggle to determine whether they meet the definition of informal care, it will be necessary to help facilitate the decision in a couple of those scenarios to ensure that they understand the thought process behind the determinations.

It is important to remember that counties may have policies and procedures surrounding informal care, including but not limited to specific timeframes. It is also important that you direct participants to speak with their supervisor about their agency specific policies and procedures. The focus in the training should be on the thought process behind determining whether an arrangement is informal.

Ensure that participants understand that during this training we will be learning how to assess safety in informal and formal care arrangements. Pennsylvania Department of Public Welfare Office of Children, Youth and Families (PA DPW OCYF) has established

a standard that requires all out-of-home care settings be evaluated using the same criteria and expectations regardless of the setting. This means that kinship care homes whether informal or formal, chosen by the family or not, and foster care homes will be assessed against the same standards and the Safety Decisions/responses to the assessment will be the same.

Trainer Note: Be prepared for participants to question the rationale for the inclusion of informal arrangements being assessed against the same standards as more formal placements. Acknowledge that this represents a practice shift for many. By including informal arrangements we are not saying that informal living arrangements must meet all of the requirements set forth in the 3700 regulations, rather we are saying that when a child is removed from their home we have a responsibility to assure that child's safety. Remind participants of the characteristics of safety and a safe environment. The hope is that we see these characteristics in operation regardless of whether the child is in a licensed or informal home.

If necessary, have participants consider the 3700 regulations.

The section titles are included below for reference:

CHAPTER 3700. FOSTER FAMILY CARE AGENCY INTRODUCTION

Sec.

- 3700.1. Applicability
- 3700.2. Goal
- 3700.3. Legal base
- 3700.4. Definitions
- 3700.5. Waivers

PROGRAM REQUIREMENTS

- 3700.31. Number of children allowed in a foster family home
- 3700.34. Family service plan
- 3700.36. Discipline policies
- 3700.38. Orientation and information for foster families

HEALTH CARE REQUIREMENTS

- 3700.51. Medical and dental care

REQUIREMENTS FOR FFCA APPROVAL OF FOSTER FAMILIES

- 3700.61. Transfer of approval authority
- 3700.62. Foster parent requirements
- 3700.63. Foster child discipline, punishment and control policy
- 3700.64. Assessment of foster parent capability
- 3700.65. Foster parent training
- 3700.66. Foster family residence requirements
- 3700.67. Safety requirements

- 3700.69. Annual reevaluation
- 3700.70. Temporary and provisional approvals of foster families
- 3700.71. Foster family file
- 3700.72. Foster family approval appeals
- 3700.73. Foster parent appeal of child relocation

Acknowledge that formal foster homes have many requirements they must fulfill to become licensed. Section 3700.67, for example lists specific physical plant requirements. The following may be referenced as needed.

§ 3700.67. Safety requirements

- (a) Medication and containers of poisonous, caustic, toxic, flammable or other dangerous material kept in the residence shall be distinctly marked or labeled as hazardous and stored in areas inaccessible to children under 5 years of age.
- (b) Emergency telephone numbers, including those for fire, police, poison control and ambulance, shall be conspicuously posted adjacent to all telephones.
- (c) Fireplaces, fireplace inserts, wood and coal burning stoves and free-standing space heaters, if allowed by local ordinance, shall be installed, equipped and operated according to manufacturers' specifications and requirements specified by local ordinance.
- (d) An operable smoke detector shall be placed on each level of the residence. The detector shall be maintained in operable condition.
- (e) A portable fire extinguisher, suitable for Class B fires, shall be available in the kitchen and other cooking areas. The extinguisher shall be tested yearly or have a gauge to ensure adequate pressure.
- (f) Protective safety caps shall be placed in electrical outlets accessible to children younger than 5 years of age.
- (g) Exposed electrical wires are prohibited.
- (h) Drinking water from an individual water source shall be potable as determined by an annual microbiological test conducted by a laboratory certified by the Department of Environmental Resources.

While these are important components that lend to child safety they are not stand alone factors that assure safety. Remind participants of the earlier example of the fire alarm/smoke detector. It is not the detector that keeps children safe, it is the caregiver that responds quickly and decisively when a fire alarm/smoke detector goes off to ensure that everyone gets out of the home that assures safety. What we will be building off of is the concept that caregiver's, whether they are biological parents or resource parents, need to have the capacity to be protective

Acknowledge that section § 3700.64. Assessment of foster parent capability is more in keeping with what we are talking about.

- (a) The FFCA shall consider the following when assessing the ability of applicants for approval as foster parents:
 - (1) The ability to provide care, nurturing and supervision to children.

- (2) A demonstrated stable mental and emotional adjustment. If there is a question regarding the mental or emotional stability of a family member which might have a negative effect on a foster child, the FFCA shall require a psychological evaluation of that person before approving the foster family home.
 - (3) Supportive community ties with family, friends and neighbors.
- (b) In making a determination in relation to subsection (a) the FFCA shall consider:
- (1) Existing family relationships, attitudes and expectations regarding the applicant's own children and parent/child relationships, especially as they might affect a foster child.
 - (2) Ability of the applicant to accept a foster child's relationship with his own parents.
 - (3) The applicant's ability to care for children with special needs, such as physical handicaps and emotional disturbances.
 - (4) Number and characteristics of foster children best suited to the foster family.
 - (5) Ability of the applicant to work in partnership with an FFCA.

The goal with out-of-home safety assessments is that we are looking at Safety Indicators similar to the ones listed above that help us to determine whether the out-of-home caregiver(s) can and will assure child safety.

Trainer Note: Avoid participants debating the rationale for including informal arrangements. If participants are expressing concern, ask participants to be patient and revisit the topic during the discussion of the Safety Indicators in Section 4.

This training does not cover how to conduct congregate care assessments (e.g. group home and residential treatment facilities).

Step 3: Why have a separate Out-of-Home Care Safety Assessment and Management Process

Ask participants: Why is it necessary to have an Out-of-Home Care Safety Assessment and Management Process?

Participants may have a range of responses to this question. Hopefully, participants will identify that the In-Home Safety Assessment and Management Process seeks to determine whether a Safety Threat is occurring or will occur in the near future. It is a process that is initially triggered as a result of a referral/allegations. As we all know, this assessment determines whether the child is Safe, Safe with a Comprehensive Safety Plan, or Unsafe. In addition we assess what must be enhanced for the child(ren) to be considered safe in their home.

When assessing safety in out-of-home care settings, one does not have an allegation with which to begin. Additionally, when considering out-of-home care settings, one is

looking for a positive place for the child(ren) to stay while their caregiver(s) of origin are working to enhance their Protective Capacities.

In essence, the intent of the evaluation of safety in out-of-home care is to move from a negative orientation (consistent with in-home safety assessment) to a more positive slant--the presence of a safe out-of-home care setting. Given the lack of protectiveness in a child's own home, the safety assessment of an out-of-home care home seeks to go beyond threats to establish, as a foundation, the presence of the five characteristics of safety continually existing within the out-of-home caregiver(s) and the home that will assure child safety. Therefore, while in-home safety assessment identifies specific threats, the major objective of out-of-home care safety assessments is the identification of specific evidence of attributes consistent with protectiveness.

Step 4: Steps in the Out-of-Home Care Safety Assessment and Management Process

Now that we understand that this process will include formal and informal arrangements and that it has a positive orientation, let us take a look at the overall picture of the step-by-step process to out-of-home care safety assessments. **PowerPoint Slide #18 (Global Look At...)**. The purpose of this step is to provide participants with a general overview and appreciation for the "big picture" of the Out-of-Home Care Safety Assessment and Management Process. Participants will learn the process in detail throughout the training.

Display **PowerPoint Slide #19 (Steps to Assess Safety in Out-of-Home Care)** and use **Handout #5 (The Process for Assessing Safety in Out-of-Home Care)** to show participants the steps.

Trainer Note: If questions arise, ask participants to write them down for later in the training. The steps as described in the following paragraphs are based on the national model, Confirming Safe Environments, developed by Action for Child Protection and the National Resource Center for Child Protection. Specific intervals will not be introduced throughout the training; however, participants will get a general sense of documentation expectations for each step.

Display **PowerPoint Slide #20 (Step 1: Knowing the Child to be Placed)** and review the following:

You will recall that the In-Home Safety Assessment and Management Process guides the decision about whether a child can remain at home or must be removed. Once the in-home safety assessment has been thoroughly completed, and has resulted in the well thought out decision that the child is either 1) Safe with a Comprehensive Safety Plan that requires temporary placement or 2) Unsafe requiring more formal placement, the Out-of-Home Care Safety Assessment and Management Process begins. The information gathered with the family during the safety assessment can also help inform placement decisions. Let us think about

that. Adult Functioning helps us decide if kinship care may be a viable option. We know how the adult might interact with a kin placement for example. Child Functioning helps inform us about the child, their behaviors and emotions and any special or challenging needs the child may have that need to be met in the out-of-home setting. Consideration of these issues can certainly guide us toward a placement decision that has greater opportunity for success.

Do you agree that the assessment of the child should assist you in deciding what provider is identified? How often do we take this into consideration? Generally if there are extreme needs we do, but what about with other children? At a minimum, the following questions need to be considered. Review the following questions to consider during this step:

- Does the child contribute in some way to the threat of harm that is present in his or her own home?
- Does the child possess any medical or other special needs?
- Is the child particularly vulnerable?
- Does the child exhibit sexualized behavior?
- Does the child exhibit aggressive behavior?
- Is the child fearful?
- What is the child's perception of the placement?
- Are there sibling group considerations that must take place?

Being able to answer these questions assists us not only to find an appropriate out-of-home setting, but also to determine the impact that the child may have on the setting and on the caregiver's ability to assure safety. This information also helps us to assess how the child is functioning in the out-of-home setting, which, as we will see later in the training, is a Safety Indicator.

There is a lot that goes on when we must place a child and most of it is urgent. Our true priority is to get the child out of an unsafe environment into one that is better. Often, because of the urgent nature of this decision, we do not fully think about the decision, and indeed, we sometimes do not have time to do so. The real key decision at this point is whether there is a suitable and reliable informal arrangement or if formal foster/kinship care or some more formal setting is the best option. Minimally if an informal arrangement is considered then the home and caregivers must be evaluated and observed, before or at the time of the child being placed. There are standard tasks to accomplish at this point whether the setting is with kin or in foster care.

Display **PowerPoint Slides #21 and #22 (Step 2: Provider Selection)** and review the following:

Formal Living Arrangements:

- Review the total database available concerning a prospective foster home; *i.e.* home studies, case records, current and previous workers, and current children living in the home.
- Evaluate evidence of care, maltreatment or risk of maltreatment, threats of harm, successful care and current or past placements.

Informal Living Arrangements:

- Complete background checks and other clearances, as required.
- Check agency information sources; *i.e.* central registry and agency records.
- Consider other children and adults living in the home.

Display **PowerPoint Slide #23 (Step 3: Present Danger Assessment and Initial Safety Determination)** and cover the following:

The worker interviews the provider at the first encounter. The worker must look for any signs of Present Danger (which we will cover more in a later section) in the home where the child is to be placed. This makes perfect sense when a child is placed in a kinship setting. However, even if a child is placed in foster care best practice indicates that a Present Danger assessment is also done. Why would that be? These homes have already been approved and licensed. Well, as we will discover later in this training, approval and licensure is not sufficient to assure child safety in placement. Once the provider has been selected, a preliminary Present Danger assessment of the provider is done.

We will go into more detail later about the first encounter, but for now you should keep in mind that this refers to the first time you come face to face with the provider; the first time you have a chance to observe and interview the provider and household members. This first encounter may be prior to placement, at the time of placement, or even immediately after placement.

Be certain to attend to the following issues at the first encounter.

- Assess for Present Danger
- Consider others in the home/impact of them on placed child and child's impact on them
- Consider immediate safety issues
- Decide if this is safe or unsafe
- If minor change can eliminate threats go for those quick fixes
- Otherwise, if not safe, do not place (thinking it will be better later)

Display **PowerPoint Slide #24 (Step 4: Confirm a Safe Placement Setting)**. After the child is placed in the home, the worker begins to conduct the first comprehensive assessment. (within 60 days, or 2 months, from the date of placement in the current setting)

Handout #5 (The Process for Assessing Safety in Out-of-Home Care) tells us that during the first 60 days/2 months we begin to fully and specifically judge safety in the placement setting and respond accordingly with respect to keeping the placement, adding supports for the child or changing the placement. However, simply because the more comprehensive assessment of safety occurs within 60 days/2 months from the time of placement does not mean we should not see the child in the placement in the interim. As we all know, placement is very traumatic for children and we have a professional obligation to see the child with enough frequency that allows us to support them and evaluate their adjustment while looking at the safety of the initial placement.

The first comprehensive assessment (prior to 60 days, or 2 months, from the date of placement in the current setting) event indicates the need to reach an official, documented judgment about whether the particular kinship or foster home is safe for a particular child. Review the following tasks at this step.

- Have as many face-to-face and phone contacts as possible with the placed child and placement family to gather information
- Monitor placed child's family Safety Plan (Plan developed when child was determined to be Safe with a Comprehensive Safety Plan or Unsafe with their caregiver(s) of origin)
- If there are concerning circumstances, put supports in place (not a Safety Plan)
- Make decision about safety of the child in this setting

Display **PowerPoint Slide #25 (Step 5: Monitor for Stability)**. Review the remaining step on **Handout #5 (The Process for Assessing Safety in Out-of-Home Care)**.
Continuing Assessments:

We see that the next comprehensive assessment occurs over the next 180 days, or 6 months, from the previous comprehensive assessment. Remember that the 6-month permanency hearing is required by the Adoption and Safe Families Act (ASFA). These continuing assessments work to inform casework decision making and planning.

Step 5: Action Planning

This section provided us with a brief look at the entire Out-of-Home Care Safety Assessment and Management Process. In the next section we will begin to take a closer look at the first step, knowing the child to be placed prior to or at the time of placement.

Display **PowerPoint Slide #26 (Action Planning)**. Prior to moving on to the next section, refer participants to **Handout #3 (Action Plan)**. Ask participants to take a few minutes to jot down: *Something new I learned was...*; *Something I need to know more about is...*; and *Something I will apply to my job is...* for this section.

Module 8: Assessing Safety in Out-of-Home Care

Section III: Knowing the Child to be Placed

Estimated Time:

1 hour 15 minutes

Performance Objectives:

- ✓ Given an assigned child from the Smith Family and the Smith Family case scenario, participants will be able to identify the steps needed to be taken to prepare the child for placement that meet the developmental needs of that child.

Methods of Presentation:

Lecture, Small Group Activity

Materials Needed:

- ✓ Child and Adolescent Resource Book
- ✓ Flip chart stand/paper
- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Markers
- ✓ Tape
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ Trainer Resource Book
- ✓ **Handout #3: Action Plan, revisited**
- ✓ **Handout #5: The Process for Assessing Safety in Out-of-Home Care, revisited**
- ✓ **Handout #6: Impact of Trauma and Maltreatment on Child/Adolescent Development**
- ✓ **Handout #7: Talking with Children about Placement**
- ✓ **Handout #8: Preparing Children-Youth for Placement**
- ✓ **PowerPoint Presentation:**
 - **Slide #27: Knowing the Child to be Placed**
 - **Slide #28: Incidence of Children Entering Out-of-Home Placement**
 - **Slide #29 and #30: Incidence of Children Experiencing Trauma**
 - **Slide #31: Grief Reactions to Separation/Loss**
 - **Slide #32: Purposes of Child Preparation for Placement**
 - **Slide #33: Speaking to Children about Placement**
 - **Slide #34: Action Planning**

Section III: Knowing the Child to be Placed

Step 1: Overview of the Section

Remind participants that, in the previous section, we explored the overall model for assessing safety in out-of-home care. Refer participants to **Handout #5 (The Process for Assessing Safety in Out-of-Home Care)**, as needed. Point out that the first step in the out-of-home safety assessment model is determining that the child(ren) needs to be removed from their home. Display **PowerPoint Slide #27 (Knowing the Child to be Placed)** and state that the second step is, knowing the child to be placed. This is a critical step in the out-of-home safety assessment model. It is important that we have an understanding of both the needs of the child, the experiences the child has had, and how those experiences are currently manifesting.

This section of the curriculum will reiterate the need to have an understanding of the child(ren) and how that understanding of each individual child will impact child welfare professionals' decisions related to child safety in out-of-home care. We will briefly explore the statistics related to the number and age of children who are being removed from their home as well as spend time exploring the impact that placement has on children, with particular attention on how children's grief manifests behaviorally.

This information, which we will explore further in a few minutes, helps the child welfare professional to identify an appropriate out-of-home setting, to understand how the child is currently functioning, and, in future assessments, to determine how the child is functioning in the out-of-home setting. With this understanding, the child welfare professional can make informed decisions about whether or not the out-of-home setting has had a positive or potentially negative impact on child functioning and ultimately to determine if the child is safe or unsafe in the out-of-home setting.

Step 2: Incidence and Impact of Trauma Experienced by Children in Out-of-Home Placement

Using **PowerPoint Slide #28 (Incidence of Children Entering Out-of-Home Placement)**, inform participants that a recent national study of children entering out-of-home placement demonstrated that the largest group of children entering out-of-home placement were under the age of six. This study also demonstrated that children under the age of five are the largest and fastest growing subpopulation in the child welfare system across the country. In 2007, it was determined that 31.9% of all children experiencing maltreatment were under the age of four. In 2006, another study determined that 169,500 children under the age of six were in out-of-home care representing 34% of all children in out-of-home placements. (Center for the Study of Social Policy, 2007).

Using **PowerPoint Slides #29 and #30 (Incidence of Children Experiencing Trauma)** explain to participants that a study conducted by the Center for Disease Control and Prevention concluded that more than 60% of the children surveyed were exposed to

violence within the past year, either directly or indirectly. Another study has demonstrated that children experiencing six or more traumatic events in their childhood, including emotional, physical, or sexual abuse or household dysfunction, have an average lifespan of 19 years shorter than those individuals who do not suffer the same degree of childhood trauma.

Studies supported and conducted by the Center for Disease Control and Prevention have demonstrated that “adverse child experiences” such as childhood maltreatment and trauma have a significant negative impact on later adult functioning. The greater the number of exposures to trauma in childhood resulted in the greater likelihood of the adult having significant health risk behaviors, poor health status, and disease.

Step 3: Children’s Behavioral Reactions to Trauma, Maltreatment, and Placement

Using **Handout #6 (Impact of Trauma and Maltreatment on Child/Adolescent Development)**, explain to participants the impact that trauma and maltreatment have on children’s/adolescents’ behavioral, social-emotional, cognitive, and moral development. Explain to participants that children’s/adolescents’ reactions to trauma and maltreatment can be immediate or they can occur later over time. Children’s reactions can also vary and differ in severity. Review the handout with participants emphasizing that one common response to maltreatment is loss of trust. Another is fear of the event reoccurring. Some children/adolescents are more vulnerable to trauma’s effects. Children/adolescents with existing mental health problems may be more affected and children who have experienced a series of traumatic events may be more affected. Children also demonstrate a range of behaviors and reactions in response to trauma and maltreatment based upon culture, age and resilience.

It is critical that child welfare professionals have an overall understanding of the impact of trauma and maltreatment of child/adolescent development, and, more importantly, an understanding of the impact that trauma and maltreatment have had on each individual child with whom they are working. Ask participants to reflect on the information provided in **Handout #6 (Impact of Trauma and Maltreatment on Child/Adolescent Development)**. What does this information mean in terms of assessing safety of children in out-of-home care?

In addition to understanding the impact of trauma and maltreatment on child/adolescent development, it is also important to understand the impact that separation and loss has on a child. Display **PowerPoint Slide #31 (Grief Reactions to Separation/Loss)** and explain to participants that children might exhibit the following stages in response to a separation and loss including: shock, anger and protest, bargaining, depression and resolutions. Ask participants to identify some behaviors that they believe might be observed in children experiencing these different stages and record their responses on a flip chart paper.

➤ Shock

- The child often seems indifferent in affect and in behavior.

- The child may not show any emotional reaction to the move.
 - The child may appear to make a good adjustment for a period of time, often referred to as the "honeymoon period."
 - The child may go through the motions of normal activity but shows little commitment or conviction.
 - The child may be unusually quiet, compliant, or eager to please. In retrospect, the child's behavior may appear passive and emotionally detached or numbed.
 - The child may deny the loss, and may make statements such as, "I'm not staying here. Mommy will get me soon."
- Anger and Protest
- Be oppositional and hypersensitive.
 - Display tantrum behaviors and emotional, angry outbursts.
 - Withdraw, sulk or pout, and may refuse to participate in social activities.
 - Be crabby and grouchy, hard to satisfy.
 - Exhibit aggressive, rough behavior with other children.
 - Break toys or objects, lie, steal, and exhibit other antisocial behaviors.
 - Refuse to comply with requests.
 - Make comparisons between their own home and the foster home, and their own home is preferred.
 - Display sleeping or eating disturbances, and may not talk.
- Bargaining
- The child may become "good as gold," eager to please, and promise to do better.
 - The child may try to undo what she feels she has done to precipitate the placement. Some ritualized behaviors may be noted, which may be the child's attempt to formalize her "good behavior" and assure its consistency.
 - The child may try to negotiate agreements with the out-of-home caregiver or the child welfare professional, and will agree to do certain things in exchange for a promise that they will be allowed to return home.
 - The child may appear moralistic in their beliefs and behavior. These behaviors and verbalizations are a form of self-reinforcement, and a defense against failure in upholding their end of the "bargain."
- Depression
- The child appears to have lost hope and is experiencing the full impact of the loss.
 - Social and emotional withdrawal and failure to respond to other people are common.
 - The child may be touchy, "out of sorts," may cry with little provocation.

- The child may be easily frustrated and overwhelmed by minor events and stresses.
- The child may be listless, without energy.
- Activities are mechanical, without direction, investment, or apparent interest.
- The child may be distractible, have a short attention span and be unable to concentrate.
- Regressive behaviors are common, such as thumb sucking, toilet accidents, and baby talk.
- Generalized emotional distress may be exhibited in both emotional and physical symptoms, particularly in young children. These include whimpering, crying, rocking, head banging, refusal to eat, excessive sleeping, digestive disorders, and susceptibility to colds, flu, and other illness.

➤ Resolution

- The child begins to develop stronger attachments in the new home and tries to establish a place for their self in the family structure.
- The child may begin to identify herself as part of the new family and will demonstrate stronger emotional attachments to family members.
- The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood.
- Goal directed activities reoccur. The child's play and activities become more focused and playful. The child is better able to concentrate.
- Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

Place four flip charts along a wall each with one of the following titles: “Sad”, “Glad”, “Bad- Guilt or Anxiety”, “Mad”. Remind the participants that not only do children in out-of-home placement have emotional responses to their placements; so do their siblings. Explain that categories for their reactions have been identified as: Sad, Glad, Bad, Mad. Ask the participants to identify reasons why a sibling of a child in out-of-home placement may experience one of these feelings. Go around the room round robin to solicit answers writing down the answers under the appropriate flip chart to which the answer corresponds. When all answers are exhausted, add to the lists any items not already listed below and briefly explain them.

- Sad:
 - The loss of companionship and a future with their sibling.
 - Loss, at least for a time, of the parents while they were grieving.
 - Missing out on sibling related activities.
 - Not getting the attention they need.
 - Being lonely.
 - There is a “hole” in their lives.

- Glad:
 - The sibling in placement may have caused trouble in the household: stole money, made parents angry.
 - More attention for sibling at home with parents.

- Bad (Guilt and Anxiety)
 - Fear of doing whatever the sibling was doing that led to the placement.
 - Belief that life will never be the same again.
 - Anxiety about the possibility of their being placed.
 - Guilt about fights with the placed sibling.
 - Thinking they should have prevented the placement.
 - Guilt about going on with life, surviving at all, or for being happy.
 - Thinking they should be perfect and never complain.

- Mad
 - The placement of their brother or sister was not acknowledged by parents or other relatives, or friends.
 - The manner in which they got the news of the placement did not feel right.
 - Others expected the sibling at home to take care of the parents or to make up for the loss of the child in placement.
 - How they were treated immediately after hearing the news. Some were ignored, some were sent to stay with a relative, and some were not given any information.
 - Their peers had no awareness of the reality of being placed by the state so they felt as if they were now different from them.
 - Because life went on as normal.
 - No one talked about the placement and the sibling in placement was never mentioned.
 - They didn't get to see their sibling as often as they would have liked to.
 - They didn't know how to deal with their feelings.
 - They weren't informed about the severity of their sibling's illness.
 - No one ever asked how they were feeling. They often heard "How are your parents?"
 - They were blamed for acting out and trying to get attention, when they were too young to understand what was really happening.
 - They didn't get a chance to say goodbye.

Remind participants that the responses to the death of a sibling are similar to the response to having a sibling removed from the home as a result of abuse/neglect. Also, remind participants that the cognitive, social, and emotional abilities of the child will affect the child's response to the loss.

Reinforce for participants that it is important to understand the impact that trauma, maltreatment, and placement may have on a child, especially when conducting an out-of-home care safety assessment.

Step 4: Preparing the Child for Out-of-Home Placement

Explain to the participants that the success of any placement is greatly enhanced and the difficulties associated with placement are minimized if all participants are properly prepared. The child, the family, and the caregiver(s) should all be given thorough information about the placement process and should be given the opportunity to discuss the placement with the child welfare professional. Providing proper preparation reduces anxiety and the short and long-term impact of loss and separation for all persons involved. Inform participants that in this step strategies and skills to ensure a child's well-being in the placement process will be presented.

Display **PowerPoint Slide #32 (Purposes of Child Preparation for Placement)** and explain to the participants that when child welfare professionals adequately prepare children throughout the placement process several important purposes are served including but not limited to:

- Alleviating anxieties and reducing stress by providing children with information regarding the need for placement and by familiarizing them with all aspects of the setting to which they will be living.
- Assessing children's strengths and needs and communicating this information to caregivers to assist them in receiving children and easing their transition into the new setting.
- Establishing supportive relationships with children improving child welfare professionals' ability to assist children during the move and their adjustment to the out-of-home placement.
- Alleviating children's anxiety and connecting with new caregivers by introducing children to their substitute caregiver(s) in the home setting and by facilitating a meeting with children, their parents and substitute caregivers to discuss the children's placement.
- Providing supportive services for those children placed with kinship caregivers to reduce existing issues of separation and placement that also occur in those placements.

Explain to participants that an important role in the placement process is to develop a supportive, nurturing relationship with children and to encourage children to communicate their painful feelings in words, through play, or through emotional expressions such as crying, expressing anger and fear, and by verbally stating their concerns. Open expression of painful feelings should be encouraged, but children should be allowed to express them when they are ready and in a manner with which they are comfortable.

Step 5: Talking with Children about Out-of-Home Placement

Distribute **Handout #7 (Talking with Children about Placement)** and **Handout #8 (Preparing Children-Youth for Placement)** and explain to participants that these

handouts contain additional information related to talking to and preparing children and youth of different ages for placement. Highlight major points and give participants two minutes to review its contents. Additionally, remind participants that their **Child and Adolescent Resource Book** is always available to locate child development reference materials.

In preparation for this activity, remind the participants that in Charting the Course: Module 7: The Court Process, the three children from Smith/Levitt family, Carley (age 11), Christian (age 5) and Cameron (3 months) were exposed to a domestic violence event. Provide any details needed to refresh participants' memory of the Smith/Levitt family. Refer to the Smith material in the **Trainer Resource Book** if needed.

- Divide participants into four groups and assign three groups a different Smith child, representing three different age groups.
- Assign the fourth group the child, Carley; however ask this group to respond as if Carley is now 16 years old.
- Provide each group a sheet of flip chart paper and marker.
- Display **PowerPoint Slide #33 (Speaking to Children about Placement)**.
- Ask the groups to create and record an outline for how they would prepare their assigned child/youth for placement including:
 - Discussion points to include when speaking with the child including use of specific interactional skills such as: Tuning in to Self, Tuning in to Others, Reaching Inside of Silences, Reaching for Feedback, *etc.*
 - Particular attention to the child's developmental stage.
 - Key points for consideration in preparing the child including independent living concerns for 16-year-old Carley.
- After 8 minutes, provide a 2-minute warning before reconvening the groups.
- Ask a volunteer from each group to post their flip chart to the wall and to summarize their group's discussion.
- After each group has presented, ask the other group participants to provide motivational and constructive feedback about the level and quality of preparation that the presenting group provided regarding their assigned child.
- Invite additional suggestions and ideas from other training participants.

Stress that any out-of-home placement can be an emotionally charged event; it can cause trauma to a child/youth. Explain that pre-placements can benefit a child/youth in non-emergency placement situations by supporting a smoother transition and lessening the fear of the unknown. Non-emergency placement situations are typically when a child/youth is moving from one placement to another. The resource family, child welfare

professional, the child/youth, and the parent (when appropriate) should attend a pre-placement visit.

When there is more than one safe and suitable placement resource available to a child/youth, it may be possible to use pre-placement visits to allow the child/youth to vet the placement resources.

Refer participants again to **Handout #8 (Preparing Children-Youth for Placement)** and conclude this step with the following suggestions for effective preparation tips:

- Recognize normal signs of stress in children and become familiar with the particular child's responses to stress to determine the child's ability to cope with the situation.
- Carefully monitor the speed and intensity of the placement to prevent the child from experiencing crisis and to minimize the overwhelming stress and emotional impact of the crisis.
- Provide the child with ample support and in non-emergency situations, “slow down” the placement process when the child shows signs of excessive stress.
- Commence pre-placement preparation activities immediately to avoid prolonging a pre-placement period, which can increase the child's anxiety.
- Ensure the child receives the appropriate clinical interventions to assist the child in managing the stress associated with the placement process and when the child experiences a clinical crisis to avoid long-term negative consequences.

Step 6: Action Planning

This section explored the key pieces of knowing the child to be placed, namely the potential impact of trauma and maltreatment on child/adolescent development, the impact of separation and placement of a child, and ultimately how that information is used as part of an out-of-home safety assessment.

In the next section we will reinforce the need for careful selection of out-of-home caregivers and, once an out-of-home caregiver is selected, how to assess for Present Danger prior to or at the time of placement.

Display **PowerPoint Slide #34 (Action Planning)**. Prior to moving on to the next section, refer participants to **Handout #3 (Action Plan)**. Ask participants to take a few minutes to jot down: *Something new I learned was...; Something I need to know more about is...; and Something I will apply to my job is...* for this section.

Module 8: Assessing Safety in Out-of-Home Care

Section IV: Present Danger

Estimated Time:

1 hour 30 minutes

Performance Objectives:

- ✓ Participants will be able to identify examples from their own work experience that meet the definition of Present Danger in out-of-home care.
- ✓ Given the Hawes Family Case Scenario, participants will be able to identify the two Present Dangers in operation.

Methods of Presentation:

Lecture, Small Group Activity

Materials Needed:

- ✓ Flip chart stand/paper
- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Markers
- ✓ **Safety Assessment and Management Process Reference Manual**
- ✓ Tape
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ **Handout #1: Charting the Course Towards Permanency: Module 8: Assessing Safety in Out-of-Home Care, revisited**
- ✓ **Handout #3: Action Plan, revisited**
- ✓ **Handout #5: The Process for Assessing Safety in Out-of-Home Care, revisited**
- ✓ **Handout #9: Rights of Children in Foster Care**
- ✓ **Handout #10: Present Danger: Definitions and Examples**
- ✓ **Handout #11: Present Danger Assessment: Out-of-Home Care Settings Worksheet**
- ✓ **Handout #12: The Hawes Family & Darlene's Mother Case Scenario**
- ✓ **PowerPoint Presentation:**
 - **Slide #35 and #36: Principles for Choosing an Appropriate Placement Setting**
 - **Slide #37: Placement Considerations in Pennsylvania Policy**
 - **Slide #38: Present Danger**
 - **Slide #39: Present Danger Defined**
 - **Slide #40: Assessing Present Danger**
 - **Slide #41: Safety Responsibility Standard**
 - **Slide #42: Present Danger: Definitions and Examples**

- **Slide #43 through #48: Present Danger in Out-of-Home Care**
- **Slide #49: The Hawes Family Exercise**
- **Slide #50: Transition Points are a Time of Child Vulnerability**
- **Slide #51: Action Planning**

Section IV: Present Danger

Step 1: Placement Considerations

Remind participants that The Adoption and Safe Families Act (ASFA) states that safety is paramount and whether a child is with their caregiver(s) of origin or in an out-of-home care setting we should always assess the safety of the child at each and every contact. This next section of the training focuses on assessing Present Danger in the out-of-home setting. When we think of the out-of-home setting, we are not just talking about formal placement; it can also encompass informal arrangements. In the past, some have viewed informal placements to be more lenient than formal placements. However, both formal and informal should weigh the same. They should require the same standardization when assessing whether a child is safe. A child should not be determined to be safe just because the child is familiar with the out-of-home caregiver.

Using **Handout #5 (The Process for Assessing Safety in Out-of-Home Care)**, share that, in the previous section of the curriculum we reiterated the need to know the child to be placed. This information is used to facilitate matching a child in need of an alternate caregiver that can meet that child's unique set of needs.

Explain to participants that a critical factor in promoting the well-being of children entering out-of-home placement as well as assuring their safety and permanency is the selection of the child's placement. The decision of where a child should be placed is as important as the decision to place. Improper placements, which do not meet the child's needs, greatly increase the likelihood of placement disruption and trauma to the child.

Using **PowerPoint Slides #35 and #36 (Principles for Choosing an Appropriate Placement Setting)**, review with the participants the best practice principles that, when followed, can assist the child welfare professional in obtaining the most appropriate placement for each child. Explain to the participants that state and federal mandates support these principles.

- If the non-custodial parent can provide a safe home, formal placement is **not** necessary.
- Family must be included in the selection of the placement setting and in pre-placement visits.
 - The success of the placement is greatly increased when the child's family and the out-of-home caregivers are involved in the planning and implementation of all aspects of the placement.
- Consider Kinship Care as a first option.
 - When a child must go into out-of-home placement, the amount of change the child must encounter may be reduced by selecting an out-of-home

family that is similar to the ethnic, cultural, and socioeconomic class level of the birth family.

- However, if a placement with these attributes is not available, the agency cannot delay placement for these reasons alone as the child's safety is the paramount concern.
- Out-of-home caregivers should be selected based on their capability to meet the child's specific needs.
- Place children in a home/facility where they can continue to attend the same school.
 - Placement should be chosen which permits the child to remain in the same school and neighborhood, whenever possible.
 - The special education needs and required educational services in accordance with the child's Individual Education Program (IEP) must be carefully considered.
- Carefully assess the child's needs prior to choosing the placement.
 - Recruitment and training of appropriate out-of-home caregivers must be considered a priority by agency managers, including training on the "Reasonable and prudent parent standard". This standard is defined as the sensible parental decisions that maintain the health, safety, and best interests of a child while encouraging the emotional and developmental growth of the child that a caregiver must use when determining whether to allow a child in out-of-home placement under the responsibility of the county agency to participate in extracurricular, enrichment, cultural, and social activities. (Act 75).
 - Children should not be placed in group homes, receiving centers, or other institutional settings because appropriate out-of-home caregiver homes (either kinship or foster) are not available. The out-of-home setting should be carefully chosen to meet the particular physical, emotional and social needs of the child.
 - Children's needs, behaviors, and anticipated behavior problems should be carefully assessed prior to choosing the out-of-home setting. Remind participants of the need to understand the child's current developmental and educational needs, as well as the degree of separation and loss. Also, note that a child's sexual orientation may be a significant consideration for selecting a suitable placement setting.
- The out-of-home caregivers/setting should be chosen based upon their capability to meet the child's special needs. Unfortunately, in practice, many out-of-home settings for children are chosen based upon a criteria of "available bed space" alone. Failure to properly "match" a child to the most appropriate out-of-home

family or setting greatly increases the likelihood that the placement will disrupt. This sets the child up for another separation and rejection.

Reinforce that the identification of an out-of-home caregiver/setting is the second step of the Out-of-Home Care Safety Assessment and Management Process. Refer to **Handout #5 (The Process for Assessing Safety in Out-of-Home Care)**, as needed.

Explain to the participants that federal and state laws, regulations and policy support and mandate these best practice principles.

The Adoption and Safe Families Act (ASFA) through its practice outcomes requires kinship care as the first choice of placement. The placement of children in proximity to their home and school are required by the CFSRs and Fostering Connections, which also requires efforts to maintain children in their home school after placement outside of their homes.

Pennsylvania provisions for placement considerations are found in the Juvenile Act, Child Protective Services Law (CPSL) and in the Pennsylvania Code (regulations) and in bulletins. Display **PowerPoint Slide #37 (Placement Considerations in Pennsylvania Policy)**.

Act 160 of 2004 (went into effect January of 2005) establishes a resource family registry in which all foster and adoptive parent applicants must be registered and establishes additional requirements relating to the approval of foster and adoptive parent applicants.

Act 25 of 2003 requires county agencies to give first consideration to placing children with relatives. The act defines relatives as: parents, grandparents, great-grandparents, great-great grandparents, aunt and uncles, great aunts and uncles, first cousins, and adult siblings and half siblings.

There was state policy issued in 2003 that provides the requirements and policies for formal and informal kinship care as a placement option for children (*Children Youth and Families Bulletin #00-03-03 Kinship Care Policy*). The “Kinship Bulletin” defines a caregiver as one who “has an existing relationship with the child and/or the child’s family.” Included are: any relative of the child through blood or marriage, godparents of the child, members of the child’s clan or tribe, and any individual with a significant positive relationship with the child or the child’s family.

The *Children Youth and Families Bulletin #3140-04-05/3490-04-01 Child Placements with Emergency Caregivers* provides the requirements and policies for placing children on an emergency basis in a resource home that is not yet fully certified. It is important for participants to know that the state has procedural requirements regarding the approval of placement resources and for them to ask their supervisors for guidance about the requirements when placing a child outside the home.

Pennsylvania regulations provide that the child must be placed in the least restrictive, most homelike environment possible and available. If no relatives or friends are available to care for the child, locating a substitute caregiver within the child’s

neighborhood will allow the child to continue important relationships. (Pa. Code §3130.67 (b)(7)(i))

State policy requires that when placing children, educational placement be considered and attempts be made to place a child in their home district (*Educational Stability and Continuity of Children Receiving Services from the County Children and Youth Agency (CCYA) Including the Use of an Education Screen Bulletin #3130-10-04*).

Inform participants that they will learn additional placement considerations when they explore casework tasks that lead to permanency in *Mod 9: Out-of-Home Placement and Permanency Planning*.

In 2010, Act 119, titled Children in Foster Care Act was passed, providing for requirements for children in foster care and for grievance policy and procedure. Distribute **Handout #9 (Rights of Children in Foster Care)** and briefly review. Participants may recognize that a couple of the requirements are in line with requirements of some of the other pieces of legislation just discussed. Inform participants that they should speak with their supervisors regarding their agency's specific grievance policy and procedure.

Step 2: Defining Present Danger in Out-of-Home Care

Display **PowerPoint Slide #38 (Present Danger)** and tell participants that now that we have an understanding of the importance of out-of-home caregiver selection, we will turn our attention to assessing Present Danger. This represents the third step in the Out-of-Home Care Safety Assessment and Management Process.

Remind participants that they have been trained on and are using the concept of Present Danger in in-home safety assessment. Explain that this is the same concept but is applied somewhat differently to out-of-home care settings. It is possible that present danger can exist in out-of-home settings, regardless of whether they are a formally licensed home. No family remains static, they are ever changing and are impacted by a host of events that can strengthen or challenge them. In some ways, "a family is a family is a family". Just because a family has been approved as a foster home does not mean they are immune from the challenges that all families face. Also discuss that out of home families change over time, so we cannot make the assumption, "Oh this is a great foster/kinship home", and enter with blinders every time. Each time we make contact with children or providers, from before/at the time of placement until case closure, we need to see each potential placement setting with fresh eyes and with a neutral approach, controlling for our biases, whether they be positive or negative. Through this approach we have a greater opportunity to assess from an objective point of view whether a potential out-of-home placement or existing out-of-home placement currently is and will remain suitable and safe for each particular child.

This brings us to our next point which is the importance of recognizing that each child is different and unique. What may be a safe placement for one child may not be for another. Earlier in the training we talked about "knowing the child" and the importance of

matching children with placements. While the realities of emergency placement and lack of resources in terms of placement options affect our decision making and options, this is not an excuse to place or keep a child in a home that we know is a poor match. When we do this we are just delaying the inevitable, but even more concerning is that we are subjecting the child to a potentially unsafe environment or at the minimum another trauma through disruption. This section is concerned with the responsibility to not only assess Present Danger in the out-of-home setting at or before the time of placement or a placement move, but at each and every contact with a child.

Step 3: Small Group Activity

Trainer Note: Prior to the next activity prepare five pre-made flip charts, each titled as one of the five characteristics of safety.

Tell participants that we are now going to begin considering what they would look for to confirm that the out-of-home caregiver(s)/setting is appropriate to place a child with/in or for a child to remain in that home. Break participants into five small groups and assign each group one of the five characteristics of safety. Explain to the groups that they will brainstorm how they know their assigned characteristic of safety exists in an out-of-home setting. Give participants five minutes to record their responses on flip chart paper. Once participants are done, have them post their responses. Allow each group to choose a spokesperson to read their list. After each characteristic of safety, ask the other participants if they have anything additional to add.

If participants do not identify any factors that are typically viewed as positive but may have a negative impact, it will be necessary to discuss the possible results of some of these “positive” factors. When considering factors that might have a negative impact on safety, one often thinks of overt actions by household members including caregivers and other children in the home, mental health concerns, or a significant loss/change in the household such as separation, divorce, serious illness, or death. While these examples certainly represent circumstances or information that may result in a negative impact on safety, there are circumstances perceived by most as positive that can have a negative impact on child safety as well. Several examples include:

- marriage,
- a new baby,
- addition of a household member, or
- a new home.

While all of these examples are typically considered positive, they result in new roles, responsibilities, finances, schedules, stress, *etc.*, each of which have the ability to affect every household member in different ways.

Conclude the activity by explaining that the five characteristics of safety are the foundation to a safe environment existing in the out-of-home setting. Participants should always be gathering information at each and every contact to see if these five

characteristics exist. If not, does the lack of the five characteristics suggest possible Present Danger Threat.

Step 4: Assessing Present Danger

Display **PowerPoint Slide #39 (Present Danger Defined)** and explain that this definition is the same one used in Module 4.

When making the decision to place a child in emergency situations and in informal kinship arrangements, knowledge of the caregiver(s) and their abilities is very limited. In foster care, the child welfare professional may have a history of working with the family, or may only know what is documented in the foster family files, or may have no knowledge of the family at all.

Child welfare professionals are often not in a position to know how either functions. Therefore, assessing safety prior to or at the time of placement is based on observation or information that is collected through interviews with the family members or with others that know the family well and that can be trusted.

In keeping with the definition of Present Danger, what is observed or identified during the contacts will be transparent, obvious, happening before your eyes. It is readily apparent whether the child will be safe in that particular home with those caregivers. Nothing is in operation in the placement home that will result in harm to the child being placed. This is how you evaluate Present Danger.

Participants should recall that Present Danger is different from Impending Danger which is often more elusive and requires more diligent information gathering and assessment to identify.

Step 5: Present Danger – Current Danger vs. Immediate Threat of Danger

Ask participants: “What could be going on in a placement home or among the people there which would be indicative of Present Danger?” Participants may identify examples such as a messy home, or perhaps one or more adults in the home expressing concern or anger about having a child placed/remaining with them. The examples should be in keeping with the definition.

Review the child welfare professionals’ responsibilities when you assess Present Danger with the out-of-home caregiver using **PowerPoint Slide #40 (Assessing Present Danger)**:

- Identify current danger
- Identify immediate threat of danger
- Confirm current danger or threat of danger as necessary by fully exploring and understanding the nature of the harm or threat of harm.

- If after exploration you determine that Present Danger exists, respond/take action accordingly e.g. address the threat, avoid the home as a placement, or locate the child to another home (if the child has already been placed in the home).

Place emphasis on the first two bullets. Then explain that, identifying and confirming current danger refers to conditions you can observe that are occurring at the time that you show up and that are having or could be in the process of causing severe harm. Identifying and confirming threats of danger refers to things that are happening when you show up that are in process and that may not currently be harming a child but could do so immediately or shortly after you leave.

For example, you could observe that the caregiver is inebriated or incapacitated by substances, there are life threatening living arrangements, or you arrive and the caregiver is not home and their own younger children are alone. These are obvious examples of Present Danger that is current, that is, happening now. But what if you encounter a situation where the out-of-home caregivers acknowledge the parents' problems but make excuses for them or justify their action based on the child's behavior, or the out-of-home caregivers believe that CYD is overreacting to what happened in the child's home.

Even though the child is not being harmed by this now these attitudes or perceptions tell us that this caregiver cannot keep the child safe, therefore, there is a threat of immediate danger. When we leave the home there is no guarantee that this out-of-home caregiver will protect this child. They are likely to allow unauthorized access to the child by those who created the Safety Threats. In these situations, Present Danger exists because the child will be living in this state all of the time.

The impression one has about these Present Dangers should compel an immediate action. When Present Danger is apparent, CYD should first respond by fully understanding the nature and quality of the danger. Based on that understanding, which involves identifying and examining the Present Danger Safety Threat(s), the child welfare professional would take appropriate action to:

- address the Present Danger or threat of Present Danger (if it is immediately remediable, perhaps like an environmental change, securing needed medical supplies for example);
- avoid using the home for placement; or
- place the child elsewhere (if the child has already been placed in the home).

Identifying and understanding Present Danger is based on interviews, conversations, observations, and data collected from reliable family members or others familiar with the family. During the encounter, information collection should occur with all persons who reside in the home or frequent the home regularly.

Information collection can effectively be guided by a standard set of Present Danger Safety Threats. These safety concerns alert workers to the potential for Present Danger. Independently, each may not confirm danger or threat of danger. However, some alone

and others in combination give strong indication of the need to fully examine the family situation to assure that danger does not exist or can easily be remedied.

If you conclude that a child is in Present Danger, either a current or an immediate threat, when you encountered a placement home and family, what would you do?

Review **PowerPoint Slide #41 (Safety Responsibility Standard)**. There is no instance when a child should be placed or remain in an out-of-home setting if Present Danger is apparent and cannot be immediately addressed. Often times in the field we justify placing in situations that are highly questionable by saying that it is preferable to have children with family which is an argument that has merit. However, when we take children from unsafe situations there is no justification for placing or keeping them in an unsafe out-of-home care setting. When children are harmed in placement, it often is the result of this type of flawed thinking accompanied by a failure to recognize Present Danger, either current or immediate.

Step 6: Connection to Case Practice

Assessing for Present Danger is not a new concept. Ask participants to consider the definition of Present Danger and their previous work experiences. Then ask participants to give examples when they elected not to place a child in a particular out-of-home setting or had to move a child from a particular out-of-home setting. What conditions were in operation that caused them to take one of these actions?

If participants are unable to think of any examples, ask them to reflect on examples where a child was harmed or neglected in placement. Given what they know about the case from hindsight, can they identify any Present Danger examples?

Step 7: Present Danger Threats

Trainer Note: If participants' agencies already have a practice established to assess for Present Danger for both informal and formal placements, they should insert that practice here. The emphasis should be to review the existing practice and to make connections to the process for assessing for Present Danger in out-of-home care.

Currently, a number of CCYAs have policies requiring the completion of the Present Danger Assessment: Out-of-Home Care Settings Worksheet.

Display **PowerPoint Slide #42 (Present Danger: Definitions and Examples)** and state that we will now further explore more specific observations that one can make that would indicate the lack of a safe environment for a child. Action for Child Protection and the National Resource Center for Child Protection identified 20 family conditions, behaviors, or situations that represent Present Danger that you should know and can use to evaluate safety when you first meet the kin or foster family.

Since it is crucial that you know and understand what Present Danger is and how it

occurs, we are going to go over each of the 20 Present Danger Threats. We will look at the definitions and the examples. Refer participants to the **Handout #10 (Present Danger: Definitions and Examples)** which is a listing of all of the Present Dangers and a few examples for each one.

Advise the group to please raise questions and make comments as we go. This list of Present Danger concerns emphasizes specific issues related to placement that may not be appropriate to in-home safety assessment. (e.g., one or both caregivers believe that the child deserved what happened in the child's home.) This list is unique for assessing safety in placement.

Using **Handout #10 (Present Danger: Definitions and Examples)** and **PowerPoint Slides #43 through #48 (Present Danger in Out-of-Home Care)** review item by item, the definitions and examples. Clarify and point out how each relates to Present Danger. Help participants differentiate between those that are current, which we see right now, and those that are immediate, that is likely to occur when we leave.

When any of these Present Danger concerns apply in a home, child welfare professionals should fully explore and understand the nature of the harm or threat of harm. For instance, consider the child who is afraid of the kin situation. You may not want to use that fact as the sole basis for not placing, but this should compel you to examine in detail what the reality and source of the fear is. Is the child fearful because his grandmother has strict rules or grandmother will allow the parents to harm the child? Then a decision must be made about the need to avoid or maintain the home as a placement or to locate the child to another home.

Step 8: Exercise: The Hawes Family

Display **PowerPoint Slide #49 (The Hawes Family Exercise)** and tell participants that they are going to participate in an exercise that allows them to try out the application of Present Danger concerns.

Trainer Note: The following activity was designed to be completed using small groups. You may elect to have participants identify the Present Dangers individually and then present their ideas to the large group.

Divide participants into small groups.

Explain that a number of CCYAs have policies requiring the completion of the Present Danger Assessment: Out-of-Home Care Settings Worksheet. Distribute **Handout #11 (The Hawes Family & Darlene's Mother Case Scenario)** and **Handout #12 (Present Danger Assessment: Out-of-Home Care Settings Worksheet)**.

Instruct participants to read the case scenario on **Handout #11 (The Hawes Family & Darlene's Mother Case Scenario)**. Participants should refer to **Handout #10 (Present Danger: Definitions and Examples)** as an aide for completing this exercise.

Ask small groups to discuss the case material. Then, using **Handout #12 (Present Danger Assessment: Out-of-Home Care Settings Worksheet)**, instruct small groups to check yes next to the Present Danger threats they feel are represented in the case scenario and no next to the ones that are not. On the back of **Handout #12 (Present Danger Assessment: Out-of-Home Care Settings Worksheet)**, each small group should document precisely how they know that Present Danger exists for each Present Danger Threat they identify as existing. Additionally, ask each small group to identify one Present Danger Threat that does not exist and document precisely how they know the threat does not exist. Tell them to select a spokesperson to report out for their group. They have 10 minutes.

Reconvene the group after about 10 minutes.

Debrief for 10 minutes. Start with group 1. Ask them to identify the first Present Danger Threat they believe applies to this case. Ask them to read their documentation describing precisely how they know the Present Danger Threat exists. Ask other participants if they agree with group 1. Proceed to group 2 using the same process. If any of the responses are not justified by the information provided, be certain to challenge the group to justify them based on the case information. Continue until each existing threat has been discussed. As time allows, process out documentation surrounding threats that do not exist, making sure to challenge when appropriate.

Continue the debriefing with comments and discussion. Does this seem to help the participants? Do they think they could apply these safety concerns following their first visits with kinship and foster providers? After the sixth visit?

Ask participants, “Do the five characteristics of safety & a safe environment exist for Jessica”? Participants should respond no. Ask participants “why”. Below are some of the possible reasons:

- Grandmother does not believe that the parents hurt Jessica.
- Grandmother does not see anything wrong with allowing the parent to see Jessica by themselves.
- Grandmother does not feel that the worker needs to visit her home often.
- Grandmother reports she has no supports from her community and counts on the parents for support.

The Present Dangers that apply to this case are:

1. The out-of-home caregiver is sympathetic toward the child’s parents, justifies the parents’ behavior, believes the parents rather than the CCYA and/or are supportive of the child’s parents’ point of view. (Present Danger Threat #16)
2. Out-of-home caregiver will likely allow parent’s access to the child. (Present Danger Threat #19)

3. The group may want to discuss threats #3 (will fail to protect child from harm), and #6 (will not meet medical needs). Given the information in the scenario these Present Danger threats may also be in operation; however, they may be able to be addressed/remedied. Remind participants that if this were the case, they would not be listed as Present Danger Threats.

Conclude the exercise

Step 9: Documenting Present Danger

Up until this point, we have defined Present Danger in relation to out-of-home safety, explored the specific Present Danger threats that are unique to out-of-home safety, considered the five characteristics of safety and a safe environment in relation to Present Danger, and applied the threats to a case scenario.

We know that we are always assessing for Present Danger at each and every contact, but what are the expectations surrounding documentation? Display **PowerPoint Slide #50 (Transition Points are a Time of Child Vulnerability)**. Share with participants that there are key transition points for children in out-of-home care when they are more emotionally vulnerable and compromised. Share with participants that those two key points are 1) at the time of the initial placement and 2) at the time of any subsequent placement moves.

Children, who have experienced abuse and/or neglect from their caregiver(s) of origin, which led to identification of a Safety Threat and their subsequent removal, are dealing with the emotional and physical trauma from that abuse and/or neglect. In addition, they are dealing with the grief and loss of their parents, siblings, home, friends, school, and their belongings. They are potentially being placed in a resource home with people whom they do not know or with a kinship family with whom they may have only occasional contact. The future appears unknown to them. The child is in an emotionally compromised state.

Children are removed from out-of-home settings and placed in other out-of-home settings for varied reasons. Maybe the resource family is having their own family issues and no longer wishes to continue to provide care. Perhaps the child is being moved due to his/her behaviors. Perhaps the resource family feels they can no longer meet the special needs of the child. Maybe an abuse or neglect issue caused the county agency to move the child for safety reasons. However, share with participants that the child is compromised for many of the same reasons that we just discussed: loss of the resource family, the resource siblings, the resource home, their school, and their friends. The future appears unknown to them. The child is in an emotionally compromised state.

It is imperative at these times that the child welfare professional ensure that the setting the child is being placed into is a safe environment. Some agencies have policies regarding when and how to document the Present Danger assessment. It is necessary for participants to inquire with their supervisor about their respective agency's policy.

During the Hawes family exercise, participants were asked to document precisely how they knew specific Present Danger threats were in existence as well as precisely how they knew another Present Danger threat did not exist. This is the perspective from which they should be assessing for and documenting Present Danger. Documentation must describe how the worker knows that the child continues to be safe and how the worker reaches the conclusion that Present Danger threats do or do not exist. It is not enough to simply state that, based on the information known, Present Danger was not identified. It is critical that workers be able to state what tells them that the child is safe and that Present Danger does not exist. If adequate information is not available, additional information must be gathered.

Ask the group if their agencies currently have policies and procedures in place to assess Present Danger in an out-of-home setting?" Hopefully this question will prompt a brief discussion about current practice related to the placement of children. Participants' responses may range from their agencies currently having a tool to help them to document their assessments in their structured case notes. Inform participants that counties have the option to document their Present Danger assessments in whatever manner they prefer, whether it be in their structured case notes, on a form developed by the agency. Documentation must occur in some manner, according to their agency's policies.

Step 10: Action Planning

Display **PowerPoint Slide #51 (Action Planning)**. Prior to moving on to the next section, refer participants to **Handout #3 (Action Plan)**. Ask participants to take a few minutes to jot down: *Something new I learned was...*; *Something I need to know more about is...*; and *Something I will apply to my job is...* for this section.

Module 8: Assessing Safety in Out-of-Home Care

Section V: Indicators of Safety in Out-of-Home Care

Estimated Time:

2 hours

Performance Objectives:

- ✓ Participants will be able to identify examples from their own work experience that meet the definition of Present Danger in out-of-home care.

Methods of Presentation:

Lecture, small group activity, large group discussion

Materials Needed:

- ✓ Flip chart stand/paper
- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Markers
- ✓ Tape
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ **Handout #1: Charting the Course Towards Permanency: Module 8: Assessing Safety in Out-of-Home Care, revisited**
- ✓ **Handout #3: Action Plan, revisited**
- ✓ **Handout #5: The Process for Assessing Safety in Out-of-Home Care, revisited**
- ✓ **Handout #13: Out-of-Home Care Safety Assessment: Safety Indicators & Characteristics**
- ✓ **Handout #14: Applying What You Know: Thinking About Safety**
- ✓ **PowerPoint Presentation:**
 - **Slide #52: Safety Indicators**
 - **Slide #53: Positive Characteristics**
 - **Slide #54: Characteristics of Concern**
 - **Slide #55: Negative Characteristics**
 - **Slide #56 through #59: 10 Indicators of Safety in Out-of-Home Care**
 - **Slide #60 and #61: Applying What you Know**
 - **Slide #62: Small Group Activity**
 - **Slide #63: Characteristics of Safety & Safe Environment**
 - **Slide #64: Action Planning**
 - **Slide #65: Agenda**

Section V: Indicators of Safety in Out-of-Home Care

Step 1: Overview of Section

Remind participants that, in Section I and II of the training, we established that the focus of the Out-of-Home Care Safety Assessment and Management Process. Refer participants back to **Handout #5 (The Process for Assessing Safety in Out-of-Home Care)**. In the next two sections, our focus was on knowing the child to be placed and placement selection, which informed the Present Danger Assessment. Share with participants that in this section we will begin to explore how to assess child safety with a more comprehensive approach after the child is placed in the out-of-home setting.

The objective for this step is to confirm that the setting is still safe and will continue to be a safe environment for the child, hence the five characteristics of safety. Again, the assumption is that the child would not have been removed from a harmful environment only to be placed in another harmful environment. To complete this type of assessment, child welfare professionals gather information to determine if specific attributes or “indicators” with protectiveness are in operation.

Step 2: Understanding the Difference between Indicators and Characteristics

Explain that in the In-Home Safety Assessment and Management Process, child welfare professionals are required to make a determination if circumstances in operation within the family have crossed the Safety Threshold for each 14 Safety Threats. The response was a simple yes or no. With the Out-of-Home Care Safety Assessment and Management Process, we do not have a safety threshold to fall back to. The rationale for this truly rests in the threshold itself. We do not want to place a child in a setting where the caregivers and/or the situation is out of the caregivers control, nor do we want to place a child in a setting where they will be harmed in the near future.

Instead, in the Out-of-Home Care Safety Assessment and Management Process, we have 10 Safety Indicators and corresponding characteristics that are representative of what is generally known about what constitutes safe homes at one end of the continuum and unsafe at the other end of the continuum.

Display **PowerPoint Slide #52 (Safety Indicators)** and tell participants that we are now going to explore what we mean by the terms Positive, Concerning and Negative Characteristics.

Display **PowerPoint Slide #53 (Positive Characteristics)** and review.

Display **PowerPoint Slide #54 (Characteristics of Concern)** and review.

Characteristics of Concern tell us to wake up and pay attention if you will. They are areas for additional study and consideration. At times these characteristics may be quickly and readily resolved.

Display **PowerPoint Slide #55 (Negative Characteristics)** and review.

The Negative Characteristics are designed to tell you that you should be very concerned about the safety of the child and perhaps other children in the placement. The identification of any one characteristic in any of the indicators requires intensive scrutiny and assessment.

We must exercise caution if there are any Negative Characteristics present. Presence of any Negative Characteristic requires in-depth analysis of how it is in operation within the family, what the current effects on child safety are now, and what impact this characteristic is likely to have on child safety in the placement in the near future. While similar analysis is needed for Positive and Concerning Characteristics, it is critical with the Negative Characteristics because they have been constructed in a way that they indicate situations that are potentially or likely UNSAFE.

When a Negative Characteristic is identified, immediate consultation with your supervisor must occur to further analyze the setting and make the Safety Decision. The presence of Negative Characteristics may mean that there are Present or Impending Danger Threats that must be addressed.

Step 3: Exploring the Indicators

Now that we have an understanding of what the terms positive, concerning and negative mean, let us take a look at each of the indicators and explore the corresponding characteristics. Distribute **Handout #13 (Out-of-Home Care Safety Assessment: Safety Indicators & Characteristics)**. This handout will be a good resource for use in the field. Share with participants that these indicators and characteristics are based on information from years of research by Action for Child Protection and knowledge learned from child welfare professionals across the country. Point out to participants that each indicator is accompanied by a critical question and a descriptive statement to provide clarity about the purpose of the indicator.

Using **Handout #13 (Out-of-Home Care Safety Assessment: Safety Indicators & Characteristics)** and **PowerPoint Slides #56 through #59 (10 Indicators of Safety in Out-of-Home Care)**, review each of the 10 Safety Indicators, making sure to include the descriptive statements associated with each indicator.

Trainer Note: Two of the Safety Indicators have been described in detail in the content below. This description should be used as a guide to help you to determine the level of detail needed when reviewing the remaining eight indicators. Make sure to spend enough time on each indicator for participants to become acclimated to the information contained on **Handout #13 (Out-of-Home Care Safety Assessment: Safety Indicators & Characteristics)**.

Remind participants that this is the guide that you use when evaluating each indicator for each child's out-of-home setting. Our goal now is to really understand how these indicators work, how you evaluate each one, then decide if the setting is safe...that is, is the overall picture a positive one, a concerning one, or a negative one.

Let's look at the Child Functioning Indicator.

Child Functioning: How are the children functioning cognitively, emotionally, behaviorally, physically, and socially? *(This question considers all of the children in the home including the out-of-home family's own children and unrelated children who have been living with the family. Judgments are based on considering all the children. If one child is remarkably different than the other children, an explanation should be made specifically indicating the extent to which this raises any concern for the quality of parenting or the presence of threats.)* **The presence of these behaviors regardless of their origin or cause affects the child's ability to be safe.**

Point out that this indicator looks at overall child functioning. It is important to emphasize that when assessing this factor we consider the functioning of all of the children. The importance of this statement is that we need to have an understanding of how all of the children are functioning in the home – are there major differences in how the children are behaving? Are they interacting well with one another? Are they interacting well with the other adults in the home? If a child is remarkably different, what information can be gathered to explain why they are so different?

Trainer Note: The topic of gathering information about other children in the home may spark questions. Tell the group that there will be more discussion about what the extent of their responsibilities are in relationship to other children living in the home in a later section. If participants express concern about this type of responsibility point out that the lack of information sharing about what workers see in out-of-home care settings is one of the factors that really compromises child safety then move on telling them there will be more on this area later.

Once the information is gathered related to this indicator, we must make the determination if the indicator is positive, concerning, or negative. When we are rating each indicator, we are only assigning a rating for our identified child for this specific indicator. Keep in mind that the best approach to making this decision is to take each indicator as independent of the others. That is, when looking at the Child Functioning Indicator (#1) think only about the child or children that are the focus of your safety assessment. Do not consider other influences or indicators at this point.

Review each section of the Child Functioning Indicator. Look for the characteristics that apply. There may be only positive ones, but there may also be some concerning or negative ones. Think about the intensity, frequency, and duration and impact on safety of the characteristics. Then critically think about the following question:

Considering all you know about this child, what set of characteristics, traits, and attributes best represents what you know and have observed?

If the majority of characteristics are positive then it is likely that this indicator will be rated as positive. However, caution must be taken if there are Negative Characteristics to ensure that they are not so serious (intensity, frequency, duration, and impact on child) that they offset any Positive Characteristics of the indicator.

Ask for a volunteer to describe a child that they have worked with. Have that volunteer share their perspective on the child's functioning. As a large group, based on the information they have heard, would the child functioning indicator be positive, concerning, or negative.

Trainer Note: Be prepared to share examples from your own work experience to begin the discussion. If more than one person volunteers, more examples can be explored. The purpose of the discussion is to ensure that participants can assess the information they know and use the characteristics of the Child Functioning Indicator to make the determination if the indicator is positive, concerning, or negative for the child in their example.

Let's look at Adult Functioning now.

Adult Functioning: How are the adult family members functioning cognitively, emotionally, behaviorally, physically, and socially? *(This question considers the overall functioning of the family. This includes all household residents with more attention to the caregiver(s).)*

Here we are trying to evaluate whether the adults in the home function at a level that will create a safe and predictable setting for the child. We assess all of the adults in the home to determine if the interaction amongst the adults supports a safe environment or detracts from it. Consider the example of a home where one caregiver is interested in having other children living with them. If all of the other adults are against a particular child (or any child for that matter) it could have a negative impact on the caregiver's ability to provide care. Another key factor with this indicator is empathy. "No empathy" is very concerning. The absence of empathy means that the caregiver does not understand or likely does not care about how the child feels or experiences the home.

As with the Child Functioning Indicator, ask participants if they can think of an example related to Adult Functioning.

Then continue to review each indicator until all 10 indicators have been reviewed. Check in with participants to see if there are any questions and respond accordingly.

Step 4: Rating the Indicators

Then refer participants to **Handout #14 (Applying What You Know: Thinking About Safety)**. Using **PowerPoint Slides #60 and #61 (Applying What you Know)** explain that the handout is a resource to use as you are learning how to rate the indicators. The handout summarizes all of the information that we have talked about so far related to understanding the indicator and determining a rating. Review each step on the handout:

1. Review each set of characteristics for the indicator
2. Do not consider other indicators at this point
3. Identify all characteristics that apply
4. Consider intensity, frequency, duration, and impact on the child of the characteristics
5. Answer this question: *Considering all you know about this child, what set of characteristics, traits and attributes best represent what you know and have observed?*
6. **Think seriously about any Negative Characteristics you have identified in the home, and decide if they offset any Positive Characteristics in terms of impact on the child**
7. Decide if the indicator overall is positive, concerning, or negative

These seven steps are used to rate each individual Safety Indicator. In addition to rating the indicator as positive (P), concerning (C), or negative (N), child welfare professionals must write a narrative that provides a summary of the information gathered to inform the rating. This includes any Positive, Concerning, or Negative Characteristics present for each indicator. This does not however mean that one would simply type the characteristic as is from **Handout #13 (Out-of-Home Care Safety Assessment: Safety Indicators & Characteristics)**, rather how is that characteristic occurring.

In applying these concepts, it is important to note that we are concerned with how these indicators describe the family in predominant and overall ways. In other words, when taken as a whole, is the indicator mostly positive, mostly concerning, or mostly negative.

Step 5: Connection to Current Case Examples

Display **PowerPoint Slide #62 (Small Group Activity)**. Now that we have a better understanding of the indicators and their corresponding characteristics as well as how to rate each indicator, participants will now have the opportunity to identify case examples for each indicator. Divide participants into five small groups. Each group will be assigned two Safety Indicators. For each indicator, instruct the small groups to think of a case example related to their indicator. Then choose three examples to record on flip chart paper. One example should be “positive”, one “concerning”, and one “negative.” Small groups should endeavor to document their example of the indicator.

The indicators are assigned as follows:

Group 1: Indicators 1 and 2

Child Functioning: How are the children functioning cognitively, emotionally, behaviorally, physically, and socially?

Adult Functioning: How do the resource caregivers take an active role in caring for, supervising and protecting the children in the home?

Group 2: Indicators 3 and 4

Caregiver Supervision: How are the out-of-home caregiver(s) actively caring for, supervising, and protecting the children in the home?

Discipline: How are discipline strategies used with the children in the home?

Group 3: Indicators 5 and 6

Acceptance: How do the out-of-home family members demonstrate in observable ways that they accept the identified child into the home?

Community Supports: How does the out-of-home family access/use community supports to help assure child safety?

Group 4: Indicators 7 and 8

Current Status: How do the out-of-home family members respond to the current issues, demands, stressors within the home that affect the child's safety?

Placed Child's Family– Out-of-Home Family Relationship: How does the relationship between the family of origin and the out-of-home family support the safety of the child?

Group 5: Indicators 9 and 10

Oversight: How does the out-of-home family demonstrate that they are agreeable to and cooperative with CYD and other formal resources?

Planning: How do the out-of-home caregiver(s) demonstrate that they are capable of and actively engaged in day-to-day planning for the child's day-to-day safety?

Once each small group has identified three examples for each of their indicators, ask the small groups to hang their flip charts on the wall. Have each small group read their examples and provide feedback as needed. Check in with participants to see if they have any outstanding questions related to the Safety Indicators.

Trainer Note: If participants had a lot of concerns about including informal living arrangements as part of the Out-of-Home Care Safety Assessment and Management Process, it might be a good idea to ask participants to reconsider the topic at this point in the training. The purpose of the discussion would be for participants to think critically about the 10 Safety Indicators as a whole. Hopefully, participants would be able to acknowledge that all of the indicators apply to both formal and informal arrangements. If necessary, refer participants back to the 3700 regulations to reinforce that, with the exception of 3700.64, the specific requirements as detailed in the regulations are not emphasized in the Safety Indicators or their characteristics.

Step 6: Connection to the Six Assessment Domains

The previous activity was designed to get participants familiar with the 10 Safety Indicators. In the next section, we will spend more time looking at how to gather information to assess each of these indicators.

Prior to moving on, ask participants what information was required to be collected in the In-Home Safety Assessment and Management Process. Participants should readily respond with the answer: The Six Assessment Domains. Then ask participants to list each of the Six Assessment Domains while the trainer writes them on a flip chart. The group should end up with:

- Type of Maltreatment
- Nature of Maltreatment
- Adult Functioning
- Child Functioning
- Parenting General
- Parenting Discipline

Now ask the group which of these domains are addressed in the ten Safety Indicators that we just explored. Participants should readily answer with Adult Functioning, Child Functioning, and Parenting Discipline as they are actual indicators. Participants should also be able to easily identify that Parenting General is addressed by all of the Safety Indicators.

Hopefully participants will not identify Type or Nature of Maltreatment. The teaching point here is that we should never be in a situation where we are evaluating maltreatment or the nature/circumstances surrounding the maltreatment when we are looking at out-of-home care homes. Cross off the words Type of Maltreatment and Nature of Maltreatment on the flip chart. Display **PowerPoint Slide #63 (Characteristics of Safety & Safe Environment)** and remind the group that out-of-home care is to be a refuge, a safe haven for children that keeps them protected, that does not subject them to maltreatment or threats to child safety, hence, the five characteristics of safety and a safe environment. By collecting information on the Six Assessment Domains, child welfare professionals are able to identify whether these five characteristics of safety and a safe environment exist.

In addition, the second purpose of this brief activity is to make the connection to participants' current practice and how it applies to the Out-of-Home Care Safety Assessment and Management Process. The information we need to collect is not new, how we will use that information to identify the status of the 10 Safety Indicators is new. If we are effectively gathering information related to the Six Assessment Domains for the In-Home Safety Assessment and Management Process we can easily make the transition to collecting that information with out-of-home caregivers/families.

Step 7: Action Planning

This section provided us with a closer look at each of the ten Safety Indicators. In the next section we will spend time discussing how to gather information related to each of these indicators.

Display **PowerPoint Slide #64 (Action Planning)**. Prior to moving on to the next section, refer participants to **Handout #3 (Action Plan)**. Ask participants to take a few minutes to jot down: *Something new I learned was...*; *Something I need to know more about is...*; and *Something I will apply to my job is...* for this section.

Trainer Note: This should be the end of Day 1. Briefly review the learning from the day and respond to questions as necessary. When beginning Day 2, review the agenda of the day using **PowerPoint Slide #65 (Agenda)**.

Module 8: Assessing Safety in Out-of-Home Care

Section VI: Focused Information Collection through Quality Visitation

Estimated Time:

2 hours

Performance Objectives:

- ✓ Participants will be able to identify a minimum of 5 questions that, when asked, would gather information around each of the Six Assessment Domains and the 10 Safety Indicators.
- ✓ Given a round robin role-play, participants will be able to conduct an interview to gather sufficient information to rate each of the 10 Safety Indicators.

Methods of Presentation:

Lecture, small group exercise, large group exercise

Materials Needed:

- ✓ **Blank paper, one sheet per participant**
- ✓ Flip chart stand/paper
- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Markers
- ✓ Tape
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ **Handout #1: Charting the Course Towards Permanency: Module 8: Assessing Safety in Out-of-Home Care, revisited**
- ✓ **Handout #3: Action Plan, revisited**
- ✓ **Handout #15: Information Collection: Key Points**
- ✓ **Handout #16: Quality Visitation**
- ✓ **Handout #17: Information Collection: Safety in Out-of-Home Care Sample Interview Questions**
- ✓ **Handout #18: Scenario for Participants: Round Robin Exercise Information Collection**
- ✓ **PowerPoint Presentation:**
 - **Slide #65: Agenda**
 - **Slide #66: Research Identifies**
 - **Slide #67: Information Collection**
 - **Slide #68: Practicing Information Collection**
 - **Slide #69 and #70: Documenting Safety Related Information From Interviews**
 - **Slide #71: Action Planning**

Section VI: Focused Information Collection through Quality Visitation

Step 1: Differing Needs/Perspectives in Visitation

In the previous section we reviewed the 10 Safety Indicators and their corresponding characteristics. Understanding the indicators is only one of the steps in conducting an out-of-home safety assessment. A second step is the actual gathering of information. Participants should readily agree that we gather information through contacts or quality visits with the identified child and their out-of-home caregivers/family. Review the agenda for the day using **PowerPoint Slide #65 (Agenda)**.

Put the heading Child, OOH Caregiver, and Worker on three separate flip chart sheets. Then begin the discussion by asking the group what they think is important to a child during a visit. What does a child want to know? What are they worried about? What does a quality visit look like to them? Record participants responses on the child flip chart. Continue listing the participants' responses until they have exhausted their ideas.

Then move to the out-of-home caregiver flip chart. What does the out-of-home caregiver want to know? What are they worried about? What does a quality visit look like to them? Record participants responses on the caregiver flip chart. Continue listing the participants' responses until they have exhausted their ideas.

Then move to the worker flip chart. What do you as the worker want to know? What are you hoping to accomplish during this visit? What does a quality visit look like to you? Continue listing the participants' responses until they have exhausted their ideas.

Trainer Note: You may also elect to add three additional flip charts to this activity, one for the other household members (including the other placed children), one for the biological caregivers, and one for the supervisor.

Once all of the lists have been completed, review the lists and highlight what is the same and what is different. Participants should see that, while they may have similarities, each person involved in the interview process has a different focus and a different set of needs.

Remind participants that at the beginning of this section we explored how caseworker visits and interactions with children are the cornerstone of practice and one of the most important ways to promote positive outcomes for children.

Remind participants that we briefly discussed “knowing the child” when we discussed the overall process for assessing safety in out-of-home care. Whether it is your initial contact or one of many you have had with a child, your ability to know that child, understand what it is like to be them, to be in their circumstance, is essential to good casework practice and assuring child safety.

We have all heard about the horrible events that have happened to children in

placement. We know that some children are sexually and physically abused, starved, emotionally maltreated, and otherwise maintained in unsafe settings while states are supposed to be protecting them. Indeed some children in care even die at the hands of their kinship or foster care providers. When we hear these stories, read them in the paper, we tend to minimize, or be terribly astounded for a few days and then move on to the next crisis. But what if YOU were that child? What if you were taken from your home, from all you know, and placed in a strange place with people you do not know or may know and not like (in the case of kinship care).

It is important to not lose sight of the impact that we have on the lives of children, especially those children who have been removed from their homes.

Using **PowerPoint Slide #66 (Research Identifies)** state that research identifies caseworker visits and interaction with children are the cornerstone of practice and one of the most important ways to promote positive outcomes for children. The core focus of visits is the protection of children... ..Visits are the mechanism for monitoring safety and providing services to promote the well-being of the child and the child's family and caregivers. The quality and frequency of caseworker visits is related to improved:

- Assessment of children's risk of harm; (safety at home and in out-of-home care);
- Assessing the need for alternative permanency options;
- Identification and provision of needed services; and
- Engagement of children and families in case planning and decision making.

(Child Welfare Caseworker Visits with Children and Parents, National Conference of State Legislatures, September 2006, adapted by ACTION for Child Protection, Inc. for Substitute Care Visits. October 2009.)

Step 2: Information Collection: Key Points

Distribute **Handout #15 (Information Collection: Key Points)**. Using **PowerPoint Slide #67 (Information Collection)**, share that, in order to ensure that we meet the needs not only of the child and the out-of-home caregiver, but also ourselves, the child welfare professional, it is important to keep the following interviewing essentials in mind. Child welfare professionals must:

1) Be Engaging

The ability to establish rapport is critical to quality visitation. The ability to engage the client in the helping process is critical to positive client outcomes and change. Really, in the absence of rapport and engagement, the quality of information that is gathered is questionable or inaccurate therefore all decisions that flow from that information can be faulty. Engaging the client is dependent upon three main worker traits: genuineness, empathy, and respect.

- *Genuineness* refers to being candid and sincere, having open and honest relationships with the children, family and substitute care providers.

- *Empathy* refers to the ability to identify with and understand someone else's feelings or difficulties.
- *Respect* refers to consideration, thoughtfulness, and appreciation for others as individuals. Engagement is an active process that requires the worker to consider how they interact with the child, family members, and substitute care providers and how these folks view the worker.

2) Be Neutral

That is, do not enter a home with decisions already made or opinions already formed. Even when we know a family we only know them from our last set of contacts. Families change over time; placed children are unique and alter the family system in ways we must understand. Children change over time. Therefore, every visit requires an objective view and listening with “a third ear” for what is said and not said, and understanding not only what is observed but what is not.

3) Be proactive, not passive

It is unreasonable to expect that children and out-of-home care providers will tell us everything we need to know to assess safety in the placement. First, children in placement may have fears or dislikes about what is happening in the home but are afraid of consequences that might arise if they tell us....Will they be moved again? Will the next place be better or worse? Will they be blamed for what is happening in the home? Out-of-home care givers generally want to put forward those things that make them look capable and competent (as we all do) and may be hesitant to discuss challenges or problems out of concern that they will be judged as not able to keep the child, or continue as a foster parent. In addition, they are often very busy with many demands on their time and may just want the visit over with so they can move on to the next task at hand. We also need to remember that all of our contacts with the children and caregivers are influenced by all of the workers that have preceded us. One or two negative experiences with other workers can result in children and caregivers being less likely to trust us and less willing to be open about realities in the home.

All of these factors mean we must be organized, thoughtful, and assertive in gathering information. We cannot take one or two word answers or even one sentence answers to mean much. We must ask open questions and probe for more information on each topic. We must strive for information that has depth and breadth. We must interpret what we think information means and seek to understand if our interpretations are correct or not. Information collection is a very active process with the worker taking the lead.

4) Be respectful of who owns the information

Be mindful of the fact that the information we seek is not ours, it belongs to the child or caregiver we are interviewing. They are the only ones who can decide if they want to share information with us. Our personal and professional style, our ability to engage, listen, and respond appropriately all strongly influence our ability to gather information. We must also recognize that the reason for

collecting information is to guide decision making that assures child safety. Our obligation once we have sufficient information is to use it to this end, and to share back with those we have interviewed what our decisions are and the rationale for them.

5) Use skill-based, purposeful interviewing strategies

Skill-based, purposeful interviewing refers to the planned, thoughtful, and focused interactions that the worker has with the child, family, or substitute care provider every time they make a contact or visit. No contact, and especially no visit, should be seen as a “just touching base” or “doing a quick update” or have the appearance of simply a social visit characterized by chit chat with no structure. Interviewing is one of the two key methods we have in the field for engaging, information collection, and guiding the change process. Remind the group of some of the basic interviewing skills and techniques such as Tuning in to Self, Tuning in to Others, using open ended questions, reflective listening, summarizing, *etc.*

6) Make Accurate Observations/Interpretations

This refers to a worker’s ability to scan and observe the environment and interactions in the home or other settings, make reasonable interpretations about the nature and meaning of what is seen and then following up to determine if their interpretations are accurate. Observation can prompt interview questions, or be used as an information collection method.

Distribute **Handout #16 (Quality Visitation)**. Share with participants that this handout provides a good “at a glance” listing of the categories/process of completing a quality visit and the topic areas that need to be addressed during the visit. Acknowledge that experienced workers are probably already completing many of these steps. Ask for a volunteer to talk about the process they use to ensure their visits are “quality” visits.

Trainer Note: In addition to **Handout #16 (Quality Visitation)**, participants are receiving a Visitation Field Guide. Depending on time, you may elect to walk through the additional content in the Field Guide or encourage participants to use the guide when they are in the field working with families.

Ask prompting questions such as, “how do you balance conducting quality visits with such issues as shortage of time and increase in demands?” Ensure participants capture the following:

- Scheduling the frequency of visits based on the needs of children and families.
- Conducting visits in the home and at times convenient for the child and substitute care providers.
- Planning in advance of the visit, with issues noted for exploration and goals established for the time spent together.
- Remaining open enough to offer opportunities for meaningful consultation with and by children and out-of-home care providers.

- Making sure visits are individualized with sufficient private time with the child to discuss any concerns.
- Making sure visits are focused on the child and family's case plan and the completion of necessary actions.
- Exploring changes in the child's, families, and out-of-home caregivers' circumstances on an ongoing basis.
- Making sure visits are supportive and skill generating, so that children, families, and out-of-home caregivers feel safe in dealing with challenges, with change and have tools to take advantage of new opportunities or manage existing difficulties.
- Quality visits are enhanced by workers who examine their own and the agency's performance, as well as how well the family is functioning relative to the support and services provided. (What was the impact/effect of the visit? How did it advance the case plan progress/adjustment to placement, *etc.*)

The reason we emphasize quality visits and focused information gathering is due to the fact that research tells us that positive outcomes are directly related to quality visits with children.

Step 3: Small Group Exercise: Information Collection

Return participants to the five small groups used in the previous section. Remind the small groups that they were asked to identify three case examples for both of their assigned indicators.

In this activity, small groups will generate questions to use to gather information about their assigned Safety Indicators. Provide flip chart paper to each small group. Instruct the small groups to identify as many questions as they can in 10 minutes (including strength-based, solution-focused questions) that will help them identify whether the five characteristics of safety & safe environment exist.

Trainer Note: You may elect to turn this activity into a competition and award the small group with the most applicable questions with a prize.

At the end of 10 minutes, ask the small groups to post their flip charts. The small groups should then identify a reporter to share their questions. Provide feedback as necessary and identify any major themes or overlapping questions. Press the larger group to critically think about the responses and whether they would result in sufficient relevant information for the indicator. Continue until each group has reported. Now ask the group how close this comes to current practice when making visits with children in placement and their caregivers.

Keep the flip charts hanging where they are the most visible for the next step. Distribute **Handout #17 (Information Collection: Safety in Out-of-Home Care Sample Interview Questions)**. Stress that these are some examples that could be used to

gather information and should serve as more of a guide. Ask participants to individually read the questions on the handout.

Acknowledge that several of the questions generated by the small groups may also have been already included on the handout.

Step 4: Large Group Round Robin: Information Collection

Using **PowerPoint Slide #68 (Practicing Information Collection)**, inform participants that we will be doing a round robin interview to begin a process of information collection. The way we will be doing this is by having the large group interview an out-of-home caregiver (the trainer). This activity is intended to be somewhat informal and certainly low risk. Challenge participants to commit themselves to the role of information collector. Try different techniques (feeling, supportive, directive), varying questions, *etc.* Have participants think back to the exercise we just did on information collection on the 10 Safety Indicators. Participants should feel free to use any of the questions identified on the flip charts, the handouts, or additional questions as they come to mind.

The purposes of this exercise are: 1) to collect as much information as the time allows on the 10 Safety Indicators using the four applicable domains and 2) to practice and observe skills and methods for collecting information that allows you to assess safety in this placement. What is most important is that the group is able to gain an understanding of the way the caregiver cares for and protects Anthony, how safe he is in the caregiver's home, and whether this remains a safe placement for him.

Trainer Responsibility

The trainer is responsible for providing the information about the case situation beyond the case scenario information. The trainer is acting as the sibling of a mother whose child has been placed there for 1 month. The CCYA needs to evaluate the safety of this out-of-home care environment to determine if it remains a safe placement for the child.

Participant's Responsibility

Each participant will participate as part of a round robin group information collecting process. Each participant will have a minimum of two deliveries (*i.e.*, questions, clarifications, confrontations, or other technique/inquiry). It is the group's responsibility through each participant to ask the questions (interview) necessary to gain the information on all of the indicators. Participants are encouraged to try out a variety of techniques for information collection while "going with the flow" of the conversation.

Trainer will refer to the questions posted on the flip charts from the previous activity. Share that anyone can use any of the questions developed; however, participants should refrain from using the same questions twice.

Participants should also be recording notes during the interview. Blank paper has been provided for participants to record their observations and information learned. Distribute blank paper, one sheet per participant.

Process

In terms of this being “round robin” information collection, each individual participant should pick up the specific line of conversation/questioning where the last person leaves off. Each participant should be prepared for one delivery (*i.e.*, question, comment, support, clarification, confrontation, *etc.*) following the previous participant’s inquiry. Participants should approach this feeling comfortable to keep it simple, relaxed, casual, *etc.*

Refer the participants to the **Handout #18 (Scenario for Participants: Round Robin Exercise Information Collection)** for more information about the individual(s) they are about to interview. Review with participants the case scenario as provided on their handout. (Not the trainer information)

Instruct the large group to take a few minutes to prepare for their “quality” interview. As a large group, reach consensus as to the purpose of the interview. Individual participants should think about the questions they would like to ask, the approach they would like to take, and their delivery. Participants can use any of the questions identified during the small group exercise or on the handout provided.

Once participants are ready, begin the round robin. Allow about 30 minutes and a minimum of two questions per participant.

Trainer Note: Depending on the size of the group, you will need to flex how many questions each participants may ask. The activity should not exceed 30 minutes.

Trainer Round Robin Information: In this exercise you will play (give yourself a name), the aunt (or uncle) of 3-year-old Anthony. You are 27 and your husband is 28. You have been married for 4 years and have no children of your own. Yesterday, your sister Annie called you saying that the police are taking Anthony away from her because she was gone and left him at the hotel room alone for just a few minutes. She wanted to know if you could come get him and keep him for a while until all this mess gets straightened out. You go to the police station and the police release Anthony to you. They tell you that CYS will be in touch. CYS comes by that day and does a quick walkthrough of your house. The worker talks with you and asks if you can continue to keep Anthony to keep him safe and avoid having the agency ask the court for custody. You agree. The worker tells you how you can reach CYS if you need anything and makes an appointment to come back in two weeks to see how things are going.

It is now two weeks later. In the beginning you were very happy and eager to help out. You think of yourself as close to Annie and Anthony but have a difficult time describing either of them personally or their life style.

You have had weekly contact with Annie for some time before Anthony came to your home but were unaware of how she was keeping or taking care of Anthony. You were not aware of the CYS intervention until Annie referred CYS to you as an emergency caregiver. CYS has told you about their concerns but you are just not able to see it as so serious. But you are willing to take it seriously because you believe that people ought to do what authorities say. CYS must be right.

Originally, caring for Anthony did not strike you as very demanding. You thought that it might amount to some support for Anthony that you may be paid, and you were willing to do what was necessary, although you did not have a specific idea about what that might be. You work full-time and your spouse works part-time. You do not have any children.

Your plan was simple. You and your spouse would take care of Anthony weekends and nights and you would get day care for Anthony when you cannot be available. But you had no idea about where to get day care or who to go to. You set up an arrangement with some neighbors. You feel that Anthony is a “good kid.” You admit that he can be a handful and often “gets himself worked up,” but you really have no idea how to manage him. What you like best about taking this responsibility is keeping your nephew out of foster care and the agency’s custody. You also want to be helpful to your sister. You liked the idea of having a child and being a “Daddy/Mommy” to Anthony. You had no clear idea of what being a parent meant when you agreed to take Anthony.

Your spouse is really not enamored with the idea of keeping Anthony. You all have had several verbal arguments about this. Money is tight, and you both agree that the person keeping Anthony while you work is probably not the best person for the job. Anthony comes home angry and upset from there and the sitter says she needs more money to care for him. And boy is Anthony a handful. He really gets on your spouse’s nerves. He wants to be an adult and he is only 3 years old. He will not follow directions and has even kicked you when you try to put him in timeout. Your spouse will not tolerate this behavior from any child and has come very close to losing his temper with Anthony. Just two days ago your spouse picked him up by the arm and threw him onto his bed. Annie is always wanting to take him out and you think that is a good idea. It would give you and your spouse a break, but the CYS worker said Annie could not do that.

You are conflicted about Anthony staying with you and really do not understand why he cannot go back with his mom. But you will do or say anything to make sure that he does not go into the “system”. You behave toward the workers asking questions with confidence about taking care of Anthony. By withholding information, you try to assure them that all is well. Given this scenario....play it as you will.

When the round robin is complete, debrief with participants using the following questions:

- How successful was the interview?
 - Ask the large group to speak to the overall outcomes of the interview.
 - Did they feel it was a successful interview?

- How are they feeling overall about the large group’s ability to engage the caregiver (and others)?
 - Did participants remain neutral, proactive, and respectful?
- What information did they learn during the interview?
 - Ask the large group to speak to the types of questions used and the resulting information.
 - Did they gather information related to the five characteristics of safety?
 - How does this information translate into the indicators?
 - Did they identify additional topics about which they would like more information?
 - Are there additional people that need to be interviewed?

Work through each of the indicators, asking the large group to identify specific characteristics that they identified during the interview. Try to capture this information on flip chart paper for use in the next section, whenever possible.

- Do they have enough information to identify that the five characteristics of safety exist in this out-of-home care? Does Anthony remain safe with his caregivers?
 - Ask the large group to speak to their initial reactions to this caregiver and the placement setting.
 - Acknowledge that several more people would need to be interviewed.
 - Depending on the approach the large group took during the interview, they may give a variety of responses.
 - They may say that they do not have enough information. If this occurs, ask if they have enough to indicate whether the child remains safe or if further study and analysis is required.

After the large group discussion is complete, read to the participants the trainer scenario. What information did the trainer have that the participants missed? Given what they heard, would they change their overall impression of the interview, the ratings of the indicators, the safety of the child? Why or why not? Do the five characteristics of safety exist for Anthony?

Step 5: Requirements for Interviewing

As with the In-Home Safety Assessment and Management Process, child welfare professionals are required to conduct face-to-face interviews with the identified child and primary out-of-home caregivers in order to complete a safety assessment.

In addition to this requirement, child welfare professionals must at a minimum, see all of the household members, including other children, living in the home once every six

months. This does not mean that all of the household members must be seen at the same time, nor does it mean that each person must be interviewed individually. Ask participants why they think this is required in out-of-home care? Participants should ultimately reach the conclusion that the other household members can have a significant impact on the safety of the identified child. It also gives perspective on whether the identified child has been accepted into the home. We are looking to see if the children are treated differently, how all of the household members function, do the adults support the placement, *etc.*

Ask participants, if they are not required to conduct individual interviews with all of the household members, how would they gather that information? Participants should have a variety of responses not limited to observation of individual and group interactions. The identified child is also a good source of information to confirm what is going on in the home.

Another great source of information is private provider agency workers. They typically have significantly more contact with the children and families than the CCYA caseworker. As such, it is critical that a good rapport and strong working relationship be established with private provider agency workers and that we remain in frequent and close contact with them.

Step 6: Documenting Safety Related Information from Interviews

Once information is collected by conducting interviews and by making observations, the child welfare professional is required to document that information in the case record, often in the Structured Case Notes. Using **PowerPoint Slides #69 and #70 (Documenting Safety Related Information From Interviews)**. Encourage participants to ask their supervisor how child welfare professionals in their agency document these observations in the case file.

Step 7: Action Planning

Display PowerPoint Slides #71 (Action Planning). Prior to moving on to the next section, refer participants to **Handout #3 (Action Plan)**. Ask participants to take a few minutes to jot down: *Something new I learned was...; Something I need to know more about is...; and Something I will apply to my job is...* for this section.

Module 8: Assessing Safety in Out-of-Home Care

Section VII: Analyzing Safety Information & Making the Safety Decision

Estimated Time:

2 hours, 45 minutes

Performance Objectives:

- ✓ Given the information identified in the Rafael DVD, participants will be able to differentiate between the positive, concerning and negative safety characteristics to identify a rating for each of the 10 Safety Indicators.
- ✓ Given the Rafael DVD, participants will be able to complete a safety analysis and reach the correct Safety Decision.

Methods of Presentation:

Lecture, Large Group Discussion, DVD Exercise

Materials Needed:

- ✓ **Blank paper, one sheet per participant**
- ✓ **DVD: Interview with Allison Family Foster Parents Regarding Raphael**
- ✓ **DVD/VHS Player**
- ✓ **External Speakers for Laptop**
- ✓ Flip chart stand/paper
- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Markers
- ✓ Tape
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ **TV**
- ✓ **Handout #1: Charting the Course Towards Permanency: Module 8: Assessing Safety in Out-of-Home Care, revisited**
- ✓ **Handout #3: Action Plan, revisited**
- ✓ **Handout #14: Applying What You Know: Thinking About Safety, revisited**
- ✓ **Handout #19: Out-of-Home Care Safety Assessment Worksheet**
- ✓ **Handout #20: Out-of-Home Care Safety Assessment Worksheet Instructions**
- ✓ **Handout #21: Safety Analysis: A Closer Look at the Analysis Questions**
- ✓ **Handout #22: A Brief on the Allison Foster Family from the Foster Care Application**
- ✓ **Handout #23: Out-of-Home Care Safety Assessment Worksheet Sample**
- ✓ **Poster #1: Out-of-Home Care Safety Assessment Worksheet**
- ✓ **PowerPoint Presentation:**
 - **Slide #72: What We Have Learned So Far**
 - **Slide #73 - #76: Safety Analysis**

- **Slide #77 - #79: Safety Decisions**
- **Slide #80: Communicating Concerns**
- **Slide #81: The Allison Family**
- **Slide #82: Action Planning**

Section VII: Analyzing Safety Information & Making the Safety Decision

Step 1: What We Have Learned So Far

Review **PowerPoint Slide #72 (What We've Learned So Far)** as a way of summarizing the learning so far in the training and preparing participants for the next step: actual practice and completion of the tool.

Tell them that up to this point in the training we have covered a lot of information. All of this information is critical to the application of the Out-of-Home Care Safety Assessment and Management Process. We have talked about:

- The step-by-step process for assessing safety in out-of-home care;
- How we recognize Present Danger in placement settings;
- The 10 indicators of safety in out-of-home care and their characteristics;
- How to determine if a Safety Indicator is positive, concerning, or negative; and
- How we collect information through quality visits and effective questioning.

Now we are moving into the area of training that tells us how all of this comes together, how we actually apply all we have talked about up to this point in time toward the goal of assessing and keeping children safe in out-of-home care.

Step 2: Overview of Safety Analysis

So the overall approach here also requires that you consider how the resource caregivers and their home have changed when compared to previous assessment episodes.

Now let's turn the step, Safety Analysis. In this step, you will integrate everything you know about the child and resource caregivers and describe the rationale and justification for how the Safety Decision is made. While Step IV asks you to consider each indicator independently of the others, the Safety Analysis requires that you consider the interplay and interaction between all of the indicators. We know that the whole is greater than the sum of its parts, and here you are considering the whole, the big picture.

For example:

- How do the child's behaviors affect other indicators like Current Status and Acceptance?
- How does Adult Functioning affect the child's behavior and emotions?
- How do Community Supports affect Adult Functioning in terms of resources that they draw on to help them out?

- How do Community Supports affect the ability of caregivers to provide adequate supervision for the child?

So, you are analyzing how all of the family conditions and circumstances come together to form the reality of this placement for this child. Care must be taken to consider family conditions/indicators and characteristics accurately and completely. In each area you must guard against your biases, either positive or negative about the resource home. This is an objective neutral evaluation. Avoid considering what you will do if the placement is unsafe. Avoid considering resource availability. You are required to evaluate professionally and objectively the placement.

In the Safety Analysis step, you are also asked to thoughtfully consider the following questions. Refer participants to **Handout #21 (Safety Analysis: A Closer Look at the Analysis Questions)** and, using **PowerPoint Slides #73 through #76 (Safety Analysis)**, review the following:

1. Have any changes (positive or negative) occurred within the out-of-home family since your last assessment? Describe the changes and explain what prompted the change. Consider whether or not the change in the family resulted in a change in response to the 10 Safety Indicators.

This is the place where you do a comparative analysis of how the resource family and child are doing now in relationship to previous assessments. Are things better, worse, or the same? How have the 10 Safety Indicators changed? What has contributed to the change and what is the impact of these changes on child safety in this home?

Over time, the purpose of this analysis question is to call attention to the subtle (and sometimes not so subtle) changes that are occurring. Change could trigger that supports may need to be put into place to avoid placement disruption.

2. Considering all of the 10 Safety Indicators, are there sufficient positive Safety Indicators present and in operation that give you confidence that the child will remain safe in the setting? You should record your rationale for this judgment according to your agency policy.

This analysis question requires you to think about all of the 10 Safety Indicators and determine if they in combination translate to a decision that the child is safe. For each positive indicator, can you identify specific ways that contribute to this resource home being a safe one for this child now and in the future? Do not overstate the strengths, but present an objective picture. A thoughtful analysis considers how do/will the positive indicators work to offset any Concerning or Negative Characteristics.

3. You should document according to agency policy, in behavioral terms, any Negative Characteristic and/or Safety Indicators that are present. Include

intensity, frequency, and duration of the Characteristic and/or Safety Indicator and the impact on this child. If there are negative Safety Indicators and you and your supervisor decide to leave the child in this home, describe the rationale and justification for this decision according to agency policy.

Next, consider any negative indicators AND any Negative Characteristics that are in operation in the home. This is a critical piece of the analysis. You must control for your biases and for external pressures. You cannot minimize or overlook these indicators or characteristics because you do not have another placement available, or because the child has been doing well up to this point in the placement. If your assessment of safety in out-of-home care is going to have real meaning, you must tackle these issues head on and decide what kind of environment this really is for this child. Remember that a Safety Plan is never appropriate in a placement setting.

4. A) Consider any Safety Indicators that are rated as “concerning”. B) Are there supports (e.g. respite care, child care, training on the child’s specific needs, etc.) that will enhance the resource family’s ability to provide a safe environment for the child? Is there a clear rationale for this judgment. For supports already in place, consider the effectiveness/impact/continued need for that support.

Consider concerning indicators that are present in the resource home. Evaluate the likelihood of them becoming negative indicators. Think about what supports might help sustain the child in this placement. Decide if increased worker visitation is needed to continue to evaluate these indicators. Remember that this is not a Safety Plan. If any of the concerning indicators lead you to think that a Safety Plan is needed, then they are likely operating as negative indicators and you need to rethink your assessment decisions.

The Safety Decision:

By this point in the process you should be able to arrive at the actual Safety Decision. This decision should be made in conjunction with your supervisor. The child is either found to be safe or unsafe. Using **PowerPoint Slides #77 through #79 (Safety Decisions)**, cover the following.

Safe means that sufficient indicators exist that cause you and your supervisor to confirm that the setting remains safe for this child.

Unsafe means that sufficient indicators exist that cause you and your supervisor to conclude that the setting does not remain safe for this child. If this is the decision, then the child must be removed from the setting. When this decision is made the following additional steps must also occur within the designated timeframe:

- Review the child’s current Safety Plan to determine modifications needed and document any and all necessary changes.

- If children from another county are placed in the home, concerns, as they relate to those children should be communicated to the appropriate entities according to your CCYA's policy.

There is no option for safe with a plan because again, these resource caregivers are expected to provide a higher level of care and protection for children than they had in their own homes. Remind participants that the five characteristics of safety and a safe environment should continue to exist in the out-of-home care setting through the life of the child(ren)'s placement. If a Safety Plan is needed, the child is unsafe and needs to be moved immediately.

In instances where the court leaves a child in a setting you have determined to be unsafe you must document this according to your agency's policy. ***While we have stressed that we do not do Safety Plans in out-of-home care settings, if a court orders a child to remain in a placement determined by the CCYA to be unsafe, a Safety Plan is needed and the protocol to follow for that plan is the same as an in-home Safety Plan.

Regardless of whether the child is in an informal or formal placement, in-home safety assessments must continue to be completed on the caregiver(s) of origin. In-home safety assessments would be conducted as if the family were intact to determine whether reunification is possible.

Remind participants that, like the In-Home Safety Assessment and Management Process, child welfare professionals are required to assess safety in out-of-home care at every contact.

Trainer Note: In Step 3, it may be necessary to provide clarification regarding what is intended by the term "negative". When referring to a negative change, the term negative is referencing a decline in a safety indicator. This does not mean that the indicator must be rated "Negative". It could be a situation where an indicator rated as "Positive" has declined and may be rated "Concerning".

Step 3: Communicating concerns about other children in the home

During Section VI: Focused Information Collection through Quality Visitation, we introduced the important variable of gathering information not only for the identified child, but also for other children in the home. At that point, we also discussed that the information we learn through conversations with and observations of other children in the home informs our Safety Decisions for the identified child. This information gathering process may also identify concerns about the other children in the home.

Participants should also recall that we have talked about the critical importance of communication between workers throughout the system who have children in the same out-of-home care home. Display **PowerPoint Slide #80 (Communicating Safety Concerns)** and state that, if we identify information that has an impact on the other children in the home, it is important that that information is shared to the other county

worker. Unfortunately in the state of Pennsylvania this type of communication does not occur consistently.

In order to improve this communication it is expected that any worker in an out-of-home care home will consider the safety of all other children in the home even if they are not assigned to that worker when they make visits. This does not mean that a formal assessment is done on each of these children by the worker. It does mean that the worker will observe other children who are in the home at the time of the visit and inquire about how they are doing directly from them, if possible in private, and from the resource caregiver(s). The worker will also discuss the other children with the child they are assessing, both to determine the nature and quality of the child-to-child interaction and also as a method of gathering information on all children in the home.

There may be some participants who voice some concerns about that being the responsibility of the child's assigned caseworker. Explain to participants that although the child is not on their caseload, they do have a responsibility and obligation to notify the child's worker of concerns, whether the child is from their own county or from another county.

Inform participants that counties are required to develop their own policies and procedures to put in place surrounding how they will notify colleagues within their agency as well as those in other counties who have children residing in the same out-of-home setting. It is important that participants familiarize themselves with their county's policies and procedures. In addition, to always consult with their supervisor for direction. Ask participants if they are familiar with any of their own county's policies and procedures around notification. Ask for a few participants to share.

Step 4: Case Application: The Allison Family

We are now going to practice the actual application of assessing safety in out-of-home care. For this activity, we are going to use the Allison family who is caring for Rafael. We will use a video interview and case record information to inform the decision-making process and to answer the question, "Is Rafael safe or unsafe in this placement?"

Display **PowerPoint Slide #81 (The Allison Family)**, refer the group to **Handout #22 (A Brief on the Allison Foster Family from the Foster Care Application)** and advise them to read the case materials. It should only take them about 2 minutes.

Video: Play the **DVD: Interview with Allison Family Foster Parents Regarding Raphael**. (13 minutes) Tell participants that they need to focus on information collection to inform the indicators in order to complete an assessment after the video. This is not provided to you as a perfect example for interviewing. The interviewer is an actual worker and the Allison's are actors. The interviewing is done unprompted according to the interviewer's own style and approach. What you should be considering as you watch is what information is gathered.

Case Application/Practice:

Share with participants that extra copies of **Handout #19 (Out-of-Home Care Safety Assessment Worksheet)** have been provided for use during this activity. Distribute an extra copy to each participant. Explain that some agencies may require that this document be completed at prescribed intervals. Since it provides a way for participants to organize and apply the information and we learned, we will complete the worksheet during the next exercise.

Advise participants to use the written case information and the information from the video to complete the worksheet. Tell them that blank paper is available if they need to use extra paper to write down notes regarding the indicators and for the Safety Analysis.

This is an individual exercise and they have 35 minutes to complete it. Refer participants to **Handout #14 (Applying What You Know: Thinking About Safety)** to use as a resource.

Case Application Debrief:

Reconvene the large group. Seeking volunteers from the group, ask for one of them to review an indicator in order, beginning with the Child Functioning Indicator, followed by Adult Functioning Indicator and so on. Listen for information that fits and does not fit the indicator or information available. Ask how the presenter rated the indicator and put on a flip chart. Redirect if anything is not correct, or force justification from the large group. After each indicator is presented, ask the large group if they concur with what was presented. Then move through the rest in the same way noting the ratings on a flip chart. Reference **Handout #14 (Applying What You Know: Thinking About Safety)** as needed.

When all indicators have been addressed, move to the Safety Analysis using the previous seven slides to guide the discussion one question at a time.

This case will likely prompt quite a bit of debate. Many may think the child is unsafe due to Negative or Concerning Characteristics under “Acceptance”, “Current Status”, and “Oversight”. Others may think that Rafael is “sort of safe” at least for now. Allow debate but manage and control it. Do not give answers but try to direct the group toward some type of general consensus on the Safety Decision: Safe or Unsafe. Pose these analysis questions to the group as needed:

- We expect children to be cared for at a higher level than they were in their own homes, right?
- Is Rafael being cared for at a higher standard? Is it high enough?
- Are the five characteristics of safety and a safe environment existing here?
- What are the likely consequences if the family’s acceptance of Rafael does not change for the better? Disruption? Do we plan for that now?

- Do we offer supports to help manage and understand Rafael’s needs?
- How open to these might the Allison’s be?
- Are they capable of understanding that Rafael is used to caring for himself and not so used to having a “Mom and Dad”?
- Can they accept that and will that alter their acceptance level?
- In the final analysis what does the majority of the group think: Safe or Unsafe?

Distribute **Handout #23 (Out-of-Home Care Safety Assessment Worksheet Sample)**. Review the example, highlight where the large group and the example are different. Acknowledge that there may be some instances where the large group reached a different rating for an indicator. It is okay for some disparity as long as the rationale and justification for the rating is sound.

Step 5: Action Planning

This section provided a lot of additional information about the Out-of-Home Care Safety Assessment and Management Process. It also provided participants the opportunity to put together most of the pieces to the Out-of-Home Care Safety Assessment and Management Process. In the next section, we will address the remaining details to the process.

Display **PowerPoint Slide #82 (Action Planning)**. Prior to moving on to the next section, refer participants to **Handout #3 (Action Plan)**. Ask participants to take a few minutes to jot down: *Something new I learned was...*; *Something I need to know more about is...*; and *Something I will apply to my job is...* for this section.

Module 8: Assessing Safety in Out-of-Home Care

Section VIII: Workshop Closure & Evaluations

Estimated Time:

1 hour, 15 minutes

Performance Objectives:

N/A

Methods of Presentation:

Large Group Discussion, Individual Reflection/Exercise

Materials Needed:

- ✓ Laptop
- ✓ LCD Projector/Screen
- ✓ Trainer Prepared Flip Chart: What's In It For Me?
- ✓ Trainer Prepared Flip Chart: Parking Lot
- ✓ **Handout #3 Action Plan**, revisited
- ✓ Evaluations
- ✓ **Appendix #1: CTC: Mod 9 Pre-test Instructions**
- ✓ **Pre-tests (for Module 9)**
- ✓ **Pre-test Envelope**
- ✓ **PowerPoint Presentation:**
 - **Slide #83: Characteristics of Safety & Safe Environment**
 - **Slide #84: Review of Action Plan**
 - **Slide #85: Knowledge Check**
 - **Slide #86: Wrap-Up and Evaluation**

Section VII: Workshop Closure & Evaluations

Step 1: Summary of the Out-of-Home Care Safety Assessment and Management Process

Share with participants that at this point in the training we have looked at the entire Out-of-Home Care Safety Assessment and Management Process. Remind participants that at the beginning of Day 1 we started off the training with a review of the characteristics of safety and a safe environment. Display **PowerPoint Slide #83 (Characteristics of Safety & Safe Environment)** and share that the past two days have given us additional knowledge, skills, and abilities to determine if an out-of-home setting has each of these characteristics:

- **An absence of or control of threats of severe harm** - A safe environment does not contain active threats to child safety. If any threats do exist, they are being effectively managed and controlled by the caregiver. This control should be easily observable and sufficient time should have elapsed to conclude this status is absolutely confirmed.
- **Presence of caregiver Protective Capacities** - A safe environment exists because those caregivers with the assigned task of providing a safe home are assuring that protection is occurring, available, and ongoing. Caregiver Protective Capacities must be confirmed at case closure as observable, functioning, and effective.
- **A safe home is experienced as a refuge** - A safe environment as a refuge for a child is the first and most obvious place a child thinks of and goes to be safe. Confirming a home as a refuge requires sufficient time where continual protective care can be confirmed and observed by the caseworker.
- **Perceived and felt security** - A safe environment is perceived and felt by a child as a place of security. This translates into how they view and feel about their protectors, their parents, or caregivers.
- **Confidence in consistency** - A child needs to be able to count on a home remaining safe. For a case to be closed, the caseworker needs to have decided that there is a likelihood that the changes that have occurred will likely remain.

Our abilities, as child welfare professionals, to assess for the presence of these characteristics help to achieve the outcomes of safety, permanence, and well-being for children.

Step 2: Review of Action Plan

Trainer Note: Review the WIIFM poster and be sure that all of the questions and concerns have been addressed.

Display **PowerPoint Slide #84 (Review of Action Plan)**. Direct participants attention back to **Handout #3 (Action Plan)**. Remind participants that this handout has been used throughout the training to capture thoughts, questions, and areas for additional

exploration. Ask participants to review the notes they took throughout the past two days and add any additional information that they will find helpful to begin to implement the Out-of-Home Care Safety Assessment and Management Process into their casework practice. Respond to any outstanding questions.

Step 3: Knowledge Check

Display **PowerPoint Slide #85 (Knowledge Check)**. Follow the trainer instructions for administering the pre-test for *CTC: Module 9* using **Appendix #1 (CTC: Mod 9 Pre-test Instructions)**. Allow participants 45 minutes to complete the Pre-test.

Step 4: Evaluations

Remind participants to complete the online post-work for this module and pre-work for Module 9 prior to attending Module 9. Display **PowerPoint Slide #86 (Wrap-Up and Evaluation)**. Have participants complete their training evaluations.

Thank participants for their participation.