



***Charting the Course  
Towards Permanency for Children in Pennsylvania:  
Trainer Resource Book***

**Developed for:  
The Pennsylvania Child Welfare  
Training Program**

**University of Pittsburgh,  
School of Social Work**

**September 2011**

## Acknowledgements

The Pennsylvania Child Welfare Training Program would like to express its appreciation to all the dedicated *Charting the Course towards Permanency in Pennsylvania* trainers and County and State Child Welfare and related professionals – too numerous to capture here – that helped make *Charting the Course towards Permanency in Pennsylvania* curriculum, and in turn this handbook, a reality.

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# SECTION 1

# WORKSHOP DIRECTORY PAGES

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## WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #1: Introduction to Pennsylvania's Child Welfare System*

**COMP. #:** 110

**NO. HRS:** 6

**DATE:** August 2011

**101-1:** The child welfare professional understands the legal and philosophical basis of child welfare practice.

**101-3:** The child welfare professional knows the values of child welfare practice, including client self-determination, permanence, family preservation, preservation of parent's and children's rights, and respect for individual differences.

**101-4:** The child welfare professional understands the dual roles of the child welfare caseworker to protect children from maltreatment, and to provide services to enable and empower families.

**101-10:** The child welfare professional knows the responsibilities of the child protection agency and caseworker, including investigating complaints of maltreatment, providing ongoing in-home services, providing temporary substitute care placements, and providing permanent homes for children

**102-1:** The child welfare professional is able to apply social work values and principles in practice, including respecting the client's dignity, individuality, and right to self-determination.

**102-2:** The child welfare professional knows the proper sequence of steps in the case planning process.

**102-8:** The child welfare professional understands the potential effects of cultural and ethnic differences on the development of the casework relationship and knows strategies to establish relationships with clients from different cultural backgrounds.

**LEARNING OBJECTIVES:** Participants will be able to:

- Recognize the purpose of the *Charting the Course* curricula, its organization and procedures leading to the Direct Service Worker certificate;
- Examine the Pennsylvania child welfare system, its mission, vision, practice principles and guidelines; and
- Identify key federal and state laws and regulations that govern child welfare practice in Pennsylvania.

## CALENDAR SUMMARY:

*Module 1 of Charting the Course, Introduction to Pennsylvania's Child Welfare System*, introduces the new child welfare professional to the evolution of child welfare services in the United States and the role that values and laws have in the provision of child welfare services today. An introduction to the Pennsylvania child welfare system, its practice model and its casework process based on Strength-Based and Solution-Focused concepts also will be provided. The interdependence between child welfare practice and the federal and state laws that govern child welfare practice and process by which practitioners are held accountability through Child Family Service Review critical outcome will be explained. This workshop is eligible for 6 Continuing Education credit hours.

## TARGET AUDIENCE:

This workshop is intended for newly-employed child welfare professionals who are seeking certification as Direct Service Workers, as well as private provider staff and other child welfare professionals.

## EXPECTATIONS OF TRAINER:

The trainer should have excellent group facilitation skills and should have knowledge regarding the Department of Public Welfare and the Pennsylvania Child Welfare Training Program. The trainer must have substantial child welfare experience and be knowledgeable and skilled in discussing Federal and state child welfare law, regulation, and policy, and the daily workings of a public child welfare agency. Knowledge of the full spectrum of the various classes of county agencies represented across Pennsylvania would also be an asset in addressing participants' questions. The trainer must also be able to discuss the daily workings of a public child welfare agency to answer participants' questions as they seek to understand how their specific job descriptions fit into the casework process during the life of a case.

## MATERIALS NEEDED TO PRESENT WORKSHOP:

- ✓ CTC name tents
- ✓ Masking tape
- ✓ Colored markers
- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ 5X7 sticky note pad
- ✓ Overhead and screen or laptop, LCD projector and screen
- ✓ 15 table copies of the ***Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania*** (in the training room)
- ✓ **CD: *Reference Book for Charting the Course towards Permanency for Children in Pennsylvania*** (1 per participant)
- ✓ **CD: *Child and Adolescent Development Resource Manual*** (1 per participant)
- ✓ Appendices
- ✓ Curriculum
- ✓ Handouts
- ✓ Overheads/Power Point presentation
- ✓ Posters

## LIST OF HANDOUTS:

- ✓ **Handout #1:** Introduction Bingo (1 page)
- ✓ **Handout #2:** Learning Objectives (1 page)
- ✓ **Handout #3:** Agenda (1 page)
- ✓ **Handout #4:** New Caseworker Packet (16 pages)
- ✓ **Handout #5:** *Charting the Course towards Permanency for Children in Pennsylvania* Modules (1 page)
- ✓ **Handout #6:** Idea Catcher/Action Plan (1 page)
- ✓ **Handout #7:** Timeline of Major Federal Child Welfare Legislation (1 page)
- ✓ **Handout #8:** Child Family Service Reviews (1 page)
- ✓ **Handout #9:** Summary of Major Federal Legislations (1974 to present) (17 pages)
- ✓ **Handout #10:** *Office of Children, Youth, and Families Bulletin #3130-09-01, Implementation of the Indian Child Welfare Act of 1978* (11 pages)
- ✓ **Handout #11:** Summary of Pennsylvania Law, Bulletins and Regulations (6 pages)
- ✓ **Handout #12:** References (3 pages)

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Learning Objectives (1 page)
- ✓ **Overhead #2:** Agenda (1 page)
- ✓ **Overhead #3:** Collaborative Partnership of The Pennsylvania Child Welfare Training Program (1 page)
- ✓ **Overhead #4:** *Charting the Course towards Permanency for Children in Pennsylvania* Modules (2 pages)
- ✓ **Overhead #5:** Historical Outcome of Good Intentions (2 pages)
- ✓ **Overhead #6:** Potential Biases (2 pages)
- ✓ **Overhead #7:** Today's Child Welfare Practice Challenges (1 page)
- ✓ **Overhead #8:** Comparison of Approaches (1 page)
- ✓ **Overhead #9:** Components of Successful Family and Parent Engagement (1 page)
  
- ✓ **Overhead #10:** Developmental Challenges of Children in Child Welfare (2 pages)
- ✓ **Overhead #11:** Balancing Parent's Rights with State's Interests Leading to Child Protection (3 pages)
- ✓ **Overhead #12:** The Testimony of Mary Ellen (1 page)
- ✓ **Overhead #13:** Interdependence of Child Welfare Practice and the Law (1 page)
- ✓ **Overhead #14:** Child and Family Service Reviews (1 page)

## LIST OF APPENDICES:

- ✓ **Appendix #1:** Prepared Cards (Print on card stock)
- ✓ **Appendix #2:** Prepared Sentence Strips (8; created by trainer from flip chart paper)

## LIST OF POSTERS:

- ✓ **Poster #1:** Timeline of Major Federal Child Welfare Legislation

## CREDIT ASSIGNED:

Continuing Education credits: 6 hours



## WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
**Module #2: Identifying Child Abuse and Neglect**

**COMP. #:** 110

**NO. HRS:** 12

**DATE:** August 2011

### COMPETENCIES:

- 100-1:** The child welfare professional can use the state's legal definitions of physical abuse, sexual abuse, neglect and mental injury to determine the validity of protective complaints.
- 101-1:** The child welfare professional understands the legal and philosophical bases of child welfare practice.
- 101-2:** The child welfare professional knows legal categories and definitions of maltreatment in their practice jurisdiction (for example, physical abuse, sexual abuse, neglect and endangerment).
- 101-5:** The child welfare professional can accurately identify physical, emotional, and behavioral indicators of abuse, neglect and sexual abuse in child victims and their families.
- 101-6:** The child welfare professional knows how child abuse and neglect are presenting symptoms of family dysfunction and can assess individual, family and environmental contributors to abuse, neglect and sexual abuse.
- 101-12:** The child welfare professional understands the concept of cultural competence; knows how one's own culture affects behavior and values; and knows how cultural and ethnic differences may affect the delivery of child welfare services and relationships with clients from different cultural backgrounds.

**LEARNING OBJECTIVES:** Participants will be able to:

- Recognize the value and use of *Casework Practice: Navigational Guide's* screening, investigation and assessment steps and the Six Domains in the identification of child abuse and neglect;
- Identify the specific definitions of non-accidental serious physical injury, child sexual abuse, imminent risk, non-accidental serious mental injury, serious physical neglect, general protective services and student abuse, as defined in the Child Protective Services Law; and
- Recognize the physical indicators and the family dynamics and behaviors of child maltreatment.

## CALENDAR SUMMARY:

*Module 2 of Charting the Course, Identifying Child Abuse and Neglect*, introduces the new child welfare professional to the *Casework Practice: Navigational Guide* and how Pennsylvania laws define child maltreatment and what constitutes child abuse and neglect. This workshop teaches child welfare professionals how to apply the legal definitions to recognize whether a child is a victim of maltreatment. Discussion of child abuse and neglect will also include the family dynamics of child maltreatment and the need to evaluate family dynamics during initial and ongoing risk, safety, and family assessments. Participants will learn to recognize the need for cultural sensitivity in assessing child abuse and neglect conditions. They will also develop a self-awareness of their own reactions to child maltreatment and how these reactions might impact their casework with families. Additionally, child welfare practice requires that child welfare professionals be aware of the practice of human trafficking and the substantial risk it causes to the safety and well-being of children. This workshop is eligible for 12 Continuing Education credit hours (CE's).

## TARGET AUDIENCE:

This workshop is intended for newly employed child welfare professionals who are seeking certification as Direct Service Workers, as well as private provider staff and other child welfare professionals.

## EXPECTATIONS OF TRAINER:

The trainer must be knowledgeable and skilled in concepts of child protection, including child welfare values and principles; the dynamics and indicators of child abuse and neglect; risk assessment; cultural issues in child protection; the investigation and assessment of child maltreatment; and in-home services. A thorough understanding of *Casework Practice: Navigation Guide* and Pennsylvania laws and policies is required. The trainer must have supervisory and casework experience in child welfare practice, specifically, in child protective services. It is critical that the trainer knows the Pennsylvania laws that define child maltreatment. The trainer must have considerable experience in conducting training workshops, should have excellent group facilitation skills and should have knowledge regarding The Pennsylvania Child Welfare Training Program.

## MATERIALS NEEDED TO PRESENT WORKSHOP:

- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ CTC name tents
- ✓ Television
- ✓ VCR/DVD Player
- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ 15 table copies of ***Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania*** (in the training room. Participants were given this reference book on CD in Module 1.)
- ✓ **DVD/Video: *Scared Silent***
- ✓ Appendices
- ✓ Curriculum
- ✓ Handouts

- ✓ Overheads/Power Point Presentations
- ✓ Trainer Resources

## LIST OF HANDOUTS:

- ✓ **Handout #1:** Learning Objectives and Competencies (1 page)
- ✓ **Handout #2:** Agenda (1 page)
- ✓ **Handout #3:** Idea Catcher/Action Plan (1 page)
- ✓ **Handout #4:** Phases of Casework Practice: Navigational Guide (1 page)
- ✓ **Handout #5:** Steps in the Navigational Guide (7 pages)
- ✓ **Handout #6:** CY-47: Report of Suspected Child Abuse (2 pages)
- ✓ **Handout #7:** Six Domains (1 page)
- ✓ **Handout #8:** Overview of the Screening Process (1 page)
- ✓ **Handout #9:** CY-104: Report of Suspected Child Abuse to Law Enforcement Officials (1 page)
- ✓ **Handout #10:** Checklist: Information to Be Obtained from the Reporter (2 pages)
- ✓ **Handout #11:** Screening Activity (1 page)
- ✓ **Handout #12:** Photographing Children (1 page)
- ✓ **Handout #13:** Transmittal on Miranda Warning (3 pages)
- ✓ **Handout #14:** Case Status Determination (1 page)
- ✓ **Handout #15:** CY-48: Child Protective Service Investigation Report (2 pages)
- ✓ **Handout #16:** Child Abuse Definitions (3 pages)
- ✓ **Handout #17:** Non-Accidental Court Case Examples (1 page)
- ✓ **Handout #18:** Court Rulings on Non-Accidental Court Case Examples (1 page)
- ✓ **Handout #19:** Questioning (1 page)
- ✓ **Handout #20:** Reactions to Pictures of Physical Injuries to Children (2 pages)
- ✓ **Handout #21:** Impact of Physical Abuse on Children's Behavior and Development (3 pages)
- ✓ **Handout #22:** Parental and Family Conditions of Abuse (5 pages)
- ✓ **Handout #23:** Sexual Abuse Definitions (5 pages)
- ✓ **Handout #24:** Physical and Behavioral Indicators of Sexual Abuse (3 pages)
- ✓ **Handout #25:** Indicators of Sexual Abuse (2 pages)
- ✓ **Handout #26:** Childhood Sexual Behavior Activity (2 pages)
- ✓ **Handout #27:** Behavior Related to Sex and Sexuality in Children (7 pages)
- ✓ **Handout #28:** Child Sexual Abuse Questions (1 page)
- ✓ **Handout #29:** Imminent Risk (1 page)
- ✓ **Handout #30:** Case Scenarios (2 pages)
- ✓ **Handout #31:** Forms of Emotional Abuse (2 pages)
- ✓ **Handout #32:** Assessment Techniques for Emotional Abuse (2 pages)
- ✓ **Handout #33:** Serious Physical Neglect (1 page)
- ✓ **Handout #34:** Case example of Serious Physical Neglect (1 page)
- ✓ **Handout #35:** General Protective Services (1 page)
- ✓ **Handout #36:** Student Abuse Quiz (2 pages)
- ✓ **Handout #37:** References (1 page)

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Learning Objectives (2 pages)
- ✓ **Overhead #2:** Agenda (2 pages)
- ✓ **Overhead #3:** Children and Youth Services Mandates (2 pages)
- ✓ **Overhead #4:** Activity (1 page)

- ✓ **Overhead #5:** The Screening Process (1 page)
- ✓ **Overhead #6:** Sequencing of Interviews (1 page)
- ✓ **Overhead #7:** CPS Status Determinations (1 page)
- ✓ **Overhead #8:** Child Abuse Is... (2 pages)
- ✓ **Overhead #9:** Categories of Child Abuse (1 page)
- ✓ **Overhead #10:** Non-Accidental Serious Physical Injury (1 page)
- ✓ **Overhead #11:** Determination of Non-Accidental Serious Physical Injury (2 pages)
- ✓ **Overhead #12:** Non-Accidental Rationale (2 pages)
- ✓ **Overhead #13:** Conditions of Abuse (2 pages)
- ✓ **Overhead #14:** Definitions of Abuse (1 page)
- ✓ **Overhead #15:** Generic Definition of Sexual Abuse (1 page)
- ✓ **Overhead #16:** Imminent Risk (1 page)
- ✓ **Overhead #17:** Substantiating Imminent Risk (2 pages)
- ✓ **Overhead #18:** Non-accidental Serious Mental Injury (1 page)
- ✓ **Overhead #19:** Serious Physical Neglect (1 page)
- ✓ **Overhead #20:** General Protective Services (1 page)
- ✓ **Overhead #21:** Student Abuse Is... (2 pages)

#### **LIST OF APPENDICES:**

- ✓ **Appendix #1:** TOL Pre-Work (2 pages; 5 copies, double-sided)
- ✓ **Appendix #2:** Laminated Photos (10 pages, labeled 1-10; 1 copy of each, single-sided and laminated)

#### **LIST OF TRAINER RESOURCES:**

- ✓ **Trainer Resource #1:** TOL Post-Work (2 pages)

#### **LIST OF DVD'S/VIDEOS:**

- ✓ **DVD/Video #1:** *Scared Silent: Abuse*

#### **LIST OF POWER POINT PRESENTATIONS:**

- ✓ **Power Point #1:** *Child Abuse Slides*
- ✓ **Power Point #2:** *Module 2 Power Point Presentation* (optional)

#### **CREDIT ASSIGNED:**

Continuing Education credits: 12 hours

# WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #3: Using Interactional Helping Skills to Achieve Lasting Change*

**COMP. #:** 110

**NO. HRS:** 18

**DATE:** August 2011

## COMPETENCIES:

- 102-5** The child welfare professional is able to integrate the use of authority with the use of casework methods to simultaneously protect children and engage families.
- 102-6** The child welfare professional is able to use casework methods to defuse family hostility and resistance.
- 102-8:** The child welfare professional understands the potential effects of cultural and ethnic differences on the development of the casework relationship, and knows strategies to establish relationships with families from cultural backgrounds different from one's own.
- 108-1:** The child welfare professional understands the concept of cultural competence; knows how one's own culture affects behavior and values; and knows how cultural and ethnic differences may affect the delivery of Child Welfare Services.

**LEARNING OBJECTIVES:** Participants will be able to:

- Identify the four phases of the casework process as well as the Interactional Helping Skills most prevalently used in each of the four phases.
- Describe the purpose of the Interactional Helping Skills.
- Describe how to use the Interactional Helping Skills.
- Describe the types of information associated with each of the six assessment domains.
- Distinguish the purpose of and identify an appropriate plan and strategy for conducting a quality interview of a child according to the child's chronological and emotional development and special conditions.
- Distinguish the purpose of and identify an appropriate plan and strategy for conducting a quality interview of custodial and non-custodial caregivers.
- Identify strategies for locating and engaging absent parents with particular emphasis on absent fathers.

## CALENDAR SUMMARY:

Research shows that people achieve lasting change if they have a positive working relationship with the helper who is facilitating that change process. *Module 3: Using the Interactional Helping Skills to Achieve Lasting Change* introduces participants to the four phases of the Interactional Helping Skills Model including the Preliminary/ Preparatory Phase, Beginning/Contracting Phase, Middle/Working Phase and the Ending/Transitioning Phase. Participants will learn the fundamental skills associated with each phase of the model including Tuning in to Self; Tuning in to Others; Clarifying Purpose and

Role; Dealing with Issues of Authority; Reaching for Feedback; Questioning; Reaching into Silences; Summarization; and Next Steps.

Participants will also use strength-based solution-focused questions through each phase of the interview. Connections will then be made to the six assessment domains that are explored at each contact/interview to inform casework decision-making and to drive planning. Participants will then have the opportunity to apply these skills to individual sessions with children, youth and families. This workshop is eligible for 18 Continuing Education credit hours (CE's).

### **TARGET AUDIENCE:**

This training is intended for newly-employed child welfare professionals seeking certification as Direct Service Workers, as well as private provider professionals and other child welfare professionals.

### **EXPECTATIONS OF THE TRAINER:**

The trainer must be thoroughly familiar with the Shulman Interactional Helping Skills Model as well as Strength-Based and Solution-Focused concepts. In addition, the trainer must have experience applying the tenets and methods of both approaches to child welfare practice. The trainer should be familiar with the six assessment domains and be able to apply the Interactional Helping Skills to the six assessment domains. Additionally, the trainer must have a basic knowledge of child welfare law, the regulations, the *Pennsylvania Standards for Child Welfare Practice* (January, 2000), and a strong knowledge of the daily workings of a public child welfare agency in order to allow the trainer to answer questions from participants as they seek to understand how the skills and methods apply to their daily casework efforts. The trainer must also have considerable experience in conducting training workshops, should have excellent group facilitation skills and should have knowledge regarding the Pennsylvania Child Welfare Training Program.

### **MATERIALS NEEDED TO PRESENT WORKSHOP:**

(Trainers will need to provide sample interview tools for various-age children and adults. If the needed copies of the *Child and Adolescent Resource Books* are not available in the training room, these should also be sent.)

- ✓ 2 Flip chart stands
- ✓ Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ CTC name tents
- ✓ 12 Pieces of blank 8.5 X 11 paper
- ✓ 1 pack of sentence strips
- ✓ 6 table copies of the *Child and Adolescent Resource Books*
- ✓ 5 Multi-colored 5X7 index cards, 1 card in each color (blue, pink, yellow, green & purple)
- ✓ Television and DVD/Video player
- ✓ DVD/Video: *Module 3: Interactional Helping Skills*
- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Overheads/PowerPoint
- ✓ Curriculum
- ✓ Appendices
- ✓ Handouts
- ✓ Posters
- ✓ Trainer Resources

## LIST OF HANDOUTS:

**Note:** If offering handouts in packet form, remove **Handout #15 (Strength-Based, Solution-Focused Questions)** and **Handout #17 (Six Domains Questions Activity Answer Key)**.

- ✓ **Handout #1:** Agenda (1 page)
- ✓ **Handout #2:** Idea Catcher/Action Plan (3 pages)
- ✓ **Handout #3:** The Four Phases of Casework Practice (3 pages)
- ✓ **Handout #4:** Determine the Phase Activity (2 pages)
- ✓ **Handout #5:** Using the Interactional Helping Skills (6 pages)
- ✓ **Handout #6:** Tuning in Scenarios (2 pages)
- ✓ **Handout #7:** Clarifying Purpose and Role (1 page)
- ✓ **Handout #8:** Protective Authority Continuum (1 page)
- ✓ **Handout #9:** Protective Authority Scenarios (1 page)
- ✓ **Handout #10:** Breaking Down the Barriers (2 pages)
- ✓ **Handout #11:** Recognizing and Managing Anger (3 pages)
- ✓ **Handout #12:** Change (1 page)
- ✓ **Handout #13:** Stages of Change (1 page)
- ✓ **Handout #14:** Stages of Change: Questions to Ask and Actions to Consider (2 pages)
- ✓ **Handout #15:** Strength-Based, Solution-Focused Questions (2 pages)
- ✓ **Handout #16:** Six Assessment Domains (5 pages)
- ✓ **Handout #17:** Six Domain Questions Activity Answer Key (3 pages)
- ✓ **Handout #18:** Putting the Pieces Together (2 pages)
- ✓ **Handout #19:** Quality Interviews Preparation Checklist (3 pages)
- ✓ **Handout #20:** Case Examples (3 pages)
- ✓ **Handout #21:** Juarez Family: New Information (1 page)
- ✓ **Handout #22:** Ethnographic Interviewing (1 page)
- ✓ **Handout #23:** Child Interviews (2 pages)
- ✓ **Handout #24:** Developmental Issues in Interviewing Children (2 pages)
- ✓ **Handout #25:** Adult Interviews (3 pages)
- ✓ **Handout #26:** Family (2 pages)
- ✓ **Handout #27:** Genogram for the Doe-Davis Family (1 page)
- ✓ **Handout #28:** Interviewing Collateral Contacts (2 pages)
- ✓ **Handout #29:** Structuring the Interview (3 pages)
- ✓ **Handout #30:** Interview Scenarios (4 pages)
- ✓ **Handout #31:** Interview Feedback Form (3 pages)
- ✓ **Handout #32:** Checklist for Interviewing (2 pages)
- ✓ **Handout #33:** References (4 pages)

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Learning Objectives (2 pages)
- ✓ **Overhead #2:** Competencies (1 page)
- ✓ **Overhead #3:** The Four Phases (1 page)
- ✓ **Overhead #4:** Using the Interactional Helping Skills (1 page)
- ✓ **Overhead #5:** Tuning in to Self (1 page)
- ✓ **Overhead #6:** Tuning in to Others (1 page)
- ✓ **Overhead #7:** Tuning in... Group Work (1 page)
- ✓ **Overhead #8:** Definition of Culture (1 page)
- ✓ **Overhead #9:** Tuning in to Self Scenario (1 page)
- ✓ **Overhead #10:** Script Feedback Observations (2 pages)
- ✓ **Overhead #11:** Dealing with Issues of Authority (1 page)
- ✓ **Overhead #12:** Protective Authority Continuum (1 page)

- ✓ **Overhead #13:** Barriers to a Voluntary Relationship (1 page)
- ✓ **Overhead #14:** Contracting (1 page)
- ✓ **Overhead #15:** Stages of Change (1 page)
- ✓ **Overhead #16:** Change (1 page)
- ✓ **Overhead #17:** Purpose of Questioning (1 page)
- ✓ **Overhead #18:** General Types of Questions (1 page)
- ✓ **Overhead #19:** Strength-Based Solution-Focused Questions (1 page)
- ✓ **Overhead #20:** Clifford Quote (1 page)
- ✓ **Overhead #21:** Interview Defined (1 page)
- ✓ **Overhead #22:** Engagement (1 page)
- ✓ **Overhead #23:** Pre-Work Observations Instructions (1 page)
- ✓ **Overhead #24:** Dimensions of Diversity (1 page)
- ✓ **Overhead #25:** Preparation (1 page)
- ✓ **Overhead #26:** General Principles to Follow (1 page)
- ✓ **Overhead #27:** *The Strengths Perspective* (1 page)
- ✓ **Overhead #28:** Types of Strengths (1 page)
- ✓ **Overhead #29:** Other Types of Interviews (1 page)
- ✓ **Overhead #30:** Protective Factors (1 page)
- ✓ **Overhead #31:** Interview Instructions (1 page)
- ✓ **Overhead #32:** Summary and Transfer of Learning (1 page)

#### LIST OF APPENDICES:

- ✓ **Appendix #1:** Cultural Belief Forced-Choice Answers (2 pages) (Printed on 8.5" x 11" sheets of paper, single-sided)
- ✓ **Appendix #2:** Tuning in Scenarios (7 pages) (Printed on 8.5" x 11" sheets of paper, single-sided)
- ✓ **Appendix #3:** Domains Questions (Printed on 8.5" X11" sheets of card stock paper, single-sided, and cut into 4" x 3.5" cards -1 question per card)
- ✓ **Appendix #4:** Developmental Issues Activity Cards (1 page) (Printed on 1-1/3" X 4" Avery labels)

#### LIST OF POSTERS:

- ✓ **Poster #1:** The Four Phases of Casework (1 page)
- ✓ **Poster #2:** Approach Comparison (2 pages)
- ✓ **Poster #3:** Six Domains (8 pages)

#### LIST OF POWERPOINT PRESENTATIONS:

- ✓ **PowerPoint #1:** *Charting the Course Towards Permanency for Children in Pennsylvania: Module 3: Using Interactional Helping Skills to Achieve Lasting Change*

#### LIST OF RESOURCE TABLE ITEMS:

- ✓ **Resource Table #1:** Reasons to Engage the Parent and Advocate for Contact or Visitation (2 pages)
- ✓ **Resource Table #2:** Ten Things to Do to Support Children of Incarcerated Parents (1 page)
- ✓ **Resource Table #3:** Fathers and Child Development (7 pages)
- ✓ **Resource Table #4:** Engaging a Specific Father (1 page)
- ✓ **Resource Table #5:** Barriers to Father Involvement (1 page)
- ✓ **Resource Table #6:** Gathering Family Information (3 pages)



## LIST OF TRAINER RESOURCES:

- ✓ **Trainer Resource #1:** Determine the Phase Activity Answer Key (3 pages)
- ✓ **Trainer Resource #2:** Case Examples Discussion Guide (6 pages)
- ✓ **Trainer Resource #3:** Ways in Which Cultures Differ (1 page)

## LIST OF DVDS/VIDEOS:

- ✓ **DVD/Video #1:** Module 3: Interactional Helping Skills
  - *Clip 1*
  - *Clip 2*

## CREDIT ASSIGNED:

Continuing Education credits: 18 hours

# Workshop Directory Page

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #4: In-Home Safety Assessment and Management*

**COMP. #:** 110

**NO. HRS:** 18

**DATE:** August 2011

## **COMPETENCY:**

- 102-2:** The child welfare professional understands the importance of effective case assessment and planning as the foundation of casework intervention.
- 102-4:** The child welfare professional can assess families' cognitive, behavioral, and emotional strengths and weaknesses and can use this information to formulate case goals and plans.
- 106-5:** The child welfare professional understands the ways in which cultural variables can confound an assessment of child maltreatment, and can conduct investigation activities that are congruent with a family's cultural background.
- 102-15:** The child welfare professional is able to write concise, summarized case assessment, case plan and other supporting documentation into the family case record in a timely manner.

## **LEARNING OBJECTIVES:** Participants will be able to:

- List the seven components of the Safety Assessment and Management Process;
- Recognize how gathering information on the Six Domains leads to more informed safety decisions and effective safety intervention;
- List the five components of the safety threshold;
- Identify present danger and impending danger threats using the safety threshold criteria as a benchmark;
- Determine if protective capacities are absent, enhanced or diminished;
- Analyze the gathered safety information to make a safety decision;
- Develop a safety plan with specific, sufficient safety interventions;
- Document the components of an In-Home Safety Assessment: assessment of safety threats, identification of protective capacities, completion of a safety analysis, identification of a safety decision, development of a safety plan; and
- State in precise and specific ways how the safety practice model supports decision-making throughout the casework process.

## **CALENDAR SUMMARY:**

Module 4 of *Charting the Course: In-Home Safety Assessment and Management*, introduces new child welfare professionals to the Safety Assessment and Management Process. Effective safety assessment and management controls threats of serious harm to a child throughout the entire casework process and links to risk assessment and family service plan activities. Assessing and analyzing safety threats and protective capacities serve as the foundation for safety decision-making

and planning. Learning to assess safety threats and being able to engage families in the key areas of assessment are critical skills for new child welfare professionals in the child welfare system to know in order to achieve the outcomes of safety, timely permanency and well-being for children, youth and families in Pennsylvania. This workshop is eligible for 18 Continuing Education credit hours.

### **TARGET AUDIENCE:**

This training is intended for newly-employed child welfare professionals seeking certification as Direct Service Workers, as well as private provider professionals and other child welfare professionals.

### **EXPECTATIONS OF THE TRAINER:**

The trainer will be knowledgeable about the entire casework process for child welfare cases but be especially skilled in the area of assessing and planning for safety through understanding the general family structure, dynamics and level of functioning. They must be well versed in the Pennsylvania Safety Assessment Management Process. They must also have a basic knowledge of the child welfare laws and regulations (both federal and state) and the *Pennsylvania Standards for Child Welfare Practice* (January 2000). They will be familiar with the Interactional Helping Skills (especially Communicating Information, Reaching for Feedback and Questioning). They must have effective presentation and practice facilitation skills and be committed to and knowledgeable about strength-based child welfare practice, as well as to social work values and ethics.

### **MATERIALS NEEDED FOR WORKSHOP:**

- ✓ Flip chart stands and paper
- ✓ Colored markers
- ✓ Masking tape or blue tape
- ✓ Overhead projector and screen or laptop, LCD Projector and screen
- ✓ CTC name tents
- ✓ *Idea Catchers*
- ✓ Sticky notes (6 total packs)
- ✓ Colored paper (at least 4 different colors, 10 pages each color)
- ✓ Scissors (6 pairs)
- ✓ Glue Sticks (6 sticks)
- ✓ Plastic sheet protectors (4 total per participant, each double-sided, cardstock handout goes in a sleeve)
- ✓ Binder rings (1 per participant; use to clip together the 4 sheet protector papers)
- ✓ ***Safety Assessment and Management Process Resource Manual*** (1 per participant)
- ✓ VCR/DVD player
- ✓ Television
- ✓ DVD: *Smith Family Interviews* (1 DVD with different clips)
- ✓ Appendices
- ✓ Curriculum
- ✓ Posters (1 set per training)
- ✓ Handouts
- ✓ Overheads (in color)/ Power Point presentation
- ✓ Smith Family Folder (*Each participant will receive the individual handouts needed to start their folder during this training; 6 spare copies of the complete folders are to remain in training room.*)

## LIST OF HANDOUTS:

- ✓ **Handout #1:** Agenda and Learning Objectives (1 page)
- ✓ **Handout #2:** Action Plan (3 pages)
- ✓ **Handout #3:** Risk vs. Safety (1 page)
- ✓ **Handout #4:** Global Definitions (1 page)
- ✓ **Handout #5:** The Vincent Family Scenario (1 page)
- ✓ **Handout #6: Pennsylvania Safety Threats (4 pages)\*\***
- ✓ **Handout #7:** Hummel Case Scenario, Part 1(1 page)
- ✓ **Handout #8:** Hummel Case Scenario, Part 2 (3 pages)
- ✓ **Handout #9:** Effective Documentation (2 pages)
- ✓ **Handout #10:** Structured Case Note (2 pages)
- ✓ **Handout #11: Blank In-Home Safety Assessment Worksheet (2 pages)\*\*\***
- ✓ **Handout #12:** Hummel Family Safety Assessment, Part 1 (2 pages)
- ✓ **Handout #13: Protective Capacity Resource (4 pages)\*\***
- ✓ **Handout #14:** Protective Capacity Worksheet (2 pages)
- ✓ **Handout #15:** Hummel Family Safety Assessment, Part 2 (1 page)
- ✓ **Handout #16:** Safety Intervention Analysis (6 pages)
- ✓ **Handout #17:** Hummel Family Safety Assessment, Part 3 (2 pages)
- ✓ **Handout #18: Blank Safety Plan (2 pages)\*\*\***
- ✓ **Handout #19:** My Safety Plan Resources (1 page)
- ✓ **Handout #20:** Actions within Safety Plans (2 pages)
- ✓ **Handout #21:** Hummel Family Safety Planning Information (1 page)
- ✓ **Handout #22:** Hummel Family Safety Plan (2 pages)
- ✓ **Handout #23:** Smith Family Exercise (4 pages)\*\*\*\*
- ✓ **Handout #24:** Smith Family Structured Case Note (3 pages)\*\*\*\*
- ✓ **Handout #25:** Additional Information on Smith Family (2 pages)\*\*\*\*
- ✓ **Handout #26:** Smith Family Safety Assessment (4 pages)\*\*\*\*
- ✓ **Handout #27:** Smith Family Safety Plan - Example (2 pages)\*\*\*\*

**\*\* These handouts should be printed on cardstock paper and placed in plastic sleeves.**

**\*\*\* 60 copies of this handout will be needed during the training.**

**\*\*\*\*These handouts will form the basis of the *Smith Family Folder*, which participants are to bring back in the following modules.**

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Characteristics of Safety & Safe Environment (2 pages)
- ✓ **Overhead #2:** Steps in the Safety Assessment and Management Process (1 page)
- ✓ **Overhead #3:** Paradigm Shifts (1 page)
- ✓ **Overhead #4:** Agenda (1 page)
- ✓ **Overhead #5:** Types of Assessment (1 page)
- ✓ **Overhead #6:** What Is Different About... (1 page)
- ✓ **Overhead #7:** Risk vs. Safety (1 page)
- ✓ **Overhead #8:** Global Definitions (1 page)
- ✓ **Overhead #9:** Pennsylvania Safety Threshold Criteria (1 page)
- ✓ **Overhead #10:** Risk to Safety Continuum (1 page)
- ✓ **Overhead #11:** Definition of Present Danger (1 page)
- ✓ **Overhead #12:** Present Danger Threat Categories (1 page)
- ✓ **Overhead #13:** Definition of Impending Danger (1 page)
- ✓ **Overhead #14:** Interview Protocol (1 page)

- ✓ **Overhead #15:** Documentation Examples (5 pages)
- ✓ **Overhead #16:** Interval Policy (5 pages)
- ✓ **Overhead #17:** In-Home Safety Assessment Fields (1 page)
- ✓ **Overhead #18:** Definition of Caregiver Protective Capacities (1 page)
- ✓ **Overhead #19:** Levels of Protective Capacities (1 page)
- ✓ **Overhead #20:** The Purpose of Safety Intervention Analysis (1 page)
- ✓ **Overhead #21:** Safety Decisions (2 pages)
- ✓ **Overhead #22:** What is a Safety Plan? (1 page)
- ✓ **Overhead #23:** A Safety Plan Must (1 page)
- ✓ **Overhead #24:** Information on a Safety Plan (1 page)
- ✓ **Overhead #25:** Safety Plan vs. Family Service Plan (1 page)
- ✓ **Overhead #26:** When is a Safety Plan Sufficient? (1 page)

#### **LIST OF APPENDICES:**

- ✓ **Appendix #1:** Learning Objectives (9 pages) (1 copy per training on colored paper, single-sided)
- ✓ **Appendix #2:** Recommended Information Collection Protocol for Interviewing Families (18 pages) (1 per table)

#### **LIST OF POSTERS:**

- ✓ **Poster #1:** Steps in the Safety Assessment and Management Process (1 page)
- ✓ **Poster #2:** In-Home Safety Assessment Worksheet (2 pages)
- ✓ **Poster #3:** Safety Threshold Criteria (1 page)
- ✓ **Poster #4:** Skeleton Poster (1 page) (5 copies)

#### **LIST OF DVDs/VIDEOS:**

- ✓ **DVD/Video #1: *Smith Family Interviews***
  - *Clip #1: Interview with Carley and Christian*
  - *Clip #2: Interview with Colin Levitt*
  - *Clip #3: Interview with Crystal Smith*

#### **CE CREDITS ASSIGNED:**

Continuing Education credits: 18 hours

## WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #5: Risk Assessment*

**COMP. #:** 110

**NO. HRS:** 12

**DATE:** August 2011

### COMPETENCIES:

- 106-1:** The child welfare professional knows the personal, interpersonal, family and environmental factors, which increase the risk of maltreatment of children.
- 106-2:** The child welfare professional knows investigation and interviewing strategies to assess and determine the degree of risk to a child remaining in the home.
- 106-3:** The child welfare professional knows how to use the risk assessment tool.
- 106-4:** The child welfare professional is able to gather pertinent information from the family, the child, and from collateral sources; can make an initial assessment of risk to the child and of the family's problems, needs and strengths; and can make the appropriate case disposition.
- 106-5:** The child welfare professional understands the ways in which cultural variables can confound an assessment of child maltreatment, and can conduct investigation activities that are congruent with a family's cultural background.

**LEARNING OBJECTIVES:** Participants will be able to:

- Recognize the importance of doing a thorough and accurate risk assessment to evaluate the future risk of harm.
- Explain the importance of linking the results of the assessment of risk to case planning and service provision.

### CALENDAR SUMMARY:

*Module 5 of Charting the Course, Risk Assessment*, introduces new child welfare professionals to the Pennsylvania Model for Risk Assessment used to assess the overall level of risk of a child being abused or neglected in the near future. The workshop provides the knowledge and skills necessary to effectively use this tool as an aid in assuring the child's safety and well-being through the foreseeable future. The workshop includes using the tool in accordance with federal mandates, state laws and regulations, and practice standards that guide the use of the risk assessment tool. Child welfare professionals are also reminded of the appropriate Interactional Helping Skills that would be used while performing this process of assessing risk. This workshop is eligible for 12 Continuing Education credit hours (CE's).

## TARGET AUDIENCE:

This training is intended for newly-employed child welfare professionals seeking certification as Direct Service Workers, as well as private provider professionals and other child welfare professionals.

## EXPECTATIONS OF THE TRAINER:

The trainer will be knowledgeable about the entire casework process for child welfare cases and be highly skilled in and knowledgeable about the Pennsylvania Risk Assessment process. They should also have a basic knowledge of the child welfare laws and regulations (both federal and state) and the *Pennsylvania Standards for Child Welfare Practice* (January 2000). They should be familiar with the Interactional Helping Skills and have effective presentation and practice facilitation skills. The trainer should have considerable experience in conducting training workshops, should have excellent group facilitation skills and should have knowledge regarding the Pennsylvania Child Welfare Training Program.

## MATERIALS NEEDED TO PRESENT WORKSHOP:

- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ CTC name tents
- ✓ *Idea Catchers*
- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ 6 table copies of ***Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania*** (in the room)
- ✓ 6 table copies of ***In-Home Safety Assessment and Management Process Reference Manual***
- ✓ ***Reference Manual for the Pennsylvania Model of Risk Assessment*** (1 per participant)
- ✓ ***Smith Family Folder*** (Participants are to bring this with them to training. 1-2 extra copies will be in the training room.)
- ✓ Television and DVD/VCR Player
- ✓ DVD's/Videos:
  - ***The Unquiet Death of Eli Creekmore*** and
  - ***The Andy Thompson Case***
- ✓ Overheads/Power Point presentation
- ✓ Curriculum
- ✓ Handouts
- ✓ Posters

## LIST OF HANDOUTS:

- ✓ **Handout #1:** Learning Objectives and Competencies (1 page)
- ✓ **Handout #2:** Agenda (1 page)
- ✓ **Handout #3:** Quiz: Pennsylvania Risk Assessment (2 pages)
- ✓ **Handout #4:** Risk Assessment Qualities (1 page)
- ✓ **Handout #5:** Pennsylvania Risk Assessment Case Interval Policy (1 page)
- ✓ **Handout #6:** Identification of Safety Threats and Risk Factors (1 page)
- ✓ **Handout #7:** Instructions for Completing Risk Assessment Form (4 pages)

- ✓ **Handout #8:** Match That Risk (1 page)
- ✓ **Handout #9:** Caretaker & Family Environment Video Exercise Worksheet (2 pages)
- ✓ **Handout #10:** Pennsylvania Model Risk Assessment Form (2 pages)
- ✓ **Handout #11:** Risk/Severity Continuum (2 pages)
- ✓ **Handout #12:** Williams Family Exercise (3 pages)
- ✓ **Handout #13:** Pennsylvania Model Risk Assessment Form (2 pages)
- ✓ **Handout #14:** Establishing and Documenting Overall Severity and Overall Risk (3 pages)
- ✓ **Handout #15:** Williams Family: Risk Assessment Summary (2 pages)
- ✓ **Handout #16:** Smith Family Risk Assessment (3 pages)<sup>\*\*\*\*</sup>
- ✓ **Handout #17:** Steps in Case Transfer (3 pages)

\*\*\*\*Participants will add this handout to their *Smith Family Folder*.

#### **LIST OF OVERHEADS:**

- ✓ **Overhead #1:** Learning Objectives (1 page)
- ✓ **Overhead #2:** Competencies (2 pages)
- ✓ **Overhead #3:** Agenda (1 page)
- ✓ **Overhead #4:** Types of Assessments (1 page)
- ✓ **Overhead #5:** Goal of Risk Assessment (2 pages)
- ✓ **Overhead #6:** What is Different About... (1 page)
- ✓ **Overhead #7:** Risk vs. Safety (1 page)
- ✓ **Overhead #8:** Global Definitions (1 page)
- ✓ **Overhead #9:** Overall Severity (1 page)
- ✓ **Overhead #10:** Overall Risk (1 page)
- ✓ **Overhead #11:** Levels of Risk (1 page)
- ✓ **Overhead #12:** Risk Assessment Summary (2 pages)

#### **LIST OF POSTERS:**

- ✓ **Poster #1:** Risk Assessment Matrix

#### **LIST OF DVD's/VIDEOS:**

- ✓ **DVD/Video Clip #1:** *The Unquiet Death of Eli Creekmore*
- ✓ **DVD/Video Clip #2:** *The Andy Thompson Case*

#### **CREDIT ASSIGNED:**

Continuing Education credits: 12 hours



## WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #6: Case Planning with Families*

**COMP. #:** 110

**NO. HRS:** 12

**DATE:** August 2011

### COMPETENCIES:

- 101-11:** The child welfare professional knows the proper roles and responsibilities of other community agencies in the child protective service process and can collaborate with these agencies and practitioners to develop case plans and to provide services.
- 102-1:** The child welfare professional is able to apply social work values and principles in practice, including respecting the self-determination, dignity and individuality of the family.
- 102-2:** The child welfare professional understands the importance of effective case assessment and planning as the foundation of casework intervention.
- 102-9:** The child welfare professional is able to develop appropriate, time-limited case goals and objectives and can formulate observable, behavioral measures of these goals and objectives.
- 102-10:** The child welfare professional is able to prioritize case needs and objectives and can develop action/service plans, which reflect these priorities.
- 102-13:** The child welfare professional can use casework methods to promote family preservation and permanence for children by involving parents in case planning; by providing services to maintain children in their own homes; by assuring parents' involvement with children in placement; and by providing services toward timely reunification.
- 102-14:** The child welfare professional understands the importance of conducting routine and timely case reviews and can reassess the outcomes of all case plans and service interventions and to make appropriate modifications in the case plan.
- 102-15:** The child welfare professional is able to write concise, summarized case assessment, case plan and other supporting documentation into the family case record in a timely manner.

**LEARNING OBJECTIVES:** Participants will be able to:

- Recognize the importance of doing strength-based and solution-focused Family Service Plans to ensure the safety, permanence and well-being of children;
- List the steps in the service planning process;
- Explain the purpose of the required components of a Family Service Plan & FSP Review;
- Write objectives to support the identified goal and that are specific, measurable, action-oriented, realistic and time-limited;

- Write tasks derived from the task analysis that identifies the activities that will be completed to achieve each objective;
- Prioritize the sequencing of the objectives and tasks to reduce risk factors, increase protective capacities and meet well-being needs in a timely manner;
- Describe the process for making referrals to community agencies; and
- Explain the steps in the Family Service Plan Review process.

## **CALENDAR SUMMARY:**

*Module 6 of Charting the Course, Case Planning with Families*, introduces new child welfare professionals to the knowledge and skills that are required to do effective service planning with families; and introduces them to the standardized Family Service Plan and Family Service Plan Review forms used in Pennsylvania. In this workshop, the child welfare professionals have an opportunity to learn the family service planning process and to practice it with a case. In this workshop, child welfare professionals will learn what is expected of them according to Pennsylvania laws and regulations when making referrals to other agencies, monitoring service delivery and evaluating service delivery outcomes. Connections to the Federal Child and Family Services Review standards will also be made. This workshop is eligible for 12 Continuing Education credit hours.

## **TARGET AUDIENCE:**

This training is intended for newly-employed child welfare professionals seeking certification as Direct Service Workers, as well as private provider professionals and other child welfare professionals.

## **EXPECTATIONS OF THE TRAINER:**

The trainer will be knowledgeable about the entire casework process for child welfare cases, including safety and risk assessment and be especially skilled in the area of service planning with families. The trainer should also have a basic knowledge of the child welfare laws and regulations (both federal and state). The trainer should be familiar with the Interactional Helping Skills, the Strength-Based, Solution-Focused approach. The trainer needs to be committed to strength-based child welfare practice and the values and ethics of social work.

The trainer should have supervisory and casework experience in child welfare practice, specifically, in child protective services. The trainer should have considerable experience in conducting training workshops, with excellent group facilitation skills, and knowledge regarding the Pennsylvania Child Welfare Training Program.

## **MATERIALS NEEDED TO PRESENT WORKSHOP:**

- ✓ 2 Flip chart stands
- ✓ 2 Blank flip charts
- ✓ Colored markers
- ✓ Masking tape
- ✓ CTC name tents
- ✓ *Idea Catchers*
- ✓ 50 Sentence Strips
- ✓ 30 sheets of blank paper
- ✓ 1 pack of 3" X 5" Sticky notes
- ✓ *Don't Spill the Beans* game

- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ 15 table copies of **Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania** (in the training room)
- ✓ **Safety Assessment and Management Process Reference Manual (6 table copies)**
- ✓ **Smith Family Folder** (Participants are to bring this with them to training. 1-2 extra copies will be in the training room.)
- ✓ Appendices
- ✓ Curriculum
- ✓ Handouts
- ✓ Overheads/Power Point presentation
- ✓ Trainer Resources

## LIST OF HANDOUTS:

**Note:** If offering handouts in packet form, remove **Handout #15** (Smith Family Service Plan) and the extra copies of **page 7, Handout #14** (Family Service Plan).

- ✓ **Handout #1:** Learning Objectives (1 page)
- ✓ **Handout #2:** Agenda (1 page)
- ✓ **Handout #3:** Steps in the Family Service Planning Process (1 page)
- ✓ **Handout #4:** Family Service Planning-Incorporating Safety and Risk Assessments (6 pages)
- ✓ **Handout #5:** Screening, Evaluation & Assessment (1 page)
- ✓ **Handout #6:** ASQ in a Nutshell (1 page)
- ✓ **Handout #7:** ICWA Screening Form (3 pages)
- ✓ **Handout #8:** *Indian Child Welfare Act* Desk Aid (3 pages)
- ✓ **Handout #9:** Safe Sleep Environment Screening (1 page)
- ✓ **Handout #10:** Building a Comprehensive Family Assessment (1 page)
- ✓ **Handout #11:** Family Service Plan Definitions (1 page)
- ✓ **Handout #12:** FSP Goals (1 page)
- ✓ **Handout #13:** Guidelines for Choosing a Specific Service Provider (1 page)
- ✓ **Handout #14:** Family Service Plan (11 pages)\*\*
- ✓ **Handout #15:** Smith Family Service Plan (16 pages)\*\*\*
- ✓ **Handout #16:** Standard Information When Making a Referral (1 page)
- ✓ **Handout #17:** Confidentiality Laws and Regulations (2 pages)
- ✓ **Handout #18:** Case Examples (3 pages)
- ✓ **Handout #19:** Family Service Plan Review Requirements (2 pages)
- ✓ **Handout #20:** Assessing Progress of Family Service Plans (4 pages)
- ✓ **Handout #21:** Summarizing and Identifying Next Steps (3 pages)
- ✓ **Handout #22:** FSP Reviews (2 pages)
- ✓ **Handout #23:** Observation Checklist of Summarization (1 page)
- ✓ **Handout #24:** Action Plan (1 page)

\*\*In addition to the original handout copies, 3 extra copies of page 7 per participant will be needed.

\*\*\*Participants will add this handout to their *Smith Family Folder*.

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Learning Objectives (2 pages)
- ✓ **Overhead #2:** Agenda (2 pages)

- ✓ **Overhead #3:** 3130 Regulations for FSP Planning (1 page)
- ✓ **Overhead #4:** The Family Service Planning Process (1 page)
- ✓ **Overhead #5:** Family Service Plan's Interactions (1 page)
- ✓ **Overhead #6:** Building Comprehensive Family Assessment (1 page)
- ✓ **Overhead #7:** Comprehensive Family Assessment (1 page)
- ✓ **Overhead #8:** Strength Categories (1 page)
- ✓ **Overhead #9:** The Strength-Based, Solution-Focused Questions (3 pages)
- ✓ **Overhead #10:** Levels of Protective Capacities (1 page)
- ✓ **Overhead #11:** The Family's Situation and the Causes of the Situation (1 page)
- ✓ **Overhead #12:** Effects on the Children (1 page)
- ✓ **Overhead #13:** Concerns (1 page)
- ✓ **Overhead #14:** Family Service Plan Definitions (5 pages)
- ✓ **Overhead #15:** Tasks (1 page)
- ✓ **Overhead #16:** Confusion Between Objectives and Tasks (1 page)
- ✓ **Overhead #17:** Objectives and Tasks Understood (1 page)
- ✓ **Overhead #18:** Criteria for Prioritization (1 page)
- ✓ **Overhead #19:** Setting Priorities (1 page)
- ✓ **Overhead #20:** When a Child Remains in the Home (1 page)
- ✓ **Overhead #21:** Activity Instructions (1 page)
- ✓ **Overhead #22:** Instructions for FSP Review Activity (1 page)

#### **LIST OF APPENDICES:**

- ✓ **Appendix #1:** Protective Capacity Resource (1 copy per table)

#### **LIST OF DVD'S/VIDEOS:**

- ✓ **DVD/Video #1:** *Pathways to Permanence*

#### **TRAINER RESOURCES:**

- ✓ **Trainer Resource #1:** Summary of 3130 Regulations Related to Family Service Planning (2 pages)
- ✓ **Trainer Resource #2:** Early Intervention Eligibility (1 page)
- ✓ **Trainer Resource #3:** Developing the Comprehensive Family Assessment (2 pages)

#### **CREDIT ASSIGNED:**

Continuing Education credits: 12 hours

## WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #7: The Court Process*

**COMP. #:** 110

**NO. HRS:** 6

**DATE:** August 2011

### COMPETENCIES:

- 100-2:** The child welfare professional understands the proper role of the juvenile court system in child welfare and knows how to use the juvenile court to protect children.
- 100-3:** The child welfare professional understands the caseworker's role and responsibility in the courtroom and knows what constitutes effective testimony.
- 100-4:** The child welfare professional is able to gather pertinent evidence and prepare a case for filing and presentation in juvenile court.
- 101-12:** The child welfare professional understands the concept of cultural competence; knows how one's own culture affects behavior and values; and knows how cultural and ethnic differences may affect the delivery of child welfare services.

**LEARNING OBJECTIVES:** Participants will be able to:

- Identify the types of courts and the court participants associated with child welfare practice.
- Identify the legal authority for taking a child into protective custody and initiating a petition for court intervention.
- Identify the role and responsibility of the child welfare professional in the dependency court process.

### CALENDAR SUMMARY:

*Module 7 of Charting the Course, The Court Process*, will introduce the juvenile court process to the new child welfare professional from the point of filing an initial petition for dependency through the termination of parental rights. The time lines and critical decisions as well as the caseworker's responsibility at each stage of the juvenile court process will be identified. The critical importance of case documentation and the caseworker's role in preparing him or herself, the child, parent and other service providers also will be reviewed. This workshop is eligible for 6 Continuing Education credit hours.

### TARGET AUDIENCE:

This training is intended for newly-employed child welfare professionals seeking certification as Direct Service Workers, as well as private providers and other child welfare professionals.

## EXPECTATIONS OF TRAINER:

Trainers should be well-informed about the Pennsylvania Court System and in particular the dependency court process. They should have direct experience in presenting dependency petitions in court either as a child welfare professional or an attorney and should possess basic knowledge of child welfare laws and regulations (both state and federal). Trainers must have an understanding of the concepts of culture, the expanded definition of culture and cultural competency issues in child welfare practice. The trainer must also have considerable experience in conducting training workshops, should have excellent group facilitation skills and should have knowledge regarding the Pennsylvania Child Welfare Training Program.

## MATERIALS NEEDED TO PRESENT WORKSHOP:

- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ CTC name tents
- ✓ Masking tape
- ✓ Colored markers
- ✓ 1" X 2" sticky notes (5 colors, 6 of each color)
- ✓ 4" X 6" colored note cards (25 total)
- ✓ 12 table copies of ***Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania*** (in the training room)
- ✓ Overhead and screen or laptop, LCD projector and screen
- ✓ Television and DVD/Video player
- ✓ Overheads/Power Point presentation
- ✓ Curriculum
- ✓ Handouts
- ✓ Trainer Resources

## LIST OF HANDOUTS:

- ✓ **Handout #1:** Learning Objectives (1 page)
- ✓ **Handout #2:** Agenda (1 page)
- ✓ **Handout #3:** Idea Catcher/Action Plan (1 page)
- ✓ **Handout #4:** Dependency Court Hearings (7 pages)
- ✓ **Handout #5:** Court Participants: Roles, Rights and Responsibilities (3 pages)
- ✓ **Handout #6:** Guardian *ad litem* Powers and Duties (1 page)
- ✓ **Handout #7:** Court-Appointed Special Advocate Powers and Duties (1 page)
- ✓ **Handout #8:** Definition of a Dependent Child (1 page)
- ✓ **Handout #9:** Pennsylvania's Required Preventive or Reunification Services (2 pages)
- ✓ **Handout #10:** In the Interest of R.F. and C.F. (2 pages)
- ✓ **Handout #11:** Procedures for Protective Custody by Police and County Agency (1 page)
- ✓ **Handout #12:** Aggravated Circumstances (1 page)
- ✓ **Handout #13:** Dependency Petition (5 pages)
- ✓ **Handout #14:** Smith Family Updated Case Note and Safety Assessment (8 pages)
- ✓ **Handout #15:** Courtroom Preparation (4 pages)
- ✓ **Handout #16:** Evidence Chart (1 page)
- ✓ **Handout #17:** References (1 page)

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Learning Objectives (1 page)
- ✓ **Overhead #2:** Agenda (1 page)
- ✓ **Overhead #3:** Child Welfare Professional and Court Practice (2 pages)
- ✓ **Overhead #4:** Child Welfare Practice and Pennsylvania's Unified Judicial System (1 page)
- ✓ **Overhead #5:** Child Welfare Practice Administrative Hearing and Appeal Process (1 page)
- ✓ **Overhead #6:** Legal Authority and Decision Making Process in Dependency Court (1 page)
- ✓ **Overhead #7:** Safety Definitions (1 page)
- ✓ **Overhead #8:** Hummel Family Safety Assessment, Part 1 (2 pages)
- ✓ **Overhead #9:** Hummel Family Safety Assessment, Part 2 (1 page)
- ✓ **Overhead #10:** Combined *Intent of Adoption Assistance Act of 1980* and *Adoption and Safe Families Act of 1997* (1 page)
- ✓ **Overhead #11:** *Child Protective Services Law and Juvenile Act* (1 page)
- ✓ **Overhead #12:** Reasonable Efforts Services (1 page)
- ✓ **Overhead #13:** Judicial Determination of Reasonable Efforts (1 page)
- ✓ **Overhead #14:** Principals of Documentation (1 page)
- ✓ **Overhead #15:** Protective Custody (1 page)
- ✓ **Overhead #16:** Emergency Placement Facilities for Dependent Children (1 page)
- ✓ **Overhead #17:** *Kinship Care Act* (1 page)
- ✓ **Overhead #18:** Aggravated Circumstances (2 pages)
- ✓ **Overhead #19:** Testifying in Court Activity (1 page)
- ✓ **Overhead #20:** Components of a Dependency Petition (2 pages)

## LIST OF DVD'S/VIDEOS:

- ✓ **DVD/Video #1:** *The Judicial Branch Pennsylvania's Unified Judicial System* (optional)

## LIST OF TRAINER RESOURCES:

- ✓ **Trainer Resource #1:** In the Interest of James Feidler, Robert Feidler and Christopher Feidler (5 pages)
- ✓ **Trainer Resource #2:** Hummel Family Safety Assessment, Part 1 (2 pages)
- ✓ **Trainer Resource #3:** Hummel Family Safety Assessment, Part 2 (1 page)

## CREDIT ASSIGNED:

Continuing Education credits: 6 hours

## WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #8: Assessing Safety in Out-of-Home Care*

**COMP. #:** 110

**NO. HRS:** 12

**DATE:** November 2010

### COMPETENCIES:

- 102-2:** The child welfare professional understands the importance of effective case assessment and planning as the foundation of casework intervention.
- 102-4:** The child welfare professional can assess families' cognitive, behavioral and emotional strengths and weaknesses and can use this information to formulate case goals and plans.
- 102-15:** The child welfare professional is able to write concise, summarized case assessment, case plan and other supporting documentation into the family case record in a timely manner.

### LEARNING OBJECTIVES: Participants will be able to:

- Identify and provide rationale for standards of care associated with kin (formal and informal) and foster care and evaluate the effect of our beliefs and perceptions on safety in out-of-home care;
- Learn the Pennsylvania specific work process designed to assess, confirm and maintain child safety in out-of-home care;
- Recognize the nature and importance of quality visitation with children in out-of-home care as a basis for assessing their safety as well as attending to other critical needs;
- Connect information collection skills and methods related to critical attributes of safety in out-of-home care;
- Learn to complete an assessment and analysis of attributes of a safe out-of-home care setting;
- Identify processes for reaching conclusions and decisions based on an assessment of safety in out-of-home care; and
- Learn the expectations for documentation and required intervals for assessing safety in out-of-home care.



## **CALENDAR SUMMARY:**

This is a two-day workshop which focuses on assessing safety of children who are placed out of home. This workshop builds on concepts learned in *Module 4: An Introduction to the Safety Assessment and Management Process*, in particular the understanding of the six Information Domains, Protective Capacities and Safety Threats. Placing a child in an out-of-home care living arrangement does not automatically mean that the child is safe. This workshop will provide a specific approach for child welfare professionals to assess, judge and confirm that a child will be safe when placed. This assessment process begins once the decision has been made and confirmed by the court that the child should be placed and continues until the child is reunified or they have achieved another permanency goal. The workshop will also address key components of conducting a quality visit with children in an out-of-home care setting and gathering information to inform decision making. Participants will also learn how to use the Out-of-Home Safety Assessment Worksheet and Indicators as a guide when conducting assessments and making safety-related decisions. This workshop is eligible for 12 Continuing Education credit hours (CE's).

## **TARGET AUDIENCE:**

This training is intended for newly-employed child welfare professionals seeking certification as Direct Service Workers as well as private provider professionals and other child welfare professionals.

## **EXPECTATIONS OF THE TRAINER:**

The trainer will be knowledgeable about the entire casework process for child welfare cases but be especially skilled in the area of assessing and planning for safety throughout the entire casework process through understanding the general family structure, dynamics, and level of functioning. They must be well versed in the In-Home and Out-of-Home Pennsylvania Safety Assessment and Management Process. They must also have a basic knowledge of the child welfare laws and regulations (both federal and state) and the *Pennsylvania Standards for Child Welfare Practice* (January 2000).

In addition, trainers must have an in-depth knowledge of the *Child Placements with Emergency Caregivers*, *Kinship Care Policy*, and *Frequency and Tracking of Caseworker Visits to Children in Federally Defined Foster Care*, *Implementation of Act 160 of 2004 Amending the Child Protective Services Law* bulletins and the *Chapter 3700 Foster Family Care Agency Regulations*. They will be familiar with the Interactional Helping Skills (especially communicating information, reaching for feedback and questioning). They must have effective presentation and practice facilitation skills and be committed to and knowledgeable about strengths-based child welfare practice, as well as social work values and ethics.

## **MATERIALS NEEDED FOR WORKSHOP:**

- ✓ 2 Flip chart pads
- ✓ 2 Flip chart stands
- ✓ CTC name tents
- ✓ *Idea Catchers*
- ✓ Colored markers
- ✓ Masking tape
- ✓ Blank paper
- ✓ Prepared flip charts
- ✓ Plastic sleeves

- ✓ Metal rings (1 per participant)
- ✓ 12 table copies of **Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania** (in training room)
- ✓ **Smith Family Folder** (Participants are to bring this with them to training. 1-2 extra copies will be in the training room.)
- ✓ 6 table copies of the **Child and Adolescent Development Resource Book** (in training room)
- ✓ **Trainer Resource Book**
- ✓ Television and DVD/Video player
- ✓ **DVD: Allison Family Interview**
- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Overheads/Power Point presentation
- ✓ Handouts
- ✓ Poster

### LIST OF HANDOUTS:

**Note:** If the Power Point is being used, one copy of the power point slides (3 slides per page) per participant.

- ✓ **Handout #1:** Agenda & Overall Learning Objectives (1 page)
- ✓ **Handout #2:** Action Plan (2 pages)
- ✓ **Handout #3:** Glossary of Terms (2 pages)
- ✓ **Handout #4:** Assessing Safety in Out-of-Home Care - Flow Chart (1 page)
- ✓ **Handout #5:** The Process for Assessing Safety in Out-of-Home Care (5 pages)
- ✓ **Handout #6:** Impact of Trauma and Maltreatment on Child/Adolescent Development (4 pages)
- ✓ **Handout #7:** Talking with Children about Placement (5 pages)
- ✓ **Handout #8:** Preparing Children and Youth for Placement (5 pages)
- ✓ **Handout #9:** Present Danger Definitions and Examples (11 pages)
- ✓ **Handout #10:** Present Danger Assessment: Out-of-Home Care Settings (1 page)
- ✓ **Handout #11:** The Hawes Family & Darlene's Mother Case Scenario (2 pages)
- ✓ **Handout #12:** Pennsylvania Intervals for Documenting Safety in Out-of-Home Care (4 pages)
- ✓ **Handout #13: Out-of-Home Care Safety Assessment Worksheet: Safety Indicators & Characteristics (6 pages) \*\*\***
- ✓ **Handout #14:** Applying What You Know: Thinking About Safety (1 page)
- ✓ **Handout #15:** Information Collection: Key Points (2 pages)
- ✓ **Handout #16:** Quality Visitation (2 pages)
- ✓ **Handout #17:** Information Collection: Safety in Out-of-Home Care Sample Interview Questions (5 pages)
- ✓ **Handout #18:** Scenario for Participants: Round Robin Exercise (1 page)
- ✓ **Handout #19:** Sample Provider Documentation Template (1 page)
- ✓ **Handout #20: Out-of-Home Care Safety Assessment Worksheet (2 pages)~**
- ✓ **Handout #21:** Instructions: Safety in Out-of-Home Care Tool (3 pages)
- ✓ **Handout #22:** Safety Analysis: A Closer Look at the Analysis Questions (2 pages)
- ✓ **Handout #23:** A Brief on the Allison Foster Family from the Foster Care Application (3 pages)
- ✓ **Handout #24:** Sample Allison Assessment (3 pages)
- ✓ **Handout #25:** Safety in Out-of-Home Care: Alert to Affiliated Counties (2 pages)

**\*\*\* This handout should be printed on card stock, inserted into plastic sleeves and bound with a 1" metal ring.**

**~ Please make 60 copies (two sets) of this handout.**

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Characteristics of Safety & Safe Environment (2 pages)
- ✓ **Overhead #2:** Agenda (1 page)
- ✓ **Overhead #3:** Safety in Out-of-Home Care (1 page)
- ✓ **Overhead #4:** Out-of-Home Care (1 page)
- ✓ **Overhead #5:** Formal Care (1 page)
- ✓ **Overhead #6:** Informal Care (1 page)
- ✓ **Overhead #7:** Flow Chart (1 page)
- ✓ **Overhead #8:** Incidence of Children Entering Out-of-Home Care (1 page)
- ✓ **Overhead #9:** Incidence of Children Experiencing Trauma (2 pages)
- ✓ **Overhead #10:** Grief Reactions to Separation and Loss (1 page)
- ✓ **Overhead #11:** Purposes of Child Preparation for Placement (1 page)
- ✓ **Overhead #12:** Speaking to Children about Placement (1 page)
- ✓ **Overhead #13:** Principles for Choosing an Appropriate Placement Setting (1 page)
- ✓ **Overhead #14:** Placement Considerations in Pennsylvania Policy (1 page)
- ✓ **Overhead #15:** Present Danger Defined (1 page)
- ✓ **Overhead #16:** Assessing Present Danger (1 page)
- ✓ **Overhead #17:** Safety Responsibility Standard (1 page)
- ✓ **Overhead #18:** Present Danger Intervals (5 pages)
- ✓ **Overhead #19:** Positive Characteristics (1 page)
- ✓ **Overhead #20:** Concerning Characteristics (1 page)
- ✓ **Overhead #21:** Negative Characteristics (1 page)
- ✓ **Overhead #22:** Applying What You Know (1 page)
- ✓ **Overhead #23:** Research Identifies (1 page)
- ✓ **Overhead #24:** Information Collection (1 page)
- ✓ **Overhead #25:** Practicing Information Collection (1 page)
- ✓ **Overhead #26:** Structured Case Note Details (1 page)
- ✓ **Overhead #27:** What We've Learned So Far (1 page)
- ✓ **Overhead #28:** Safety Analysis Questions (3 pages)
- ✓ **Overhead #29:** Safety Decisions (3 pages)
- ✓ **Overhead #30:** Out-of-Home Care Assessment Intervals (3 pages)
- ✓ **Overhead #31:** Alert to Affiliated Counties (1 page)

## LIST OF POSTERS:

- ✓ **Poster #1:** Out-of-Home Care Safety Assessment Worksheet (2 pages)

## LIST OF DVD'S/VIDEOS:

- ✓ **DVD/VIDEO #1:** *Allison Family Interview*

## CE CREDITS ASSIGNED:

Continuing Education credits: 12 hours

## WORKSHOP DIRECTORY PAGE

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #9: Out-of-Home Placement and Permanency Planning*

**COMP. #:** 110

**NO. HRS:** 18

**DATE:** August 2011

### COMPETENCIES:

**101-1:** The child welfare professional understands the legal and philosophical bases of child welfare practice.

**LEARNING OBJECTIVES:** Participants will be able to:

- Identify the impact separation has on children in out-of-home placement;
- Recognize the five permanency options and their casework activities for children who come into agency care as outlined in ASFA;
- Describe the casework tasks involved in concurrent planning;
- Recognize the permanency services available through private providers, SWAN or their agency to aid in permanency planning;
- Recognize the components of a quality Child Permanency Plan;
- Identify appropriate interventions to manage the Visitation Plan;
- Describe how permanency needs of a child/youth changes as the child matures; and
- Review how casework tasks throughout the life of the case impact permanency outcomes for children.

### CALENDAR SUMMARY:

Module 9 of Charting the Course, *Out-of-Home Placement and Permanency Planning*, introduces the new child welfare professional to the knowledge and skills required to do effective service planning with families when the safety of the children requires an out-of-home placement. Dependency issues and the traumatic impact of separation on children will be discussed. The course also covers the array of permanency options available to achieve permanency for children in out-of-home care. Emphasis is placed on effective concurrent planning and visitation. An understanding of the federal and state regulatory guidelines assists child welfare professionals in knowing their own role in the process of placement in order to achieve the overall mission of timely safety, permanence and well-being for children, youth and families. This workshop is eligible for 18 Continuing Education credit hours.

### TARGET AUDIENCE:

This training is intended for newly-employed child welfare professionals seeking certification as Direct Service Workers, as well as private providers and other child welfare professionals.

## EXPECTATIONS OF TRAINER:

The trainer will be knowledgeable about the entire casework process for child welfare cases, including safety assessment. In addition, trainer will be skilled in the area of out-of-home placement services, visitation, permanency planning, concurrent planning and ASFA timelines. The trainer should also have a basic knowledge of the child welfare laws and regulations (both federal and state) and the *Pennsylvania Standards for Child Welfare Practice (January 2000)*. The trainer should be familiar with the Interactional Helping Skills, the Strength-Based, Solution-Focused approach. The trainer should be committed to timely permanence, concurrent planning practice, strength-based child welfare practice and the values and ethics of social work. It is strongly recommended that the trainer have direct experience practicing concurrent planning, filing termination of parental rights petitions, placing for children for adoption and attending adoption hearings.

It is strongly recommended that this module be co-trained with a youth representative who has received permanency from the child welfare system. The youth trainer should be able to define and discuss areas of strength or challenge within this child welfare system regarding placement, visitation and permanency planning services.

## MATERIALS NEEDED TO PRESENT WORKSHOP:

- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ CTC name tents
- ✓ *Idea Catchers*
- ✓ Masking tape
- ✓ Colored markers
- ✓ Crayons
- ✓ Color paper
- ✓ Premade flipchart
- ✓ 8-1/2" X 11" Blank paper (one per participant)
- ✓ Boxes of tissues (1 box per table)
- ✓ Permanency game materials:
  - Game board
  - Colored Laminates
- ✓ 12 table copies of the ***Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania*** (in the training room)
- ✓ **CD's of: *Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania*** (1 per participant)
- ✓ **Trainer Resource Book**
- ✓ ***Smith Family Folder*** (Participants are to bring this with them to training. 1-2 extra copies will be in the training room.)
- ✓ ***Know Your Rights*** book (1 copy)
- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Overheads/Power Point presentation
- ✓ DVD/Video player
- ✓ Television
- ✓ DVD's/Videos: *Multiple Transitions; Shulman Skills; Pathways to Permanence; and Sam's Electronic Lifebook*
- ✓ Appendices
- ✓ Curriculum

- ✓ Handouts
- ✓ Posters

## LIST OF HANDOUTS:

**Note:** If offering handouts in packet form, remove the extra copies of **page 8** and **page 10** from **Handout #23 (Child's Permanency Plan)**.

- ✓ **Handout #1:** Agenda (1 page)
- ✓ **Handout #2:** Learning Objectives (1 page)
- ✓ **Handout #3:** Aging Out of Care Statistics (1 page)
- ✓ **Handout #4:** Restrictiveness of Living Environment Quiz (1 page)
- ✓ **Handout #5:** Recommendations for Preventive Pediatric Health Care (2 pages)
- ✓ **Handout #6:** Educational Requirements in Placement (1 page)
- ✓ **Handout #7:** Preparing Parents for Out-of-Home Placement Best Practices Statements (1 page)
- ✓ **Handout #8:** Interactional Helping Skills in Child Welfare (1 page)
- ✓ **Handout #9:** How Parents Can be Involved in Planning the Placement (1 page)
- ✓ **Handout #10:** Preparing Resource Caregivers for Children Entering Out-of-Home Placement (2 pages)
- ✓ **Handout #11:** Permanency Options (2 pages)
- ✓ **Handout #12:** Elements of Concurrent Planning (2 pages)
- ✓ **Handout #13:** Preparing for a Dispositional Hearing (1 page)
- ✓ **Handout #14:** Full Disclosure Interview (1 page)
- ✓ **Handout #15:** Full Disclosure Script (3 pages)
- ✓ **Handout #16:** Points to Remember about Visitation (1 page)
- ✓ **Handout #17:** Reaching Into Silences (1 page)
- ✓ **Handout #18:** Reaching Into Silences Feedback (1 page)
- ✓ **Handout #19:** Understanding Reactions to Visiting (1 page)
- ✓ **Handout #20:** Six Service Areas (1 page)
- ✓ **Handout #21:** Description of SWAN Units of Service (2 pages)
- ✓ **Handout #22:** Quick Reference: SWAN Units of Service Eligibility (1 page)
- ✓ **Handout #23:** Child's Permanency Plan (12 pages)\*\*
- ✓ **Handout #24:** Smith Family Service Plan (17 pages)
- ✓ **Handout #25:** Communicating Information-Feedback Form (1 page)
- ✓ **Handout #26:** Reunification Decisions (1 page)
- ✓ **Handout #27:** Preparing for a Permanency Hearing (1 page)
- ✓ **Handout #28:** Steps to Reunification (1 page)
- ✓ **Handout #29:** Legal Steps in the Adoption Process (5 pages)
- ✓ **Handout #30:** Grounds for Involuntary Termination of Parental Rights (2 pages)
- ✓ **Handout #31:** Pennsylvania's Adoption Medical History Registry (6 pages)
- ✓ **Handout #32:** Permanent Legal Custody (4 pages)
- ✓ **Handout #33:** Independent Living Quiz-Fact or Myth (1 page)
- ✓ **Handout #34:** Action Plan (3 pages)

**\*\* In addition, 1 extra copy per participant of page 8 and 3 extra copies per participant of page 10.**

## LIST OF OVERHEADS:

- ✓ **Overhead #1:** Agenda (2 pages)
- ✓ **Overhead #2:** Learning Objectives (2 pages)
- ✓ **Overhead #3:** What is Permanency Planning? (2 pages)
- ✓ **Overhead #4:** Basic Permanency Assumptions (1 page)
- ✓ **Overhead #5:** Aging Out of Care Statistics (1 page)
- ✓ **Overhead #6:** Advice on Placement (1 page)
- ✓ **Overhead #7:** Residential Environment of Child (1 page)
- ✓ **Overhead #8:** Restrictiveness of Living Environment Quiz Answers (1 page)
- ✓ **Overhead #9:** For Children who Enter the Child Welfare System (1 page)
- ✓ **Overhead #10:** Benefits of Involving Parents in Placement Process (1 page)
- ✓ **Overhead #11:** Supporting Parents After Placement (2 pages)
- ✓ **Overhead #12:** Permanency Options (5 pages)
- ✓ **Overhead #13:** Concurrent Planning (1 page)
- ✓ **Overhead #14:** The Purpose of Concurrent Planning (1 page)
- ✓ **Overhead #15:** Visitation Practices (1 page)
- ✓ **Overhead #16:** Visitation (1 page)
- ✓ **Overhead #17:** Visitation Guidelines (1 page)
- ✓ **Overhead #18:** The Purpose of Pennsylvania Independent Living Program (1 page)
- ✓ **Overhead #19:** Vision of the Pennsylvania Independent Living Program (1 page)
- ✓ **Overhead #20:** Six Service Areas of Pennsylvania Independent Living Program (1 page)
- ✓ **Overhead #21:** Effective Visitation Requirements (1 page)
- ✓ **Overhead #22:** Reunification Principles (1 page)
- ✓ **Overhead #23:** Reasonable Efforts (1 page)
- ✓ **Overhead #24:** Reunification Decisions (2 pages)
- ✓ **Overhead #25:** Child's Permanency Plan Review-Carley (2 pages)
- ✓ **Overhead #26:** Child's Permanency Plan Review-Christian (2 pages)
- ✓ **Overhead #27:** Child's Permanency Plan Review-Cameron (2 pages)
- ✓ **Overhead #28:** Documentation for Permanency Hearing (1 page)
- ✓ **Overhead #29:** Definition of Permanent Connections (1 page)

## LIST OF APPENDICES:

- ✓ **Appendix #1:** Safety Assessment Form A-Group 1 (10 copies) (4 parts/16 pages)
- ✓ **Appendix #2:** Safety Assessment Form B-Group 2 (10 copies) (4 parts/16 pages)
- ✓ **Appendix #3:** Safety Assessment Form C-Group 3 (10 copies) (4 parts/16 pages)
- ✓ **Appendix #4:** Permanency Game (20 pages) (single-side print only)

## LIST OF TRAINER RESOURCES:

- ✓ **Trainer Resource #1:** Permanency Review (1 page)

## LIST OF POSTERS:

**Poster #1:** Permanency Options

## **LIST OF DVDs/VIDEOS:**

**DVD/Video #1:** *Multiple Transitions*

**DVD/Video #2:** *Shulman Skills*

- Clip #1: Communicating Information, Adult Example
- Clip #2: Communicating Information, Child Example
- Clip #3: Reaching Into Silences

**DVD/Video #3:** *Pathways to Permanence*

**DVD/Video #4:** *Sam's Electronic Lifebook*

## **CREDIT ASSIGNED:**

Continuing Education credits: 18 hours



## Workshop Directory Page

**TITLE:** Charting the Course towards Permanency for Children in Pennsylvania  
*Module #10: Making Permanent Connections: Outcomes for Professional Development*

**COMP. #:** 110

**NO. HRS:** 6

**DATE:** August 2011

### COMPETENCIES:

- 102-1:** The child welfare professional is able to apply social work values and principles in practice, including respecting the self-determination, dignity and individuality of the family.
- 104-15:** The child welfare professional knows their personal psychological stresses associated with child placement casework and can identify strategies to prevent emotional distress and burnout.
- 108-1:** The child welfare professional understands the concept of cultural competence; knows how one's own culture affects behavior and values; and knows how cultural and ethnic differences may affect the delivery of child welfare services.

**LEARNING OBJECTIVES:** Participants will be able to:

- Apply the strengths-based, solution-focused perspective presented in *Charting the Course* to their professional development;
- Identify how trauma-informed care can be used in self-care; and
- Recognize how to use critical thinking in the formation of professional ethics, ongoing professional development process and decision making.

### CALENDAR SUMMARY:

Module 10 of *Charting the Course: Making Permanent Connections: Outcomes for Professional Development* is designed to assist child welfare professionals to apply their child welfare practice knowledge and skills, such as a strengths-based, solution-focused perspective, to personal growth and professional development. They will explore how to apply critical thinking skills, combined with ethics and trauma-informed care principles, to promote a successful and stress-reducing decision-making process. Practical tips for personal safety and well-being will be provided and participants will begin to identify ongoing training and activities necessary for continuing professional development. This workshop is eligible for 6 Continuing Education (CE's) credit hours.

### TARGET AUDIENCE:

This workshop is designed for newly-employed child welfare professionals seeking certification as Direct Service Workers, private provider staff and other child welfare professionals.

*Prerequisite:* Completion of *Charting the Course* Modules 1-9.

## **EXPECTATIONS OF THE TRAINER:**

The trainer should be knowledgeable about the strengths and stressors of child welfare, interactional skills, trauma-informed care, NASW ethical principles, strengths-based solution-focused perspective, time management techniques and professional development. Further, the trainer should be familiar with Modules 1-9 of *Charting the Course Towards Permanency*, interactional skills and a strengths-based, solution-focused perspective. The trainer must also have considerable experience in conducting training workshops, excellent group facilitation skills, competency in dealing with emotionally-charged environments and knowledge regarding the Pennsylvania Child Welfare Training Program.

## **MATERIALS NEEDED TO PRESENT WORKSHOP:**

- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape or blue tape
- ✓ CTC name tents
- ✓ IQ Circle Puzzles (6), each cover marked with a different number, one through six
- ✓ 6 packs of 3X5" Post-It Notes, in varying colors
- ✓ 21 pieces of blank paper
- ✓ Current Child Welfare Training Program Calendar (6)
- ✓ Current Workshop Directory binder (6)
- ✓ New Worker Packet (1 for trainer)
- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Overheads/Power Point presentation
- ✓ Handouts
- ✓ Trainer Resources

## **LIST OF HANDOUTS:**

- ✓ **Handout #1:** Matching Game (1 page)
- ✓ **Handout #2:** Agenda (1 page)
- ✓ **Handout #3:** Basic Principles to Assure Physical Safety (2 pages)
- ✓ **Handout #4:** Questions for Self-Reflection (1 page)
- ✓ **Handout #5:** Managing Time Based on Priorities (1 page)
- ✓ **Handout #6:** Tips to Reduce Stress (1 page)
- ✓ **Handout #7:** Ethical Dilemmas (1 page)
- ✓ **Handout #8:** Things To Do (1 page)
- ✓ **Handout #9:** Professional Development Plan (2 pages)
- ✓ **Handout #10:** How the Pieces Fit Together (2 pages)
- ✓ **Handout #11:** Congratulations on Your Accomplishment (1 page)
- ✓ **Handout #12:** References (3 pages)

## **LIST OF OVERHEADS:**

- ✓ **Overhead #1:** Learning Objectives (1 page)
- ✓ **Overhead #2:** Competencies (1 page)
- ✓ **Overhead #3:** Effective Ways of Coping (1 page)
- ✓ **Overhead #4:** Ethical Considerations (1 page)
- ✓ **Overhead #5:** Benefit of Critical Thinking (1 page)
- ✓ **Overhead #6:** Goal Identification (1 page)
- ✓ **Overhead #7:** Continuous Quality Improvement (1 page)
- ✓ **Overhead #8:** Pennsylvania Practice Principles (1 page)
- ✓ **Overhead #9:** Advice for Child Welfare Professionals (1 page)

## **LIST OF TRAINER RESOURCES:**

- ✓ **Trainer Resource #1:** Matching Game Answer Key (1 page)
- ✓ **Trainer Resource #2:** How the Pieces Fit Answer Sheet (3 pages)

## **CREDIT ASSIGNED:**

Continuing Education credits: 6 hours

## SECTION 2

# SMITH FAMILY FOLDER

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## Smith Family Exercise (Module 4)

**Directions:** You are about see three separate video clips of interviews held with Carley and Christian Smith, Colin Levitt and Crystal Smith. The interviews were conducted in the Smith family home. The interviewer, Wayne Holder, is conducting these face to face contacts as part of his CYS assessment. Wayne Holder is in the process of concluding his CYS assessment. You have been asked to help him complete a formal In Home Safety Assessment Worksheet. In order to accomplish this task, identify the six domain information and the other elements of the structured case note and be prepared to complete a formal In Home Safety Assessment Worksheet at the conclusion of the interviews.

### Background Information

#### Referral Information:

Referral Source:	Sheila Smith, maternal grandmother	
Mother:	Crystal Smith	30 years old
Paramour:	Colin Levitt	30 years old
Child:	Carley Smith	10 years old
Child:	Christian Smith	4 years old
Biological Father to Carley:	Unknown	
Biological Father to Christian:	Unknown	

#### Information Gathered from the Referral Source:

Maternal grandmother, Sheila Smith, reported that her grandchildren, Carley and Christian, were left alone all last night. (Type of Maltreatment) Sheila Smith stated that she is frustrated with her daughter ever since Colin moved into the home. Crystal avoids speaking to her mother whenever possible because she doesn't want to hear her opinions about her drug use and the bad influence Colin has on Crystal. (Adult functioning & Nature of the Maltreatment) Sheila Smith stated that Crystal has started using again and frequently leaves the children alone at night to party with Colin. (Type & Nature of Maltreatment and Adult Functioning) Grandmother stated that before Colin showed up Crystal had some previous drug problems but she got herself cleaned up and was a good mother. (Adult Functioning and General Parenting) Crystal was able to mind both of the children provide appropriate supervision and discipline. (General Parenting & Parenting Discipline) Now Carley is expected to care for her brother. (Parenting General, Child Functioning) Last night, Carley called her grandmother because she was afraid. (Child Functioning) After finding the children home alone, unsupervised, the grandmother took them to her house.

Review of the case record revealed that there have been two previous reports on this family with no substantiations. (Type of Maltreatment) Crystal has never been provided services through CYS but was referred to a D&A counselor where she received treatment. Crystal has a history of substance abuse.

A preliminary In-Home Safety Assessment was completed with Crystal, Carley, and Christian Smith and resulted in a preliminary safety plan.

Sheila Smith was assessed and deemed to be a suitable and reliable resource for the children. She agreed to become a responsible person on the safety plan.

***The following space has been provided for you to record the information you gathered during***

***the interviews:***

Case Name:	Case Number:	Caseworker:
Date of Contact:	Time of Contact:	Contact Type:
Purpose of Contact:		
Participants: Carley Smith, Christian Smith, Colin Levitt, Crystal Smith		
Contact Summary:		
<b>Information Gathered for Safety Assessment</b>		
<i>Safety Domains:</i>		
1. Type of Maltreatment: What is the extent of maltreatment? <input type="checkbox"/> No new allegations of maltreatment <input type="checkbox"/> Current Maltreatment (please describe):		
2. Nature of Maltreatment: What circumstances surround the maltreatment? <input type="checkbox"/> No new maltreatment identified <input type="checkbox"/> Circumstances surrounding current maltreatment (please describe):		
3. Child Functioning: How does the child(ren) function, including their condition?		
4. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?		

5. General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?

6. Parenting Discipline: How do caregivers discipline the children?

**Information Supporting the Safety Decision**

Does the information gathered suggest a change in the child's safety?  Yes  No  
If yes, list the date of the formal In Home Safety Assessment Worksheet and Safety Plan Assessment: \_\_\_\_\_ Safety Plan: \_\_\_\_\_

## Smith Family Structured Case Note (Module 4)

The following document is a summary of the information that was gathered during the three interviews with the Smith family.

<b>Case Name:</b> Smith	<b>Case Number:</b> *****	<b>Caseworker:</b> Holder
<b>Date of Contact:</b> 10/17/xx	<b>Time of Contact:</b> 10:00 am	<b>Contact Type:</b> Announced Home Visit
<b>Purpose of Contact:</b> Referral received from MGM regarding alleged lack of supervision of two children ages 10 and 4 by mother and paramour.		
<b>Participants:</b> Crystal Smith, mother; Colin Levitt, Paramour, Carley Smith age 10, Christian Smith, age 4.		
<b>Contact Summary:</b> Three separate interviews were conducted back to back in the Smith home. Initial interview was held with Carley, age 10 and Christian, age 4 who confirmed the allegations (see below). Second interview was with Colin, the paramour, who confirmed the allegations, although provided somewhat conflicting information regarding his involvement (see below). The third interview was with Crystal who also confirmed that the children are left alone, but expressed her views that Carley was able to take care of herself and her brother (see below). Home appeared clean and free from physical safety hazards.		
<b>Information Gathered for Safety Assessment</b>		
<i>Safety Domains:</i>		
<p>7. <b>Type of Maltreatment:</b> What is the extent of maltreatment?</p> <p><input type="checkbox"/> No new allegations of maltreatment    <input checked="" type="checkbox"/> Current Maltreatment (please describe):</p> <p>Following Carley's call, the maternal grandmother came to the home and found that the children were unsupervised. Apparently, the mother had left the children by themselves so that she could go out on the town. (MGM) Both of the children reported being fearful for their safety and the safety of their mother. (Carley) During the CPS interview, the mother indicated that she did not return home that evening until approximately 4:30 am. (Mother) After finding the children home alone, unsupervised, the grandmother took them to her house. (MGM).</p>		
<p>8. <b>Nature of Maltreatment:</b> What circumstances surround the maltreatment?</p> <p><input type="checkbox"/> No new maltreatment identified    <input checked="" type="checkbox"/> Circumstances surrounding current maltreatment (please describe):</p> <p>Based on the interviews with the children and the mother, it appears that the children have repeatedly been left alone by the mother. This occurs several times per week. The mother admits to having a significant substance abuse problem. She reports she uses alcohol and crack cocaine approximately 5-6 times per week. The mother's substance abuse appears to be affecting the mother's ability to adequately supervise the children as well as consistently meet their basic needs for safety. The mother does not deny that the children were left alone but minimizes the severity of the concerns. This is exemplified by mother's report that Carley is capable of providing the needed supervision. (Carley and Mother).</p>		



**9. Child Functioning: How does/do the child(ren) function, including their condition?**

Carley appears to be bright and is very verbal. She is sociable and pleasant to talk with. She indicates that she has many friends. She reports that she does well in school. She is in the fifth grade at Franklin Elementary. She appears developmentally appropriate and physically healthy. She accepts responsibility by taking on the caregiver role for both her mother and brother. She appears to be emotionally and intellectually mature for her age. She is somewhat preoccupied with family situation as she expresses concern for the welfare of her mother and she is also protective of her younger brother. Carley expresses fear of being left alone and she is afraid of the neighborhood. Carley reports that she wishes they lived in a better neighborhood, then maybe she would not be so afraid to be alone with her brother. She appears somewhat parentified as observed in her interactions with her brother and this worker, taking the lead, protecting Christian, etc. (Carley)

Christian appears to be physically healthy. He is not very talkative. He is shy and somewhat withdrawn. He participates in age-appropriate activities and indicates having friends. He appears to be somewhat clingy to Carley. (Christian and Observation) He is a "sweet" child according to Mother but is growing out of the stage of wanting to be in her lap. (Mother)

**10. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?**

Crystal appears to be intelligent, articulate, and sociable. She is able to communicate her needs but has difficulty meeting those needs in adaptive ways. She has limited ability to solve problems (particularly with regards to long-term problem solving). She expresses having a positive vision for her future (e.g., to get out of the "projects."). However, her ideas and thoughts about changing her current circumstances are not planned out. Crystal has difficulty managing stress. She has feelings of insecurity and becomes easily threatened. Crystal lacks self-control (e.g., substance abuse, leaving the kids unattended). She appears to have poor self-esteem. She has a significant substance abuse problem (e.g., regularly uses alcohol and crack cocaine). There may be some dependency issues as evident in her history of failed relationships with men. Also, she appears to frequently rely on others to get her needs met (e.g., Colin, Carley, her mother). While she is somewhat open about her drug usage, she remains guarded. Crystal expressed feeling "guilty" about some of the choices that she has made in her life. At some level, she remains in denial about the significance of individual problems and tends to blame others. (Crystal and observation)

Colin is clearly able to communicate needs, feelings and perceptions regarding the family situation, but generally keeps the conversation at a superficial level. He appears to be somewhat guarded, distrustful and does not talk much about himself. He tends to remove himself from any direct responsibility for family problems by focusing attention toward Crystal. He is controlled and seems thoughtful. He appears to be resourceful and intelligent. Based on interviews with the children, it appears that he is distributing drugs within the community and has been responsible for supplying Crystal with drugs. He denies selling drugs but is vague about his employment. He avoids conflict (e.g., prefers to leave the home during conflict). Colin has no apparent mental

health issues. Although he denies substance abuse/use, there are concerns that he might be involved with drugs. He presents as emotionally controlled and stable. (Colin, Crystal, Carley and observations)

**11. General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?**

Crystal speaks very fondly of the children and appears to be proud of them. She sees Carley as being very much like her when she was that age. She feels that both of her children are exceptional. When talking about Carley, she indicated that "she is going to be somebody." Based on interviews with the children, Crystal and Colin, there appear to be strong attachments between the mother and the children. She clearly has aspirations for the children to make something out of their lives and believes that they have the potential to do so. However, she has difficulty translating these feelings into positive and consistent parenting practices. Her substance abuse problem frequently results in her being unresponsive to the needs of the kids, both emotionally and physically. Her expectations of the children are inappropriate, which often means that Carley is required to take on a great deal of responsibility for maintaining the household. Crystal readily admits that Carley "takes care of a lot of things" and she refers to Carley as "my big girl." Crystal indicated that she did feel that it was appropriate for Carley to take care of Christian by herself. Crystal's questionable parenting practices appear to be more related to the mother's substance abuse problem, rather than a lack of knowledge and/or skill. Parenting decisions are often impulsive and are influenced by her urges to satisfy the drug dependency. (Crystal and observation)

Colin speaks positively of the kids (e.g., "good kids;" "I love the kids."). He appears to enjoy spending time with them (e.g., takes them to the park and takes them to get something to eat). The relationship between the children and him seems to be more like a big brother rather than a father figure. Although on a couple of occasions he referred to Carley and Christian as "his kids," Carley indicated that she gets along with him but does not see him as a father figure. Generally, Colin seems uncertain about his role as a parent. This is partially related to the way that Crystal undermines his role or standing with the children. Also, it appears that Colin is yet to make a firm commitment to the family. He is frequently in and out of the home and subsequently that affects his degree of involvement with the kids. Beyond talking about "babysitting," it appears that Colin may not view the supervision and/or general welfare of the children as his direct responsibility. (Colin, Carley and observation)

**12. Parenting Discipline: How do caregivers discipline the children?**

Crystal is primarily responsible for the discipline of the children. She rarely allows Colin to have any leverage in disciplining the children (e.g., "No conflict over the kids because he [Colin] is not their father."). The mother denies physically disciplining the children. Disciplinary approaches may be inconsistent or passive as a result of the mother's substance abuse and her frequent absences from the home. (e.g., Carley indicated that Crystal and Colin are gone almost every night.) It is possible that the conflict between the adults over roles and responsibilities regarding discipline may upset Crystal and or Colin. Colin does not take an active role in disciplining the children. He expresses some frustration about Crystal not letting him have more of a "parental" role with respect to

guiding and/or redirecting the kids. (Crystal, Carley and observation)

**Changes to the Safety Assessment and/or Safety Plan**

Did the information gathered during this contact result in a new In Home Safety Assessment Worksheet:  Yes  No

If yes, list the date of that assessment: xx/xx/xxxx

Did the information gathered during this contact result in a new/revised Safety Plan:

Yes  No

If yes, list the date of that Safety Plan: xx/xx/xxxx

## Additional Smith Family Information (Module 4)

**Directions:** This information has been provided to supplement the information learned through the most recent interviews with the Smith Family and provide detail about potential resources. Review the information and incorporate it into your formal In Home Safety Assessment.

As part of the next steps with Crystal and Colin, you ask if there are any resources to their family that would be able to help to assure the safety of Carley and Christian. After some reluctance, Crystal mentions her mother, Sheila Smith. She feels that even though she “causes a lot of my problems,” she is always willing to help. She also shares that she has a brother, Brian, who lives in the next town over. She doesn’t see Brian a lot since he is always busy at his job as an adjunct professor at the community college. He might be willing to help, if he needed to.

The Smith family is also members of the Brightside Baptist Church. The pastor, Michael Scott, has been supportive of Crystal and her children. Crystal feels that he or other members of their church may be willing to help, but Crystal only feels comfortable talking with Pastor Scott about her family. Colin is quiet throughout most of the conversation. He doesn’t feel that his friends would be capable or interested in helping out with the kids. He also expresses that he doesn’t feel able to handle the kids full time by himself. Colin does not have any family close by. His sister lives in a different state and has never met Crystal, Carley, or Christian. He no longer communicates with either of his parents.

You ask Crystal about service providers she previously worked with and her relationship with them. Crystal said that the D&A counselor, Clint Nail, was able to help her before, but she hasn’t spoken with him for two years. Colin doesn’t know him at all. Crystal expresses a willingness to speak with Clint, if he still works at the same place. She doesn’t remember any of the other provider names and didn’t feel as if they understood her or helped her in the past.

You are able to make some phone calls from the Smith house. All of the resources Crystal and Colin identified are willing to come over and discuss how they can help. As people arrive, Crystal becomes more quiet and nervous – even though each person greets her warmly.

You ask Crystal to share with her friends and family, in her own words, why they are here today. Crystal states that they are here because her Mother told on her. You end up needing to step in to restate the purpose of getting everyone together which is to not place blame or point fingers, but to get together as a family to assure the safety of Carley and Christian. You express that the concerns are that both children are being left alone for extended periods of time due to Crystal’s drug use. Crystal’s body language is very rigid and she becomes defensive.

Brian states that he has been so busy with work that he didn’t realize that there was a problem. He shares that he would be willing to help but that teaching takes up a lot of his time. He wouldn’t be able to care for the kid’s full time.

Pastor Scott expresses support for Crystal and her children. He feels strongly that he would be able to provide help through the church and encourages Crystal to let Carley and Christian take a more active role in the after school programs at the church. They even have a group for kids Christian’s age who are not yet in school during the day. If necessary, he would be willing to call on the other members of the congregation to seek their support as well.

Sheila states that she wants to see Crystal taking care of her kids. She doesn't want to hear that the kids are left alone anymore. She states that she knows that Crystal is a good mother when she is not on drugs, but that lately Crystal isn't doing right by her kids. She wants Crystal to stop doing drugs and leaving her kids alone. Crystal becomes very defensive with her mother at this point and tries to minimize the safety threats and her actions. She still won't acknowledge that she left the children alone for all that long and wants everyone to stop judging her. Colin expresses his opinion that Crystal is a good mother and tries her best. You acknowledge Crystal's strengths, especially her love for her children and that she has a history of being a good parent without any help in the past. You also acknowledge that there are still the concerns for the safety of both children and that we are working together without shame or blame to determine how to make sure Carley and Christian are safe.

Clint Nail speaks out at this point and reminds the group that he knows that Crystal has been successful at being drug free in the past. Crystal states that she went two full years without using drugs. Clint stresses that, in his opinion, what needs to change is Crystal's drug use. Clint states that there is an opening at his facility that Crystal could enter into today. The program requires a five day inpatient stay for detox and then a longer term outpatient therapy to treat the addiction.

Crystal is very reluctant at first to leave her children. The last time she went through the process it was hard for her to be away from her kids – and to see her kids doing so well without her. Every time they came to visit she felt more like a failure. Pastor Scott was able to reassure Crystal that her kids love her and she will always be their mother. Pastor Scott stated that, in the long run, if a few days away from them means that she will be able to provide for them on her own, it would be worth the separation.

Sheila says that she would be willing to care for Carley and Christian at her house – as long as she needs to – until Crystal gets back on her feet again. She states that the kids have stayed with her before, they are comfortable at her house, and they have their rooms already set up. Brian says that he will stop by when he can to help out, maybe to take Carley to school or to the after school programs. Pastor Scott shares that the kids are welcome at the church and he would be available if Sheila needed help. The group looks to Crystal and Colin for agreement. Colin is silent. Crystal appears sad, looks away, and nods.

## Initial Smith Family Safety Assessment (Module 4)

<b>Date of Safety Assessment: 10/17/200-</b>			<b>Type of Assessment: Conclusion of the Investigation</b>					
<b>I.</b>	<b>Family Name: Smith</b>		<b>Case number: 0101010</b>			<b>Caseworker Name:</b>		
Suf	Child's Name	Age	Suf	Child's Name	Age			
A	Carley	10						
B	Christian	4						
Caregiver Name		Rel	Date Seen	Caregiver Name			Rel	Date Seen
Crystal Smith		M	10/17/200					
Colin Levitt		B/F	10/17/200					
<b>II. Identify Safety Threats Below</b>			List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met			Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)		
Date of Face to Face Contact:		10/17/00	10/17/00					
1. Caregiver(s) intended to cause serious physical harm to the child	Y							Caregivers do not demonstrate or verbalize a desire or intention to harm either child.
	N	A	B					
2. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child	Y							Caregivers have not threatened to harm either child. Caregivers do not verbalize a fear regarding maltreating the children.
	N	A	B					
3. Caregiver(s) cannot or will not explain the injuries to a child	Y							This threat is not present at this time as there are no observed or alleged injuries to either child.
	N	A	B					
4. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur	Y							There is no evidence of sexual abuse of either child at this time. There are no indicators or behaviors that would suggest abuse has or is likely to occur.
	N	A	B					
5. Caregiver(s) are violent and/or acting dangerously	Y							Neither caregiver presents as violent or dangerous. Neither child has reported information that would indicate violent or dangerous behavior of either caregiver.
	N	A	B					
6. Caregiver(s) cannot or will not control their behavior	Y	A	B					Crystal has a significant substance abuse problem which is directly affecting her parenting, her lack of protectiveness, her perceptions about child safety and her judgment. She is impulsive and frequently leaves the children at home alone to acquire and use drugs.
	N							
7. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior	Y							Children do not exhibit serious emotional symptoms or serious behavioral issues. Caregivers have a positive perception of both children.
	N	A	B					
8. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs	Y							There is no evidence to suggest that the children's basic needs are not being met at this time.
	N	A	B					

9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety	Y	A	B				The children are left alone at night (often all night long), often 4 to 5 times per week. Carley is expected to care for Christian and herself, and mother feels Carley is capable of this. Although Colin realizes this is inappropriate, he does not take action to assure the children receive proper supervision.
	N						
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child	Y	A	B				Crystal's focus on obtaining and using drugs has impacted her judgment and resulted in her leaving her children alone, often for extended periods of time, 4 to 5 times per week. As a result of their young ages and their inability to protect themselves, the threat of serious harm to the children exists. Colin does not demonstrate a consistent presence in the home to protect the children.
	N						
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child	Y						There is not an indication that the children's basic needs are not being met at this time.
	N	A	B				
12. Caregiver(s) perceive child in extremely negative terms	Y						Both caregivers appear to view both children in a very positive light.
	N	A	B				
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee	Y						Caregivers participated in the interview and were cooperative in the process.
	N	A	B				
14. Child is fearful of the home situation, including people living in or having access to the home	Y	A	B				Carley expresses anxiety related to being left home alone and of the neighborhood in which the family lives. Christian appeared withdrawn and was not very verbal throughout the interview process.
	N						
<b>III. Are Safety Threats Present?</b> <input checked="" type="checkbox"/> Yes? <input type="checkbox"/> No? If Yes, complete the following: <b>Discussion Protective Capacities:</b> A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.							

Caregiver Name	Safety Threat By #	Child Suffix/Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?
Crystal	6, 9, 10, 14	A & B	The caregiver demonstrates impulse control.	This is a diminished protective capacity. Crystal's motivation to seek and use drugs compromises any protective capacities she usually has when not drugging. Crystal also demonstrates that she is currently unable or unwilling to demonstrate impulse control as is evidenced by her frequent leaving both of her children unsupervised.
			The caregiver has a history of protecting	This is a diminished protective capacity. While Crystal has periods of being protective in the past, she is not calling upon that now. In order to be enhanced, Crystal must be able to demonstrate how she can draw from her prior success
			The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings	This is a diminished protective capacity. While Crystal shares that she loves her children and has dreams for her children's future, she does not fully recognize that her children are fearful when they are left alone or understand the long term emotional impact that that fear has on children.
Crystal	10	A	The caregiver has accurate perceptions of the child	This protective capacity is currently absent for Crystal. She is unaware of and lacks sufficient understanding of child development and has parentified her eldest child, Carley. Crystal's expectation is for Carley to provide care and supervision to Christian and, when she is hung-over, to provide care to Crystal herself.
Colin	6, 9, 10, 14	A & B	The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.	This is a diminished protective capacity. While Colin states that he knows the children should not be left alone, he frequently leaves the home before Crystal knowing that Crystal will leave the children unsupervised so he cannot be relied upon.
			The caregiver understands his/her protective role	This is a diminished protective capacity. It is unclear whether or not Colin fully embraces his caregiving role. He has previously demonstrated a willingness to be part of the children's lives and has further stated that he is planning on being part of the family for the long-term; however, he has yet to fully acknowledge his role/responsibility for being a caregiver to the children. He does not have a clearly defined role both from the perspective of Crystal and both children.

**IV. Safety Analysis:** As part of your analysis, respond to the following four questions:

*How are safety threats manifested in the family?*

Mother's current level of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. Mother leaves the children home alone to locate and use drugs, often overnight, 5-6 times per week. Although Colin is a household member and recognizes that the children should not be left unsupervised, he has not assured the children are supervised by a responsible adult at all times. Mother's judgment is impaired by her drug use, and she feels that Carley is capable of caring for Christian in the absence of an adult caregiver, to include extended periods of time. In addition, Carley exhibits anxiety about being left alone, as well as of the community in which they live. Christian is somewhat withdrawn.

*Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CYS?*

No, currently both caregivers in the home demonstrate diminished protective capacities and are unable to assure the children's safety with assistance from CYS.

*Is an in-home CYS managed safety plan an appropriate response for this family?*

No, the supports available to the family cannot be put into place in the children's own home. Due to mother's inability to put the children's need for constant supervision above her own need to seek out and use drugs and a lack of resources that could be put into place in the home of origin. However, a CYS managed comprehensive safety plan would be an appropriate response



for the family, utilizing family supports and community resources to prevent the children from being placed in a formal placement setting and the need for CYS to petition for formal custody in court.

*What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?*

The children could be cared for informally by the maternal grandmother in her residence, utilizing community supports to assure continuity in school attendance and continued contact between the children and their mother. Crystal can enter into a detox program which is slated to last five days. CYS will collaborate with the D&A provider to monitor progress and assess mother's readiness to resume care of the children. Maternal grandmother can care for the children while mother attends detox and in the time period following Crystals' release from detox. Community support systems, including the pastor from the family's church, will assist grandmother in getting Carley to school, and in allowing for continued contact between the children and their mother. CYS worker will maintain weekly contact with the grandmother and the children through home visits and phone calls.

**V. Children Who Were Not Seen:** Every effort should be made to see each child in the family face-to-face to determine if they are safe. If there is a child in the family that was not seen (e.g. child runaway), list their name and provide justification as to why they were not seen, how long it has been since someone has seen the child and the plan identified to locate the child and to assure that child's safety.

Child Name	Age	Justification
All children were seen		

VI. Safety Decision -	List each child by name or suffix					
<b>Decision Date:</b>						
<b>Safe:</b> Either caregiver's existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.						
<b>Safe with a Comprehensive Safety Plan:</b> Either caregivers' existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.	A	B				
<b>Unsafe:</b> Caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.						

VII. Signatures of Approval (Requires Supervisory Discussion)			
	<b>Case Worker Name</b>	Signature	Date
	<b>Supervisor Name</b>	Signature	Date

## Smith Family Safety Plan (Module 4)

<b>I.</b>	<b>Family Name:</b> Smith	<b>Case Number:</b> 000000000000	<b>Children's Names or Suffixes:</b> Carley and Christian	<b>Date of Safety Plan:</b> 00/00/0000	
<b>II. Safety Plan:</b> Identify the Safety Threat, the person responsible for ensuring that the safety action is completed, the safety action, and the child (by name and suffix). <b>Note: for In-Home Safety Plans, it is agreed that these actions are necessary to maintain the child(ren) safely in their own home. If these actions are not achieved, do not provide for the safety of the child, and/or additional safety threats are identified which make the child unsafe in their own home, consideration will be made for the removal and placement of the child(ren) to ensure safety.</b>					
Safety Threat By #	Child Suffix	Responsible Person	Safety Action	Time Period	How Monitored
9, 10	A & B	Clint Nail will facilitate admission. Mom will self-admit.	Crystal will immediately enter Mountainside Substance Abuse Treatment Center for detox to address current addiction.	From today 00/00/0000 to discharge	Clint Nail will notify worker of progress and anticipated discharge date & monitor for mother leaving AMA.
14	A & B	MGM, Mother	MGM will voluntarily care for the children in her home, which has been assessed as appropriate through a HV. Mother agrees to this arrangement for the care of her children.	Now until 15 days post discharge of mother from treatment	Worker will contact MGM weekly by phone and visit once a week.
6, 9, 10	A & B	Mother	Mother agrees to contact CYS worker prior to resuming care of the children without prior agreement among all parties.	While children are with MGM	MGM will contact CYS worker should mother decide without agreement of CYS to resume care of the children. CYS will maintain weekly contact with MGM by phone and in person.
6, 9	A & B	MGM, CYS worker, Clint Nail	MGM, Clint Nail & CYS worker will assure that all contact is appropriate and in the best interest of the children	While children are with MGM	Through regular contact between MGM, Clint Nail and CYS worker

**III. Plan Agreement:**

Signature on the safety plan indicates that the responsible person agrees to follow the safety plan as prescribed. The responsible person also agrees to notify the child and youth caseworker and/or private provider staff if they are in need of assistance, unable to fulfill their responsibilities as detailed in the plan, and/or if other individuals attempt to have unapproved contact with the child.

Responsible Persons Print Name/ Address	Signature	Relationship to Children	Date
Crystal Smith		Mother	
Maternal Grandmother's name		Maternal Grandmother	
Pastor Reed		Family Support	
Clint Nail		Drug and Alcohol Provider	

**Agency Representatives:**

Caseworker		Phone:	
Supervisor		Phone:	

**IV. Parental / Legal Custodian Waiver (Sign Below):**

"I authorize the release of all of the information on the Safety Assessment and Plan to all participants in the Safety Plan, for the purpose of providing information about their role in enforcing the Safety Plan. I hereby waive any rights to confidentiality that I may otherwise have concerning the information on the Safety Plan."

Parent or legal custodian name	Signature	Phone:	
Parent or legal custodian name	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Other Name	Signature	Phone:	

## Initial Smith Family Risk Assessment (Module 5)

PENNSYLVANIA MODEL RISK ASSESSMENT FORM						
ASSESSMENT CODES: Z - NO RISK    L - LOW RISK    M - MODERATE RISK    H - HIGH RISK    X - UNABLE TO ASSESS						
CASE NAME: Smith				CASE #		
<b>A. CHILD FACTORS</b>	NAME: AGE:	<b>Carley 10</b>	<b>Christian 4</b>			<b>HIGHEST RISK FACTOR</b>
1. VULNERABILITY		M	H			H
2. SEV/FREQ AND/OR RECENTNESS OF ABUSE/NEGLECT		H	H			H
3. PRIOR ABUSE/NEGLECT		M	M			M
4. EXTENT OF EMOTIONAL HARM		H	M			H
<b>B. CARETAKER, HOUSEHOLD MEMBER, PERPETRATOR</b>	NAME: AGE:	<b>Crystal 30</b>	<b>Colin 30</b>			<b>HIGHEST RISK FACTOR</b>
5. AGE, PHYSICAL, INTELLECTUAL OR EMOTIONAL STATUS		M	M			M
6. COOPERATION		M	M			M
7. PARENTING SKILLS/ KNOWLEDGE		M	M			M
8. ALCOHOL/SUBSTANCE ABUSE		H	X			X
9. ACCESS TO CHILDREN		H	H			H
10. PRIOR ABUSE/NEGLECT		Z	L			L
11. RELATIONSHIP WITH CHILDREN		H	M			H
<b>C. FAMILY ENVIRONMENT</b>	<b>D. PLEASE USE BACK OF PAGE FOR NARRATIVE</b>					<b>RISK FACTOR</b>
12. FAMILY VIOLENCE						Z
13. CONDITION OF THE HOME						L
14. FAMILY SUPPORTS						M
15. STRESSORS						M
WORKER	DATE	<b>OVERALL SEVERITY</b>			H	
SUPERVISOR	DATE	<b>OVERALL RISK</b>			M	

## RISK/SEVERITY ASSESSMENT FORM

**D. Note specific evidence supporting all High Risk and Moderate Risk conclusions and justify all "Unable to Assess" ratings. You must provide conclusions regarding Overall Severity/Risk based on the interaction of all factors. Attach extra pages if needed.**

The **overall severity** rating for the Smith family is high due to the fact that the Smith family children have repeatedly been left alone by the mother for extended periods of time. This occurs several times per week. While the children have not yet experienced any injuries, the frequency of the children being left alone increases the likelihood that they will be injured in the future. Because of this, and the concern that Crystal does not recognize the danger in leaving the children alone and Colin makes no effort to correct this issue.

Crystal Smith admits to having a significant substance abuse problem. She reports using alcohol and crack cocaine approximately 5-6 times per week. The mother's substance abuse is currently affecting the mother's ability to adequately supervise the children as well as consistently meet their basic needs for safety. Crystal Smith leaves the home when she uses, leaving Carley Smith, aged 10 to care for herself and her 4-year-old brother, Christian. Due to the substance use/abuse this pattern of behavior is not likely to change in the future.

Carley is developmentally appropriate and physically healthy although she appears to be emotionally and intellectually mature for her age. This is due to her being parentified which supports a rating of high for the Severity, Frequency, and/or Recentness of Abuse/Neglect risk factor. Carley has assumed the role of caregiver for both her mother and brother. Crystal stated that Carley takes care of her when she is feeling poorly. This occurs multiple times a week and is correlated to Crystals' substance abuse. Christian presents as very attached to Carley and looks to Carley for his physical and emotional care. Carley is somewhat preoccupied with family situation as she expresses concern for the welfare of her mother and she is also protective of her younger brother. Both children have expressed fear in being left alone and have fear of their neighborhood. The mother does not deny that the children were left alone but minimizes the severity of the concerns. This is exemplified by mother's report that Carley is capable of providing the needed supervision. Both children are physically healthy although Christian's behavior is withdrawn.

The **overall risk** rating for the Smith family is moderate. Crystal Smith appears to be intelligent, articulate, and sociable. She is able to communicate her needs but has difficulty meeting those needs in adaptive ways. She has limited ability to solve problems (particularly with regards to long-term problem solving). She expresses having a positive vision for her future (e.g., to get out of the "projects."). However, her ideas and thoughts about changing her current circumstances are not planned out. Crystal has difficulty managing stress. She has feelings of insecurity and becomes easily threatened. Crystal lacks self-control (e.g., substance abuse, leaving the kids unattended). She appears to have poor self-esteem. There may be some dependency issues as evident in her history of failed relationships with men. Also, she appears to frequently rely on others to get her needs met (e.g., Colin, Carley, her mother). While she is somewhat open about her drug usage, she remains guarded. Crystal expressed feeling "guilty" about some of the choices that she has made in her life.

At some level, she remains in denial about the significance of individual problems and tends to blame others. Even though Crystal expresses love for her children and describes positives interactions with both Carley and Christian, the Relationship to Children Factor is rated as high because of Crystal's parentification of Carley and Christians' dependence on

Carley for his care.

There have been previous referrals made on the Smith Family related mostly to Carley being truant from school which appeared to be as a result of previous drug and alcohol use by Crystal. The previous referrals were unsubstantiated but did result in Crystal receiving and successfully completing a drug treatment program. She did remain sober for two years. It is unclear, at this point what prompted her current drug and alcohol abuse; however, information supports that that abuse is increasing. This may be as a result of her relationship with her current boyfriend, Colin.

Colin is clearly able to communicate needs, feelings and perceptions regarding the family situation, but generally keeps the conversation at a superficial level. He appears to be somewhat guarded, distrustful and does not talk much about himself. He tends to remove himself from any direct responsibility for family problems by focusing attention toward Crystal. He is controlled and seems thoughtful. He appears to be resourceful and intelligent. Based on interviews with the children, it appears that he is distributing drugs within the community and has been responsible for supplying Crystal with drugs. He denies selling drugs but is vague about his employment. He avoids conflict (e.g., prefers to leave the home during conflict). Colin has no apparent mental health issues. Although he denies substance abuse/use, there are concerns that he might be involved with drugs which led to the X rating. He presents as emotionally controlled and stable.

While the interior of the home is clean and free of hazards, both children are fearful of the neighborhood that they are living in. There are also financial stressors in the home. Crystal is not employed and, as previously mentioned, Colin's employment is unclear. Crystal does have some support from her mother although she blames her mother for becoming involved with CYS. Crystal does not actively reach out for support from her mother, although Carley looks to her grandmother as a resource she can access when needed. Crystal has not been forthcoming with information regarding the biological father of either Carley or Christian. Efforts have been made and will continue to be made to locate the fathers of both Carley and Christian and they will be incorporated into future risk assessments once they are located. Colin does not have family supports and was not forthcoming with other resources available to him.

## Smith Family Service Plan (Module 6)

### FAMILY SERVICE PLAN

Parents, guardians, custodians and children have the right to participate in the development of this plan; however, if you disagree with this plan you are not required to sign and have the right to appeal.

Parents, guardians and custodians must notify the county agency within 24 hours when the child or family moves from one residence to another.

Please notify the agency if you require accommodations to participate in the development of the plan as required by the Americans with Disabilities Act. This plan will be provided in alternate format upon request.

*Family Name:* Smith

*County:* Any

*Case Number:* 0101010

*Date Family Accepted for Service:* 10/17/20xx

*Date of Initial/Revised Plan:* 12/10/20xx

*Date of Next Plan Review:* 4/29/20xx

x *Initial Family Service Plan*  *Revised Plan*

#### INITIAL FAMILY STRENGTHS

Crystal and Colin actively participate in the safety assessment and are cooperative with the development and implementation of the safety plan. The physical home environment was free of safety hazards. Children's basic needs are being met.

Crystal speaks very fondly of her children and appears proud of them. Crystal has dreams for her children. Crystal has strong attachments with her children. Crystal appears to be intelligent, articulate, and sociable. Crystal displays at least an average level of intelligence in her communications. Crystal is concerned that her children become responsible adults. Crystal knows that she has family members she can use as resources. Crystal knows that others in the community are willing to step into her life to make sure that her children are protected from abuse and neglect. Crystal provides a clean home for herself and her children.

Colin is clearly able to communicate his needs, feelings and perceptions regarding the family situation. Colin appears thoughtful. Colin can avoid conflict. Colin appears emotionally controlled and stable. Colin speaks positively about the children. Colin is resourceful. Colin enjoys playing with the children and will take them to get something to eat or to the park.

#### STRENGTHS IDENTIFIED DURING REVIEW:

N/A

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case Number:</i> 0101010	<i>Family Name:</i> Smith
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**INITIAL REASON FAMILY WAS ACCEPTED FOR SERVICE:**

*Describe the family's situation(s) and the causes of the situation(s):*

Crystal's (mother) current level of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. She leaves the children home alone to locate and use drugs, often overnight, 5-6 times per week. Although Colin is a household member and recognizes that the children should not be left unsupervised, he has not assured the children are supervised by a responsible adult at all times. Mom's judgment is impaired by her drug use, and she feels that Carley is capable of caring for her younger brother, Christian in the absence of an adult caregiver, to include extended periods of time.

*Effects on child(ren):*

Both children report they are scared to be home alone at night and scared of the neighborhood in which they live. Carley is parentified and expected to care for her mother when she is hung-over and also provide care for her 4-year-old brother.

Christian is somewhat withdrawn

*Concerns:*

Crystal has left the children home alone for long periods of time unsupervised to use and obtain drugs. Colin leaves the home knowing that Crystal will leave the children home alone. Crystal admits to leaving the children home alone but does not see this as a major concern as Carley is 10-years-old and can provide supervision to Christian (age 4). Crystal's treatment needs are not known at this time. Christian presents extremely shy and his developmental functioning is not known at this time. It is unclear if Colin fully embraces the caregiver role. He has been part of the children's lives and says he wants to be a part of the family long-term; but has not yet fully acknowledged his role as a caregiver.

*Initial level of risk on:*                      *was:*

<input checked="" type="checkbox"/> <i>High</i>	<input type="checkbox"/> <i>Moderate</i>	<input type="checkbox"/> <i>Low</i>	<input type="checkbox"/> <i>No</i>
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**REASON FOR REVISION:**

*Describe the family's situation(s) and the causes of the situation:*

*Effects on child(ren):*

*Concerns:*

*Current level of risk on:*                      *is:*

<input type="checkbox"/> <i>High</i>	<input type="checkbox"/> <i>Moderate</i>	<input type="checkbox"/> <i>Low</i>	<input type="checkbox"/> <i>No</i>
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<i>Date of Initial/Revised Plan:</i> 12/20/20xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
<i>First Name:</i> CarleY		<i>Middle Initial:</i> P	<i>Last Name:</i> Smith		<i>Gender:</i> M <input type="checkbox"/> F <input checked="" type="checkbox"/>
<i>DOB:</i> Age 10					
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	( 717 ) 555-1234	
<b>MOTHER:</b>					
<i>First Name:</i> Crystal		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 30
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	( 717 ) 555-1234	
<b>FATHER(S):</b>					
<i>First Name:</i> UNKNOWN		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> (   )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>Alleged:</i>					
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> (   )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>Alleged:</i>					
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> (   )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>Alleged:</i>					
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Date of Initial/Revised Plan:</i>		<i>Case Number:</i>		<i>Family Name:</i>	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
<i>First Name:</i> Christian		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>Gender:</i> M <input checked="" type="checkbox"/> F <input type="checkbox"/>
<i>DOB:</i> 4-years-old					
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	(717 ) 555-1234	
<b>MOTHER:</b>					
<i>First Name:</i> Crystal		<i>Middle Initial:</i>	<i>Last Name:</i> Smith		<i>DOB:</i> Age 30
<i>Address 1:</i> 123 South Pendleton Avenue		<i>Address 2:</i>		<i>Phone:</i>	
<i>City:</i> Anytown		<i>State:</i> PA	<i>Zip:</i> 11111	(717 ) 555-1234	
<b>FATHER(S):</b>					
<i>First Name:</i> Unknown		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> ( )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>Alleged:</i>					
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> ( )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>Alleged:</i>					
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				
<i>First Name:</i>		<i>Middle Initial:</i>	<i>Last Name:</i>		<i>DOB:</i>
<i>Phone:</i> ( )					
<i>Address 1:</i>		<i>Address 2:</i>		<i>Biological:</i>	<i>Legal:</i>
<i>Alleged:</i>					
<i>City:</i>		<i>State:</i>	<i>Zip:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				

Date of Initial/Revised Plan: 12/20/20xx		Case Number:		Family Name: Smith				
<b>OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A</b>								
First Name: Sheila		Middle Initial:	Last Name: Smith		DOB:	Phone:	Has Legal Custody:	Date of Custody Order:
Relationship to Child: Maternal Grandmother					Age 65	(555)555-1859	<input type="checkbox"/>	
Address 1: 333 English Court			Address 2:					
City: Anytown			State: PA	Zip: 11111				
First Name: N/A		Middle Initial:	Last Name:			( )	<input type="checkbox"/>	
Relationship to Child:								
Address 1:			Address 2:					
City:			State:	Zip:				
<b>PERMANENCY GOAL</b>								
<input checked="" type="checkbox"/> <b>Child remains in the home. (Check only one box)</b> <input type="checkbox"/> The child is not at imminent risk of placement. <b>OR</b> <input checked="" type="checkbox"/> The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. <b>OR</b> <input type="checkbox"/> Absent effective preventive services provided for in this service plan, placement outside of the home other than in foster care is the planned placement for the child.								
<input type="checkbox"/> Child entered substitute care with the goal of:							Date Court	
<input type="checkbox"/> Return to parent, guardian or other custodian.								
<input type="checkbox"/> Place for adoption.								
<input type="checkbox"/> Placement with a permanent legal custodian.								
<input type="checkbox"/> Place permanently with a fit and willing relative.								
<input type="checkbox"/> Placement in another planned living arrangement intended to be permanent.								
<b>The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.</b>								

<i>Date of Initial/Revised Plan: 12/20/20xx</i>	<i>Case Number:</i>	<i>Family Name: Smith</i>
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**HOUSEHOLD MEMBERS**

<i>First Name: Colin</i>	<i>Middle Initial:</i>	<i>Last Name: Levitt</i>	<i>DOB: Age 30</i>
<i>Relationship: mother's paramour</i>		<i>Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: ( 717 ) 555-1234</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>
<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	<i>DOB:</i>
<i>Relationship:</i>		<i>Gender: M <input type="checkbox"/> F <input type="checkbox"/></i>	<i>Phone: (    )</i>

Date of Initial/Revised Plan: 12/20/20xx		Case Number:		Family Name: Smith	
<b>INDIVIDUALS/GROUPS SIGNIFICANT TO THE FAMILY</b>					
First Name: Brian		Middle Initial:	Last Name: Smith		DOB: Age 32
Relationship: Maternal Uncle			Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Phone: (555) 555-0990
Address 1: 223 Spruce Street			Address 2:		
City: Anytown			State: PA		Zip: 11111
First Name: Brandi		Middle Initial:	Last Name: Smith		DOB: Age 33
Relationship: Maternal Aunt			Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Phone: (555) 555-0990
Address 1: 223 Spruce Street			Address 2:		
City: Anytown			State: PA		Zip: 11111
First Name: Sheila		Middle Initial:	Last Name: Smith		DOB: Age 65
Relationship: maternal grandmother			Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Phone: (555) 555-1859
Address 1: 333 English Court			Address 2:		
City: Anytown			State: PA		Zip: 11111
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ( )
Address 1:			Address 2:		
City:			State:		Zip:
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ( )
Address 1:			Address 2:		
City:			State:		Zip:

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case Number:</i>	<i>Family Name:</i> Smith
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**SERVICE PLAN**

**OBJECTIVE:** Crystal manages her addiction to drugs and alcohol so that she can provide appropriate supervision and care for the children.

**Related Concerns: Absent/Diminished protective capacities:** caregiver demonstrates impulse control; caregiver has a history of protecting

**Risk Factors:** Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Substance abuse; Family supports; Stressors

<b>Who</b>	<b>Will Do What Task</b>	<b>By When</b>	<b>How This Task Is Measured</b>	<b>Date Started</b>	<b>Date Completed</b>
Crystal Smith	Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center.	Until date of discharge by the facility	By the discharge report from Mountainside Treatment Center.		
Crystal Smith	Crystal will follow the discharge plan from Mountainside Substance Abuse Treatment Center.	From date of discharge until other recommendations are made	Weekly reports from her counselor, Clint Nail.		
Crystal Smith	Crystal will participate in intensive outpatient drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor.	Until recommended by counselor or successfully discharged	-Caseworker will have weekly phone contact with Crystal's counselor, Clint Nail. -Counselor (Clint Nail) will send monthly reports and discharge summary.		
Crystal Smith	Crystal will provide random drug screens as requested by the CYS agency.	As requested until 6/15/20xx	Caseworker will document all random drug screen requests and their results.		
Crystal Smith	Crystal will attend 2 NA or AA meetings a week.	Bi-weekly until 6/15/20xx	Crystal will get attendance sheet signed at each meeting and show caseworker each time she meets with him.		
Crystal Smith	Crystal will obtain and utilize a sponsor who she feels comfortable with and call the sponsor when she needs support or has the urge to use.	Ongoing as needed	The caseworker will call the sponsor for updates after receiving contact information from Crystal.		

Comments:

**OBJECTIVE:** Crystal will assure that her children are supervised at all times.

**Related Concerns:** *Absent/Diminished protective capacities: caregiver demonstrates impulse control; caregiver has a history of protecting*

**Risk Factor:** *Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Relationship with children; Family supports; Stressors*

<b>Who</b>	<b>Will Do What Task</b>	<b>By When</b>	<b>How This Task Is Measured</b>	<b>Date Started</b>	<b>Date Completed</b>
Crystal Smith	Crystal will enroll Christian in the Brightside Baptist Church all day daycare so he has appropriate supervision during the day while Crystal is in treatment.	Immediately following discharge from detox	Crystal will call the caseworker when Christian is enrolled		
Crystal Smith	Crystal will enroll Carley in the Brightside Baptist Church after school daycare and register her for transportation. Crystal will ensure her attendance.	Immediately following discharge from detox	Crystal will call the caseworker when Carley is enrolled.  Caseworker will obtain attendance reports monthly.		
Crystal Smith	Crystal will sign a release for Brightside Baptist Church so caseworker can call for updates and receive records from the daycare.	Immediately following discharge from detox	Caseworker will have the signed release.		
Crystal Smith, Brian Smith	Brian will provide childcare for children at least 2X week according to Crystal's NA/AA meeting schedule.	Immediately following discharge from treatment.	Caseworker will call Brian weekly to confirm that he has been watching the children while Crystal attends her meetings.		
Colin Levitt and Crystal Smith	Crystal will attend a co-parenting class with Colin to discuss roles and responsibilities of being a parent.  Colin will help with child care duties.	Crystal will register for classes upon the recommendation of her counselor, Clint Nail.	Colin and Crystal will attend the weekly classes and report their leanings to the caseworker  Written monthly reports and collateral calls from the counselor.		

**OBJECTIVE:** Colin will better understand his caregiving role in the family and basic child development of a 4- and 10-year-old to assure that the children are supervised at all times and safe from threats of harm.

**Related Concerns: Absent/Diminished protective capacities:** The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks; the caregiver understands his/her protective role

**Risk Factors:** Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Relationship with Children; Family supports; Stressors

<b>Who</b>	<b>Will Do What Task</b>	<b>By When</b>	<b>How This Task Is Measured</b>	<b>Date Started</b>	<b>Date Completed</b>
Colin Levitt and Crystal Smith	Colin will attend a co-parenting class with Crystal to discuss roles and responsibilities of being a parent. Colin will help with child care duties.	Colin will register for classes when Crystal's counselor, Clint Nail recommends.	Colin and Crystal will attend the weekly classes and report their leanings to the caseworker Written monthly reports and collateral calls from the counselor.		
Colin Levitt	Colin will attend weekly age appropriate parenting classes with a parenting coach.	April 20xx (minimum of 10 weeks)	Discharge report from parenting coach.		
Colin Levitt	Colin and Caseworker will discuss his progress in the parenting class and discuss the parenting coach's recommendations after the 10 sessions. If the coach recommends additional sessions, they will be planned at this meeting.	April 20xx	Discussion with Colin and Caseworker by reviewing the parenting program discharge recommendations.		
Colin Levitt	Colin will call the two local parenting classes to find one that he feels comfortable participating with and make a self-referral.	1/25/20xx	Colin will provide the name of the parenting class he chose to the caseworker by 2/1/20xx.		
Caseworker	Caseworker will make an appropriate referral to the parenting class that Colin chooses that discusses child development as a need for Colin.	2/4/20xx	Caseworker will provide Colin with the date, time and location of the parenting classes.		
Colin	Colin will sign a release of information for the parenting program so the caseworker can receive updates on Colin's progress.	2/5/20xx/09	Colin will provide the signed release to the caseworker. Caseworker will ask for reports.		



Colin	Colin will understand and be able to demonstrate that the children are too young to be left home alone unsupervised.	6/1/20xx	Colin will assure that someone is there to supervise the children when he does need to leave. Colin will be able to explain to the caseworker what plan he used when he did need to leave the home. Caseworker can verify this with the caregiver who supervised the children.		
Colin	Colin will participate in the men's/fathers group at the Brightside Baptist Church with Pastor Scott. Colin will use this group as a support to share his successes and struggles at becoming a role model and parenting figure to two small children.	6/1/20xx or ongoing as needed	Colin will self report when he attended the group. -Pastor Scott will maintain contact with the caseworker and discuss Colin's attendance and participation in the group.		

**OBJECTIVE:** Christian's developmental needs will be assessed and met.

**Related Concerns:**

**Risk Factors:** Vulnerability, Severity/Frequency of Abuse/Neglect, Extent of Emotional Harm; Parenting skills/knowledge; Family supports; Stressors

<b>Who</b>	<b>Will Do What Task</b>	<b>By When</b>	<b>How This Task Is Measured</b>	<b>Date Started</b>	<b>Date Completed</b>
Caseworker and Crystal Smith	Will complete the Ages and Stages Questionnaire for Christian.	1/12/20xx	The caseworker will document the findings and recommendations.		
Caseworker	Will make any referrals for additional evaluations should the Ages and Stages Screening tool indicate a need.	1/20/20xx	The caseworker will give the mother dates, times and locations of any appointments.		
Crystal Smith	Crystal will make and keep any appointments for evaluations recommended by the Ages and Stages Questionnaire.	2/15/20xx	Caseworker will request a copy of any evaluations completed for Christian.		

Date of Initial/Revised Plan: 12/20/20xx

Case Number:

Family Name: Smith

### NOTICE OF RIGHT TO APPEAL

As a parent of a child receiving services from the

You have the right to appeal:

- any determination made which results in a denial, reduction, discontinuance, suspension, termination of service; or
- the County Agency's failure to act upon a request for service with reasonable promptness.

A) If the Juvenile Court is involved with your case, you may ask the Court to schedule a hearing regarding you and your child(ren).

B) You have the right to appeal Children & Youth Services' determination to the State's Department of Public Welfare (DPW), Bureau of Hearing and Appeals, 2330 Vartan Way, 2<sup>nd</sup> Floor, P.O. Box 2675, Harrisburg, Pennsylvania 17110.

Parents have the right to be represented by an attorney or a spokesperson of his/her choice, during the appeal process or any Court proceeding regarding your child(ren). If you wish to be represented by a lawyer and cannot afford one, contact:

A written appeal requesting a hearing must be made within fifteen (15) calendar days from the date this notice was given or mailed to you. The written appeal should be sent to your Children & Youth caseworker and should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.

**During the appeal process, the service plan, as signed by the Children & Youth caseworker, remains in effect. If you fail to file an appeal within fifteen (15) days as outlined above, this plan, as written, remains in effect.**

#### ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN PLACEMENT

As the parent(s) of a child(ren) in substitute care, you:

- Have the right to petition the Court regarding any actions of the county agency affecting your child(ren).
- Will be notified, in writing, of all Judicial Reviews which you are expected to attend.
- Are entitled to visit your child(ren) at a minimum of once every two (2) weeks, unless otherwise directed by the court.
- Will receive notification prior to any change in the placement location or visiting arrangements for your child(ren), unless the change is an emergency or your child's permanency goal is adoption.

You are expected to work toward the goals and objectives of this plan. Consistent failure to work towards the goals and objectives of this plan may result in the initiation of action in accordance with the law to terminate your parental rights.

<i>Date of Initial/Revised Plan:</i> 12/20/20xx	<i>Case #:</i>	<i>Family Name:</i> Smith
<b>FAMILY GROUP DECISION MAKING/CONFERENCING</b>		
<i>Date Conference Held:</i>	<i>Coordinator:</i>	
<i>Facilitator(s):</i>	<i>Referring Worker:</i>	
<i>Length of Conference:</i>	<i>Location of Conference:</i>	
<b>Purpose of Conference:</b>		
<b>RESOURCE LIST:</b>		
<b>DECISION OF REFERRING WORKER:</b> <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i>		
<b>PERSONS WHO ATTENDED:</b>		
<b>PERSONS INVITED WHO DID NOT ATTEND:</b>		<b>PROVIDED INFORMATION:</b>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

<i>Date of Initial/Revised Plan: 12/20/20xx</i>	<i>Case #:</i>	<i>Family Name: Smith</i>
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**FACILITATOR/COORDINATOR COMMENTS:**

Empty space for comments.

Date of Initial/Revised Plan: 12/20/20xx	Case Number:	Family Name: Smith
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**SERVICE PLAN PARTICIPANTS**

Name	Relationship	Phone		Date and Method of Invitation to Participate		Date and Method of Actual Participation	
		Regular	Emergency				
Crystal Smith	Mother	(717) 555-1234	( )	10/19/20xx	IPC	10/30/20xx	IPC
Colin Levitt	Mother's paramour	(555) 555-6778	( )	10/19/20xx	IPC	10/30/20xx	IPC
Clint Nail	A/D Counselor	(555) 555-3341	( )	10/22/20xx	TC	11/1/20xx	TC
Brian Smith	Maternal uncle	(555) 555-0990	( )	11/20/20xx	WC	11/4/20xx	IPC
Sheila Smith	MGM	(555)555- 1859	( )	11/22/20xx	IPC	11/5/20xx	TC
Pastor Scott	Pastor	(555)555- 1226	( )	11/2/20xx	WC	11/5/20xx	TC

**SERVICE PLAN SIGNATURES**

**SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN**  
*If you disagree with this plan you are not required to sign it. Parents, guardians, custodians, and children age 14 and older must be given the opportunity to sign the Service Plan and related forms.*

Name	Signature	Date	Refused to Sign	Plan & Rights Distribution Date	
				Given	Mailed
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

**Comments:**

**Caseworker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I, the undersigned supervisor, have reviewed the attached plan and found that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained within, are consistent with the level of risk.*

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Smith Family Updated Case Note (Module 7)

The following document is a summary of the information that was gathered during interviews with the Smith family.

Case Name: Smith	Case Number: *****	Caseworker: Holder
Date of Contact:	Time of Contact: 9:00 am	Contact Type: Unannounced Home Visit
<p>Purpose of Contact: A referral was received from law enforcement regarding a violent altercation that occurred between the parents the previous night in the presence of three children ages 11 yrs., 5 yrs. and 3 months A second referral was received this morning from jail personnel on behalf of the now incarcerated father of the infant and step-father of the two older children regarding the mother's alleged substance abuse and improper supervision of all three children.</p>		
<p>Participants: Crystal Smith, mother; Colin Levitt, step-father and father, Carley Smith age 11, Christian Smith, age 5, and Cameron Levitt, age 3 months.</p>		
<p>Contact Summary: Four separate back to back interviews were conducted with the family members. The first interview was conducted at school with Carley Smith, who confirmed the allegations (see below). The second interview was conducted at school with Christian Smith, who confirmed the allegations (see below). The third interview was conducted at jail with Colin Levitt, who confirmed the allegations, although provided somewhat conflicting information regarding his involvement (see below). The fourth interview was conducted in the home with Crystal, who presented in a hostile and uncooperative manner, possibly intoxicated and gave conflicting information regarding accounts of her involvement. The infant Cameron was observed during the home visit. The home appeared cluttered, dirty and in disarray with turned over chairs and table. Shards of glass from a broken storm door window and pieces of a broken lamp were present on the living room floor creating possible physical safety hazards. A brief interview was conducted with the school guidance counselor and an audio tape of the 911 call was heard.</p>		
<b>Information Gathered for Safety Assessment</b>		
<i>Safety Domains:</i>		
<p>1. Type of Maltreatment: What is the extent of maltreatment?  <input type="checkbox"/> No new allegations of maltreatment    <input checked="" type="checkbox"/> Current Maltreatment (please describe):            Following Carley's call to 911, the police arrived to find the mother calm and the father irate. The mother, who presented in a calm controlled manner, accused the father, while intoxicated, of assaulting her, knocking Christian over causing an injury to his lip, eye and cheek and grabbing the baby from her arms. The father, presenting in an irate manner accused the mother of using illegal substances and neglecting the children. As the children appeared to be unharmed and the mother responsible, the father was arrested and the children were left with the mother. (police report) Jail personnel called this a.m. to report that the father was alleging that the mother has relapsed and has been abusing drugs for several months and that he had come home that day to find his infant son alone with the two young children. He alleges that the argument was the result of his confronting mother with her behavior. (Colin) Both of the children confirmed a violent altercation the night before and confirmed that Christian was knocked down by his step-father and that Colin had grabbed the baby out of their mother's arms while they were fighting. Both children reported being fearful for their safety and the safety of their mother. Carley also confirmed that she watched her brothers while her mother was out and that most of the time there was no formula for the baby. She reported that she tried to feed the baby milk from the refrigerator but it was sour and the baby threw-up. (Carley and Christian) Mother accused father/stepfather of assaulting her and the children while he was drunk and refused to answer allegations regarding her conduct and refused to take a drug test. Multiple attempts by CYS worker to engage the mother such as providing non-judgmental responses, offering to involve supportive family members and offering services such as food and financial assistance were unsuccessful. The mother demanded CYS worker leave the home. (Crystal, observation) The 911 recording supports the conclusion that the children were exposed to a very violent, frightening and traumatic event the previous night. (9-1-1 recording)</p>		

2. Nature of Maltreatment: What circumstances surround the maltreatment?

No new maltreatment identified  Circumstances surrounding current maltreatment (please describe):

Based on the interviews with the children, mother and step-father/father, it appears that the children have been left alone by the mother and this behavior may be occurring several times per week. The step-father/father admits to drinking alcohol to excess the previous night. In response to discovering the children alone and that he suspects that the mother has done this on numerous occasions. He admits to striking the mother and taking the baby from her as he suspected that the mother was high on cocaine. He denies that he struck or knocked down Christian. Although he admits to drinking every night he denies it's excessive. He admits to striking the mother at least once during her pregnancy and a couple of times after the baby was born. The mother denies having a substance abuse problem and became hostile and uncooperative when asked to discuss allegations regarding her behavior. Mother smelled of alcohol during the 11:30 a.m. visit. She refused to take a drug test. The mother's alleged substance and possible alcohol abuse appears to be affecting the mother's ability to adequately supervise the children as well as consistently meet their basic needs for safety. The father's admitted alcohol use and domestic violence toward the mother and conduct towards Christian and Cameron appear to be affecting his ability to adequately protect and care for his infant son and his step-children. (Crystal, Colin, Carley and Christian)

3. Child Functioning: How does the child(ren) function, including their condition?

Carley, a sixth grade student at Franklin Elementary, appears to be intelligent, verbal, developmentally appropriate, physically healthy, but very depressed. Carley presented as very protective of her mother and was, at first, reluctant to report that her mother left her alone with her brothers. However, she did report that she watches her brother after she returns home from school several days a week. Sometimes her mother is not home when she gets home from school and the boys are alone. She reports that she has been doing this "a while" and her mother told her not to tell her step-father. Carley accepts responsibility for the caretaking role for both her brothers as she reports that since she is now 11-years-old her mother told her that she should no longer be scared of being left alone and that she is old enough now to watch her brothers. Carley reports that she called the police last night because Colin was drinking, yelling at and hitting her mother. She reports that Colin knocked Christian over when he grabbed the baby out of her mother's arms. Carley reported that she cried and was afraid because Colin hurt Christian and might hurt the baby. Carley refused to say whether she has seen her mother take any drugs. However, her eyes began to tear up when asked this question. Carley did report that her mother got very angry at her for calling the police and that she took the phone from Carley and threw it across the room. Carley reported that when the police arrived she told the police that she felt safe with her mother and that her mother did not take drugs as Colin was saying. Carley is extremely preoccupied with the family situation and says she is afraid of Colin and for her mother's and her brother's safety. (Carley)

Christian, who attends kindergarten at Franklin Elementary School, appears to be physically healthy although somewhat small for his age. His vocabulary appears limited for his age. He is shy and somewhat withdrawn. Christian reports that Carley takes care of him a lot and that sometimes his mother is not there. He reports that when his mother came home last night that she bumped into a chair "like she was going to fall" and that Colin yelled at his mother last night and hit her. Christian reported that Colin bumped into him hard and it hurt and that Colin grabbed the baby from his mother. He reported crying and that Carley hugged him and took care of him. Christian reported that his mom grabbed the phone from Carley and yelled at her and then threw the phone across the room. He remembers that the police came to the house last night and that they took Colin away. Christian reported that he was afraid of Colin last night. He reports that he is not usually scared because Carley takes care of him and she is nice to him. He reports that Colin is usually nice but was not nice last night. Christian cried at the end of the interview. (Christian)

School guidance counselor, Gail Fields, reports that in the past three weeks the children have consistently arrived at school late and without lunch or lunch money. On one occasion a teacher reported that Christian was wearing the same clothes he wore the day before and they were very dirty. The mother has not yet responded to a note and call regarding the children's tardiness. Ms. Fields also reports that the school has recommended three months ago that Christian be evaluated for special education services as he appears to be delayed in several areas. However, the mother has not responded to the request.

Cameron appears to be small for his age. He was laid on the couch with a pillow propped up at his side to prevent him from rolling off the couch. He slept throughout most of the interview. When he woke up crying the mother did not comfort him, check on his diaper, or offer him a bottle for several minutes. Only after the CYS worker picked him up and commented on his needs did the mother prepare him a bottle and offer it to him.

#### 4. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?

Colin presented in the interview at the jail as calm and concerned about all three children's safety. He admitted that he drank too much the night before and that he had been physically abusive to Crystal both last night and in the past. He reported that he got upset after he came home and found Carley home alone watching the kids. He reported that he was worried that Crystal was beginning to leave the children alone again, but this was the first time he had proof that she was leaving the baby alone too. When Crystal returned he saw that she was high on drugs as she was stumbling around and almost fell on top of the baby. He searched her bag and found crack cocaine and a pipe. He denied knocking Christian over deliberately or accidentally. He reported that when the police arrived Crystal acted calm and accused him of abuse so the police arrested him and did not believe his concerns about Crystal's drug use. Colin admitted that he typically drinks every night but denied it was problematic or that the children's exposure to domestic violence was harmful to them. He reported that both Crystal and he hit each other when fighting but that it does not happen very much, maybe twice a week. Colin reported that they had gotten along very well after all the services ended, last year. However, Crystal became pregnant and was always sick. She lost her job so he was out all day working different jobs. He reports that Crystal started smoking marijuana again during her pregnancy to deal with extreme nausea and that she stopped sometime in her 8<sup>th</sup> month because she didn't want to get caught. Colin is clearly able to communicate needs, feelings and perceptions regarding the family situation. He became very emotional during the interview, but not disrespectful. He blames Crystal's alleged drug use for his drinking and violent behavior last night. (Colin, observation)

Crystal presented as hostile and uncooperative. Initially she freely reported on Colin's behavior. She accused him of drinking excessively every night and beating her throughout her pregnancy and afterwards. She reported that domestic violence seldom occurred in the past, and became more frequent as she became sicklier throughout her pregnancy and after she was fired from her job for taking so much time off. She reports that Colin continues to sell drugs and won't share his money with her or the children. Crystal presented in a very emotional affect and spoke in rapid and sometimes slurred speech. When asked questions about her conduct last night, she became angry and offended. When asked about taking the phone from Carley, she used profanity and accused Carley of lying and stated that "she will get it when she gets home from school." When asked about possible use of crack cocaine, Crystal refused to speak to the CYS worker any longer and demanded that the CYS worker leave. Crystal appears to lack self-control (e.g., substance abuse, leaving the kids unattended). She appears to have a poor self-esteem. She has a significant substance abuse problem (e.g., reportedly has relapsed using alcohol and crack cocaine). It appears that she places parental responsibility on Carley and then faults Carley for disclosing family interactions to outsiders. Crystal has become extremely guarded about her conduct. (Crystal, Colin, Carley, Christian and observation)



5. General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?

Crystal has previously been found to speak fondly of Carley and Christian and appeared to be proud of them. However, in this interview before this assessment could be made, Crystal became resistant and uncooperative in response to specific questions about her behavior. It is of concern that her response to Carley's disclosure resulted in Crystal using profanity and stating that Carley would "get it" when she returned home from school. When asked to clarify, the mother stated that Carley was "no stranger to the belt." Based on interviews with the children, Crystal and Colin, there appear to be strong attachments between the mother and the children. However, it appears that Crystal habitually requires Carley to take on the parenting role for her two younger brothers. Colin was unable to identify any positives with his current family. He reported he resented the responsibility of providing for Crystal's other two children and that only Carley did anything around the house, but she couldn't make a decent meal. He reported enjoying spending time with the baby, but complained that with working multiple jobs and long hours he is not home much. He reported that he will not change diapers as he finds it disgusting and woman's work. When the mother is not home, he asks Carley to do it. He reports that Carley loves playing little mother and she is better at it than Crystal. Colin reported that although he married their mother he does not have "parenting" or "discipline" responsibility for the two older children. Carley and Christian report being fearful of him since he started hitting their mother. Neither of them want to see or live with him again after the incident last night. Crystal reported that Colin hasn't spent any positive time with any of three children in several months. Colin also reports that Crystal, since resuming her use of drugs does not help the children with their school work or gets them up in the morning. Colin and Carley report that Carley get her and Christian's breakfast in the morning. (Colin, Crystal, Carley and Christian)

6. Parenting Discipline: How do caregivers discipline the children?

Crystal is primarily responsible for the discipline of the children. Both Crystal and Colin report that Colin has no responsibility in this area. Colin and Carley both report that Crystal frequently uses physical discipline on the children by using a belt strap or telephone cord. Colin reports that the children are well behaved but Crystal will let them stay up late one night and then discipline them the next night if they stay up late. (Crystal, Colin, Carley)

## Smith Family Updated Safety Assessment Form (Module 7)

<b>Date of Safety Assessment: 11/28/20xx</b>			<b>Type of Assessment: Conclusion of the Investigation</b>				
<b>I.</b>		<b>Family Name: Smith</b>		<b>Case number: 0101010</b>		<b>Caseworker Name:</b>	
Suf	Child's Name	Age	Suf	Child's Name	Age		
A	Carley	11					
B	Christian	5					
C	Cameron	3 mos.					
Caregiver Name		Rel	Date Seen	Caregiver Name		Rel	Date Seen
Crystal Smith		M					
Colin Leavitt		SF/ F					
<b>II. Identify Safety Threats Below</b>			List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met			Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of-control, imminent, and serious harm likely)	
Date of Face to Face Contact:			xxx	xxx	xxx		
2. Caregiver(s) intended to cause serious physical harm to the child	Y						Colin knocked Christian down causing facial injuries to his lip, eye and cheek. Crystal disciplines children with a belt strap and implied that she would strap Carley for speaking to CYS.
	N	A	B	C			
3. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child	Y						Caregivers have not threatened to severely harm the children.
	N	A	B	C			
4. Caregiver(s) cannot or will not explain the injuries to a child	Y						This threat is not present at this time as there are no observed or alleged injuries to either child.
	N	A	B	C			
5. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur	Y						There is no evidence of sexual abuse of either child at this time. There are no indicators or behaviors that would suggest abuse has or is likely to occur.
	N	A	B	C			
6. Caregiver(s) are violent and/or acting dangerously	Y	A	B	C			Both caregivers engage in violent/dangerous behavior towards each other resulting with infant grabbed and while caregivers were intoxicated and physically fighting. Christian was knocked down and injured Carley and Christian have confirmed violent or dangerous behavior by both caregivers.
	N						

7. Caregiver(s) cannot or will not control their behavior	Y	A	B	C			Colin refuses to curb drinking and states his intent to continue to beat Crystal. Crystal refuses to cooperate with the investigation to determine her intention regarding her past behavior. Reports from Colin and Carley support the conclusion that her drug use is out of control and it has a serious dangerous impact on the children's safety as she frequently leaves an infant in the care of young children who cannot meet the infant's needs rendering this child unsafe. Caregivers' behaviors directly affect their parenting, judgment, lack of protectiveness, and perceptions about child safety.
	N						
8. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self-destructive behavior	Y						This threat does not appear at this present time as the children do not demonstrate serious emotional symptom, lack of behavioral control, and/or self-destructive behavior.
	N	A	B	C			
9. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety	Y	A	B	C			Crystal leaves for many hours several days a week. Crystal requires 11-year-old Carley to care for a 5-year-old and an infant. Crystal does not provide formula or food for the infant, resulting in a serious risk of harm to the infant who was fed sour milk and vomited. Crystal ignored infant's need during home visit by not attending to her crying infant's need for care. Colin requires Carley to change Cameron's diaper and refuses to provide direct care to infant. Colin is in jail.
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child	Y	A	B	C			Colin fails to understand impact of DV and excessive alcohol on ability to parent young children. Crystal refuses to cooperate and engage in a discussion regarding allegations. Crystal has unrealistic expectations on 11-year-old to care for a 5-year-old and an infant. As a result of their young ages and their inability to protect themselves, the threat of serious harm to all three children exists.
	N						

11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child	Y					This safety threat is not present at this time. There is no information that the caregivers do not have resources to meet the children's basic needs.
	N	A	B	C		
12. Caregiver(s) perceive child in extremely negative terms	Y					Both caregivers appear to view both children in a positive light. However, Crystal expresses anger at Carley for disclosing information to CYS.
	N	A	B	C		
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee	Y					Colin cooperated with the interviewer and says he would accept assistance. Crystal refused to cooperate and told interview to leave home but has prior history of cooperation. Crystal threatened to strap Carley upon learning she spoke with CYS.
	N	A	B	C		
14. Child is fearful of the home situation, including people living in or having access to the home	Y	A	B	C		Carley presents as depressed and preoccupied with the family situation. Christian presents as withdraw. Both children report that they are afraid of Colin and were frightened by the domestic violence that occurred last night.
	N					

**III. Are Safety Threats Present?**  Yes?  No? If Yes, complete the following:

**Discussion Protective Capacities:** A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?
Crystal	5,6,8,9,10,14	A & B & C	The caregiver demonstrates impulse control.	This is a diminished protective capacity. Crystal has relapsed and her use of drugs compromises any protective capacities she usually has had. Crystal also demonstrates that she is currently unable or unwilling to demonstrate impulse control as is evidenced by her frequent leaving of all three children unsupervised.
			The caregiver has a history of protecting	This is a diminished protective capacity. Crystal has left an infant and a 5-year-old alone. She requires an 11-year-old to provide them with supervision. In the past, Crystal has demonstrated the capacity to apply learned skills such as providing appropriate supervision and substance abuse coping strategies. She is not currently demonstrating these skill sets. Crystal must be able to demonstrate how she can draw from her prior success.
			The caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings	This is a diminished protective capacity. While Crystal shares that she loves her children she does not fully recognize or understand the long-term emotional impact her drug use, exposure to domestic violence and lack of supervision has on her children.
Crystal	10	A	The caregiver has accurate	This protective capacity is currently absent for Crystal. She is unaware of and lacks sufficient understanding of child development

			perceptions of the child	and has parentified her eldest child, Carley. Crystal's expectation is for Carley to provide care and supervision to Christian and Cameron when she is engaged in drug use.
Colin	5,6,8, 9, 10, 14	A & B & C	The caregiver demonstrates impulse control.	This protective capacity is currently absent. When confronted with Crystal's leaving the children unattended, Colin's response is to drink and engage in domestic violence in the children's presence resulting in all of the children's physical safety to be compromised.
			The caregiver understands his/her protective role	This is a diminished protective capacity. He engages in domestic violence in the children's presence. Colin reports an unwillingness to provide his infant child some basic caretaking activities and relies on an 11-year-old child to perform these tasks. He has previously demonstrated a willingness to be part of his step-children's lives and has demonstrated this interest by marrying their mother. However, he does not engage in actively parenting or disciplining these children.

**IV. Safety Analysis:** As part of your analysis, respond to the following four questions:

*How are safety threats manifested in the family?*

Mother's current level of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. Mother leaves the children home alone to locate and use drugs, leaving a 5-year-old and an infant alone and sometimes under the care of an 11-year-old several times a week. The children's step-father, Colin, and father of the infant also is present in the household, however, his response to mother's behavior is to drink excessively and engage in domestic violence in the children's presence. This violent behavior on at least one occasion presented a physical threat to two of the children, when 5-year-old Christian was knocked down and 3-month-old Cameron was grabbed by father while fighting with mother. Colin is currently incarcerated and charged with assault and public intoxication. Mother's judgment is impaired by her drug use. She believes 11-year-old Carley is capable of caring for Christian and Cameron in the absence of an adult caregiver. In addition, both Carley and Christian exhibit anxiety and depression symptoms and report being scared of Colin. Christian is withdrawn and appears to be developmentally delayed. The 911 audio tape supports the conclusion that all three children were exposed to a traumatic event.

*Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CYS?*

No, currently both caregivers in the home demonstrate diminished protective capacities and are unable to assure the children's safety with assistance from CYS.

*Is an in-home CYS managed safety plan an appropriate response for this family?*

No, the supports available to the family cannot be put into place in the children's own home. Due to mother's inability to put the children's need for constant supervision above her own need to seek out and use drugs and a lack of resources that could be put into place in the home of origin. Given the mother's current lack of cooperation and unwillingness to discuss allegations regarding her drug use and leaving the children unattended a CYS managed comprehensive safety plan would not be an appropriate response for the family at this time. The children cannot be cared for informally by the maternal grandmother in her residence as she is currently suffering from diabetes and living in a nursing home. Brian Smith, maternal uncle, previously provided support to the family. However, Crystal's current hostility is preventing her from discussing her situation with the caseworker or other family members. The whereabouts and availability of Christian's father is currently unknown. Carley's father, who lives out-of-state, reports that he cannot be a resource for Carley, at this time as, according to him, his residence is not stable and unsuitable for a young girl. He refused a request to provide Carley support at this time, but said he would meet with the CYS worker when he "gets a chance."

*What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?*

**V. Children Who Were Not Seen:** Every effort should be made to see each child in the family face-to-face to determine if they are safe. If there is a child in the family that was not seen (e.g. child runaway), list their name and provide justification as to why they were not seen, how long it has been since someone has seen the child and the plan identified to locate the child and to assure that child's safety.

Child Name	Age	Justification
All children were seen		

VI. Safety Decision -	List each child by name or suffix					
<b>Decision Date:</b>						
<b>Safe:</b> Either caregiver's existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.						
<b>Safe with a Comprehensive Safety Plan:</b> Either caregivers' existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.						
<b>Unsafe:</b> Caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.	A	B	C			

<b>VII. Signatures of Approval</b> (Requires Supervisory (Discussion))			
	<b>Case Worker Name: Rob Detter</b>	Signature	Date
	<b>Supervisor Name: Gail Marachi</b>	Signature	Date

## Smith Family Service Plan (Module 9)

### FAMILY SERVICE PLAN

Parents, guardians, custodians and children have the right to participate in the development of this plan; however, if you disagree with this plan you are not required to sign and have the right to appeal.

Parents, guardians and custodians must notify the county agency within 24 hours when the child or family moves from one residence to another.

Please notify the agency if you require accommodations to participate in the development of the plan as required by the Americans with Disabilities Act. This plan will be provided in alternate format upon request.

<i>Family Name:</i> Smith	<i>County:</i>
<i>Case Number:</i>	<i>Date Family Accepted for Service:</i> 11/28/xx
<i>Date of Initial/Revised Plan:</i> 12/16/xx <input checked="" type="checkbox"/> <i>Initial Family Service Plan</i> <input type="checkbox"/> <i>Revised Plan</i>	<i>Date of Next Plan Review:</i> 5/27/xx

#### INITIAL FAMILY STRENGTHS:

- Crystal speaks very fondly of her children and appears proud of them.
- Crystal has dreams for her children.
- Crystal appears to be intelligent.
- Crystal appears to be sociable.
- Crystal displays at least an average level of intelligence in her communications.
- Colin is clearly able to communicate his needs, feelings and perceptions regarding the family situation.
- Crystal knows that she has family members she can use as resources.
- Crystal knows that others in the community are willing to step into her life to make sure that her children are protected from abuse and neglect.
- Colin enjoys playing with the children and will take them to get something to eat or to the park.

#### STRENGTHS IDENTIFIED DURING REVIEW:

<i>Date of Initial/Revised Plan:</i> 12/16/xx	<i>Case Number:</i>	<i>Family Name:</i> Smith
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**INITIAL REASON FAMILY WAS ACCEPTED FOR SERVICE:**

*Describe the family's situation(s) and the causes of the situation(s):*

Crystal's (mother) current level of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. She leaves the children home alone to locate and use drugs, often overnight, 5-6 times per week. Mom's judgment is impaired by her drug use, and she feels that Carley is capable of caring for her younger brothers, Christian and Cameron in the absence of an adult caregiver, to include extended periods of time. There is often no formula for the baby.

When intoxicated, Colin physically assaulted Crystal in the presence of the children upon his discovery that she left them home alone. During the altercation he knocked Christian over causing an injury to his lip, eye and cheek.

*Effects on child(ren):*

Carley exhibits anxiety about being left alone and reports she is scared to be home alone at night and scared of the neighborhood in which they live. Carley is parentified.

Christian is somewhat withdrawn. Cameron appears small for his age.

*Concerns:*

Crystal leaves the children home alone for long periods of times unsupervised to use and obtain drugs. Crystal admits to having a significant substance abuse problems she reports she uses crack cocaine and alcohol 5-6 times a week. Crystal admits to leaving the children home alone but does not see this as a major concern since Carley is 10-years-old and provides supervision to her younger brothers, Christian and Cameron. Colin gets assaultive with Crystal in front of the children when he drinks to excess.

*Initial level of risk on:* 11/28/xx *was:*

<input checked="" type="checkbox"/> <i>High</i>	<input type="checkbox"/> <i>Moderate</i>	<input type="checkbox"/> <i>Low</i>	<input type="checkbox"/> <i>No</i>
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**REASON FOR REVISION:**

*Describe the family's situation(s) and the causes of the situation:*

*Effects on child(ren):*

*Concerns:*

*Current level of risk on:* *is:*

<input type="checkbox"/> <i>High</i>	<input type="checkbox"/> <i>Moderate</i>	<input type="checkbox"/> <i>Low</i>	<input type="checkbox"/> <i>No</i>
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Date of Initial/Revised Plan: 12/16/xx		Case Number:		Family Name: Smith	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
First Name: Cameron		Middle Initial: P	Last Name: Levitt		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address 1: 223 Spruce		Address 2:		DOB:	
City: Anytown		State: PA	Zip:		Phone: (555) 555-0990 )
<b>MOTHER:</b>					
First Name: Crystal		Middle Initial:	Last Name: Smith		DOB:
Address 1: 123 South Pendleton Avenue		Address 2:		Phone:	
City:		State:	Zip:		( 717 ) 555-1234
<b>FATHER(S):</b>					
First Name: Colin		Middle Initial:	Last Name: Levitt		DOB:
Address 1: 123 South Pendleton Avenue		Address 2:		Biological:	Phone: ( 717 ) 555-1234
City: Anytown		State: PA	Zip:		Legal:
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Phone: ( )
City:		State:	Zip:		Legal:
				<input type="checkbox"/>	<input type="checkbox"/>

Date of Initial/Revised Plan: 12/16/10		Case Number:		Family Name: Smith		
<b>IDENTIFYING INFORMATION</b>						
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.						
<b>CHILD:</b>						
First Name: Carley		Middle Initial:	Last Name: Smith		Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
Address 1: 223 Spruce		Address 2:		Phone:		
City: Anytown		State: PA	Zip: 11111		(555) 555-0990	
<b>MOTHER:</b>						
First Name: Crystal		Middle Initial:	Last Name: Smith		DOB: age 31	
Address 1: 123 South Pendleton Avenue		Address 2:		Phone:		
City: Anytown		State: PA	Zip: 11111		(717) 555-1234	
<b>FATHER(S):</b>						
First Name: James		Middle Initial:	Last Name: Webster		DOB: 33	
Address 1: 123 South Pendleton Avenue		Address 2:		Biological:	Legal:	
City: Anytown		State: OH	Zip: 44444		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:	Phone: ( )
Address 1:		Address 2:		Biological:	Legal:	Alleged:
City:		State:	Zip:		<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:	Phone: ( )
Address 1:		Address 2:		Biological:	Legal:	Alleged:
City:		State:	Zip:		<input type="checkbox"/>	<input type="checkbox"/>

Date of Initial/Revised Plan: 12/16/10		Case Number:		Family Name: Smith	
<b>IDENTIFYING INFORMATION</b>					
If the county agency or juvenile court has concerns about the safety of anyone noted in this plan, addresses and phone numbers may be withheld.					
<b>CHILD:</b>					
First Name: Christian		Middle Initial:	Last Name: Smith		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address 1: 223 Spruce		Address 2:		Phone:	
City: Anytown		State: PA	Zip: 11111		(555) 555-0990
<b>MOTHER:</b>					
First Name: Crystal		Middle Initial:	Last Name: Smith		DOB: age 31
Address 1: 123 South Pendleton Avenue		Address 2:		Phone:	
City: Anytown		State: PA	Zip: 11111		(717) 555-1234
<b>FATHER(S):</b>					
First Name: Michael		Middle Initial:	Last Name: Johnson		DOB: age 29
Address 1: 123 Broad Street		Address 2:		Biological:	Legal:
City: Anytown		State: PA	Zip: 1	<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Legal:
City:		State:	Zip:	<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Legal:
City:		State:	Zip:	<input type="checkbox"/>	<input type="checkbox"/>
First Name:		Middle Initial:	Last Name:		DOB:
Address 1:		Address 2:		Biological:	Legal:
City:		State:	Zip:	<input type="checkbox"/>	<input type="checkbox"/>

Date of Initial/Revised Plan: 12/16/xx		Case Number:		Family Name: Smith		
<b>OTHER CAREGIVER(S)/PRINCIPAL CAREGIVER IF CHILD NOT WITH PARENT <input type="checkbox"/> N/A</b>						
First Name: Brian		Middle Initial:	Last Name: Smith		DOB:	Phone:
Relationship to Child: Maternal Uncle				Age 33	(555) 555-0990	Has Legal Custody: <input type="checkbox"/>
Address 1: 223 Spruce		Address 2:				
City: Anytown		State: PA	Zip: 11111			
First Name: Brandi		Middle Initial:	Last Name: Smith		Age 34	(555) 555-0990
Relationship to Child: Maternal Aunt						
Address 1: 223 Spruce		Address 2:				
City: Anytown		State: PA	Zip: 11111			
<b>PERMANENCY GOAL</b>						
<input type="checkbox"/> <b>Child remains in the home. (Check only one box)</b> <input type="checkbox"/> The child is not at imminent risk of placement. <b>OR</b> <input type="checkbox"/> The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. <b>OR</b> <input type="checkbox"/> Absent effective preventive services provided for in this service plan, placement outside of the home other than in foster care is the planned placement for the child.						
<input checked="" type="checkbox"/> <b>Child entered substitute care with the goal of:</b>						Date Court Approved:
<input checked="" type="checkbox"/> <i>Return to parent, guardian or other custodian.</i>						12/5/xx
<input type="checkbox"/> <i>Place for adoption.</i>						
<input type="checkbox"/> <i>Placement with a permanent legal custodian.</i>						
<input type="checkbox"/> <i>Place permanently with a fit and willing relative.</i>						
<input type="checkbox"/> <i>Placement in another planned living arrangement intended to be permanent.</i>						
<b>The safety of the child will be assessed at every contact and documented in the family case record. The Safety Plan will be revised when needed to assure the safety of the child.</b>						

Date of Initial/Revised Plan: 12/16/xx	Case Number:	Family Name: Smith
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**HOUSEHOLD MEMBERS**

First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )
First Name:	Middle Initial:	Last Name:	DOB:
Relationship:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Phone: (    )

Date of Initial/Revised Plan: 12/16/xx		Case Number:		Family Name: Smith	
<b>INDIVIDUALS/GROUPS SIGNIFICANT TO THE FAMILY</b>					
First Name: Sheila		Middle Initial:	Last Name: Smith		DOB:
Relationship: maternal grandmother			Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Phone: (555)555-5545
Address 1: 349 Main Street			Address 2:		
City: Anytown			State: PA		Zip: 11111
First Name: Richard		Middle Initial:	Last Name: Scott		DOB:
Relationship: Pastor			Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Phone:(555) 5551226
Address 1: 222 Maple			Address 2:		
City: Anytown			State: PA		Zip: 11111
First Name: Gale		Middle Initial:	Last Name: Johnson		DOB: age 49
Relationship: Christian's paternal grandmother			Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>		Phone: (555) 555-2222
Address 1: 444 Oak			Address 2:		
City: Anytown			State: PA		Zip: 11111
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ( )
Address 1:			Address 2:		
City:			State:		Zip:
First Name:		Middle Initial:	Last Name:		DOB:
Relationship:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Phone: ( )
Address 1:			Address 2:		
City:			State:		Zip:

<i>Date of Initial/Revised Plan: 12/20/20xx</i>		<i>Case Number:</i>		<i>Family Name: Smith</i>	
<b>SERVICE PLAN</b>					
<b>OBJECTIVE:</b> Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.					
<b>Related Concerns:</b> <i>Absent/Diminished protective capacities: caregiver demonstrates impulse control; caregiver has a history of protecting</i>					
<b>Risk Factors:</b> Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Substance abuse; Family supports; Stressors					
<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Crystal Smith	Will successfully complete the detox program at Mountainside Substance Abuse Treatment Center	1/30/xx	By the discharge report from Mountainside Treatment Center		
Crystal Smith	Will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center.	1/30/xx	Caseworker will obtain written assessment report.		
Crystal Smith	Will follow any recommendations for treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor.	5/15/xx	-Caseworker will have weekly phone contact with Crystal's counselor, Clint Nail. -Counselor (Clint Nail) will send monthly reports and discharge summary.		
Crystal Smith	Will provide random drug screens as requested by the CYS agency.	As requested until 5/15/xx	Caseworker will document all random drug screen requests and their results.		
Crystal Smith	Will consult with the domestic violence consultant at Safehouse Shelter to determine appropriate intervention for the violence in the home.	3/1/xx	Written and verbal reports.		
<i>Comments:</i>					

Date of Initial/Revised Plan: 12/20/20xx	Case Number:	Family Name: Smith
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**SERVICE PLAN**

**OBJECTIVE:** Crystal will demonstrate love, empathy and sensitivity towards the children.

**Related Concerns: Absent/Diminished protective capacities:** caregiver demonstrates impulse control; caregiver has a history of protecting, caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings.  
**Risk Factor:** Vulnerability; Extent of emotional harm; Age, Physical, Intellectual, or Emotional Status with Children; Family supports; Stressors Parenting skills/knowledge; Relationship

<b>Who</b>	<b>Will Do What Task</b>	<b>By When</b>	<b>How This Task Is Measured</b>	<b>Date Started</b>	<b>Date Completed</b>
Crystal Smith	During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner by practicing what she learns in parenting classes.	5/15/xx	Visitation observation reports, interviews with Crystal and the children.		
<b>Comments:</b>					



Date of Initial/Revised Plan: 12/20/20xx	Case Number:	Family Name: Smith
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**SERVICE PLAN**

**OBJECTIVE:** Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.

**Related Concerns: Absent/Diminished protective capacities:** The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks; the caregiver understands his/her protective role, caregiver has accurate perceptions of the child.  
**Risk Factors:** Vulnerability; Extent of emotional harm; Age, physical, intellectual, or emotional status; Parenting skills/knowledge; Relationship with Children; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Crystal Smith	Crystal will participate and complete parenting classes through Mountainside;	5/15/xx	Caseworker will obtain written attendance reports and progress reports.		
Crystal Smith	Crystal will discuss learning points with the caseworker	5/15/xx	Caseworker will discuss the learning points with Crystal and together plan ways to practice the skills.		
Crystal Smith	Crystal will practice what she learns in parenting during visits.	5/15/xx	Observations of visits, discussions with caseworker, recommendations from parenting instructor.		

*Comments:*

<i>Date of Initial/Revised Plan:</i> 12/20/20xx		<i>Case Number:</i>		<i>Family Name:</i> Smith	
<b>SERVICE PLAN</b>					
<b>OBJECTIVE:</b> Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.					
<b>Related Concerns: Absent/Diminished protective capacities:</b> Caregiver demonstrates impulse control; caregiver understands his/her protective role. <b>Risk Factors:</b> Vulnerability, Sev/Frequency of Abuse/Neglect, Extent of Emotional Harm; Parenting skills/knowledge; Family supports; Stressors					
<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Colin Levitt	Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent.	3/12/xx	Attendance and progress reports from parenting program.		
Colin Levitt	Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanlin emotional needs ess) and (comforting, talking, stimulation) during visits	1/15/xx	Observations of visits, discussions with caseworker, recommendations from parenting instructor.		
Colin Levitt	Colin will contact Pastor Scott at the Brightside Baptist Church men's/father's group and attend weekly support group. Colin will use share successes and struggles associated with becoming a role model and parent.	2/15/20xx	Written and verbal progress reports from Pastor Scott.		
Colin Levitt	Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.	5/15/xx	Written and verbal probation reports.		
<i>Comments:</i>					

Date of Initial/Revised Plan: 12/20/20xx	Case Number:	Family Name: Smith
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**SERVICE PLAN**

**OBJECTIVE:** Colin will manage his alcohol use and anger in order to help him control his impulses.

**Related Concerns:** Caregiver demonstrates impulse control; caregiver understands his/her protective role.  
**Risk Factors:** Vulnerability, Sev/Frequency of Abuse/Neglect, Extent of Emotional Harm; Parenting skills/knowledge; Family supports; Stressors

<i>Who</i>	<i>Will Do What Task</i>	<i>By When</i>	<i>How This Task Is Measured</i>	<i>Date Started</i>	<i>Date Completed</i>
Colin Levitt	Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment.	2/1/xx	Assessment report.		
Colin Levitt	Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations.	2/15/xx	Written and verbal reports		
Colin Levitt	Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview per his probation requirement.	3/15/xx	Written and verbal reports		

*Comments:*

Date of Initial/Revised Plan: 12/20/20xx

Case Number:

Family Name: Smith

### NOTICE OF RIGHT TO APPEAL

As a parent of a child receiving services from the

You have the right to appeal:

- any determination made which results in a denial, reduction, discontinuance, suspension, termination of service; or
  - the County Agency's failure to act upon a request for service with reasonable promptness.
- C) If the Juvenile Court is involved with your case, you may ask the Court to schedule a hearing regarding you and your child(ren).
- D) You have the right to appeal Children & Youth Services' determination to the State's Department of Public Welfare (DPW), Bureau of Hearing and Appeals, 2330 Vartan Way, 2<sup>nd</sup> Floor, P.O. Box 2675, Harrisburg, Pennsylvania 17110.

Parents have the right to be represented by an attorney or a spokesperson of his/her choice, during the appeal process or any Court proceeding regarding your child(ren). If you wish to be represented by a lawyer and cannot afford one, contact:

A written appeal requesting a hearing must be made within fifteen (15) calendar days from the date this notice was given or mailed to you. The written appeal should be sent to your Children & Youth caseworker and should include a statement concerning the portions of the plan with which you disagree and the reason for your disagreement.

**During the appeal process, the service plan, as signed by the Children & Youth caseworker, remains in effect. If you fail to file an appeal within fifteen (15) days as outlined above, this plan, as written, remains in effect.**

### ADDITIONAL NOTICE TO PARENTS OF CHILDREN IN PLACEMENT

As the parent(s) of a child(ren) in substitute care, you:

- Have the right to petition the Court regarding any actions of the county agency affecting your child(ren).
- Will be notified, in writing, of all Judicial Reviews which you are expected to attend.
- Are entitled to visit your child(ren) at a minimum of once every two (2) weeks, unless otherwise directed by the court.
- Will receive notification prior to any change in the placement location or visiting arrangements for your child(ren), unless the change is an emergency or your child's permanency goal is adoption.

You are expected to work toward the goals and objectives of this plan. Consistent failure to work towards the goals and objectives of this plan may result in the initiation of action in accordance with the law to terminate your parental rights.

<i>Date of Initial/Revised Plan: 12/20/20xx</i>		<i>Case #:</i>		<i>Family Name: Smith</i>	
<b>FAMILY GROUP DECISION MAKING/CONFERENCING</b>					
<i>Date Conference Held:</i>			<i>Coordinator:</i>		
<i>Facilitator(s):</i>			<i>Referring Worker:</i>		
<i>Length of Conference:</i>			<i>Location of Conference:</i>		
<b>Purpose of Conference:</b>					
<b>RESOURCE LIST:</b>					
<b>DECISION OF REFERRING WORKER:</b> <input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Not Approved</i>					
<b>PERSONS WHO ATTENDED:</b>					
<b>PERSONS INVITED WHO DID NOT ATTEND:</b>				<b>PROVIDED INFORMATION:</b>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Date of Initial/Revised Plan: 12/20/20xx

Case #:

Family Name: Smith

**FACILITATOR/COORDINATOR COMMENTS:**

Empty space for comments.

<i>Date of Initial/Revised Plan: 12/20/20xx</i>	<i>Case Number:</i>	<i>Family Name: Smith</i>
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**SERVICE PLAN PARTICIPANTS**

Name	Relationship	Phone		Date and Method of Invitation to Participate		Date and Method of Actual Participation	
		Regular	Emergency				
Crystal Smith	Mother	(717) 555-1234	( )	11/30/20xx	IPC	12/5/20xx	IPC
Colin Levitt	Father (Cameron)	(717) 555-1234	( )	11/30/20xx	IPC	12/5/20xx	IPC
Clint Nail	A/D Counselor	(555) 555-3341	( )	12/1/20xx	TC	12/3/20xx	TC
Brian Smith	Maternal uncle	(555) 555-0990	( )	12/30/20xx	WC	11/30/20xx	IPC
Sheila Smith	MGM	(555) 555-1859	( )	12/30/20xx	IPC	12/5/20xx	TC
Pastor Scott	Pastor	(555) 555-1226	( )	12/2/20xx	WC	12/5/20xx	TC

**SERVICE PLAN SIGNATURES**

**SIGNATURE CONSTITUTES AGREEMENT WITH SERVICE PLAN**

*If you disagree with this plan you are not required to sign it. Parents, guardians, custodians, and children age 14 and older must be given the opportunity to sign the Service Plan and related forms.*

Name	Signature	Date	Refused to Sign	Plan & Rights Distribution Date	
				Given	Mailed
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

**Comments:**

**Caseworker:**

**Date:**

*I, the undersigned supervisor, have reviewed the attached plan and found that the level of activity, in person contacts with the child, oversight, supervision and services for the child and family contained within, are consistent with the level of risk.*

**Supervisor:**

**Date:**

# Smith Family Report A-Group 1

April 24th

## Placement history

Child	Placement	Placement Date
Carley, Christian and Cameron	Brian and Brandi Smith	Nov. 28
Cameron	Henry and Susan Kelly	Feb. 2
Carley	Jennifer and Ed Webster	Feb. 9
Christian	Gale Johnson	Feb. 14

## Information Learned from 11/28/XX- 1/31/XX

All three children were placed on 11/28 with their maternal aunt and uncle, Brandi and Brian Smith, who volunteered to provide ongoing care for the children. The caseworker discussed the safety and permanency needs of the children with the couple who were open and candid about their situation. Brian is a hard worker who recently left his position at the university to start his own construction company, something that has been his lifelong dream. Brandi resigned from her job as a pharmacy technician so that she could stay at home with their infant daughter, Jeannie. Brandi is enjoying being a stay-at-home mother, but at times misses having somewhere to go. They recently moved to a new residence about five miles from Crystal's residence. It is a rent-to-own property and it is their intention that their monthly payments will be able to go toward paying off the house. They are slowly meeting people in their new neighborhood.

A full disclosure interview occurred between the couple and the caseworker. The caseworker explained that the agency would be asking them to become a certified resource home for their niece and nephews and that they would need to complete a home study, which would approve them as resource parents. The caseworker told them that they would first need to complete the requirements to become emergency caregivers for the children. The caseworker reviewed Adoption and Safe Families Act (ASFA) timelines and offered that reunification with the parents would be the primary permanency goal. The caseworker also informed them that, despite reunification being the main goal, if the children were not able to be reunified with their mother or father(s) within one year, the agency would file to terminate parental rights, work to finalize the adoption of the children, and look to them (the maternal uncle and aunt) to be the adoptive resource. The worker informed the couple that the agency would conduct diligent searches to locate the paternal relatives, including Christian's father to offer them an opportunity to be a part of the family team, while at the same time assessing their ability to be resources for the children. The caseworker informed Brandi that ongoing safety assessments would be conducted as long as the children were residing in their home. The caseworker reviewed the responsibilities of a formal kinship home –keeping the children safe, providing for their physical, emotional, educational, and social well-being with assistance from the agency, being an active family team member, actively supporting reunification efforts, supporting visitation with Crystal and the children's fathers, and being open to the children establishing and/or maintaining relationships with paternal relatives. Although the couple resides out of the children's home school district, Brandi agreed to transport Carley and Christian to their home school. The school is aware of this arrangement. The couple agreed to adopt the children if they could not be returned to one of the parents. They appeared sincere in their commitment to the children and said they "wouldn't do this for anyone else except family".



Brian and Brandi appeared to understand how the agency would proceed to work with the family. They met Carley's father, James Webster, a few times over the past year and felt comfortable with him continuing to be a part of her life. Brian had some concerns about the agency seeking out Christian's father and Cameron and Christian's paternal relatives as he believes most of them are "bad news" due to having extensive drug and criminal histories. Generally, Brian's contact with paternal relatives has been minimal. He was not able to identify specific family members other than Christian's father, Michael Johnson, and his own father, Bill (now deceased), who were of concern to him. The caseworker validated Brian's concerns. The caseworker then explained that, just as their mother has legal rights to the children, so do their fathers. Any relatives that would be found would be thoroughly assessed for safety before the relatives would be allowed to care for the children. Hearing this information appeared to alleviate major concerns about how the agency would work with the paternal relatives. Brian and Brandi agreed to support the agency in this effort.

The caseworker informed the couple about Carley and Christian's depressive symptomology and that the agency would look to them and the rest of the family team to help decide how best to address those concerns. Also, the caseworker informed the couple of the concerns regarding Christian's possible developmental delays. Brandi and Brian expressed relief that help would be made available to address the depressive symptoms. However, they were quite surprised to hear that there was concern about Christian's development. They believed Christian would do better in school with consistent parenting and more assistance with his reading. They agreed to work with the agency and the school to get the issues resolved.

Brian also raised questions about financial support that would be available to them. It was explained that they would be entitled to receive foster care payments upon resource home approval. If they became the approved adoptive resource, they would be entitled to adoption assistance, which could not be a higher amount than the foster care rate.

Brian, Brandi and the caseworker completed the necessary requirements for Emergency Caretaker approval. The home was assessed for safety. It was decided that the home was safe for the children. The children were placed in their care on 11/29.

Carley's and Christian's overall health is good. They both went to the pediatrician for physical examinations on 12/11. Each had a dental exam on 12/14. Carley had two cavities and Christian had three. All cavities were filled on 12/24.

Christian appeared to thrive in the home of Brandi and Brian. Although he missed his mother, Christian reports that he is happy to be away from his home. Christian is described as having a shy temperament. He enjoyed the positive adult attention that he received and always cheerfully accepted opportunities to help feed or entertain his little brother and cousin. Christian became quite close to Brian. He loved to follow Brian around the house and assist him with household fix-it tasks. Since Christian often says he has "no father", Christian proudly stated that Brian is his "new father".

Due to Christian's withdrawn behavior, he received a mental health assessment on 1/22 to determine if he can benefit from mental health services. The assessment indicated that mental health intervention is not warranted for Christian at this point in time.

Christian is in Kindergarten. He knows his alphabet and can identify all letters and numbers up to twenty. However, he has difficulty connecting the letter with its sound. Christian was screened at school. It was recommended that he be formally tested for learning disabilities. On 1/25, Christian's school evaluated him for learning disabilities. He was determined to have a reading disability and an

Individualized Education Plan (IEP) was developed. Stemming from the plan, he receives individual instruction in reading three times per week.

Diligent search efforts were successful at locating Christian's father, Michael Johnson. Mr. Johnson has been living in New York for the past two years and has been in and out of psychiatric care for most of his life. He is currently living with his girlfriend. He knew that he had a child with Crystal but lost contact with her soon after she became pregnant. He described his relationship with Crystal as a "fling" and that they were together for only a short period. He comes across as distant and non-engaged. Although he wishes Crystal and Christian well, he expressed no desire in becoming involved in the life of his son, even after a full disclosure interview. He volunteered to relinquish parental rights. The caseworker explained that it would be in Christian's best interest to know some of his paternal relatives and that they would conduct a relative search. He was concerned at first about this, as his family did not know about Christian. He did not want to be identified by Christian as the "dad who gave him up". After much discussion, Michael was finally able to consider Christian's needs and agreed to provide contact information for his mother, Gale Johnson. Michael Johnson's father, Bill Johnson, died of cancer in 2004. The agency subsequently initiated contact with Gale.

Crystal initially had mixed feelings about the agency contacting Gale Johnson. Gale lives in the same county as the Smith family. The caseworker contacted Gale who was surprised to know that she had a grandson. She voiced frustration with her son, Michael, for not telling her of Christian's existence. Gale was informed that Christian was in agency care along with his siblings, due to safety concerns with his mother and his mother's husband. She expressed an interest in meeting Christian, but was not quite sure how she would explain to him who she is. Together, with Crystal's help, the group decided how to introduce Gale to Christian.

Brandi transported Christian to the agency for a visit with Gale on January 3. The caseworker supervised. Overall, it was a very positive visit (see visitation notes). Christian had questions about his father's absence. Gale answered the questions truthfully, but in an age appropriate way. Gale finds Christian to have endearing qualities, such as his shyness, which Gale says is similar to her son's. Christian feels safe around his grandmother. Gale and Christian decided that they would like to continue visits. Brandi and Brian exchanged phone numbers with Gale so that Christian can talk with his grandmother on the phone. It was decided that another visit would be scheduled after the caseworker makes a home visit to Gale's home to determine safety. As of January 16, Gale and her home were determined to be safe and unsupervised visits were scheduled every other week in her home. Brandi agreed to transport. Gale's mother and cousins live in the area and have met Christian during visits. Christian has been embraced by most members of the Johnson family.

Cameron thrived in the care of Brandi and Brian. He received well baby care and is up-to-date on his immunizations. The caseworker completed the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System with Brandi and Cameron. The results suggested that a further evaluation should be conducted, especially around gross motor abilities. Because of this, Cameron was referred to Early Intervention (EI). EI completed their evaluation and determined that no further services are necessary at this time. Cameron's current developmental functioning is in the normal range. However, since he was drug exposed, EI recommends that Cameron be reevaluated when he is nine-months-old. Cameron appears happy and alert except for occasional irritability, which is thought to be due to teething. His appetite is good. He did not switch formula or bottles when he moved into kinship care. At 5 months, he started to eat small amounts of cereal, which he seemed to tolerate well. His diet continues to expand to include vegetables, fruits and just recently meats.

The agency conducted a search for Cameron's paternal relatives. Contact information for at least fourteen relatives was identified. Letters went out to these relatives explaining Cameron's identity and encouraging them to contact the caseworker. Two relatives called the caseworker requesting additional information. The relatives are Colin's uncle, Chester Levitt, and aunt, Jana Levitt, both residing in Pittsburgh. The caseworker invited them to be family team members who would work toward providing Cameron with a safe and permanent home. Both expressed disdain and fear of Colin, were appreciative of being notified about Cameron, and concluded that Cameron is in the best place with his maternal relatives. The caseworker learned that Colin has "burnt his bridges" with most family members throughout the years. He has borrowed money from many of them and has not paid back his debt. Jana reports that she does not allow Colin around her daughter, Bobbie as his behavior can be quite hostile, erratic and scary to her. The last time he came to her house, he was extremely drunk, tripped up her front stairs, gave himself a bloody nose and scared her young children. She mentioned that she would be surprised if many other Levitt relatives made contact with the agency, as they all feel similarly to her in regards to Colin. Jana noted that the family members that have not become disgusted with Colin have their own problems with drugs. Jana agreed to send the caseworker some photographs of Colin and his family throughout the years, as the caseworker explained that the photographs would be used for Cameron's Life Book. Jana agreed that she would like to meet Cameron if the agency could assure her safety and could guarantee she would not have any contact with Colin. Jana agreed to call the caseworker with her availability to set up a visit. However, she never did initiate contact.

Carley received a mental health assessment and counseling for depression. Brandi and Brian expressed concern that Carley bosses Christian around. She often interrupted them when trying to redirect Christian or give him instruction. Carley became defensive and defiant when confronted on her own behavior. Brandi and Brian believed Carley should be able to relax and "be a kid" now that she is in a safe home. Brandi got discouraged because she lacks the energy to offer Carley consistent parental guidance. Sometimes she allows Carley to behave as she did. Sometimes she confronts her. At times, she took away privileges or sent Carley to her room. Other times she noted that she yelled at Carley.

The caseworker discussed this issue with Brian, Brandi, and Carley's therapist. Brandi had been encouraged to make a list of decisions and areas for which Carley could be allowed to be the decision-maker and be in control. Brandi was also encouraged to consider a couple tasks for which Carley could remain responsible in relation to Christian and Cameron's care. After that, the plan was to be explained to Carley and she was to be encouraged to offer feedback, suggest any changes and make a commitment to it.

Even with the support of the agency and Carley's therapist, ultimately, Brian and Brandi were unable to tolerate Carley's need to be "in control" of the caretaking of her siblings. They requested that all three children be removed. The placement disrupted in February 2008, due to Brandi's inability to tolerate Carley's parentified behavior which resulted in power struggles between Brandi and Carley. The agency attempted to maintain the placement for the boys. However, Brandi and Brian decided they wanted to focus their energies on raising their own child and, as such, were not willing to keep any of Crystal's children. Despite this, the couple agreed to maintain contact with the children.

The caseworker hoped to keep the children together by finding a suitable maternal relative who was willing and able to care for them. Recruitment efforts were unsuccessful. The three children were placed separately in 2/08 – Carley and Christian with paternal relatives and Cameron in an agency resource home where they all remain to this day.

### **Carley: 2/XX to 4/XX**

Through diligent search efforts to locate Carley's relatives, an aunt and uncle, Jennifer Webster-Crow and Ed Crow were located in Ohio. Subsequently, the caseworker made a referral for an Interstate Compact home study on them. Also residing in the home are Carley's two cousins, Claudia, eight, and Jerry, thirteen. The home study was approved within 60 days and Carley was placed there in 2/9. She is in the sixth grade and attends Madison Elementary School. Carley's grades are good (A's and B's) and her teachers report no behavior problems in the classroom. She is making friends and has recently joined the field hockey team. Carley has had some difficulty adjusting to the new home. She finds it challenging to follow the rules of the home, such as bedtime, assigned chores, and asking for food. She is also bossy toward her cousin, Claudia, and will challenge Jennifer and Ed when they give Carley directions.

Carley needed to transfer therapists when she moved across state lines. However, her new therapist agreed with her diagnosis and treatment regiment and maintained the same treatment interventions. Jennifer and Ed are consistent and patient with Carley. They have been able to incorporate the therapist's recommendations. They appear to be flexible and although they would like to see Carley's behavior improve, they do not get into power struggles with her. The couple is pleased to see Carley's behavior improve in small increments. Ed and Jennifer will ensure that Carley continues to receive counseling as necessary.

During a therapy session, Carley expressed that she worries a lot about her mother's drug dependence and has doubts that her mother will be able to maintain a clean and sober status over time. Her teacher reports that in the last couple of weeks, she has seemed better rested and more alert during school. She is slowly making some friends. Jennifer encourages Carley to do more socially now that she does not have the responsibility of taking care of her siblings. Jennifer says she needs a "gentle push" to reach out to her peers. Jennifer noted that Carley is making some progress in this area.

Through diligent search efforts during the last case opening, it was found that Carley's father, James Webster, lives just three miles over the border into Ohio. After approaching him about his daughter and her situation, Mr. Webster expressed an interest in gaining custody of Carley. All necessary checks were run and clearances received. Subsequent visits between Carley and her father were scheduled and held, all of which were positive. Carley described her father as gentle and easygoing. Carley's father lives less than two miles away from the Webster's and visits Jennifer, Ed, and Carley at least three times per week. He is supportive of the placement.

James is currently working two part-time factory jobs that offer no health insurance to their part-time employees. James has a long history of depression for which he used to manage through medication. In the past couple of years, his depression has caused him to miss shifts, resulting in multiple job losses. He is not currently being seen by a mental health provider. He has not been able to find a full-time job. He currently rents a room in a house. There is no safety threats associated with the father.

James has been referred to Next Steps Mental Health Clinic for a psychiatric evaluation and counseling; however, he has not attended so far. James missed two scheduled appointments due to transportation problems and forgetting the appointment.

ICPC denied James as a viable placement resource for Carley at this time because of the lack of housing stability and his depression, which has not been successfully managed.

Since Carley's placement with the Webster's, her visits with her father have been held at least weekly. Visits usually take place at relatives' homes or in the community (i.e., the park, restaurant, library, and so on). James is welcome to drop by Jennifer and Ed's home, so visitation has been liberal. Visits seem to be going well and Carley looks forward to visits with her father. Although there are no safety threats, extended visits cannot take place in James' home because there is a community bathroom.

Jennifer and Ed are willing to become a permanent resource for Carley. However, the family is adamant that they do not want to adopt Carley because they do not believe that terminating the rights of Carley's parents would be in her best interest. The family believes that Carley is attaching to Jennifer and Ed because of their family connection to her father. They fear that without the involvement and support of Carley's father, Carley would stop attaching to them. They would like permanent legal custody of Carley. Ed and Jennifer have successfully completed the foster home certification process in Ohio.

Carley has been participating in Child Preparation. She has also explored the option of adoption by the Webster's but has concluded after much consideration that she would prefer to stay with the Webster's under their permanent legal custody, should she not be reunited with a parent. She has one more Child Preparation session with her worker to finalize her decision and she will receive her completed Life Book at that time. Her Child Profile has been completed.

Crystal and James both have a respectful and collaborative relationship with Ed and Jennifer. Although James and Crystal are not in a position to provide private medical insurance to Carley at this time, Ed's employment is stable and provides excellent coverage. He is willing to add Carley to his plan. In the event of a job loss or loss of insurance, the couple is adept enough to navigate the system in Ohio to apply for Medicaid for Carley if needed.

Even though the home is out-of-state, it is still in close enough proximity to allow ongoing visitation between Carley and Crystal and Carley and her siblings. Ed and Jennifer allow visits in their home and have monitored the visits between Carley and her mother. They and Crystal understand that if Crystal shows up for visits under the influence of drugs, the visit will not take place.

Carley noted that she misses her brothers terribly. She visits them when she visits her mother. In addition, all the kinship and resource families keep in contact and arrange to get the siblings together every few weeks for visits outside of Crystal's visits. The Webster's are committed to maintaining connections between the siblings.

**Christian: 2/XX- 4/XX**

As a result of the agency initiating visits between Christian and his grandmother, Gale Johnson, a very positive relationship between them started to develop. When Christian's placement was disrupted with his aunt and uncle, placement with Gale was a logical placement option.

Christian was placed with his paternal grandmother, Gale Johnson, on February 14. He has adjusted quite well. He is becoming very skilled at verbalizing his needs and wants. He continues to visit Brian and Brandi at least once per week.

Gale has decided that if Christian cannot be returned to his mother, she would like to adopt him. Gale was referred to the Statewide Adoption and Permanency Network (SWAN) for a Family Profile, which is expected to be completed in thirty (30) days.

Christian is in the process of receiving SWAN Child Preparation services. He and his Child Preparation worker will complete his Life Book shortly. Christian's Child Profile has been completed. He is ready to accept Gale as his mother should he not be able to be returned home to his mother.

His father, Michael, continues to remain uninvolved.

On one recent home visit, Gale mentioned that her late husband, Bill Johnson, had Native American heritage. When the caseworker inquired about this in more detail, he learned from Gale that Christian's grandfather was one quarter Cherokee. Gale did not know anything else and reported that, to her knowledge, no family members were involved in any tribe. The caseworker wrote three separate letters to the three Cherokee tribes inquiring about Christian's membership status and/or eligibility for tribal membership. Two tribes have responded that Christian is neither a member of their tribe nor is he eligible based on the information provided. The caseworker sent a second letter to the third tribe that did not respond. The caseworker followed up with the tribe by phone and spoke with the enrollment coordinator who concluded that, based on the information provided; Christian is not eligible for enrollment. The coordinator committed to confirm this information in a follow-up letter.

**Cameron: 2/XX- 4/XX**

When Cameron's placement was disrupted, the caseworker again made contact with Jana. Jana said that although most relatives have expressed genuine concern over Cameron's situation, no family member is able and willing to provide more than temporary care for him. Unfortunately, no one other than Jana committed themselves to working as members of the family team.

On February 2, Cameron was placed in the home of Henry and Susan Kelly. The couple is a Caucasian resource family who, while being supportive of reunification, is equally eager to adopt him should he need a permanent home. Through Jana, it was learned that Cameron's paternal relatives expressed concern because Cameron is not placed in an African American resource home. The caseworker explained that, at the time of placement, there were no African American homes available and that the Kelly family was the best-suited family to care for Cameron. No relative has been able to commit to becoming Cameron's permanent family should he not be returned to a parent.

Jana and her seven-year-old daughter, Bobbie have visited Cameron in the Kelly's home and are developing a supportive relationship. Jana recently gave Susan tips on how to care for Cameron's hair, which was beginning to appear quite unruly.

The Kelly's were referred to SWAN for a Family Profile, which is expected to be completed in thirty (30) days.

The Kelly's have built a good relationship with the Webster's and Gale Johnson. It is the Webster's intention to maintain the relationships for the benefit of all the Smith children.

Cameron's Life Book and Child Profile will be completed in the next thirty (30) days.

### **Permanency Review Preparation:**

**Family Service Plan:** The caseworker updated the FSP based on the family's circumstances in 2/XX. He reviewed that Plan in preparation for the Permanency Hearing. The summary is listed below:

- **Objective:** *Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.*
- **Tasks:**
  - Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center;
  - Crystal will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center;
  - Crystal will follow any recommendations for drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor;
  - Crystal will take part in random drug screens as requested by the children and youth agency; and
  - Crystal and the caseworker will consult with the domestic violence consultant at Safehouse Domestic Violence Shelter to determine appropriate intervention for the violence in the home.
- **Objective:** *Crystal will demonstrate love, empathy and sensitivity towards the children.*
- **Tasks:**
  - During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner.
- **Objective:** *Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.*
- **Tasks:**
  - Crystal will attend parenting classes through Mountainside;
  - Crystal will discuss learning points with the caseworker; and
  - Crystal will practice what she learns in parenting during visits.

- **Objective:** *Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.*
- **Tasks:**
  - Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent;
  - Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanliness) and emotional needs (comforting, talking, stimulation) during visits;
  - Colin will contact Pastor Scott at the men's/father's group at the Brightside Baptist Church. Colin will use this group as a support to share successes and struggles associated with becoming a role model and parent; and
  - Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.
  
- **Objective:** Colin will manage his alcohol use and anger in order to help him control his impulses.
- **Tasks:**
  - Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment;
  - Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations; and
  - Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview.

**Child Permanency Plans:** The caseworker reviewed the most recent Child Permanency Plan for each child. Summaries are listed below.

*Carley:*

- **Objective:** *James Webster will provide a permanent home for his daughter free of safety threats.*
- **Tasks:**
  - ICPC home study—the agency will make a referral for a home study for James through the Interstate Compact Office (ICO). James will make himself available for the home study and will complete home study tasks required by the ICO;
  - Psychiatric consultation -- the agency will refer. James will make and keep appointment with Dr. Low;
  - Medication monitoring if recommended by Dr. Low; -- the agency will refer. James will make and keep appointments with Dr. Low;
  - Section 8 Housing-- the agency will refer. James will submit a completed application and maintain contact with the housing agency; and
  - Participate in safety and risk assessments. James will make himself available to meet with the agency caseworker.
  
- **Objective:** *The child will be prepared legally and emotionally for PLC, so as to be willing to accept a new family as her own.*
- **Tasks:**



- Child Preparation -- The agency will refer the child to the Statewide Adoption and Permanency Network (SWAN). Ed and Jennifer Webster will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Ed and Jennifer Webster will make and keep appointments with Child Preparation Worker and arrange to gather the information needed; and
  - Family Profile (on Ed and Jennifer Webster) -- The agency will refer the child to SWAN. Ed and Jennifer Webster will make and keep appointments. They will actively participate with the home study process.
- **Objective:** *The child's mental health needs will be met.*
  - **Tasks:**
    - Individual counseling -- The agency will refer the child to Child Guidance. Ed and Jennifer Webster will make and keep scheduled appointments for the child and participate in counseling as needed at Child Guidance.
  - **Objective:** *The child will recognize her mother as a parental figure.*
  - **Tasks:**
    - Family counseling between Carley and Crystal -- The agency will refer the child to Child Guidance once Crystal can maintain a clean and sober status for eight (8) weeks and based on counselor recommendations. Crystal, Ed and Jennifer Webster will make and keep schedule appointments for child and participate in counseling as needed.

#### Christian

- **Objective:** *Michael Johnson will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will make appointments with Michael. Michael will keep appointments with the agency;
  - Diligent search for father -- The agency will conduct the search;
  - Explore relatives as permanent resources or supports -- The agency will conduct the search; and
  - Establish paternity -- Michael will contact the local Domestic Relations Section and request genetic testing to determine paternity. He will follow through with all appointments.
- **Objective:** *The child will be prepared legally and emotionally for adoption so that he is willing to accept a new family as his own.*
- **Tasks:**
  - Child Preparation -- the agency will refer to the Statewide Adoption and Permanency Network (SWAN). Gale Johnson will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments with the SWAN worker and arrange to gather the information needed; and
  - Family Profile (on Gale Johnson) -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments. She will complete the home study process.

- **Objective:** *The child's educational, developmental and mental health needs will be assessed and met.*
- **Tasks:**
  - Individual reading instruction is provided through the school three times per week per his Individualized Education Plan (IEP).

### Cameron

- **Objective:** *Colin Levitt will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will conduct. Colin will make and keep appointments;
  - Drug and alcohol assessment and any recommended treatment -- Agency will refer. Colin will make and keep appointments and consistently follow through with any recommended treatment;
  - Reconnect with Father Support Group and attend weekly meetings -- Colin will initiate;
  - Domestic Violence assessment -- agency will make referral. Colin will schedule and keep appointments;
  - Conditions of parole -- Agency will maintain regular phone contact with parole officer and receive written reports. Colin will comply with conditions of parole; and
  - Explore paternal relatives as permanent resources or supports -- Agency will initiate.
- **Objective:** the child will be legally and emotionally prepared for adoption, so as to attach to his new caregivers.
- **Tasks:**
  - Explore relatives -- Agency will initiate a relative search using Family Finding;
  - Child Preparation: Life book only -- Agency will refer to the Statewide Adoption and Permanency Network (SWAN). Henry and Sue Kelly will cooperate with the worker to complete the life book;
  - Child Profile -- Agency will refer to SWAN. Henry and Sue Kelly will make and keep appointments with the SWAN worker and help to gather needed information; and
  - Family Profile (Henry and Sue Kelly) -- The agency will refer the child to SWAN. Henry and Sue will make and keep appointments. They will complete the home study process.
- **Objective:** the child's developmental needs will be assessed and met.
- **Tasks:**
  - Early Intervention Evaluation -- The agency will arrange for a follow-up assessment at nine (9) months. Henry and Sue Kelly will make and keep appointments to complete evaluation.

### Safety Assessment

An In-Home Safety Assessment was completed two weeks ago. There is one current safety threat in operation: Carley is still fearful of living in the home.

Crystal's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control;
- The caregiver has a history of protecting;

- The caregivers expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings;
- The caregiver has an accurate perception of the child.

These protective capacities are now improved and currently being used by Crystal. However, it is thought that sufficient changes have been made as to the circumstances that caused the threats. Crystal's protective capacities are improving.

There is no indication that the Colin's previously identified safety threats have changed. Colin's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control; and
- The caregiver understands his protective role.

### **Family of Origin Functioning:**

Crystal entered Mountainside Detoxification Center on December 24, began treatment on December 29 and experienced a short relapse in early January. Since then Crystal took full responsibility for the relapse, turned herself in the next day, and asked to be allowed back in treatment. Mountainside allowed her back in immediately without making her go back on the waiting list. Her treatment has included the following: Problem Solving, Relapse Prevention, Group Therapy, Cognitive Restructuring, Discharge Planning, Coping Skills, and Stress Management. Since re-admission, Crystal has been clean and sober. She successfully completed inpatient treatment on April 7, 2008 and is loyally attending aftercare, including three (3) Narcotics Anonymous (NA) meetings per week. At times, she feels weak and thinks about using; however, she has learned that, by relying on Beth, her NA sponsor, for support, she is able to refocus herself to the work at hand. Crystal is building a solid relationship with her new aftercare counselor, Sally Freedman. A major focus of aftercare will be relapse prevention and "clean and sober parenting". Crystal has had two parenting classes through aftercare. Clint Nail, her treatment counselor, is also still available to Crystal as a support and she calls him on a weekly basis to check in. She maintains a part-time job in a retail store, which she believes will become full-time in the fall. Crystal noted that it pains her to think about the violence, drug use, and lack of supervision to which she exposed her children. Now that she has the skills to manage her addiction, she is committed to making the children her priority. Crystal has developed a preference to raise her children as a single mother and has no desire to look for a new relationship. She will continue to accept the assistance and support of her children's paternal family members. At first, she found it threatening that these relatives were being brought into her children's life. She perceived them as being judgmental of her and wanting to replace her. However, she stated that she can now see things more clearly and that it was a good thing for her children to have more people in their lives to love and care for them.

The family counselor has noted that Crystal is "tuning in" to her children's feelings about 80% of the time. The other 20% can be attributed to Crystal falling into her "old selfish habits". However, she is catching herself more often in the middle of these instances and has been able to successfully interrupt her "selfish" habits and focus instead on the needs of the children. There is no more foot traffic in the home as had been indicated on previous reports.

Family counseling has been implemented. Carley is slowly building trust with her mother again. She still believes her mother will relapse in the future because she has relapsed in the past. She still expresses some fear of living with her mother. It is expected that this process will be slow. The therapist stated that over time, with consistent parenting, Crystal's prognosis is good.

Colin Levitt broke up with Crystal when she entered drug treatment. Crystal initially saw the breakup as a major setback in her life, especially as it occurred within weeks of losing custody of her children. However, with the help of her counselor and family, she has successfully worked through the grieving process. She now is thankful that Colin left, as it was the best thing for her. Crystal has no desire to get back with him, as she has gained increased insight over the past months into how he held her back from getting the help she needed. She cannot envision him supporting himself in any other way than drug dealing. Crystal plans to file for divorce.

Crystal completed a domestic violence consult at Safehouse Domestic Violence Shelter in April. Crystal signed releases of information so that the consultant could speak with Mountainside about Crystal's progress in treatment and services available to her for aftercare. The consultant determined that Crystal allowed herself and her children to reside in a violent home in order to support her drug habit. The assessment concluded that as long as Crystal maintains her clean and sober status and follows recommendations for counseling in aftercare, additional domestic violence services are not warranted.

Colin was picked up on a parole violation on January 7 and held for three (3) days. On January 21, he was arrested for assault and drug possession. The caseworker wrote a letter informing Colin that he will have to contact the caseworker should Colin wish to visit Cameron. When Cameron was moved to his resource home, the caseworker sent him a letter informing him of the move. No response was ever received. On March 30, Colin was convicted and sentenced to fourteen (14) months. Colin was transferred to a medium security prison about two hours away. The caseworker met with him in prison on April 26. Case planning was discussed. Colin is aware that he is unable to be considered as a resource for his son, Cameron, due to the length of his imprisonment. He believes that, if Crystal has successfully received treatment, the children should be placed in her care. However, if she relapses, he is not confident that she will be able to assure the safety of the children.

### **Family visits with Crystal**

Prior to Crystal entering detox and treatment (November 28-December 24), the three children had scheduled visits with Crystal twice per week in the home of Brandi and Brian. Children and Youth supervised the visits. Crystal missed five (5) of eight (8) scheduled visits. While Crystal was in detox, visits could not take place. While she was in inpatient treatment (December 24-April 7), visits were moved to the drug treatment facility. Visits took place Mondays and Thursdays from 3:00-4:30. Relatives transported the children to the facility where they are able to spend time in the visiting rooms. It was determined that, as long as Crystal remained clean and sober, there was no longer a reason for supervised visits. The caseworker planned activities with Crystal ahead of time so that all children's needs were met during the visits. For example, Crystal sometimes chose to bring children's books from the treatment center's library for Carley to read to Christian while Crystal fed Cameron. When Cameron would fall asleep, Crystal enjoyed coloring with the older children.

When Crystal was discharged from treatment on April 7, visits between Crystal and all three children were moved to Gale's home. Then, Crystal's visitation plan included that she plan a dinner for herself and her children at Gale's home. Due to financial constraints, dinners are kept relatively simple and have included such items as grilled cheese, ham and cheese sandwiches, macaroni and cheese, or spaghetti. She always ensures that there is a serving of fruit and/or vegetables and milk. Crystal solicits the help of Carley and even Christian in setting the table and clean up. However, it is clear that she is the one in charge. On a couple of occasions, Carley has taken the initiative to prepare other food than what Crystal has planned. Crystal appropriately confronted Carley, reminded her that she is in someone else's home and that their belongings need to be respected. Crystal appropriately

reinforced the concept that she is in charge and instructed Carley to put away the other items. Carley is slowly becoming more compliant and allowing her mother to be the one in charge.

Three (3) weeks ago, the twice per week visits were moved to Crystal's home. They have been going very well. Last Saturday, the children spent a daylong visit at Crystal's home and in two (2) weeks, an overnight visit is scheduled.

### ***Safety Assessment***

An in-home safety assessment was completed two weeks ago. There is one current safety threat in operation: Carley is still fearful of living in the home.

Crystal's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control;
- The caregiver has a history of protecting;
- The caregivers expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings;
- The caregiver has an accurate perception of the child.

These protective capacities are now enhanced and currently being used by Crystal. It is thought that sufficient changes have been made as to the circumstances that caused the threats. Crystal's protective capacities are improving.

There is no indication that Colin's previously identified safety threats have changed. Colin's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control; and
- The caregiver understands his protective role.

### ***Risk Assessment***

A risk assessment was completed two (2) weeks ago on Crystal's home. The risk level is moderate.

### ***Family Team Meeting***

A family team meeting took place on May 6 where the above progress was reviewed. In attendance were Crystal, Sheila, Brian, Brandi, Gale Johnson, James, Ed and Jennifer Crow, Beth, Clint Nail, Sally Freedman, the family therapist, Sue Kelly (Cameron's resource parents), and the caseworker. Crystal presented plans for the children's return home including information concerning child care, transportation, and instituting a more structured and age-appropriate chore schedule. Crystal is also looking into field hockey in her own community so that Carley can continue participating in it when she returns. Finances are going to be a challenge now that Colin is not around to bring in his extra income. With Crystal's part-time job, Section 8, utility assistance, food stamps, and the limited child support payments from James are just enough to cover the family's expenses. Michael Johnson has been referred for child support. A bus pass is being provided by the aftercare program. Paternal and maternal relatives have agreed to "recycle" the older cousins' clothes. Also during the meeting, they developed a plan that Gale will watch the children in the evenings when Crystal works. A crisis plan has been put into place should Crystal relapse. Crystal has given Carley and Christian permission to tell a school counselor, Aunt Brandi or her Aunt Jennifer should they believe their mother is using drugs or if they are left alone. The mother gave the children their aunts' telephone numbers.

## Smith Family Report B-Group 2

April 24<sup>th</sup>

### Placement history

Child	Placement	Placement Date
Carley, Christian and Cameron	Brian and Brandi Smith	Nov. 28
Cameron	Henry and Susan Kelly	Feb. 2
Carley	Jennifer and Ed Webster	Feb. 9
Christian	Gale Johnson	Feb. 14

### Information Learned from 11/28/XX- 1/31/XX

All three children were placed on 11/28 with their maternal aunt and uncle, Brandi and Brian Smith, who volunteered to provide ongoing care for the children. The caseworker discussed the safety and permanency needs of the children with the couple who were open and candid about their situation. Brian is a hard worker who recently left his position at the university to start his own construction company, something that has been his lifelong dream. Brandi resigned from her job as a pharmacy technician so that she could stay at home with their infant daughter, Jeannie. Brandi is enjoying being a stay-at-home mother, but at times misses having somewhere to go. They recently moved to a new residence about five miles from Crystal's residence. It is a rent-to-own property and it is their intention that their monthly payments will be able to go toward paying off the house. They are slowly meeting people in their new neighborhood.

A full disclosure interview occurred between the couple and the caseworker. The caseworker explained that the agency would be asking them to become a certified resource home for their niece and nephews and that they would need to complete a home study, which would approve them as resource parents. The caseworker told them that they would first need to complete the requirements to become emergency caregivers for the children. The caseworker reviewed Adoption and Safe Families Act (ASFA) timelines and offered that reunification with the parents would be the primary permanency goal. The caseworker also informed them that, despite reunification being the main goal, if the children were not able to be reunified with their mother or father(s) within one year, the agency would file to terminate parental rights, work to finalize the adoption of the children, and look to them (the maternal uncle and aunt) to be the adoptive resource. The worker informed the couple that the agency would conduct diligent searches to locate paternal relatives, including Christian's father to offer them an opportunity to be a part of the family team, while at the same time assessing their ability to be resources for the children. The caseworker informed Brandi that ongoing safety assessments would be conducted as long as the children were residing in their home. The caseworker reviewed the responsibilities of a formal kinship home –keeping the children safe, providing for their physical, emotional, educational, and social well-being with assistance from the agency, being an active family team member, actively supporting reunification efforts, supporting visitation with Crystal and the children's fathers, and being open to the children establishing and/or maintaining relationships with paternal relatives. Although the couple resides out of the children's home school district, Brandi agreed to transport Carley and Christian to their home school. The school is aware of this arrangement. The couple agreed to adopt the children if they could not be returned to one of the parents. They appeared sincere in their commitment to the children and said they "wouldn't do this for anyone else except family".

Brian and Brandi appeared to understand how the agency would proceed to work with the family. They met Carley's father, James Webster, a few times over the past year and felt comfortable with him continuing to be a part of her life. Brian had some concerns about the agency seeking out Christian's father and Cameron and Christian's paternal relatives as he believes most of them are "bad news" due to having extensive drug and criminal histories. Generally, Brian's contact with paternal relatives has been minimal. He was not able to identify specific family members other than Christian's father, Michael Johnson, and his own father, Bill (now deceased), who were of concern to him. The caseworker validated Brian's concerns. The caseworker then explained that, just as their mother has legal rights to the children, so do their fathers. Any relatives that would be found would be thoroughly assessed for safety before the relatives would be allowed to care for the children. Hearing this information appeared to alleviate major concerns about how the agency would work with the paternal relatives. Brian and Brandi agreed to support the agency in this effort.

The caseworker informed the couple about Carley and Christian's depressive symptomology and that the agency would look to them and the rest of the family team to help decide how best to address those concerns. Also, the caseworker informed the couple of the concerns regarding Christian's possible developmental delays. Brandi and Brian expressed relief that help would be made available to address the depressive symptoms. However, they were quite surprised to hear that there was concern about Christian's development. They believed Christian would do better in school with consistent parenting and more assistance with his reading. They agreed to work with the agency and the school to get the issues resolved.

Brian also raised questions about financial support that would be available to them. It was explained that they would be entitled to receive foster care payments upon resource home approval. If they became the approved adoptive resource, they would be entitled to adoption assistance, which could not be a higher amount than the foster care rate.

Brian, Brandi and the caseworker completed the necessary requirements for Emergency Caretaker approval. The home was assessed for safety. It was decided that the home was safe for the children. The children were placed in their care on 11/29.

Carley's and Christian's overall health is good. They both went to the pediatrician for physical examinations on 12/11. Each had a dental exam on 12/14. Carley had two cavities and Christian had three. All cavities were filled on 12/24.

Christian appeared to thrive in the home of Brandi and Brian. Although he missed his mother, Christian reports that he is happy to be away from his home. Christian is described as having a shy temperament. He enjoyed the positive adult attention that he received and always cheerfully accepted opportunities to help feed or entertain his little brother and cousin. Christian became quite close to Brian. He loved to follow Brian around the house and assist him with household fix-it tasks. Since Christian often says he has "no father", Christian proudly stated that Brian is his "new father".

Due to Christian's withdrawn behavior, he received a mental health assessment on 1/22 to determine if he can benefit from mental health services. The assessment indicated that mental health intervention is not warranted for Christian at this point in time.

Christian is in Kindergarten. He knows his alphabet and can identify all letters and numbers up to twenty. However, he has difficulty connecting the letter with its sound. Christian was screened at school. It was recommended that he be formally tested for learning disabilities. On 1/25, Christian's school evaluated him for learning disabilities. He was determined to have a reading disability and an

Individualized Education Plan (IEP) was developed. Stemming from the plan, he receives individual instruction in reading three times per week.

Diligent search efforts were successful at locating Christian's father, Michael Johnson. Mr. Johnson has been living in New York for the past two years and has been in and out of psychiatric care for most of his life. He is currently living with his girlfriend. He knew that he had a child with Crystal but lost contact with her soon after she became pregnant. He described his relationship with Crystal as a "fling" and that they were together for only a short period. He comes across as distant and non-engaged. Although he wishes Crystal and Christian well, he expressed no desire in becoming involved in the life of his son, even after a full disclosure interview. He volunteered to relinquish parental rights. The caseworker explained that it would be in Christian's best interest to know some of his paternal relatives and that they would conduct a relative search. He was concerned at first about this, as his family did not know about Christian. He did not want to be identified by Christian as the "dad who gave him up". After much discussion, Michael was finally able to consider Christian's needs and agreed to provide contact information for his mother, Gale Johnson. Michael Johnson's father, Bill Johnson, died of cancer in 2004. The agency subsequently initiated contact with Gale.

Crystal initially had mixed feelings about the agency contacting Gale Johnson. Gale lives in the same county as the Smith family. The caseworker contacted Gale who was surprised to know that she had a grandson. She voiced frustration with her son, Michael, for not telling her of Christian's existence. Gale was informed that Christian was in agency care along with his siblings, due to safety concerns with his mother and his mother's husband. She expressed an interest in meeting Christian, but was not quite sure how she would explain to him who she is. Together, with Crystal's help, the group decided how to introduce Gale to Christian.

Brandi transported Christian to the agency for a visit with Gale on January 3. The caseworker supervised. Overall, it was a very positive visit (see visitation notes). Christian had questions about his father's absence. Gale answered the questions truthfully, but in an age appropriate way. Gale finds Christian to have endearing qualities, such as his shyness, which Gale says is similar to her son's. Christian feels safe around his grandmother. Gale and Christian decided that they would like to continue visits. Brandi and Brian exchanged phone numbers with Gale so that Christian can talk with his grandmother on the phone. It was decided that another visit would be scheduled after the caseworker makes a home visit to Gale's home to determine safety. As of January 16, Gale and her home were determined to be safe and unsupervised visits were scheduled every other week in her home. Brandi agreed to transport. Gale's mother and cousins live in the area and have met Christian during visits. Christian has been embraced by most members of the Johnson family.

Cameron thrived in the care of Brandi and Brian. He received well baby care and is up-to-date on his immunizations. The caseworker completed the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System with Brandi and Cameron. The results suggested that a further evaluation should be conducted, especially around gross motor abilities. Because of this, Cameron was referred to Early Intervention (EI). EI completed their evaluation and determined that no further services are necessary at this time. Cameron's current developmental functioning is in the normal range. However, since he was drug exposed, EI recommends that Cameron be reevaluated when he is nine-months-old. Cameron appears happy and alert except for occasional irritability, which is thought to be due to teething. His appetite is good. He did not switch formula or bottles when he moved into kinship care. At 5 months, he started to eat small amounts of cereal, which he seemed to tolerate well. His diet continues to expand to include vegetables, fruits and just recently meats.



The agency conducted a search for Cameron's paternal relatives. Contact information for at least fourteen relatives was identified. Letters went out to these relatives explaining Cameron's identity and encouraging them to contact the caseworker. Two relatives called the caseworker requesting additional information. The relatives are Colin's uncle, Chester Levitt, and aunt, Jana Levitt, both residing in Pittsburgh. The caseworker invited them to be family team members who would work toward providing Cameron with a safe and permanent home. Both expressed disdain and fear of Colin, were appreciative of being notified about Cameron, and concluded that Cameron is in the best place with his maternal relatives. The caseworker learned that Colin has "burnt his bridges" with most family members throughout the years. He has borrowed money from many of them and has not paid back his debt. Jana reports that she does not allow Colin around her daughter, Bobbie as his behavior can be quite hostile, erratic and scary to her. The last time he came to her house, he was extremely drunk, tripped up her front stairs, gave himself a bloody nose and scared her young children. She mentioned that she would be surprised if many other Levitt relatives made contact with the agency, as they all feel similarly to her in regards to Colin. Jana noted that the family members that have not become disgusted with Colin have their own problems with drugs. Jana agreed to send the caseworker some photographs of Colin and his family throughout the years, as the caseworker explained that the photographs would be used for Cameron's Life Book. Jana agreed that she would like to meet Cameron if the agency could assure her safety and could guarantee she would not have any contact with Colin. Jana agreed to call the caseworker with her availability to set up a visit. However, she never did initiate contact.

Carley received a mental health assessment and counseling for depression. Brandi and Brian expressed concern that Carley bosses Christian around. She often interrupted them when trying to redirect Christian or give him instruction. Carley became defensive and defiant when confronted on her own behavior. Brandi and Brian believed Carley should be able to relax and "be a kid" now that she is in a safe home. Brandi got discouraged because she lacks the energy to offer Carley consistent parental guidance. Sometimes she allows Carley to behave as she did. Sometimes she confronts her. At times, she took away privileges or sent Carley to her room. Other times she noted that she yelled at Carley.

The caseworker discussed this issue with Brian, Brandi, and Carley's therapist. Brandi had been encouraged to make a list of decisions and areas for which Carley could be allowed to be the decision-maker and be in control. Brandi was also encouraged to consider a couple tasks for which Carley could remain responsible in relation to Christian and Cameron's care. After that, the plan was to be explained to Carley and she was to be encouraged to offer feedback, suggest any changes and make a commitment to it.

Even with the support of the agency and Carley's therapist, ultimately, Brian and Brandi were unable to tolerate Carley's need to be "in control" of the caretaking of her siblings. They requested that all three children be removed. The placement disrupted in February 2008, due to Brandi's inability to tolerate Carley's parentified behavior which resulted in power struggles between Brandi and Carley. The agency attempted to maintain the placement for the boys. However, Brandi and Brian decided they wanted to focus their energies on raising their own child and, as such, were not willing to keep any of Crystal's children. Despite this, the couple agreed to maintain contact with the children.

The caseworker hoped to keep the children together by finding a suitable maternal relative who was willing and able to care for them. Recruitment efforts were unsuccessful. The three children were placed separately in 2/08 – Carley and Christian with paternal relatives and Cameron in an agency resource home where they all remain to this day.

### **Carley: 2/XX to 4/XX**

Through diligent search efforts to locate Carley's relatives, an aunt and uncle, Jennifer Webster-Crow and Ed Crow were located in Ohio. Subsequently, the caseworker made a referral for an Interstate Compact home study on them. Also residing in the home are Carley's two cousins, Claudia, eight, and Jerry, thirteen. The home study was approved within 60 days and Carley was placed there in 2/9. She is in the sixth grade and attends Madison Elementary School. Carley's grades are good (A's and B's) and her teachers report no behavior problems in the classroom. She is making friends and has recently joined the field hockey team. Carley has had some difficulty adjusting to the new home. She finds it challenging to follow the rules of the home, such as bedtime, assigned chores, and asking for food. She is also bossy toward her cousin, Claudia, and will challenge Jennifer and Ed when they give Carley directions.

Carley needed to transfer therapists when she moved across state lines. However, her new therapist agreed with her diagnosis and treatment regiment and maintained the same treatment interventions. Jennifer and Ed are consistent and patient with Carley. They have been able to incorporate the therapist's recommendations. They appear to be flexible and although they would like to see Carley's behavior improve, they do not get into power struggles with her. The couple is pleased to see Carley's behavior improve in small increments. Ed and Jennifer will ensure that Carley continues to receive counseling as necessary.

During a therapy session, Carley expressed that she worries a lot about her mother's drug dependence and has doubts that her mother will be able to maintain a clean and sober status over time. Her teacher reports that in the last couple of weeks, she has seemed better rested and more alert during school. She is slowly making some friends. Jennifer encourages Carley to do more socially now that she does not have the responsibility of taking care of her siblings. Jennifer says she needs a "gentle push" to reach out to her peers. Jennifer noted that Carley is making some progress in this area.

Through diligent search efforts during the last case opening, it was found that Carley's father, James Webster, lives just three miles over the border into Ohio. After approaching him about his daughter and her situation, Mr. Webster expressed an interest in gaining custody of Carley. All necessary checks were run and clearances received. Subsequent visits between Carley and her father were scheduled and held, all of which were positive. Carley described her father as gentle and easygoing. Carley's father lives less than two miles away from the Webster's and visits Jennifer, Ed, and Carley at least three times per week. He is supportive of the placement.

James is currently working two part-time factory jobs that offer no health insurance to their part-time employees. James has a long history of depression for which he used to manage through medication. In the past couple of years, his depression has caused him to miss shifts, resulting in multiple job losses. He is not currently being seen by a mental health provider. He has not been able to find a full-time job. He currently rents a room in a house. There is no safety threats associated with the father.

James has been referred to Next Steps Mental Health Clinic for a psychiatric evaluation and counseling; however, he has not attended so far. James missed two scheduled appointments due to transportation problems and forgetting the appointment.

ICPC denied James as a viable placement resource for Carley at this time because of the lack of housing stability and his depression, which has not been successfully managed.

Since Carley's placement with the Webster's, her visits with her father have been held at least weekly. Visits usually take place at relatives' homes or in the community (i.e., the park, restaurant, library, and so on). James is welcome to drop by Jennifer and Ed's home, so visitation has been liberal. Visits seem to be going well and Carley looks forward to visits with her father. Although there are no safety threats, extended visits cannot take place in James' home because there is a community bathroom.

Jennifer and Ed are willing to become a permanent resource for Carley. However, the family is adamant that they do not want to adopt Carley because they do not believe that terminating the rights of Carley's parents would be in her best interest. The family believes that Carley is attaching to Jennifer and Ed because of their family connection to her father. They fear that without the involvement and support of Carley's father, Carley would stop attaching to them. They would like permanent legal custody of Carley. Ed and Jennifer have successfully completed the foster home certification process in Ohio.

Carley has been participating in Child Preparation. She has also explored the option of adoption by the Webster's but has concluded after much consideration that she would prefer to stay with the Webster's under their permanent legal custody, should she not be reunited with a parent. She has one more Child Preparation session with her worker to finalize her decision and she will receive her completed Life Book at that time. Her Child Profile has been completed.

Crystal and James both have a respectful and collaborative relationship with Ed and Jennifer. Although James and Crystal are not in a position to provide private medical insurance to Carley at this time, Ed's employment is stable and provides excellent coverage. He is willing to add Carley to his plan. In the event of a job loss or loss of insurance, the couple is adept enough to navigate the system in Ohio to apply for Medicaid for Carley if needed.

Even though the home is out-of-state, it is still in close enough proximity to allow ongoing visitation between Carley and Crystal and Carley and her siblings. Ed and Jennifer allow visits in their home and have monitored the visits between Carley and her mother. They and Crystal understand that if Crystal shows up for visits under the influence of drugs, the visit will not take place.

Carley noted that she misses her brothers terribly. She visits them when she visits her mother. In addition, all the kinship and resource families keep in contact and arrange to get the siblings together every few weeks for visits outside of Crystal's visits. The Webster's are committed to maintaining connections between the siblings.

### **Christian: 2/XX- 4/XX**

As a result of the agency initiating visits between Christian and his grandmother, Gale Johnson, a very positive relationship between them started to develop. When Christian's placement was disrupted with his aunt and uncle, placement with Gale was a logical placement option.

Christian was placed with his paternal grandmother, Gale Johnson, on February 14. He has adjusted quite well. He is becoming very skilled at verbalizing his needs and wants. He continues to visit Brian and Brandi at least once per week.

Gale has decided that if Christian cannot be returned to his mother, she would like to adopt him. Gale was referred to the Statewide Adoption and Permanency Network (SWAN) for a Family Profile, which is expected to be completed in thirty (30) days.

Christian is in the process of receiving SWAN Child Preparation services. He and his Child Preparation worker will complete his Life Book shortly. Christian's Child Profile has been completed. He is ready to accept Gale as his mother should he not be able to be returned home to his mother.

His father, Michael, continues to remain uninvolved.

On one recent home visit, Gale mentioned that her late husband, Bill Johnson, had Native American heritage. When the caseworker inquired about this in more detail, he learned from Gale that Christian's grandfather was one quarter Cherokee. Gale did not know anything else and reported that, to her knowledge, no family members were involved in any tribe. The caseworker wrote three separate letters to the three Cherokee tribes inquiring about Christian's membership status and/or eligibility for tribal membership. Two tribes have responded that Christian is neither a member of their tribe nor is he eligible based on the information provided. The caseworker sent a second letter to the third tribe that did not respond. The caseworker followed up with the tribe by phone and spoke with the enrollment coordinator who concluded that, based on the information provided; Christian is not eligible for enrollment. The coordinator committed to confirm this information in a follow-up letter.

### **Cameron: 2/XX- 4/XX**

When Cameron's placement was disrupted, the caseworker again made contact with Jana. Jana said that although most relatives have expressed genuine concern over Cameron's situation, no family member is able and willing to provide more than temporary care for him. Unfortunately, no one other than Jana committed themselves to working as members of the family team.

On February 2, Cameron was placed in the home of Henry and Susan Kelly. The couple is a Caucasian resource family who, while being supportive of reunification, is equally eager to adopt him should he need a permanent home. Through Jana, it was learned that Cameron's paternal relatives expressed concern because Cameron is not placed in an African American resource home. The caseworker explained that, at the time of placement, there were no African-American homes available and that the Kelly family was the best-suited family to care for Cameron. No relative has been able to commit to becoming Cameron's permanent family should he not be returned to a parent.

Jana and her seven-year-old daughter, Bobbie have visited Cameron in the Kellys' home and are developing a supportive relationship. Jana recently gave Susan tips on how to care for Cameron's hair, which was beginning to appear quite unruly.

The Kellys were referred to SWAN for a Family Profile, which is expected to be completed in thirty (30) days.

The Kelly's have built a good relationship with the Webster's and Gale Johnson. It is the Webster's intention to maintain the relationships for the benefit of all the Smith children.

Cameron's Life Book and Child Profile will be completed in the next thirty (30) days.

### **Permanency Review Preparation:**

**Family Service Plan:** The caseworker updated the FSP based on the family's circumstances in 2/XX. He reviewed that Plan in preparation for the Permanency Hearing. The summary is listed below:

- **Objective:** *Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.*
- **Tasks:**
  - Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center;
  - Crystal will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center;
  - Crystal will follow any recommendations for drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor;
  - Crystal will take part in random drug screens as requested by the children and youth agency; and
  - Crystal and the caseworker will consult with the domestic violence consultant at Safehouse Domestic Violence Shelter to determine appropriate intervention for the violence in the home.
  
- **Objective:** *Crystal will demonstrate love, empathy and sensitivity towards the children.*
- **Tasks:**
  - During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner.
  
- **Objective:** *Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.*
- **Tasks:**
  - Crystal will attend parenting classes through Mountainside;
  - Crystal will discuss learning points with the caseworker; and
  - Crystal will practice what she learns in parenting during visits.
  
- **Objective:** *Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.*
- **Tasks:**
  - Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent;
  - Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanliness) and emotional needs (comforting, talking, stimulation) during visits;
  - Colin will contact Pastor Scott at the men's/father's group at the Brightside Baptist Church. Colin will use this group as a support to share successes and struggles associated with becoming a role model and parent; and
  - Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.
  
- **Objective:** *Colin will manage his alcohol use and anger in order to help him control his impulses.*
- **Tasks:**
  - Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment;

- Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations; and
- Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview.

**Child Permanency Plans:** The caseworker reviewed the most recent Child Permanency Plan for each child. Summaries are listed below.

*Carley:*

- **Objective:** *James Webster will provide a permanent home for his daughter free of safety threats.*
- **Tasks:**
  - ICPC home study—the agency will make a referral for a home study for James through the Interstate Compact Office (ICO). James will make himself available for the home study and will complete home study tasks required by the ICO;
  - Psychiatric consultation -- the agency will refer. James will make and keep appointment with Dr. Low;
  - Medication monitoring if recommended by Dr. Low; -- the agency will refer. James will make and keep appointments with Dr. Low;
  - Section 8 Housing-- the agency will refer. James will submit a completed application and maintain contact with the housing agency; and
  - Participate in safety and risk assessments. James will make himself available to meet with the agency caseworker.
- **Objective:** *The child will be prepared legally and emotionally for PLC, so as to be willing to accept a new family as her own.*
- **Tasks:**
  - Child Preparation -- The agency will refer the child to the Statewide Adoption and Permanency Network (SWAN). Ed and Jennifer Webster will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Ed and Jennifer Webster will make and keep appointments with Child Preparation Worker and arrange to gather the information needed; and
  - Family Profile (on Ed and Jennifer Webster) -- The agency will refer the child to SWAN. Ed and Jennifer Webster will make and keep appointments. They will actively participate with the home study process.
- **Objective:** *The child's mental health needs will be met.*
- **Tasks:**
  - Individual counseling -- The agency will refer the child to Child Guidance. Ed and Jennifer Webster will make and keep scheduled appointments for the child and participate in counseling as needed at Child Guidance.

- **Objective:** *The child will recognize her mother as a parental figure.*
- **Tasks:**
  - Family counseling between Carley and Crystal -- The agency will refer the child to Child Guidance once Crystal can maintain a clean and sober status for eight (8) weeks and based on counselor recommendations. Crystal, Ed and Jennifer Webster will make and keep schedule appointments for child and participate in counseling as needed.

### *Christian*

- **Objective:** *Michael Johnson will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will make appointments with Michael. Michael will keep appointments with the agency;
  - Diligent search for father -- The agency will conduct the search;
  - Explore relatives as permanent resources or supports -- The agency will conduct the search; and
  - Establish paternity -- Michael will contact the local Domestic Relations Section and request genetic testing to determine paternity. He will follow through with all appointments.
- **Objective:** *The child will be prepared legally and emotionally for adoption so that he is willing to accept a new family as his own.*
- **Tasks:**
  - Child Preparation -- the agency will refer to the Statewide Adoption and Permanency Network (SWAN). Gale Johnson will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments with the SWAN worker and arrange to gather the information needed; and
  - Family Profile (on Gale Johnson) -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments. She will complete the home study process.
- **Objective:** *The child's educational, developmental and mental health needs will be assessed and met.*
- **Tasks:**
  - Individual reading instruction is provided through the school three times per week per his Individualized Education Plan (IEP).

### *Cameron*

- **Objective:** *Colin Levitt will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will conduct. Colin will make and keep appointments;
  - Drug and alcohol assessment and any recommended treatment -- Agency will refer. Colin will make and keep appointments and consistently follow through with any recommended treatment;
  - Reconnect with Father Support Group and attend weekly meetings -- Colin will initiate;
  - Domestic Violence assessment -- agency will make referral. Colin will schedule and keep appointments;

- Conditions of parole -- Agency will maintain regular phone contact with parole officer and receive written reports. Colin will comply with conditions of parole; and
- Explore paternal relatives as permanent resources or supports -- Agency will initiate.
- **Objective:** *The child will be legally and emotionally prepared for adoption, so as to attach to his new caregivers.*
- **Tasks:**
  - Explore relatives -- Agency will initiate a relative search using Family Finding;
  - Child Preparation: Life book only -- Agency will refer to the Statewide Adoption and Permanency Network (SWAN). Henry and Sue Kelly will cooperate with the worker to complete the life book;
  - Child Profile -- Agency will refer to SWAN. Henry and Sue Kelly will make and keep appointments with the SWAN worker and help to gather needed information; and
  - Family Profile (Henry and Sue Kelly) -- The agency will refer the child to SWAN. Henry and Sue will make and keep appointments. They will complete the home study process.
- **Objective:** *The child's developmental needs will be assessed and met.*
- **Tasks:**
  - Early Intervention Evaluation -- The agency will arrange for a follow-up assessment at nine (9) months. Henry and Sue Kelly will make and keep appointments to complete evaluation.

### **Family of Origin Functioning:**

Crystal entered Mountainside Detoxification Center on December 24, began treatment on December 29 and experienced a short relapse in early January. Since then Crystal took full responsibility for the relapse, turned herself in the next day, and asked to be allowed back in treatment. Mountainside allowed her back in immediately without making her go back on the waiting list. Her treatment has included the following: Problem solving, Relapse Prevention, Group Therapy, Cognitive Restructuring, Discharge Planning, Coping Skills, Stress management. Since readmission, Crystal has been clean and sober. She successfully completed inpatient treatment on 4/7/08 and is loyally attending aftercare, including 3 Narcotics Anonymous (NA) meetings per week. At times she feels weak and thinks about using. However, she has learned that by relying on Beth, her NA sponsor, for support, she is able to refocus herself to the work at hand. She is building a solid relationship with her new aftercare counselor, Sally Freedman. A major focus of aftercare will be relapse prevention and "clean and sober parenting". Crystal has had two parenting classes so far through aftercare. Clint Nail, her treatment counselor is also still available to Crystal as a support and she calls him on a weekly basis to check in. She maintains a part time job in a retail store, which is thought to become full time in the fall. It pains her to think about the violence, drug use, and lack of supervision to which she allowed her children to be exposed. Now that she has the skills to manage her addiction, she is committed to making the children her priority. Crystal has developed a preference to raise her children as a single mother and has no desire to look for a new relationship. She will continue to accept the assistance and support of her children's paternal family members. At first, she found it threatening that these relatives were being brought into her children's life. She perceived them as being judgmental of her and wanting to replace her. However, she can now see things more clearly and that it was a good thing for her children to have more people in their lives to love and care for them.

The family counselor has noted that Crystal is "tuning in" to her children's feelings about 80% of the time. The other 20% can be attributed to Crystal falling into her "old selfish habits". However, she is catching herself more often in the middle of these instances and has been able to successfully



interrupt her “selfish” habits and focus instead on the needs of the children. There is no more foot traffic in the home.

Family counseling has been implemented. Carley is slowly building trust with her mother again. She still believes her mother will relapse in the future because she has relapsed in the past. She still expresses some fear of living with her mother. It is expected that this process will be slow and over time, with consistent parenting, the therapist feels the prognosis is good.

Colin Levitt broke up with Crystal when she entered drug treatment. Crystal initially saw the breakup as a major set-back in her life, especially as it occurred within weeks of losing custody of her children. However, with the help of her counselor and family, she has successfully worked through the grieving process. She now is thankful that Colin left as it was the best thing for her. Crystal has no desire to get back with him as she has gained increased insight over the past months into how he held her back from getting the help she needed. She cannot envision him supporting himself in any other way than drug dealing. Crystal plans to file for divorce.

Crystal completed a domestic violence consult at Safehouse in April. Crystal signed releases of information so that the consultant could speak with Mountainside about Crystal’s progress in treatment and services available to her for aftercare. The consultant determined that Crystal allowed herself and her children to reside in a violent home in order to support her drug habit. The assessment concluded that as long as Crystal maintains her clean and sober status and follow recommendations for counseling in aftercare, additional domestic violence services are not warranted.

Colin was picked up on a parole violation on January 7th and held for three days. On January 21st, he was arrested for assault and drug possession. The caseworker wrote a letter informing him that should he want to visit with Cameron, to contact him. When Cameron was moved to his resource home, the caseworker sent him a letter informing him of the move. No response was ever received. On March 30th, he was convicted and sentenced to 14 months. Colin was transferred to a medium security prison about two hours away. The caseworker met with him in prison on April 26th. Case planning was discussed. Colin is aware that he is unable to be considered as a resource for his son, Cameron due to the length he will be unavailable. He believes that if Crystal has successfully received treatment the children should be placed in her care. However, if she relapses, he is not confident, that she will be able to assure their safety.

### **Family visits with Crystal**

Prior to Crystal entering detox and treatment (November 28th-December 24th), the three children had scheduled visits with Crystal twice per week in the home of Brandi and Brian. C&Y supervised the visits. Crystal missed five of eight scheduled visits. While Crystal was in detox, visits could not take place. While she was in inpatient treatment (December 24th- April 4th), visits were moved to the drug treatment facility. They took place Mondays and Thursdays from 3:00-4:30. Relatives transported the children to the facility where they are able to spend time in the visiting rooms. As long as Crystal remained clean and sober, there was no longer a reason for supervised visits. The caseworker planned activities with Crystal ahead of time so that all children’s needs are met during the visit. For example, she sometimes chose to bring children’s books from the treatment center’s library for Carley to read to Christian while she is feeding Cameron. When Cameron would fall asleep she enjoyed coloring with the older children.

When Crystal was discharged from treatment on April 7th, visits between Crystal and all three children were moved to Gale's home. Then, Crystal's visitation plan included that she plan a dinner for herself and her children at Gale's home. Due to financial constraints, dinners are kept relatively simple, and have included such items as grilled cheese, ham and cheese sandwiches, macaroni and cheese, or spaghetti. She always ensures there is a serving of fruit and/or vegetable and milk.

Crystal gives the older children responsibilities that are far beyond what would be expected of them for their age. During visits Carley regularly feeds Cameron and puts him down for a nap, Christian is allowed to use the oven and fries chicken in a pan during the visits. Both Carley and Christian make the majority of the meals and do most of the clean up while Crystal talks on the phone or reads. Crystal believes that she has raised her children to be independent and she wants to nurture those qualities in her children.

Crystal allows Cameron to cry for long periods of time before feeding, changing or putting him to sleep. Crystal believes that infants need to learn to be patient before their needs are met so that they don't become spoiled.

Three weeks ago, the twice per week visits were moved to Crystal's home. They have been going better. Crystal appeared to be more attentive to the children's needs. Last Saturday, the children spent a day long visit at Crystal's home. Brandi supervised the visit.

### ***Safety Assessment***

An In-Home Safety Assessment was completed two weeks ago. There are three current safety threats in operation:

- Caregivers in the home are not performing duties and responsibilities that assure child safety.
- Caregiver's lack of parenting knowledge, skills, and/or motivation presents an immediate threat of harm
- Carley is still fearful of living in the home.

Crystal's absent or diminished protective capacities are as follows:

- The caregiver has a history of protecting;
- The caregivers expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings; and
- The caregiver has an accurate perception of the child.

These protective capacities are improving; but not being demonstrated consistently by Crystal.

There is no indication that Colin's previously identified safety threats have changed. Colin's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control; and
- The caregiver understands his protective role.

### ***Risk Assessment***

A Risk Assessment was completed two weeks ago on Crystal's home. The risk level is high.

### ***Family Team Meeting***

Family Team Meeting took place on May 6th where the above progress was reviewed. In attendance were Crystal, Sheila, Brian, Brandi, Gale Johnson, James, Ed and Jennifer Crow, Beth, Clint Nail, Sally Freedman, the family therapist, Sue Kelly (Cameron's foster parents), and the caseworker. Crystal presented plans for the children's return home such as child care, transportation, and instituting a children's chore schedule. Crystal is also looking into field hockey in her own community so that Carley can continue participating in it when she returns. Finances are going to be a challenge now that Colin is not around to bring in his extra income. With Crystal's part time job, Section 8, utility assistance, food stamps, and the limited child support payments from James are just enough to cover the family's expenses. Michael Johnson has been referred for child support. A bus pass is being provided by the aftercare program. Paternal and maternal relatives have agreed to "recycle" the older cousins' clothes. Also during the meeting, they developed a plan that Gale will watch the children in the evenings when Crystal works. A crisis plan has been put into place should Crystal relapse. Crystal has given Carley and Christian permission to tell a school counselor, or Aunt Brandi or her Aunt Jennifer should they believe their mother is using drugs or if they are left alone. The mother gave the children their aunts' telephone numbers.

## Smith Family Report C-Group 3

April 24th

### Placement history

Child	Placement	Placement Date
Carley, Christian and Cameron	Brian and Brandi Smith	Nov. 28
Cameron	Henry and Susan Kelly	Feb. 2
Carley	Jennifer and Ed Webster	Feb. 9
Christian	Gale Johnson	Feb. 14

### Information Learned from 11/28/XX- 1/31/XX

All three children were placed on 11/28 with their maternal aunt and uncle, Brandi and Brian Smith, who volunteered to provide ongoing care for the children. The caseworker discussed the safety and permanency needs of the children with the couple who were open and candid about their situation. Brian is a hard worker who recently left his position at the university to start his own construction company, something that has been his lifelong dream. Brandi resigned from her job as a pharmacy technician so that she could stay at home with their infant daughter, Jeannie. Brandi is enjoying being a stay-at-home mother, but at times misses having somewhere to go. They recently moved to a new residence about five miles from Crystal's residence. It is a rent-to-own property and it is their intention that their monthly payments will be able to go toward paying off the house. They are slowly meeting people in their new neighborhood.

A full disclosure interview occurred between the couple and the caseworker. The caseworker explained that the agency would be asking them to become a certified resource home for their niece and nephews and that they would need to complete a home study, which would approve them as resource parents. The caseworker told them that they would first need to complete the requirements to become emergency caregivers for the children. The caseworker reviewed Adoption and Safe Families Act (ASFA) timelines and offered that reunification with the parents would be the primary permanency goal. The caseworker also informed them that, despite reunification being the main goal, if the children were not able to be reunified with their mother or father(s) within one year, the agency would file to terminate parental rights, work to finalize the adoption of the children, and look to them (the maternal uncle and aunt) to be the adoptive resource. The worker informed the couple that the agency would conduct diligent searches to locate the paternal relatives, including Christian's father to offer them an opportunity to be a part of the family team, while at the same time assessing their ability to be resources for the children. The caseworker informed Brandi that ongoing safety assessments would be conducted as long as the children were residing in their home. The caseworker reviewed the responsibilities of a formal kinship home –keeping the children safe, providing for their physical, emotional, educational, and social well-being with assistance from the agency, being an active family team member, actively supporting reunification efforts, supporting visitation with Crystal and the children's fathers, and being open to the children establishing and/or maintaining relationships with paternal relatives. Although the couple resides out of the children's home school district, Brandi agreed to transport Carley and Christian to their home school. The school is aware of this arrangement. The couple agreed to adopt the children if they could not be returned to one of the parents. They appeared sincere in their commitment to the children and said they "wouldn't do this for anyone else except family".

Brian and Brandi appeared to understand how the agency would proceed to work with the family. They met Carley's father, James Webster, a few times over the past year and felt comfortable with

him continuing to be a part of her life. Brian had some concerns about the agency seeking out Christian's father and Cameron and Christian's paternal relatives as he believes most of them are "bad news" due to having extensive drug and criminal histories. Generally, Brian's contact with paternal relatives has been minimal. He was not able to identify specific family members other than Christian's father, Michael Johnson, and his own father, Bill (now deceased), who were of concern to him. The caseworker validated Brian's concerns. The caseworker then explained that, just as their mother has legal rights to the children, so to do their fathers. Any relatives that would be found would be thoroughly assessed for safety before the relatives would be allowed to care for the children. Hearing this information appeared to alleviate major concerns about how the agency would work with the paternal relatives. Brian and Brandi agreed to support the agency in this effort.

The caseworker informed the couple about Carley and Christian's depressive symptomology and that the agency would look to them and the rest of the family team to help decide how best to address those concerns. Also, the caseworker informed the couple of the concerns regarding Christian's possible developmental delays. Brandi and Brian expressed relief that help would be made available to address the depressive symptoms. However, they were quite surprised to hear that there was concern about Christian's development. They believed Christian would do better in school with consistent parenting and more assistance with his reading. They agreed to work with the agency and the school to get the issues resolved.

Brian also raised questions about financial support that would be available to them. It was explained that they would be entitled to receive foster care payments upon resource home approval. If they became the approved adoptive resource, they would be entitled to adoption assistance, which could not be a higher amount than the foster care rate.

Brian, Brandi and the caseworker completed the necessary requirements for Emergency Caretaker approval. The home was assessed for safety. It was decided that the home was safe for the children. The children were placed in their care on 11/29.

Carley's and Christian's overall health is good. They both went to the pediatrician for physical examinations on 12/11. Each had a dental exam on 12/14. Carley had two cavities and Christian had three. All cavities were filled on 12/24.

Christian appeared to thrive in the home of Brandi and Brian. Although he missed his mother, Christian reports that he is happy to be away from his home. Christian is described as having a shy temperament. He enjoyed the positive adult attention that he received and always cheerfully accepted opportunities to help feed or entertain his little brother and cousin. Christian became quite close to Brian. He loved to follow Brian around the house and assist him with household fix-it tasks. Since Christian often says he has "no father", Christian proudly stated that Brian is his "new father".

Due to Christian's withdrawn behavior, he received a mental health assessment on 1/22 to determine if he can benefit from mental health services. The assessment indicated that mental health intervention is not warranted for Christian at this point in time.

Christian is in Kindergarten. He knows his alphabet and can identify all letters and numbers up to twenty. However, he has difficulty connecting the letter with its sound. Christian was screened at school. It was recommended that he be formally tested for learning disabilities. On 1/25, Christian's school evaluated him for learning disabilities. He was determined to have a reading disability and an Individualized Education Plan (IEP) was developed. Stemming from the plan, he receives individual instruction in reading three times per week.

Diligent search efforts were successful at locating Christian's father, Michael Johnson. Mr. Johnson has been living in New York for the past two years and has been in and out of psychiatric care for most of his life. He is currently living with his girlfriend. He knew that he had a child with Crystal but lost contact with her soon after she became pregnant. He described his relationship with Crystal as a "fling" and that they were together for only a short period. He comes across as distant and non-engaged. Although he wishes Crystal and Christian well, he expressed no desire in becoming involved in the life of his son, even after a full disclosure interview. He volunteered to relinquish parental rights. The caseworker explained that it would be in Christian's best interest to know some of his paternal relatives and that they would conduct a relative search. He was concerned at first about this, as his family did not know about Christian. He did not want to be identified by Christian as the "dad who gave him up". After much discussion, Michael was finally able to consider Christian's needs and agreed to provide contact information for his mother, Gale Johnson. Michael Johnson's father, Bill Johnson, died of cancer in 2004. The agency subsequently initiated contact with Gale.

Crystal initially had mixed feelings about the agency contacting Gale Johnson. Gale lives in the same county as the Smith family. The caseworker contacted Gale who was surprised to know that she had a grandson. She voiced frustration with her son, Michael, for not telling her of Christian's existence. Gale was informed that Christian was in agency care along with his siblings, due to safety concerns with his mother and his mother's husband. She expressed an interest in meeting Christian, but was not quite sure how she would explain to him who she is. Together, with Crystal's help, the group decided how to introduce Gale to Christian.

Brandi transported Christian to the agency for a visit with Gale on January 3. The caseworker supervised. Overall, it was a very positive visit (see visitation notes). Christian had questions about his father's absence. Gale answered the questions truthfully, but in an age appropriate way. Gale finds Christian to have endearing qualities, such as his shyness, which Gale says is similar to her son's. Christian feels safe around his grandmother. Gale and Christian decided that they would like to continue visits. Brandi and Brian exchanged phone numbers with Gale so that Christian can talk with his grandmother on the phone. It was decided that another visit would be scheduled after the caseworker makes a home visit to Gale's home to determine safety. As of January 16, Gale and her home were determined to be safe and unsupervised visits were scheduled every other week in her home. Brandi agreed to transport. Gale's mother and cousins live in the area and have met Christian during visits. Christian has been embraced by most members of the Johnson family.

Cameron thrived in the care of Brandi and Brian. He received well baby care and is up-to-date on his immunizations. The caseworker completed the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System with Brandi and Cameron. The results suggested that a further evaluation should be conducted, especially around gross motor abilities. Because of this, Cameron was referred to Early Intervention (EI). EI completed their evaluation and determined that no further services are necessary at this time. Cameron's current developmental functioning is in the normal range. However, since he was drug exposed, EI recommends that Cameron be reevaluated when he is nine-months-old. Cameron appears happy and alert except for occasional irritability, which is thought to be due to teething. His appetite is good. He did not switch formula or bottles when he moved into kinship care. At 5 months, he started to eat small amounts of cereal, which he seemed to tolerate well. His diet continues to expand to include vegetables, fruits and just recently meats.

The agency conducted a search for Cameron's paternal relatives. Contact information for at least fourteen relatives was identified. Letters went out to these relatives explaining Cameron's identity and encouraging them to contact the caseworker. Two relatives called the caseworker requesting

additional information. The relatives are Colin's uncle, Chester Levitt, and aunt, Jana Levitt, both residing in Pittsburgh. The caseworker invited them to be family team members who would work toward providing Cameron with a safe and permanent home. Both expressed disdain and fear of Colin, were appreciative of being notified about Cameron, and concluded that Cameron is in the best place with his maternal relatives. The caseworker learned that Colin has "burnt his bridges" with most family members throughout the years. He has borrowed money from many of them and has not paid back his debt. Jana reports that she does not allow Colin around her daughter, Bobbie as his behavior can be quite hostile, erratic and scary to her. The last time he came to her house, he was extremely drunk, tripped up her front stairs, gave himself a bloody nose and scared her young children. She mentioned that she would be surprised if many other Levitt relatives made contact with the agency, as they all feel similarly to her in regards to Colin. Jana noted that the family members that have not become disgusted with Colin have their own problems with drugs. Jana agreed to send the caseworker some photographs of Colin and his family throughout the years, as the caseworker explained that the photographs would be used for Cameron's Life Book. Jana agreed that she would like to meet Cameron if the agency could assure her safety and could guarantee she would not have any contact with Colin. Jana agreed to call the caseworker with her availability to set up a visit. However, she never did initiate contact.

Carley received a mental health assessment and counseling for depression. Brandi and Brian expressed concern that Carley bosses Christian around. She often interrupted them when trying to redirect Christian or give him instruction. Carley became defensive and defiant when confronted on her own behavior. Brandi and Brian believed Carley should be able to relax and "be a kid" now that she is in a safe home. Brandi got discouraged because she lacks the energy to offer Carley consistent parental guidance. Sometimes she allows Carley to behave as she did. Sometimes she confronts her. At times, she took away privileges or sent Carley to her room. Other times she noted that she yelled at Carley.

The caseworker discussed this issue with Brian, Brandi, and Carley's therapist. Brandi had been encouraged to make a list of decisions and areas for which Carley could be allowed to be the decision-maker and be in control. Brandi was also encouraged to consider a couple tasks for which Carley could remain responsible in relation to Christian and Cameron's care. After that, the plan was to be explained to Carley and she was to be encouraged to offer feedback, suggest any changes and make a commitment to it.

Even with the support of the agency and Carley's therapist, ultimately, Brian and Brandi were unable to tolerate Carley's need to be "in control" of the caretaking of her siblings. They requested that all three children be removed. The placement disrupted in February 2008, due to Brandi's inability to tolerate Carley's parentified behavior which resulted in power struggles between Brandi and Carley. The agency attempted to maintain the placement for the boys. However, Brandi and Brian decided they wanted to focus their energies on raising their own child and, as such, were not willing to keep any of Crystal's children. Despite this, the couple agreed to maintain contact with the children.

The caseworker hoped to keep the children together by finding a suitable maternal relative who was willing and able to care for them. Recruitment efforts were unsuccessful. The three children were placed separately in 2/08 – Carley and Christian with paternal relatives and Cameron in an agency resource home where they all remain to this day.

### **Carley: 2/XX to 4/XX**

Through diligent search efforts to locate Carley's relatives, an aunt and uncle, Jennifer Webster-Crow and Ed Crow were located in Ohio. Subsequently, the caseworker made a referral for an Interstate

Compact home study on them. Also residing in the home are Carley's two cousins, Claudia, eight, and Jerry, thirteen. The home study was approved within 60 days and Carley was placed there in 2/9. She is in the sixth grade and attends Madison Elementary School. Carley's grades are good (A's and B's) and her teachers report no behavior problems in the classroom. She is making friends and has recently joined the field hockey team. Carley has had some difficulty adjusting to the new home. She finds it challenging to follow the rules of the home, such as bedtime, assigned chores, and asking for food. She is also bossy toward her cousin, Claudia, and will challenge Jennifer and Ed when they give Carley directions.

Carley needed to transfer therapists when she moved across state lines. However, her new therapist agreed with her diagnosis and treatment regiment and maintained the same treatment interventions. Jennifer and Ed are consistent and patient with Carley. They have been able to incorporate the therapist's recommendations. They appear to be flexible and although they would like to see Carley's behavior improve, they do not get into power struggles with her. The couple is pleased to see Carley's behavior improve in small increments. Ed and Jennifer will ensure that Carley continues to receive counseling as necessary.

During a therapy session, Carley expressed that she worries a lot about her mother's drug dependence and has doubts that her mother will be able to maintain a clean and sober status over time. Her teacher reports that in the last couple of weeks, she has seemed better rested and more alert during school. She is slowly making some friends. Jennifer encourages Carley to do more socially now that she does not have the responsibility of taking care of her siblings. Jennifer says she needs a "gentle push" to reach out to her peers. Jennifer noted that Carley is making some progress in this area.

Through diligent search efforts during the last case opening, it was found that Carley's father, James Webster, lives just three miles over the border into Ohio. After approaching him about his daughter and her situation, Mr. Webster expressed an interest in gaining custody of Carley. All necessary checks were run and clearances received. Subsequent visits between Carley and her father were scheduled and held, all of which were positive. Carley described her father as gentle and easygoing. Carley's father lives less than two miles away from the Webster's and visits Jennifer, Ed, and Carley at least three times per week. He is supportive of the placement.

James is currently working two part-time factory jobs that offer no health insurance to their part-time employees. James has a long history of depression for which he used to manage through medication. In the past couple of years, his depression has caused him to miss shifts, resulting in multiple job losses. He is not currently being seen by a mental health provider. He has not been able to find a full-time job. He currently rents a room in a house. There is no safety threats associated with the father.

James has been referred to Next Steps Mental Health Clinic for a psychiatric evaluation and counseling; however, he has not attended so far. James missed two scheduled appointments due to transportation problems and forgetting the appointment.

ICPC denied James as a viable placement resource for Carley at this time because of the lack of housing stability and his depression, which has not been successfully managed.

Since Carley's placement with the Webster's, her visits with her father have been held at least weekly. Visits usually take place at relatives' homes or in the community (i.e., the park, restaurant, library, and so on). James is welcome to drop by Jennifer and Ed's home, so visitation has been



liberal. Visits seem to be going well and Carley looks forward to visits with her father. Although there are no safety threats, extended visits cannot take place in James' home because there is a community bathroom.

Jennifer and Ed are willing to become a permanent resource for Carley. However, the family is adamant that they do not want to adopt Carley because they do not believe that terminating the rights of Carley's parents would be in her best interest. The family believes that Carley is attaching to Jennifer and Ed because of their family connection to her father. They fear that without the involvement and support of Carley's father, Carley would stop attaching to them. They would like permanent legal custody of Carley. Ed and Jennifer have successfully completed the foster home certification process in Ohio.

Carley has been participating in Child Preparation. She has also explored the option of adoption by the Webster's but has concluded after much consideration that she would prefer to stay with the Webster's under their permanent legal custody, should she not be reunited with a parent. She has one more Child Preparation session with her worker to finalize her decision and she will receive her completed Life Book at that time. Her Child Profile has been completed.

Crystal and James both have a respectful and collaborative relationship with Ed and Jennifer. Although James and Crystal are not in a position to provide private medical insurance to Carley at this time, Ed's employment is stable and provides excellent coverage. He is willing to add Carley to his plan. In the event of a job loss or loss of insurance, the couple is adept enough to navigate the system in Ohio to apply for Medicaid for Carley if needed.

Even though the home is out-of-state, it is still in close enough proximity to allow ongoing visitation between Carley and Crystal and Carley and her siblings. Ed and Jennifer allow visits in their home and have monitored the visits between Carley and her mother. They and Crystal understand that if Crystal shows up for visits under the influence of drugs, the visit will not take place.

Carley noted that she misses her brothers terribly. She visits them when she visits her mother. In addition, all the kinship and resource families keep in contact and arrange to get the siblings together every few weeks for visits outside of Crystal's visits. The Webster's are committed to maintaining connections between the siblings.

### **Christian: 2/XX- 4/XX**

As a result of the agency initiating visits between Christian and his grandmother, Gale Johnson, a very positive relationship between them started to develop. When Christian's placement was disrupted with his aunt and uncle, placement with Gale was a logical placement option.

Christian was placed with his paternal grandmother, Gale Johnson, on February 14. He has adjusted quite well. He is becoming very skilled at verbalizing his needs and wants. He continues to visit Brian and Brandi at least once per week.

Gale has decided that if Christian cannot be returned to his mother, she would like to adopt him. Gale was referred to the Statewide Adoption and Permanency Network (SWAN) for a Family Profile, which is expected to be completed in thirty (30) days.

Christian is in the process of receiving SWAN Child Preparation services. He and his Child Preparation worker will complete his Life Book shortly. Christian's Child Profile has been completed. He is ready to accept Gale as his mother should he not be able to be returned home to his mother.

His father, Michael, continues to remain uninvolved.

On one recent home visit, Gale mentioned that her late husband, Bill Johnson, had Native American heritage. When the caseworker inquired about this in more detail, he learned from Gale that Christian's grandfather was one quarter Cherokee. Gale did not know anything else and reported that, to her knowledge, no family members were involved in any tribe. The caseworker wrote three separate letters to the three Cherokee tribes inquiring about Christian's membership status and/or eligibility for tribal membership. Two tribes have responded that Christian is neither a member of their tribe nor is he eligible based on the information provided. The caseworker sent a second letter to the third tribe that did not respond. The caseworker followed up with the tribe by phone and spoke with the enrollment coordinator who concluded that, based on the information provided; Christian is not eligible for enrollment. The coordinator committed to confirm this information in a follow-up letter.

### **Cameron: 2/XX- 4/XX**

When Cameron's placement was disrupted, the caseworker again made contact with Jana. Jana said that although most relatives have expressed genuine concern over Cameron's situation, no family member is able and willing to provide more than temporary care for him. Unfortunately, no one other than Jana committed themselves to working as members of the family team.

On February 2, Cameron was placed in the home of Henry and Susan Kelly. The couple is a Caucasian resource family who, while being supportive of reunification, is equally eager to adopt him should he need a permanent home. Through Jana, it was learned that Cameron's paternal relatives expressed concern because Cameron is not placed in an African American resource home. The caseworker explained that, at the time of placement, there were no African American homes available and that the Kelly family was the best-suited family to care for Cameron. No relative has been able to commit to becoming Cameron's permanent family should he not be returned to a parent.

Jana and her seven-year-old daughter, Bobbie, have visited Cameron in the Kelly's home and are developing a supportive relationship. Jana recently gave Susan tips on how to care for Cameron's hair, which was beginning to appear quite unruly.

The Kelly's were referred to SWAN for a Family Profile, which is expected to be completed in thirty (30) days.

The Kelly's have built a good relationship with the Webster's and Gale Johnson. It is the Webster's intention to maintain the relationships for the benefit of all the Smith children.

Cameron's Life Book and Child Profile will be completed in the next thirty (30) days.

### **Permanency Review Preparation:**

**Family Service Plan:** The caseworker updated the FSP based on the family's circumstances in 2/XX. He reviewed that Plans in preparation for the Permanency Hearing. The summary is listed below:

- **Objective:** *Crystal will manage her addiction to drugs and alcohol in order to help her control her impulses.*
- **Tasks:**
  - Crystal will successfully complete the detox program at Mountainside Substance Abuse Treatment Center;

- Crystal will participate in a drug and alcohol assessment from Mountainside Substance Abuse Treatment Center;
  - Crystal will follow any recommendations for drug and alcohol treatment at Mountainside Substance Abuse Treatment Center until successfully discharged or other recommendations are made by her counselor;
  - Crystal will take part in random drug screens as requested by the children and youth agency; and
  - Crystal and the caseworker will consult with the domestic violence consultant at Safehouse Domestic Violence Shelter to determine appropriate intervention for the violence in the home.
- **Objective:** *Crystal will demonstrate love, empathy and sensitivity towards the children.*
  - **Tasks:**
    - During visits, Crystal will interact with her children in a sensitive, honest and age appropriate manner.
- **Objective:** *Crystal will develop accurate perceptions of her children so that she can identify the need for them to be supervised.*
  - **Tasks:**
    - Crystal will attend parenting classes through Mountainside;
    - Crystal will discuss learning points with the caseworker; and
    - Crystal will practice what she learns in parenting during visits.
- **Objective:** *Colin will better understand his caregiving role in the family and basic child development to assure that the children are supervised at all times and safe from threats of harm.*
  - **Tasks:**
    - Colin will attend a hands-on parenting class and identify roles and responsibilities associated with being a parent;
    - Colin will take a more active parenting role with Cameron by providing for his physical needs (diapers, food, cleanliness) and emotional needs (comforting, talking, stimulation) during visits;
    - Colin will contact Pastor Scott at the men's/father's group at the Brightside Baptist Church. Colin will use this group as a support to share successes and struggles associated with becoming a role model and parent; and
    - Colin will follow all probation requirements so that he can be present for his son and avoid incarceration.
- **Objective:** *Colin will manage his alcohol use and anger in order to help him control his impulses.*
  - **Tasks:**
    - Colin will participate in a drug/alcohol assessment at Harborview and follow any recommendations for treatment;
    - Colin will complete a domestic violence consult with Safehouse representatives and follow any recommendations; and
    - Colin will learn to manage his anger by participating in and successfully completing the anger management program at Harborview.

**Child Permanency Plans:** The caseworker reviewed the most recent Child Permanency Plan for each child. Summaries are listed below.

Carley:

- **Objective:** *James Webster will provide a permanent home for his daughter free of safety threats.*
- **Tasks:**
  - ICPC home study—the agency will make a referral for a home study for James through the Interstate Compact Office (ICO). James will make himself available for the home study and will complete home study tasks required by the ICO;
  - Psychiatric consultation -- the agency will refer. James will make and keep appointment with Dr. Low;
  - Medication monitoring if recommended by Dr. Low; -- the agency will refer. James will make and keep appointments with Dr. Low;
  - Section 8 Housing-- the agency will refer. James will submit a completed application and maintain contact with the housing agency; and
  - Participate in safety and risk assessments. James will make himself available to meet with the agency caseworker.
  
- **Objective:** *The child will be prepared legally and emotionally for PLC, so as to be willing to accept a new family as her own.*
- **Tasks:**
  - Child Preparation -- The agency will refer the child to the Statewide Adoption and Permanency Network (SWAN). Ed and Jennifer Webster will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Ed and Jennifer Webster will make and keep appointments with Child Preparation Worker and arrange to gather the information needed; and
  - Family Profile (on Ed and Jennifer Webster) -- The agency will refer the child to SWAN. Ed and Jennifer Webster will make and keep appointments. They will actively participate with the home study process.
  
- **Objective:** *The child's mental health needs will be met.*
- **Tasks:**
  - Individual counseling -- The agency will refer the child to Child Guidance. Ed and Jennifer Webster will make and keep scheduled appointments for the child and participate in counseling as needed at Child Guidance.
  
- **Objective:** *The child will recognize her mother as a parental figure.*
- **Tasks:**
  - Family counseling between Carley and Crystal -- The agency will refer the child to Child Guidance once Crystal can maintain a clean and sober status for eight (8) weeks and based on counselor recommendations. Crystal, Ed and Jennifer Webster will make and keep schedule appointments for child and participate in counseling as needed.

Christian

- **Objective:** *Michael Johnson will provide a permanent home that is free of safety threats for his son.*

- **Tasks:**
  - Participate in safety and risk assessments -- Agency will make appointments with Michael. Michael will keep appointments with the agency;
  - Diligent search for father -- The agency will conduct the search;
  - Explore relatives as permanent resources or supports -- The agency will conduct the search; and
  - Establish paternity -- Michael will contact the local Domestic Relations Section and request genetic testing to determine paternity. He will follow through with all appointments.
- **Objective:** *The child will be prepared legally and emotionally for adoption so that he is willing to accept a new family as his own.*
- **Tasks:**
  - Child Preparation -- the agency will refer to the Statewide Adoption and Permanency Network (SWAN). Gale Johnson will make and keep appointments with the Child Preparation worker;
  - Child Profile -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments with the SWAN worker and arrange to gather the information needed; and
  - Family Profile (on Gale Johnson) -- The agency will refer the child to SWAN. Gale Johnson will make and keep appointments. She will complete the home study process.
- **Objective:** *The child's educational, developmental and mental health needs will be assessed and met.*
- **Tasks:**
  - Individual reading instruction is provided through the school three times per week per his Individualized Education Plan (IEP).

#### Cameron

- **Objective:** *Colin Levitt will provide a permanent home that is free of safety threats for his son.*
- **Tasks:**
  - Participate in safety and risk assessments -- Agency will conduct. Colin will make and keep appointments;
  - Drug and alcohol assessment and any recommended treatment -- Agency will refer. Colin will make and keep appointments and consistently follow through with any recommended treatment;
  - Reconnect with Father Support Group and attend weekly meetings -- Colin will initiate;
  - Domestic Violence assessment -- agency will make referral. Colin will schedule and keep appointments;
  - Conditions of parole -- Agency will maintain regular phone contact with parole officer and receive written reports. Colin will comply with conditions of parole; and
  - Explore paternal relatives as permanent resources or supports -- Agency will initiate.
- **Objective:** *The child will be legally and emotionally prepared for adoption, so as to attach to his new caregivers.*
- **Tasks:**
  - Explore relatives -- Agency will initiate a relative search using Family Finding;
  - Child Preparation: Life book only -- Agency will refer to the Statewide Adoption and Permanency Network (SWAN). Henry and Sue Kelly will cooperate with the worker to complete the life book;
  - Child Profile -- Agency will refer to SWAN. Henry and Sue Kelly will make and keep

- appointments with the SWAN worker and help to gather needed information; and
  - Family Profile (Henry and Sue Kelly) -- The agency will refer the child to SWAN. Henry and Sue will make and keep appointments. They will complete the home study process.
- **Objective:** *The child's developmental needs will be assessed and met.*
  - **Tasks:**
    - Early Intervention Evaluation -- The agency will arrange for a follow-up assessment at nine (9) months. Henry and Sue Kelly will make and keep appointments to complete evaluation.

### **Family of Origin Functioning:**

Colin was picked up on a parole violation on January 7th and held for three days. On January 21st, he was arrested for assault and drug possession. The caseworker wrote a letter informing him that should he want to visit with Cameron, to contact him. When Cameron was moved to his resource home, the caseworker sent him a letter informing him of the move. No response was ever received. On March 30th, he was convicted and sentenced to 14 months. Colin was transferred to a medium security prison about two hours away. The caseworker met with him in prison on April 26th. Case planning was discussed. Colin is aware that he is unable to be considered as a resource for his son, Cameron due to the length he will be unavailable. He believes that if Crystal has successfully received treatment the children should be placed in her care.

Crystal entered Mountainside Detoxification Center on December 24th, began treatment on December 29th and experienced a short relapse in early January. Since then Crystal took full responsibility for the relapse, turned herself in the next day, and asked to be allowed back in treatment. Mountainside allowed her back in immediately without making her go back on the waiting list.

However, Crystal experienced some conflict with some of the staff and other patients in the treatment facility. She signed herself out of treatment on January 5th. She has not reentered treatment. She claims she has not used since then. However, she has had two dirty UAs since her unsuccessful discharge for which she claims the facility is not keeping their records straight.

She states she is willing to enter out-patient treatment at another facility. She is not willing to enter in-patient treatment claiming the setting is too restrictive. However, her drug and alcohol therapist reports that she needs the highest level of care if she is to be successful at a clean and sober lifestyle.

She has not attended parenting classes because parenting was part of her aftercare plan. Drug treatment was identified as the highest priority and the service that was going to have the biggest impact on her ability to protect her children. The agency was going to refer her after she completes her inpatient treatment.

Caregiver has a significant substance abuse problem which is not currently being managed and is not directly affecting her parenting, her lack of protectiveness, her perceptions about child safety and her judgment. Her impulsivity is demonstrated when her drug use results in her missing visits with her children.

Family counseling has not been implemented. Carley is not surprised her mother has relapsed again because she has relapsed in the past. She still expresses fear of living with her mother. It is expected that this process of building trust will be slow and over time, even with a clean and sober

parent who parents her consistently. Carley's therapist feels that until her mother is clean and sober, family therapy will do little to help improve their relationship.

Colin Levitt broke up with Crystal when she entered drug treatment. Crystal saw the breakup as a major set-back in her life, especially as it occurred within weeks of losing custody of her children. She does not have specific plans to get back with Colin. However, the couple is in contact with one another by mail.

She did not show up for her domestic violence consult scheduled for March 12th at Safehouse. She said she could not find the address of the facility.

Crystal obtained a part time retail job in February. However, as of March, she reported that she is no longer working there as she did not like the work. She continues to look for employment.

### **Family visits with Crystal**

Prior to Crystal entering detox and treatment (November 28<sup>th</sup>-December 24<sup>th</sup>), the three children had scheduled visits with Crystal twice per week in the home of Brandi and Brian. C&Y supervised the visits. Crystal missed five of eight scheduled visits. Children and Youth supervised the visits. While Crystal was in detox, visits could not take place. During the two weeks she was in inpatient treatment, visits were moved to the drug treatment facility. They took place Mondays and Thursdays from 3:00-4:30. Relatives transported the children to the facility where they are able to spend time in the visiting rooms. As long as Crystal remained clean and sober, there was no longer a reason for supervised visits. The caseworker planned activities with Crystal ahead of time so that all children's needs are met during the visit. For example, she sometimes chose to bring children's books from the treatment center's library for Carley to read to Christian while she was feeding Cameron. When Cameron would fall asleep she enjoyed coloring with the older children.

After Crystal left treatment, visits continued to be scheduled twice per week at the C&Y agency supervised by staff. Although Crystal's attendance at visits was not regular, Crystal continued to plan appropriate visits and they ran very well. Crystal and her children would read and play games. Most times she would bring healthy snacks.

At a Family Team Meeting on March 1st, Gale agreed to allow Crystal and the Smith siblings into her home for family visits. Crystal agreed that the children would benefit from visiting her in a natural setting. The agency thought it to be a good idea because the agency could better monitor Crystal's caretaking skills in a natural environment. It was decided that the days and times of the visits would not change. Since March, Crystal has scheduled supervised visits with her children twice per week in Gale's home. Agency staff supervise the visits.

To date, Crystal has showed for 27 out of 44 scheduled visits. Since her attendance at visits is not regular, Crystal is required to show up an hour early at the C&Y office. If Crystal arrives in time, agency staff allows her to drive with them to the visit.

Crystal's visitation plan includes that she plan a dinner for herself and her children at Gale's home. Due to financial constraints, dinners are kept relatively simple, and have included such items as grilled cheese, ham and cheese sandwiches, macaroni and cheese, or spaghetti. She always ensures there is a serving of fruit and/or vegetable and milk.

Crystal is primarily responsible for the discipline of the children during the visits. Crystal does not use physical discipline on the children. Crystal reports that both Carley and Christian are very well

behaved and almost never require any type of punishment or restrictions. However, Crystal is seen using appropriate redirection when Christian or Carley get off task.

Crystal gives the older children responsibilities that are far beyond what would be expected of them for their age. During visits Carley regularly feeds Cameron and puts him down for a nap, Christian is allowed to use the oven and fry chicken in a pan during the visits. Both Carley and Christian make the majority of the meals and do most of the clean up while Crystal talks on the phone or reads. Crystal believes that she has raised her children to be independent and she wants to nurture those qualities in her children.

Crystal allows Cameron to cry for long periods of time before feeding, changing or putting him to sleep. Crystal believes that infants need to learn to be patient before their needs are met so that they don't become spoiled.

## **Safety Assessment**

An In-Home Safety Assessment was completed two weeks ago. There are four current safety threats in operation in Crystal's household:

- Caregivers cannot or will not control their behavior;
- Caregivers in the home are not performing duties and responsibilities that assure child safety;
- Caregiver's lack of parenting knowledge, skills, and/or motivation presents an immediate threat of harm; and
- Carley is still fearful of living in the home.

Crystal's absent or diminished protective capacities are as follows:

- The caregiver demonstrates impulse control;
- The caregiver has a history of protecting;
- The caregivers expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child's perspective and feelings; and
- The caregiver has an accurate perception of the child.

These protective capacities are not improving; nor are they demonstrated consistently by Crystal.

There is no indication that Colin's previously identified safety threats have changed. Colin's previously absent or diminished protective capacities were as follows:

- The caregiver demonstrates impulse control; and
- The caregiver understands his protective role.

## **Family Team Meeting**

Family Team Meeting took place on May 6th where the above progress was reviewed. In attendance were Crystal, Sheila, Brandi, Gale Johnson, James, Ed and Jennifer Crow, Sue Kelly (Cameron's foster parents), and the caseworker. Crystal presented plans for the children's return home such as child care, transportation, and instituting a children's chore schedule. Crystal is also looking into field hockey in her own community so that Carley can continue participating in it when she returns.

Finances are going to be a challenge now that Colin is not around to bring in his extra income.

Crystal's public assistance, Section 8, utility assistance, food stamps, and the limited child support payments from James are just enough to cover the family's expenses. Michael Johnson has been referred for child support. Paternal and maternal relatives have agreed to "recycle" the older cousins' clothes.



**Section 3: “Transfer of Learning Work” of the original *Charting the Course Trainer Resource Book* was removed from this copy due to the use of transfer of learning information in research efforts.**

## SECTION 4

# SHULMAN SKILLS AND STAGES OF CHANGE

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\* Denotes information not provided to participants in *Charting the Course towards Permanency*.

## **Shulman Interactional Skills\***

*(Adapted from the 2005 Edition of the Second Layer Core Trainer Handbook)\**

The Training Program includes the incorporation of the Shulman Interactional Skills into the curricula. The Interactional Skills serve as tools or skills used by child welfare professionals to break down and facilitate the very complex task of helping others. It is important to understand that this model differs from the medical model theory where one studies their client for information, diagnoses the client, and then develops a treatment plan. The use of the medical model often results in focusing on information gathering and definition of deficits rather than on the engagement process with a strengths-based focus required to develop a more positive working relationship.

Throughout curriculum, the trainer may see references to the Shulman Interactional Skills. The Training Program philosophy encourages the trainer to instill these skills in participants in two ways: (1) by inclusion of the Interactional Skills into the curricula whenever the skills apply to the content; and (2) by the trainer modeling the skills as he or she trains the content. A listing of the Interactional Skills and their definitions are included for use in, preparation for, and training of curricula.

The trainer modeling approach allows the trainer to use the four phases of the helping process; Preliminary, Beginning, Middle, and Ending phases throughout the training. For example, in the opening of the training, the trainer may complete a “What’s in It for Me” activity that allows the trainer to “tune into” the needs of the participants, as a child welfare professional in the preliminary phase listens to a client’s needs during an initial visit. During this preliminary phase, the trainer needs to recall what it is like to be a new worker or a seasoned worker/supervisor, depending on the audience and topic. The trainer may then recall some personal experiences from that perspective which can be used to build rapport with his or her audience. The trainer’s use of this parallel process throughout the training experience enhances participant’s learning.

The four phases of the helping model are:

- Preliminary phase – the phase of work prior to the worker engaging with the client – usually used to develop a preliminary empathy about the client’s concerns.
- Beginning phase – the engagement phase of work, during which the worker contracts with the client by clarifying the purpose of the engagement, the role the caseworker will play, and by reaching for client feedback on the content of the work; in this phase, the worker deals with authority issues
- Middle phase – the phase of work in which the client and the worker focus on dealing with issues raised in the contracting phase (or new issues that emerged).
- Ending and transitioning phase – the termination of the work phase in which the worker prepares to end the relationship and to help the client review their work together as well as to prepare for transitions to new experiences.

The table on the following pages breaks down the Interactional Skills and identifies ways the trainer may use the skills to demonstrate the skills for participants during the session. For example, the trainer may “tune into” his or her audience and check for their needs, allow participants to ask questions and respond to their needs in an open and honest manner. The trainer may also listen to participant concerns, break large ideas down into smaller concepts and summarize important information. The trainer may often reach for feedback. For more information on the Shulman Interactional Skills, please refer to [The Skills of Helping Individuals, Families, Groups, and Communities](#) by Lawrence Shulman.

## Four Phases of the Shulman Interactional Skills\*

Phase:	Associated Shulman Skill(s):	How to Execute the Skill(s):	What the Skill(s) Looks Like:	Exercises Associated with the Skill(s):
<b>Phase 1: Preliminary</b>	<ul style="list-style-type: none"> <li>• Tuning Into Self</li> <li>• Tuning Into Others</li> <li>• Resiliency</li> <li>• Containment</li> </ul>	<ul style="list-style-type: none"> <li>• Trainer remembers what it was like to be a new worker etc.</li> <li>• Trainer listens to the participants describe what it is like to be a new worker</li> <li>• Trainer uses strengths based perspective.</li> <li>• Using strengths to offset risks</li> <li>• Trainer listens to participants without responding immediately</li> </ul>	<ul style="list-style-type: none"> <li>• Rapport</li> <li>• Trust</li> <li>• Caring</li> <li>• Non-verbal Communication</li> <li>• Sharing feelings</li> <li>• Diversity</li> <li>• Social Work ethics</li> </ul>	<ul style="list-style-type: none"> <li>• “What’s in it for Me”</li> <li>• Asking participants their region and their jobs to tune into them and establish rapport</li> <li>• Small group exercises that allow participants to build rapport with their table mates</li> <li>• Large-group exercises that let the entire room share their experiences</li> <li>• Posters related to the topic</li> <li>• Music to create an atmosphere</li> </ul>

Phase:	Associated Shulman Skill(s):	How to Execute the Skill(s):	What the Skill(s) Looks Like:	Exercises Associated with the Skill(s):
<b>Phase 2: Beginning</b>	<ul style="list-style-type: none"> <li>• Clarify purpose and role</li> <li>• Reaching for feedback</li> <li>• Dealing with authority</li> <li>• Supporting clients in taboo areas</li> <li>• Partializing concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Trainer clarifies the purpose of the training</li> <li>• Trainer uses adult learning theory</li> <li>• Clarify mutual expectations</li> <li>• Encouraging others to discuss a sensitive or difficult issue or topic</li> <li>• Breaking large ideas into manageable pieces</li> </ul>	<ul style="list-style-type: none"> <li>• Dynamic interaction</li> <li>• Open-ended questions</li> <li>• Values</li> <li>• Ethics</li> <li>• Inviting others to share information related to the topic</li> <li>• Encouraging others to discuss a sensitive or difficult issue or topics</li> <li>• Breaking large ideas into manageable pieces</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing the agenda</li> <li>• WIIFM to reflect what they will and will not address in the training</li> <li>• Using a direct opening statement</li> <li>• Inviting participants to share information or experiences related to the topic</li> <li>• The 15-minute rule</li> <li>• The ground rules for training: be open, listen, respect others, etcetera</li> <li>• Case studies or videos for discussion</li> <li>• Discussing Confidentiality in training</li> <li>• Designing activities that break down large concepts into manageable activities</li> </ul>

Phase:	Associated Shulman Skill(s):	How to Execute the Skill(s):	What the Skill(s) Looks Like:	Exercises Associated with the Skill(s):
<p style="text-align: center;"><b>Phase 3: Middle</b></p>	<ul style="list-style-type: none"> <li>• Empathy</li> <li>• Exploring taboo subjects</li> <li>• Making the demand for work</li> <li>• Pointing out obstacles</li> <li>• Identifying content and process connections</li> <li>• Sharing data</li> <li>• Helping client see life in new ways</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing feelings</li> <li>• Reaching out for growth and change in areas that may not be talked about</li> <li>• Raising sensitive issues for discussion</li> <li>• Identifying connections and pointing them out</li> <li>• Maintain neutrality</li> <li>• Be strengths-based with all participants</li> </ul>	<ul style="list-style-type: none"> <li>• Elaborating</li> <li>• Focused listening</li> <li>• Questioning</li> <li>• Parallel process</li> <li>• Facilitative confrontation</li> <li>• Holding to focus</li> <li>• Check for underlying ambivalence</li> <li>• Detecting and challenging obstacles to work</li> <li>• Providing relevant data</li> <li>• Reframing</li> <li>• Generalizing</li> </ul>	<ul style="list-style-type: none"> <li>• Activities designed to have participants use the information given, such as case studies, videos, brainstorming, role-playing, <i>etc.</i></li> <li>• Activities designed to make participants feel what it is like to walk in someone else's shoes</li> <li>• Giving out relevant information on handouts, articles, newsprint, journals, resources etcetera</li> <li>• Resource table</li> <li>• Posters on the walls</li> </ul>

Phase:	Associated Shulman Skill(s):	How to Execute the Skill(s):	What the Skill(s) Looks Like:	Exercises Associated with the Skill(s):
<p style="text-align: center;"><b>Phase 4: Ending</b></p>	<ul style="list-style-type: none"> <li>• Identifying major learning</li> <li>• Identification of areas for future work</li> <li>• Synthesizing the ending process and content</li> </ul>	<ul style="list-style-type: none"> <li>• Ask open-ended questions</li> <li>• Asking for feedback</li> <li>• Share feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Communicating</li> <li>• Sharing feelings</li> <li>• Honesty</li> <li>• Genuine expression</li> <li>• Mutual sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Summarizing / Reviewing</li> <li>• Identifying courses that may be taken next</li> <li>• Reviewing the agenda to make sure all content was covered</li> <li>• Use and review of idea catchers and transfer of learning tools to identify major learning</li> <li>• Activities such as case studies that require participants to “put it all together” and try out their new skills</li> </ul>

## **The Four Phases of Casework Practice**

Below are descriptions of the four phases of the Interactional Helping Skills Model as they apply over the life of the case and concerning individual contacts.

### **Preliminary/Preparatory Phase**

Life of the Case:

- The child welfare professional attempts to sensitize her or himself to themes that could emerge during the work. A review of case records, speaking with previously involved coworkers, a review of any previous contacts, a review of information passed on by the family or others, or the identification of subtle patterns emerging in prior work can alert the child welfare professional to the family's potential current concerns, as well as alert the child welfare professional to any personal feelings/beliefs, etc. that could impact their work.
- During this phase, the child welfare professional must develop some preliminary strategies for responding directly to indirect cues as well as strategies to overcome any barriers that the child welfare professional may bring to the helping relationship. This occurs prior to making contact.

Individual Contact:

- These efforts look identical to the life of the case. The only exception is that the child welfare professional needs to make these efforts prior to each contact, thus ensuring that prepared and of the right frame of mind to effectively engage those with whom they will work.

### **Beginning/Contracting Phase**

Life of the Case:

- During this phase, the child welfare professional is considering the family's perception of the situation, assessing and assuring safety, and exploring resources. The child welfare professional, as well as the families that they work with, develop a better understanding of the situation and what they can expect from one another. Ultimately, they come to an agreement (contract) on the work to be done.
- It is important to note that this is a critical time as it is during this phase when the helping relationship is being established. Research (referenced in Shulman's book, *The Skills of Helping Individuals, Families, Groups, and Communities*) shows that people achieve lasting change if they have a positive working relationship with the helper who assists in facilitating the change process. This is where trust and rapport are developed over time. It is not uncommon for families to offer a less significant problem to the child welfare professional in the beginning to test the child welfare professional. If they are comfortable with the child welfare professional's reaction, the individual may be willing to open up and share more significant problems.
- One of the most challenging issues in this phase is that there are often times when a case needs to be transferred from one child welfare professional to another (e.g. due to staff turnover, transfer of cases from intake to ongoing, etc). Rapport building must begin again with each change.



#### Individual Contact:

- During this phase of any given contact, two of the primary goals are to establish the purpose of the contact and to define the roles of all involved in the contact as well as related expectations. In doing so, the child welfare professional is considering the family's perception/perspective of the situation in the here and now. In keeping with the title of this phase, the child welfare professional and family are "contracting" on the work that needs to be accomplished during that contact. This "contracting" must occur surrounding the purpose of the contact and may or may not occur surrounding the roles of those involved.
- It is important to keep in mind that the family's perceptions/perspective may have changed since the last contact, so the child welfare professional will need to be prepared to adjust what they believe the purpose of the contact to be, as well as their role during the contact to meet the needs of the family. In demonstrating this willingness to adjust to the situations and needs of the family, the child welfare professional is also helping to build rapport with the family.

### **Middle/Working Phase**

#### Life of the Case:

- This is where the work occurs. During this phase, the family and child welfare professional focus on dealing with issues raised in the beginning phase or with new issues that have emerged since then (Shulman 2006, p 607). It is during this phase that the child welfare professional is constantly gathering information, conducting assessments, building upon previous assessments, and helping to facilitate change, within the family, that meets the mission of ensuring timely safety, permanence and well-being.

#### Individual Contact:

- As is the case when considering the life of the case, it is during this phase that the family and child welfare professional focus on dealing with issues raised in the beginning phase or with new issues that have emerged since then (Shulman 2006, p 607).that the work occurs. The child welfare professional's role is to gather and share information. As a professional in the field of child welfare, you have knowledge or access to information that most do not. Your role is to gather information and, based on that information and share information regarding goal setting and supports and resources that the family may or not be aware to help them in the change process.

### **Ending/Transition Phase**

#### Life of the Case:

- It is during this phase that the helping relationship is brought to an end. It is equally as important as the other three phases, as it is during this time that the child welfare professional must make sure that the family is in a place that they are able to be self-sufficient. This does not mean that they must manage everything on their own; rather they have the necessary supports in place or means to obtain those supports, to be successful without the children and youth agencies assistance. This is a powerful time, as it is the ending of the helping relationship, but a new beginning for the family, hopefully one with a sense of fulfillment and empowerment and a more positive look to

the future. Families will likely have discovered things about themselves that they did not know before, both areas of strength and areas of concern and hopefully how to use those strengths deal with the areas of concern.

- The child welfare professional's role during this period is to review the work that has been completed, the growth that has taken place, and identify any future work that remains undone. The child welfare professional must help the family identify or reinforce the natural supports and community supports in their life that will help them to continue in their success.

#### Individual Contact:

- The child welfare professional's role at the end of an individual contact is to review the work that has been completed and identify any future work that needs to be completed by both the child welfare professional and family members. This future work may be what must happen by the next visit/contact or in the more distant future. It is important to note that not every visit/contact is going to end neatly with next steps identified. There will be times when the ending/transition stage efforts are simply to come to consensus on the status of discussion. Although this may initially feel uncomfortable, it will at times be necessary to allow this ambiguity to occur.

## Stages of Change

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<b>Stage</b>	<b>Description</b>
<b>Pre-contemplation</b>	<p><i>Sees no need to change.</i></p> <p>At this stage, the person has not even contemplated having a problem or needing to make a change. This is the stage where denial, minimization, blaming, and resistance are most commonly present.</p>
<b>Contemplation</b>	<p><i>Considers change, but also rejects it.</i></p> <p>At this stage, there is some awareness that a problem exists. This stage is characterized by ambivalence; the person wants to change, but also does not want to. They will go back and forth between reasons for concern and justification for unconcern. This is the stage where persons feel stuck.</p>
<b>Determination</b>	<p><i>Wants to do something about the problem.</i></p> <p>At this stage, there is a window of opportunity for change: the person has decided to change and needs realistic and achievable steps to change.</p>
<b>Action</b>	<p><i>Takes steps to change.</i></p> <p>At this stage, the person engages in specific actions to bring about change. The goal during this stage is to produce change in a particular area or areas.</p>
<b>Maintenance</b>	<p><i>Maintains goal achievement.</i></p> <p>Making the change does not guarantee that the change will be maintained. The challenge during this stage is to sustain change accomplished by previous action and to prevent relapse. Maintaining change often may require a different set of skills than making the change.</p>
<b>Relapse</b>	<p><i>Person slips or returns to the pre-change state.</i></p> <p>At times, the person might “slip” and not regard the setback as serious enough to be concerned, yet someone may be at risk. Relapse is a normal and expected part of the change cycle.</p>

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Source: Adapted from Prochaska, J.O., and DiClemente, C.C. 1984. *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy*. Homewood, IL: Dow Jones-Irwin.

## **Stages of Change: Questions to Ask and Actions to Consider**

Below are the stages of change in addition to questions that you can ask individuals to assist you in determining at what stage individuals might be in the change process. In addition, following the questions, are action steps that might prove useful in engaging and empowering the person to move through the stages. You will not necessarily begin asking questions in stage one (1). Based on information already obtained, you may have a sense of what stage the person is in, and may choose to begin asking questions related to that stage to verify that the person is truly in that stage.

### **Stage 1: Pre-contemplation**

- “Isn’t there anything that you would like to change in the way you handle your child’s behavior?”
- “Are you completely satisfied with the way you parent your child; or, is there anything you would like to change?”
- “Do you see this as more of your child’s issue? Do you think he’s the one who needs to do all of the changing?”
- 

Action Step: Provide information and feedback to raise the person's awareness of the problem and the possibility of change. Do not give prescriptive advice.

### **Stage 2: Contemplation**

- “If you’re not satisfied with the way things have been and wanted to change one thing about your parenting of your child, what might that be?”
- “What do you think might be a safer type of discipline to use with your child?”
- “What behavior(s) do you think you need to do differently for your child to be able to come home and be safe?”
- “What would you like to do differently when you get upset with your child’s behavior?”
- 

Action Step: Help the person tip the balance in favor of change. Help the person see the benefits of changing and the consequences of not changing.

### **Stage 3: Determination**

- “What are the steps in the plan that you have made?”
- “Do you have a plan to help you make this change?”
- “How will you know you have been successful in making this change?”
- 

Action Step: Help the person find a change strategy that is realistic, acceptable, accessible, appropriate, and effective.

#### **Stage 4: Action**

- “What step are you working on now?”
- “How are you doing with this change?”
- “What are the things that are easy for you to change?”
- “What are the things that you’ve been finding to be a challenge?”
- 

Action Step: Support and be an advocate for the person. Help accomplish the steps for change.

#### **Stage 5: Maintenance**

- “What are you doing to keep the change going?”
- “What helps you to be so successful in maintaining the change?”
- “On a scale of 1 to 10, with 10 being the most confident, how confident are you that you will maintain this change over this next week?”
- “Does the change seem like it’s permanent, now?”
- “Do you still have to think about doing this the new way, or does it feel pretty automatic, now?”
- “What are you doing to keep from going back to the old way of doing this?”
- 

Action Step: Help the person identify the possibility of relapse and identify and use strategies to prevent relapse.

#### **Stage 6: Relapse**

- “When was your last relapse?”
- “Has there been a time since your last relapse that you felt like relapsing, but didn’t?”
- “What keeps you from having another relapse?”
- 

Action Step: Help the person holistically look at the situation.

## **Six (6) Assessment Domains**

Successful assessment relies on comprehensive information gathering. Further, it is important to understand not just the allegations made, but also the underlying causes behind the allegations. In order to do this, we must gain a robust understanding not only on the maltreatment but also how the family operates. There are six domains that are used to accomplish this. Each domain can be restated in the form of a question to guide the worker in determining if enough information has been collected in relationship to the domain.

### **TYPE OF MALTREATMENT**

This is a straightforward information element concerned with facts and evidence, which support the presence of maltreatment, which comes from worker observation, interviews and corroboration. This includes making a conclusion (substantiation) about the type of maltreatment (sexual abuse, lack of supervision, etc.) and the specific symptoms and facts (injuries/constant hitting) which are consistent with the maltreatment.

#### 1. What is the extent of the maltreatment?

This question is concerned with the maltreating behavior and the immediate physical effects on a child. It considers what is occurring or has occurred and the results. The answer to this question results in a determination that maltreatment has or has not occurred. This includes decisions regarding allegations of suspected child abuse and allegations regarding the need for general protective services as defined in the Child Protective Services Law (23 Pa. C.S., Chapter 63) and the Protective Services Regulations (55 PA Code, Chapter 3490). However, relying only on information from this question is inadequate for assessing safety.

Information that answers this question includes:

- Type of maltreatment
- Severity of the maltreatment
- History of the maltreatment
- Description of specific events
- Description of emotional and physical symptoms
- Identification of the child and maltreating caregiver

### **NATURE OF THE MALTREATMENT: SURROUNDING CIRCUMSTANCES**

This qualifies the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, the circumstances that accompany the maltreatment are important and are significant in them and qualify how serious the maltreatment is.

#### 2. What circumstances surround the maltreatment?

This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or has occurred.

Information that answers this question includes:

- The duration of the maltreatment
- Caregiver intent concerning the maltreatment
- Caregiver explanation for the maltreatment and family conditions
- Caregiver acknowledgement and attitude about the maltreatment
- Other problems occurring in association with the maltreatment

## ADULT FUNCTIONING

This information element has strictly to do with how adults (the caregivers) in a family are functioning personally and presently in their everyday lives. It is concerned with life management, social relationships, meeting needs, problem-solving. Among the things you would be concerned about in gathering information and assessing are behavior, communication, ability to relate to others, cognitive functioning, intellect, self-control, problem solving, coping, impulsiveness and stress management. It also includes adult mental health and substance use. It is concerned with whether role performance is influenced by mental health or substance abuse. It includes perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history, previous relationships and so on.

3. How do the adults within the household function, including substance use and behavioral health?

This question is concerned with how the adults/caregivers in the family feel, think, and act on a daily basis. The question focuses on adult functioning separate from parenting. It is concerned with how the adults in the household function, regardless of whether they are parents or not.

Information that answers this question includes:

- Communication and social skills
- Coping and stress management
- Self-control and rationality
- Judgment, problem solving and decision making
- Independence
- Home and financial management
- Employment
- Community involvement
- Self-care and self preservation
- Substance use
- Physical and behavioral health and capacity
- Functioning within cultural norms

## CHILD FUNCTIONING

This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the "normalcy" standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas you will consider in information collecting and "assessing" are trust, sociability, self-awareness and

acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known.

#### 4. How do the children function, including their condition?

This question is concerned with a child's general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day rather than focusing on points in time.

Information that answers this question includes:

- Capacity for attachment
- General mood and temperament
- Intellectual functioning
- Communication and social skills
- Expression of emotions/feelings
- Behavior
- Peer relations
- School performance
- Independence
- Motor skills
- Physical and behavioral health
- Functioning within cultural norms

## GENERAL PARENTING

When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

#### 5. How do caregivers generally parent?

This question explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction.

Information that answers this question includes:

- Reasons for being a caregiver
- Satisfaction in being a caregiver
- Caregiver knowledge and skill in parenting and child development
- Caregiver expectations and empathy for a child
- Decision making in parenting practices
- Parenting style
- History of parenting behavior
- Protectiveness
- Caregiver assures appropriate supervision in his/her absence



- Whether another adult is undermining parental authority

## PARENTING DISCIPLINE

This is another information element that focuses information collection into one area – discipline of children. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline.

### 6. How do the caregivers discipline the children?

This question is concerned with the manner in which caregivers approach discipline and child guidance. This question is broken out from general parenting because this aspect of family life is highly related to both safety threats and risk of maltreatment.

Information that answers this question includes:

- Disciplinary methods
- Concept and purpose of discipline
- Context in which discipline occurs
- Cultural practices

These domains apply to all types of child welfare cases from intake and referral through to case closure, regardless of whether the child is in the home or in a substitute care setting. Remember, the purpose of exploring the six domains is to understand how the family and specifically the caregivers function and protect the children in their care. This concept is universal regardless of the living situation. Although in some instances, e.g. a placement setting where no allegations/instances of abuse/neglect have occurred, it may not be necessary to explore the nature of maltreatment or the circumstances surrounding the maltreatment because there are none present at that time.

The effectiveness of a safety assessment is dependent upon whether or not the information collected is pertinent and relevant to identifying the safety threats to the child and caregiver protective capacities, and whether sufficient information has been gathered to draw accurate conclusions about child safety. For safety interventions and services to be relevant and effective, county agency staff must systematically gather information and continuously evaluate family members' strengths and their ability to address their problems. This information is used to engage parents and caregivers in a culturally responsive working relationship that builds on their strengths to resolve the problems that endanger their children and families.

## Putting the Pieces Together

1. In the spaces below, write how the individual you observed used the skills of Tuning in to Self, Tuning in to Others before going out on the home visit and why. In addition, capture any other ways that the individual prepared for the interview. Feel free to use the *Using Interactional Helping Skills* handout as a guide.
  - a. Tuning in to Self:
  
  
  
  
  
  
  
  
  
  
  - b. Tuning in to Others:
  
  
  
  
  
  
  
  
  
  
  - c. Other preparation:
  
2. Describe how the worker introduced himself/herself and explained his/her purpose. Feel free to use the *Clarifying Purpose and Role* handout.
  
  
  
  
  
  
  
  
  
  
3. Explain how the worker developed rapport and trust with the family. Note if the family became engaged as a result.
  
  
  
  
  
  
  
  
  
  
4. Were the following skills used? If so, how?
  - a. Reaching for Feedback:
  
  
  
  
  
  
  
  
  
  
  - b. Dealing with Issues of Authority:
  
  
  
  
  
  
  
  
  
  
5. In what stage of Prochaska and DiClemente's Stages of Change model was the family? How did you know? Feel free to use the *Stages of Change* handout.

6. Did they capture information along the Six Domains (Type of Maltreatment, Nature of Maltreatment: Surrounding Circumstances, Child Functioning, Adult Functioning, Parenting Discipline, and General Parenting)? Was the information gathered sufficient?
  
7. When considering how you would use Questioning, other than demographic information, what information did the person you observed still want to know and what questions would they ask to obtain that information?
  
8. About what did the person you observed contract with the family?
  
9. How did the person you observed assure cultural sensitivity?
  
10. How did the interviewer conclude the interview? (Describe how the interviewer summarized and identified next steps.)
  - a. Summarizing and Identifying Next Steps:

## SECTION 5

# STRENGTH-BASED, SOLUTION-FOCUSED PERSPECTIVE

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\* Denotes information not provided to participants in *Charting the Course towards Permanency*.

## History & Values\*

### **History of Solution-Focused/Solution-Building Model**

The Solution-focused/building approach was pioneered through the work of Steve de Shazer and Insoo Kim Berg. Beginning in the mid-1970s, Shazer and Berg and their colleagues, through an inductive process of observing clients in therapy, sought to determine what activities were most helpful to clients. In 1982, de Shazer hit upon the idea that there is not a necessary connection between problem and solution – a significant shift from the medical model which requires that connection. Influenced by research in communication by others, and their own research, they developed the Solution-focused model. Effective use of questions to help clients recognize, explore and use strengths is a key feature of the Solution-focused approach.

### **Value Base for Solution-Focused Intervention (Saleebey, 1992)**

1. Despite life's struggles, all persons possess strengths that can be marshaled to improve the quality of their lives. Practitioners need to respect these strengths and the direction clients wish to apply them.
2. Client motivation is increased by a consistent emphasis on client defined strengths.
3. Discovering strengths requires a process of cooperative exploration between clients and helpers.
4. Focusing on strengths turns practitioners away from the temptation to judge or blame clients for their difficulties and toward discovering how clients have managed to survive.
5. All environments – even the most bleak – contain resources.

**Solution-Focused Approach Core Principle**  
***If what you are doing doesn't work, stop doing it  
and do something else.***  
***If what you are doing is working, do more of it.***

Source: University of Pittsburgh School of Social Work. (2007). *301: Engaging Clients from a Strength-Based, Solution-Focused Perspective*. Mechanicsburg, PA: University of Pittsburgh School of Social Work, Pennsylvania Child Welfare Training Program.

# **Solution-Focused Approach\***

## **Contributions to Child Welfare Mission and Practice**

### **Safety**

- Outcome oriented
- What are the detailed signs of safety?
- What outcomes does the client want that support safety?
- What measurable indicators of safety are already present?
- Prior to this referral, has the client/caregiver provided adequate safety?
- If “Yes”, how was this accomplished?
- What are the concrete and specific steps that can be done to reach this level of safety again?
- What is the minimal effective level of protective authority necessary to assure safety and promote client cooperation?

### **Permanence**

- What are the strengths that the client has presently or demonstrated in the past that can be mustered to support positive change?
- What are the client’s present levels of confidence and commitment to act for change?
- What can be done to increase confidence, commitment and a positive vision of the future?
- How can the worker be most helpful to the client?
- Who else can be supportive of positive change?

### **Well-being**

- What other outcomes is the client willing to work for that support client-family well-being (employment; health; housing; leisure, etc.)

### **Timeliness**

- What are the specific time frames to accomplish overall safety and to achieve specific treatment outcomes?
- Are the time frames realistic and compatible with client capacity, resources and legal/regulatory requirements?

## **Seven Key Solution-Focused Strategies\***

1. Identifying strengths in a problem situation.
2. Exploring past successes.
3. Finding and using exceptions to the problem.
4. Facilitating a positive vision of the future.
5. Scaling questions.
6. Encouraging commitment.
7. Developing Action Steps

Source: University of Pittsburgh School of Social Work. (2007). *301: Engaging Clients from a Strength-Based, Solution-Focused Perspective*. Mechanicsburg, PA: University of Pittsburgh School of Social Work, Pennsylvania Child Welfare Training Program.

## Solution-Focused Interviewing Skills\*

- **Practitioners' Non-verbal Behavior:** tone, rate of speech, eye contact, physical proximity, facial expressions, etc...
- **Echoing or Asking for Clarification:** “a mess, huh. Can you tell me more about what you mean by a “mess”?”
- **Open-ended Questions:** “Can you tell me about your relationship with your parents vs. “Do you like your parents?” (closed-ended, requiring yes or no response).
- **Summarizing:** Periodically state back to the client his/her thoughts, actions, and feelings.
- **Tolerating/Using Silence:** allow 10, 15, 20 seconds or so to allow clients to come up with their own responses. Avoid temptation to fill in silence with advice.
- **Noticing Clients Non-Verbal Behavior:** culture and total context important to meaning of non-verbal communication. Practitioner can choose to focus or not depending on whether the non-verbal behavior is relevant.
- **Self-disclosure:** Not recommended. Better to look for solutions within the client’s frame of reference.
- **Noticing Process:** Do content and process (way content expressed) match?
- **Complimenting:** acknowledging client strengths and past success.
- **Affirming Client’s Perceptions:** a perception is some aspect of a person’s self-awareness or awareness of his/her life. This awareness is achieved through the senses, the person’s capacity to think and feel, and his or her intuition. Perceptions are holistic; they include a person’s thoughts, feelings, behaviors, and experiences. Affirmation of client’s perceptions is similar to reflective listening in form, but does not isolate and focus on the feeling component per se, but on the client’s larger awareness. (Examples; “uh-huh”, “sure”, “of course”, or “I can understand why you want to have a place of your own, away from your family”).

Perceptions, even negative ones like suicide or assaultive behaviors should be explored for the purpose of understanding the full context. “What’s happening in your life that tells you that hitting or suicide might be helpful in this situation?” Avoid an immediate educative or dissuading response. Listening and understanding are the practitioner’s first obligations.

- **Empathy:** Empathic understanding and responding are helpful when clients are describing events and their personal reactions. However, in the SL-F approach, empathic responses that amplify negative feelings are not recommended. Instead, empathic affirmation which acknowledges the feeling, but moves the client toward exploration of a solution should be used. For example, instead of saying, “You feel depressed and hopeless about your life.” say, “I can see that things are very discouraging right now. What gives you hope that this problem can be solved?”



- **Returning the Focus to the Client:** clients tend to focus on the problem and/or what they would like others to do differently. Examples include the following:
  1. “My kids are lazy. They don’t realize that I need help sometimes.”
  2. “I wish my parents would get with it. A 10:00 pm curfew on weekends is ridiculous.”
  3. “My teachers are too hard. If they would back off all the homework and give more help my grades would improve.”
  4. “If my boss would stop criticizing me and treating me like a child I could be more productive.”
  5. “My dad has a terrible temper. I get scared when he gets mad like that.”

In the Solution-Focused approach, the client is encouraged to return the focus to themselves:

1. “What gives you hope that this problem can be solved?”
  2. “When things are going better, what will your parents notice you doing differently?”
  3. “What is it going to take to make things even a little bit better?”
  4. “If your boss was here and I was to ask him what you could do differently to make it just a little easier for him not to be so critical, what do you think he would say.”
  5. “Suppose a miracle happened and the problem we were talking about was solved by tomorrow morning. What is the first thing you would notice that would tell you that things were better? What would others notice?”
- **Amplifying Solution Talk:** solution talk addresses what aspects of life the client wants to be different and the possibilities for making those things happen. The task of the practitioner is to encourage the client to provide as much detail as possible to amplify what would be different in his life after his problem was solved.

Source: University of Pittsburgh School of Social Work. (2007). *301: Engaging Clients from a Strength-Based, Solution-Focused Perspective*. Mechanicsburg, PA: University of Pittsburgh School of Social Work, Pennsylvania Child Welfare Training Program.

## **Strengths-Based, Solution-Focused Questions**

Strengths-Based, Solution-Focused questions are types of questions that can be used to deepen understanding of the situation and explore solutions, ultimately leading to faster change.

### **Past Success Questions:**

By focusing on the family's past successes, you can learn, when he/she/the family was functioning well enough not to require child protective services intervention, with the goal of helping the family draw on their successes so they can again be independent.

It is empowering to the individual to realize that there was a period in his/her life when he/she was more successful than he/she feels now. It also identifies strengths for you to build upon.

- What discipline methods have worked with your daughter?
- What goals have you achieved so far in your life?
- What activities have you and your child enjoyed together in the past?
- What activities work best for your child when he/she is sad or angry?
- How have you handled this problem successfully in the past?

### **Exception Questions:**

Are there occasions in the person's life when their problems could have occurred but did not – or at least were less severe? Exception questions focus on who, what, when and where (the conditions that helped the exception to occur) - NOT WHY; exceptions should be related to client goals.

- Tell me about a time when you were able to express your anger without hurting someone.
- When have you been able to manage your son's behavior without hitting him?
- What happened one time when you overcame feelings of depression/anger/sadness?

### **Scaling Questions:**

Invite the clients to put their observations, impressions, and predictions on a scale from 0 to 10, with "0" being no chance, and "10" being every chance. Questions need to be specific, citing specific times and circumstances.

- On a scale of 1 to 10, with 1 being not very much at all and 10 being as much as you can imagine, how confident are you about being able to do the tasks we listed in your Family Service Plan?
- What would help to move you one number higher on that scale?
- On a scale of 1 to 5 how would you rank your priorities in resolving your current family or personal situation?

### **The Miracle Question:**

Is the opening piece of the process of developing well-formed goals? It gives individuals permission to think about an unlimited range of possibilities for change. It begins to move the focus away from their current and past problems and toward a more satisfying life.

- If a miracle were to happen tonight while you were sleeping and when you woke up in the morning your life had changed, but you didn't know that it had changed, you had to discover the change, what would you first notice would be different?

### **Follow-up Questions:**

The interviewer further extends and amplifies the impact of the miracle by a series of questions designed to guide the person in exploring the implications of the miracle in the his/her life.

- What will be the first thing you notice that would tell you that a miracle has happened, that things are different?
- What might others (mother, father, spouse, partner, siblings, friends, work associates, teachers, etc.) notice about you that would tell them that the miracle has happened, that things are different or better?
- Have there been times when you have seen pieces of this miracle happen?

### **Coping Questions:**

Attempt to help the family member shift his/her focus away from the problem elements and toward what they are doing to survive the painful or stressful circumstances. They are related in a way to exploring for exceptions.

- What have you found that is helpful in managing this situation?
- Considering how depressed and overwhelmed you feel, how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)?
- You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now?

### **Indirect Questions:**

Indirect questions invite the individual to consider how others might feel or respond to some aspect of his/her life, behavior or future changes. Indirect questions can be useful in asking the person to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.

- How is it that someone might think that you are neglecting or mistreating your children?
- Has anyone ever told you that they think you have a drinking problem?
- If your children were here (and could talk if the children are infants or toddlers) what might they say about how they feel when you and your wife have one of those serious arguments?
- At the coming court hearing, what changes do you think the judge will expect from you in order to consider returning your children?
- How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?

## **Breaking Down the Barriers**

Below are general concepts that you can incorporate into your efforts to approach and engage families that will assist you in having a better chance in lowering the amount of protective authority necessary when engaging families.

### **Engaging the Family**

- Be clear, honest, and direct. Child welfare professionals should maintain a non-defensive stance.
- Acknowledge the involuntary nature of the arrangement. The child welfare professional should explain the structure and content of intervention to the children and family.
- Be matter-of-fact and non-defensive in explaining the legal authority that permits intervention. Child welfare professionals should not get into a debate about authority; instead child welfare professionals should state what their authority is and what legal recourse the children and family may have to challenge the authority.
- Contact children and families in a manner that is courteous and respectful, and assess strengths as well as risk factors and safety threats.
- Elicit the parent's concerns and wishes for assistance and convey understanding of the parent's viewpoint, including reservations about child welfare involvement.
- Reduce the children's and family's opposition to contact by clarifying available choices – even when choices are constrained – by emphasizing freedoms still available and by avoiding labeling.
- Earn the respect of the children and family by being a good listener who strives to understand their point of view.
- Respect the right of the children and family to express values and preferences different from those of the child welfare professional.
- Establish feasible, small steps to help build in early success in order to recognize family efforts and progress.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Reframe the family's situation. This is particularly useful when the children and family are making arguments that deny a problem or risk; it acknowledges their statements, but offers a new meaning or interpretation for them. The children's and family's information is recast into a new form and viewed in a new light that is more likely to be helpful and support change.

### **Techniques for Handling Hostile and Angry Situations**

One form of resistance that is particularly difficult for child welfare professionals to manage is anger and hostility. The following are some techniques for deescalating anger:

- Remain calm; try not to show fear or anxiety;
- Be firm without raising one's voice;
- Make statements simple and direct;
- Recognize and address feelings and do not take hostile statements personally;

- Offer the person a choice between positive alternatives;
- Be alert for the possibility of aggression;
- Attempt to have the person sit down, and distract him or her from the source of anger;
- Give the person lots of space; do not touch them;
- If the person attacks, use only enough force to protect yourself or restrain him or her;
- Remember it takes a person 30-40 minutes to calm down physiologically;
- After the visit, do not sit in front of the house to write notes;
- Carry a cell phone, whistle, or personal alarm and use it, if appropriate; and
- Pay attention to intuition or "gut instinct," and leave if warranted.

Source: DePanfilis, D., Salus, M. K. (2003). *Child Protective Services: A Guide for Child Welfare Professionals: Chapter Three: The Helping Relationship*. Office on Child Abuse and Neglect (DHHS), Washington, DC. as cited by the Child Welfare Information Gateway. Retrieved from the World Wide Web on January 19, 2010 @ <http://www.childwelfare.gov/pubs/usermanuals/cps/cpsc.cfm>.

## SECTION 6

# LAWS, REGULATIONS AND BULLETINS

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Under each listed module, references start with any applicable federal-level issuances and then list any applicable state-level issuances. Each applicable level (i.e., Federal and State) first shows applicable laws, regulations and bulletins in that order alphabetically by name.

**Module 1: Introduction to Pennsylvania's Child Welfare System**

Federal

- ☆ Adoption Act of 1980
- ☆ Adoption and Safe Families Act of 1997
- ☆ Indian Child Welfare Act of 1978
- ☆ Multiethnic Placement Act of 1994
- ☆ Amendments to Child Abuse Prevention and Treatment Act of 1984 P.L. 98-457
- ☆ Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 P.L. 102-295
- ☆ Child Abuse Prevention and Treatment Act (CAPTA) of 1974 P.L.93-247
- ☆ Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 P.L. 95-266
- ☆ Child Abuse Prevention, Adoption, and Family Services Act of 1988 P.L. 100-294
- ☆ Child Abuse Prevention and Treatment Amendments of 1996
- ☆ The Family Preservation and Family Support Services Program Act of 1993 (part of the Omnibus Budget Reconciliation Act of 1993)
- ☆ Foster Care Independence Act of 1999 (Chafee Act) P.L. 169.

State

- ☆ Child Protective Services Law
- ☆ Juvenile Act

**Module 2: Identifying Child Abuse and Neglect**

State

- ☆ Child Protective Services Law
- \* 3490 Regulations

**Module 3: Using Interactional Helping Skills to Achieve Lasting Change**

Federal

- ☆ Adoption and Safe Families Act of 1997

**Module 4: In-Home Safety Assessment and Management**

State

- \* OCYF Draft Bulletin 3490-08-XX, Safety Assessment and Management Process

**Module 5: Risk Assessment**

State

- ☆ Child Protective Services Law (23. Pa. C.S. Chapter 63)
- ☆ Juvenile Act (42 Pa. C.S. Chapter 63)
- \* Administration of County Children and Youth Social Services Programs. (55 Pa. Code Chapter 3130)
- \* OCYF BULLETIN 3490-97-01, RISK ASSESSMENT POLICIES AND PROCEDURES
- \* OCYF Draft Bulletin 3490-08-XX, Safety Assessment and Management Process

## **Module 6: Case Planning with Families**

### FEDERAL

- ☆ Adoption and Safe Families Act of 1997 (P.L. 105-89)
- ☆ ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980 (PL 96-272)
- ☆ INDIAN CHILD WELFARE ACT (PL 95-08)

### State

- ☆ Child Protective Services Law (23. Pa. C.S. Chapter 63)
- \* Protective Services regulations (55 Pa. Code Chapter 3490)
- \* Administration of County Children and Youth Social Services Programs. (55 Pa. Code Chapter 3130)
- \* OCYF Bulletin 31310-09-01, Implementation of the Indian Child Welfare Act of 1978
- \* OCYF Bulletin 3490-08-01, Developmental Evaluation and Early Intervention Referral Policy
- \* OCYF Bulletin 99-94-03, EPSDT Protocol for Children in Placement
- 2008 Special Transmittal, Safe Sleep Environment Recommendations for Infants One Year of Age and Younger

## **Module 7: The Court Process**

### Federal

- ☆ ADOPTION AND SAFE FAMILIES ACT OF 1997 (PL 105-89)
- ☆ Adoption Assistance and Child Welfare Act of 1980 (PL 96-272)

### STATE

- ☆ ADOPTION ACT (TITLE 23 – DOMESTIC RELATIONS)
- ☆ ADOPTION AND SAFE FAMILIES ACT: THE PENNSYLVANIA LAW (ACT 126 OF 1998)
- ☆ Juvenile Act (Title 42 Pa. C.S. § 6301 *et seq.*)

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

### State

- \* OCYF Draft Bulletin 3490-08-XX, Safety Assessment and Management Process

## **Module 9: Out-of-Home Placement and Permanency Planning**

### Federal

- ☆ Adoption Assistance and Child Welfare Act of 1980 (PL 96-272)
- ☆ Multi-Ethnic Placement Act of 1994 as amended by Interethnic Adoption Provisions as of 1996 (PL 103-382)

### State

- \* OCYF Bulletin #3140-04-05/3490-04-01, Child Placements with Emergency Caregivers
- \* OCYF Bulletin #3130-08-01, Educational Stability and Continuity for Children in Substitute Care
- \* OCYF Bulletin #3130-09-01, Implementation of the Indian Child Welfare Act of 1978
- \* OCYF Bulletin #00-03-03, Kinship Care Policy
- \* OCYF Bulletin #3130-03-01/3140-03-07, Permanent Legal Custodianship Policy
- \* OCYF Bulletin #3130-01-01, The Second Revised Interim Implementation Guidelines for the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89)
- \* OCYF Bulletin 3350-03-01, Statewide Adoption Network (SWAN) Policies & Procedures
- Fostering Connections Special Transmittal



**Module 10: Making Permanent Connections: Outcomes for Professional Development**

None mentioned.

**Legend:**

- ☆ Law
- \* Regulation or Bulletin
- Special Transmittal or Policy Clarification

**Abbreviations Used:**

PL = Public Law (Federal)

OCYF = Office of Children, Youth, & Families (Pennsylvania State Department of Public Welfare)

## SECTION 7

# DVD/VIDEO TITLES

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	DVD	Video
<b>Module 1: Introduction to Pennsylvania's Child Welfare System</b>	None	None
<b>Module 2: Identifying Child Abuse and Neglect</b>	<i>Scared Silent: Abuse</i>	<i>Scared Silent: Abuse</i>
<b>Module 3: Using Interactional Helping Skills to Achieve Lasting Change</b>	<i>Module 3 - Interactional Helping Skills DVD: Clips 1 &amp; 2</i>	
<b>Module 4: In-Home Safety Assessment and Management</b>	Smith Family Interviews: Carley and Christian Colin Levitt Crystal Smith	
<b>Module 5: Risk Assessment</b>	<i>Unquiet Death of Eli Creekmore The Andy Thompson Case</i>	
<b>Module 6: Case Planning with Families</b>	<i>Pathways to Permanence</i>	
<b>Module 7: The Court Process</b>	None	None
<b>Module 8: Assessing Safety in Out-of-Home Care</b>	<i>Allison Family Interview</i>	None
<b>Module 9: Out-of-Home Placement and Permanency Planning</b>	<i>Multiple Transitions Communicating Information, Adult Example Communicating Information, Child Example Reaching Into Silences Pathways to Permanence</i>	
<b>Module 10: Making Permanent Connections: Outcomes for Professional Development</b>	None	None

## SECTION 8

# ACRONYM LIST

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## Child Welfare and Key Stakeholders Acronym Listing

Acronym	Meaning
AA	Alcoholics Anonymous
AAA	Area Agency on Aging
AAR	After Action Review
ABA	American Bar Association
ACF	Administration for Children and Families
ADA	Americans with Disabilities Act
ADHD	Attention Deficit Hyperactivity Disorder
AFCARS	Adoption & Foster Care Analysis Reporting System
AHA	American Humane Association
APHSA	American Public Human Services Association
APPLA	Another Planned Permanent Living Arrangement
ASFA	Adoption and Safe Families Act of 1997
ATF	Adult Training Facility (for clients receiving developmental disabilities services)
AVTS	Area Vocational-Technical School
BCDCS	Bureau of Child Day Care Services
BEC	Basic Education Circular (Pennsylvania Department of Education bulletin)
BJJS	Bureau of Juvenile Justice Service
BSC	Behavioral Specialist Consultant
BSU	Base Service Unit (for MH/MR)
BSW	Bachelor's of Social Work
CAO	County Assistance Office
CAPTA	Child Abuse Prevention and Treatment Act
CASSP	Child and Adolescent Service System Program
CB	United States Children's Bureau
CBHNP	Central Behavioral Healthcare Network of Pennsylvania
CCAP	County Commissioners Association of Pennsylvania
CCYA	County Children and Youth Agency
CD	Conduct Disorder
CDC	Center for Disease Control and Prevention (Federal)
CAO	County Assistance Office
CE	Continuing Education
CFSR	Child and Family Services Review
CHIP	Children's Health Insurance Program
CIP	Court Improvement Program

<b>Acronym</b>	<b>Meaning</b>
<b>CLA</b>	Community Living Arrangement (Developmental Disabilities Group Home)
<b>CLE</b>	Continuing Legal Education
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CPP</b>	Child Permanency Plan
<b>CPS</b>	Child Protective Services
<b>CPSL</b>	Child Protective Services Law
<b>CQI</b>	Continuous Quality Improvement
<b>CRR</b>	Community Rehabilitation Residence
<b>CTC</b>	Communities That Care
<b>CTF</b>	Children's Trust Fund
<b>CSWE</b>	Council on Social Work Education
<b>CWEB</b>	Child Welfare Education for Baccalaureates
<b>CWEL</b>	Child Welfare Education for Leadership
<b>CWLA</b>	Child Welfare League of America
<b>CWTP</b>	Child Welfare Training Program
<b>C&amp;Y</b>	Children and Youth
<b>CYF</b>	Children Youth and Families
<b>CYS</b>	Children and Youth Services
<b>CYSC</b>	Children and Youth Services Caseworkers
<b>CYSS</b>	Children and Youth Services Supervisors
<b>D&amp;A</b>	Drug and Alcohol
<b>DHHS</b>	Department of Health and Human Services
<b>DPW</b>	Department of Public Welfare
<b>DSM-IV</b>	Diagnostic and Statistical Manual of Mental Disorders, 4 <sup>th</sup> edition
<b>DSS</b>	Department of Social Services
<b>ELC</b>	Education Law Center
<b>EOC</b>	Education Opportunity Centers
<b>EOTC</b>	Employment Opportunity and Training Centers
<b>EPSDT</b>	Early Prevention, Screening, Detection and Treatment
<b>FAFSA</b>	Free Application for Federal Student Aid
<b>FC</b>	Family Centers
<b>FCN</b>	Family Care Network (CAO Managed Care)
<b>FEMA</b>	Federal Emergency Management Agency
<b>FERPA</b>	Family Educational Rights and Privacy Act of 1974
<b>FFCA</b>	Foster Family Care Agency
<b>FFS</b>	Fee-for-Service (Payment Type)
<b>FFT</b>	Functional Family Therapy

<b>Acronym</b>	<b>Meaning</b>
<b>FFY</b>	Federal Fiscal Year
<b>FGDM</b>	Family Group Decision Making
<b>FSP</b>	Family Service Plan
<b>FY</b>	Fiscal Year
<b>GA</b>	General Assistance (from the Department of Public Welfare)
<b>GPS</b>	General Protective Services
<b>HB</b>	House Bill (Legislation)
<b>HCSIS</b>	Home and Community Service Information System (Directory for individuals with developmental disabilities)
<b>HHS</b>	U.S. Department of Health and Human Services
<b>HIO</b>	Health Insuring Organization
<b>HIPPA</b>	Health Insurance Portable & Privacy Act
<b>HIV</b>	Human Immunodeficiency Virus
<b>HMO</b>	Health Maintenance Organization
<b>HRP</b>	Health Risk Profile (Screening for Developmental Disabilities)
<b>HSDF</b>	Human Service Development Fund
<b>I&amp;R</b>	Information and Referral
<b>ICF</b>	Intermediate Care Facility (for individuals with developmental disabilities)
<b>ICJ</b>	Interstate Compact for Juveniles
<b>ICPC</b>	Interstate Compact on the Placement of Children
<b>ICSP</b>	Integrated Children's Service Planning
<b>ICWA</b>	Indian Child Welfare Act
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IEP</b>	Individual Education Plan
<b>IGA</b>	Intergovernmental Agreement
<b>IHS</b>	Interactional Helping Skills
<b>IL</b>	Independent Living
<b>ITNA</b>	Individual Training Needs Assessment
<b>IU</b>	Intermediate Unit (Department of Education)
<b>IV-A</b>	Emergency Assistance Revenue (Federal)
<b>IV-B</b>	Act 148 Funding Allocation (Federal)
<b>IV-D</b>	Domestic Relations Revenue (Federal)
<b>IV-E</b>	Placement Maintenance Revenue (Federal)
<b>JA</b>	Juvenile Act
<b>JCJC</b>	Juvenile Court Judges' Commission
<b>JCAHO</b>	Joint Commission on Accreditation of Health Care Organizations
<b>JDC</b>	Juvenile Detention Center

<b>Acronym</b>	<b>Meaning</b>
<b>JDCAP</b>	Juvenile Detention Centers Association of Pennsylvania
<b>JLC</b>	Juvenile Law Center
<b>JPO</b>	Juvenile Probation Office
<b>JSGC</b>	Joint State Government Commission
<b>JTPA</b>	Job Training Partnership Act
<b>LCSW</b>	Licensed Clinical Social Worker
<b>LEA</b>	Local Education Agency
<b>LEO</b>	Law Enforcement Organization
<b>LIHEAP</b>	Low-Income Home Energy Assistance Program
<b>LMA</b>	Local Management Agency (Subsidized Day Care Office)
<b>LSW</b>	Licensed Social Worker
<b>MA</b>	Medical Assistance (through Department of Public Welfare)
<b>MAID</b>	Medical Assistance Identification Number
<b>MCO</b>	Managed Care Organization
<b>MDT</b>	Multi-Disciplinary Team
<b>MEPA</b>	Multi-Ethnic Placement Act (Federal)
<b>MH/MR</b>	Mental Health/Mental Retardation
<b>MIS</b>	Management Information System
<b>MST</b>	Multi-Systemic Therapy
<b>MSW</b>	Master's of Social Work
<b>MT</b>	Mobile Therapist
<b>MTFC</b>	Multi-dimensional Treatment Foster Care
<b>NA</b>	Narcotics Anonymous
<b>NASW</b>	National Association of Social Workers
<b>NCANDS</b>	National Child Abuse and Neglect Data System
<b>NCIC</b>	National Crime Information Center
<b>NGA</b>	National Governor's Association
<b>NIDA</b>	National Institutes on Drug Abuse
<b>NIH</b>	National Institute of Health
<b>NOREP</b>	Notice of Recommended Educational Placement
<b>OCYF</b>	Office of Children Youth, and Families
<b>OCD</b>	Obsessive-Compulsive Disorder
<b>ODD</b>	Oppositional Defiant Disorder
<b>ODP</b>	Office of Developmental Programs (formerly state Office of Mental Retardation)
<b>OE</b>	Organizational Effectiveness
<b>OIM</b>	Office of Income Maintenance
<b>OJJDP</b>	Office of Juvenile Justice and Delinquency Prevention



<b>Acronym</b>	<b>Meaning</b>
<b>OMAP</b>	Office of Medical Assistance Programs
<b>OMHSAS</b>	Office of Mental Health and Substance Abuse Services
<b>OMR</b>	Office of Mental Retardation (now called the Office of Developmental Programs)
<b>ONA</b>	Organizational Needs Assessment
<b>OTRM</b>	Orientation, Training, and Resource Manual
<b>OVR</b>	Office of Vocational Rehabilitation
<b>PAE</b>	Pennsylvania Adoption Exchange
<b>PACHSA</b>	Pennsylvania Association of County Human Service Administrators
<b>PBI</b>	Pennsylvania Bar Institute
<b>PCCD</b>	Pennsylvania Commission on Crime and Delinquency
<b>PCCYFS</b>	Pennsylvania's Council of Children, Youth, and Families
<b>PCP</b>	Primary Care Physician
<b>PCPA</b>	Pennsylvania's Community Providers Association
<b>PCS</b>	Pennsylvania Civil Service
<b>PCYA</b>	Pennsylvania Children and Youth Association
<b>PDD</b>	Pervasive Developmental Disorders
<b>PDE</b>	Pennsylvania Department of Education
<b>PILOTS</b>	Pennsylvania Independent Living Outcomes Tracking System
<b>PIP</b>	Program Improvement Plan
<b>PPI</b>	Permanency Practice Initiative
<b>PPO</b>	Preferred Providers Organization (Co-pay Waiver – Managed Care)
<b>PSCSC</b>	Pennsylvania State Civil Service Commission
<b>PSP</b>	Pennsylvania State Police
<b>PSRFA</b>	Pennsylvania State Resource Family Association (formerly the Pennsylvania State Foster Parents Association)
<b>QA</b>	Quality Assurance
<b>QSR</b>	Quality Service Review
<b>QUAC</b>	Quality Assurance Committee
<b>RA</b>	Risk Assessment
<b>RAD</b>	Reactive Attachment Disorder
<b>RADAR</b>	Regional Alcohol Drug Awareness Resource Center
<b>RATF</b>	Risk Assessment Task Force
<b>RFP</b>	Request for Proposal
<b>RMTS</b>	Random Moment Time Study
<b>R&amp;R</b>	Recruitment and Retention Committee
<b>RT</b>	Residential Treatment
<b>RTF</b>	Residential Treatment Facility

<b>Acronym</b>	<b>Meaning</b>
<b>SA</b>	Sexual Abuse
<b>SACWIS</b>	State Automated Child Welfare Information System
<b>SAMP</b>	Safety Assessment and Management Process
<b>SAP</b>	Student Assistance Program
<b>S.B.</b>	Senate Bill
<b>SCOH</b>	Services to Children in their Own Homes
<b>SCS</b>	State Civil Service
<b>SCSC</b>	State Civil Service Commission
<b>SFP</b>	Strengthening Families Program
<b>SOC</b>	Systems of Care
<b>SOOVI</b>	Serious, Observable and Specific, Out-of-Control, Vulnerable, Imminent (related to Safety Assessment and Management Process)
<b>SSA</b>	Social Security Act/Social Security Administration
<b>SSD</b>	Social Security Disability
<b>SSI</b>	Supplemental Security Income
<b>SSHE</b>	State System of Higher Education
<b>STS</b>	Supervisory Training Series
<b>SWAN</b>	Statewide Adoption & Permanency Network
<b>TA</b>	Technical Assistance
<b>TANF</b>	Temporary Assistance to Needy Families
<b>TEP</b>	Truancy Elimination Program
<b>TSM</b>	Targeted Service Management (for individuals with developmental disabilities)
<b>TOC</b>	Training on Content
<b>TOL</b>	Transfer of Learning
<b>TPR</b>	Termination of Parental Rights
<b>TSS</b>	Therapeutic Support Staff
<b>VA</b>	Veterans Administration
<b>WIC</b>	Women, Infants & Children (Food Supplement Program)
<b>YAB</b>	Youth Advisory Board
<b>YDC</b>	Youth Development Center
<b>YFC</b>	Youth Forestry Camp
<b>YSAP</b>	Youth Service Alliance of Pennsylvania

# APPENDIX A

# The Safety Assessment and Management Process Reference Manual\*

(Rev. April 2011)

\* While this is the most recent state-released SAMP Reference Manual, this is not the formal release of the SAMP Reference Manual and is meant only for trainer reference purposes. Appearances have been changed slightly for consistency. Page references in the manual were updated due to Trainer Resource Book merge. Links in the Microsoft Word Document Map have been added for easier-access when using electronic version.

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## Introduction

The Adoption and Safe Families Act (ASFA) was signed and became federal law on November 19, 1997. This law is tied to federal Title IV-B and Title IV-E funding, building on and amending the Adoption Assistance and Child Welfare Act of 1980. ASFA refocuses requirements to the issues of child safety, permanence, and well-being. In addition to ASFA, the Administration for Children and Families has focused greater attention toward improving outcomes for children and families involved with the child welfare system by developing specific outcome measures and indicators. Through the Child and Family Services Review progress toward improving outcomes is assessed, evaluated, and monitored. Specifically, there are two outcome measures that address child safety:

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect;  
and

Safety Outcome 2: Children are safely maintained in their homes whenever possible  
and appropriate.

Safety Outcome 1 speaks to assuring that investigations are conducted in a timely manner and preventing children from becoming victims of repeat maltreatment. Safety Outcome 2 speaks to determining if services were provided to the family to protect the child in the home and to prevent entry into foster care or re-entry after a reunification. Safety Outcome 2 also speaks to assessing risk and safety concerns relating to the child in their own home or while in foster care.

In addition to the two CFSR safety outcome measures described above, safety is also a component of the outcome measures that address permanency and well-being for children:

Permanency Outcome 1: Children and youth have permanency and stability in their  
living situations.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's  
needs.

Permanency Outcome 1 speaks to establishing timely and appropriate goals for children in out-of-home care, as well as agency processes supporting timely achievement of permanency for children. The Out-of-Home Care (OOHC) Safety Assessment and Management Process seeks to incorporate the basic tenets of both the Safety and Permanency Outcome Measures. This ensures that the safety of children is assessed in their home of origin and efforts are made to maintain them when it is possible to do so, but to also assure that when out-of-home placement is necessary this is done in a manner that assures children are placed in a safe setting, be it a formal or informal arrangement, and that safety is continually assessed to 1) determine if the safety threats that warranted out-of-home care to occur have been mitigated in order for the child to return home with or without a safety plan in place and 2) to assure that the out-of-home setting in which the child is currently residing continues to be a safe home and meets their needs. In addition to these federal safety and permanency outcomes, Pennsylvania's statutory and regulatory requirements provide the framework for safety assessment.

Since AFSA went into effect, the Commonwealth of Pennsylvania has worked toward prioritizing the tenets set forth by ASFA with safety maintaining its paramount status. When Pennsylvania participated in the Federal Child and Family Services Review in 2002, safety was determined to be an area that would benefit from further study and improvement. As a result, the Risk Assessment Task Force reconvened and formed a sub-committee dedicated to conducting a local and national review

of safety assessment instruments. More recently, the Department of Public Welfare (the Department) requested technical assistance from the National Resource Center on Child Protective Services (NRCCPS) in further refining Pennsylvania's safety assessment process. As a result of this technical assistance, the NRCCPS provided the Department with recommendations that would enhance the safety assessment and management process. Additional literature, which was developed by Action for Child Protection, Inc. was reviewed, incorporated, and led to the development of the process and tool that follows. Special thanks go to Emily Hutchinson and Wayne Holder for their knowledge, insight, and assistance. Assistance will continue to be sought from the NRCCPS as future efforts aimed at developing a process for assessing safety of youth placed in congregate care setting, as well as older youth in general occur.

## **Purpose and Discussion**

### **Purpose:**

The purpose of a safety assessment and management process is to assure that each child in a family is protected. The primary purpose of this process is to enable caregivers to provide protection to the children for whom they are responsible.

This manual provides reference material regarding the Pennsylvania safety assessment and management process related to the in-home and out-of-home care processes to assist the transfer of knowledge gained from training to actual casework practice.

### **Discussion:**

Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure, including removal and reunification decisions. For the purposes of the in-home safety assessment and management process, the focus is on identifying safety threats, present and/or impending danger, protective capacities, and working with caregivers to supplement protective capacities through safety interventions. The process leads to making informed decisions about safety planning and implementation of safety interventions that will control identified threats. Safety assessment and management is not incident based and is not defined by determining the presence or absence of injuries or incidents. Safety analysis and decision making uses all available information to conduct a thorough analysis to decide if a safety plan is needed and what specific interventions are available and accessible to control identified threats. These safety interventions are used to supplement the caregiver's protective capacities. The interventions provided may be in-home, out-of-home or a combination of the two.

When safety interventions cannot be put into place to supplement caregiver's protective capacities and a decision is made that a child must be placed in out-of-home care, thus begins the process established in Section II of this manual. When a child enters out-of-home care, the in-home safety assessment must still be completed in the home of origin until one of the intervals established in Section I of this manual have been met. This process ensures that the ongoing assessment of the threats necessitating the child having to enter out of home care are conducted and that the child is returned home when the safety threats have either been mitigated entirely or done so enough that in-home interventions can be put into place that would allow the child to return home with a safety plan in place. While continuing to assess safety using the in-home tool, the out-of-home care tool would also be used in assessing safety of the child in the out of home setting. This will ensure that there is an ongoing assessment of the child's safety while in the out of home setting. Detailed processes

have been outlined within Section II of this manual related to assessing safety in out of home care, which includes collaboration with private providers and the role they play in informing safety of children being served between public and private children and youth agencies.

Future efforts related to safety assessment will include a case review of children in congregate care settings to make recommendations for the development of a tool that can be used to assess the safety of children placed in these settings. Future efforts will also include requesting technical assistance from the NRCCPS on assessing the safety of older youth who are being served by the child welfare system.

A safety assessment and management system is reliant on good social work practice and is congruent with family-centered and strength-based practice. The county agency is responsible for making an independent judgment regarding the child's safety. The best conclusion on safety; however, cannot be reached simply by independent observation of the family. Family members hold information critical to making a sound safety decision. The agency, therefore, must establish a relationship with the family that supports the disclosure of information from the family and engage the family to discover other relevant information.

Supervisors play a vital role in safety assessment and management and one of their primary functions is to ensure the quality of work related to safety decision making and management.

## The Relationship between Safety and Risk

Historically, Safety Assessment and Risk Assessment have been tied together in casework practice. As with most processes, Safety and Risk are intertwined and dependent upon each other. To minimize one, the value and importance of both are diminished. Both are key elements in protecting children from harm.

Safety Assessment and Management and Risk Assessment are processes that often ask the same questions to make different decisions. Both are **continuous, ongoing processes** that a worker must undertake. The information gathered and the conclusions drawn from both processes become the basis for the development of the family service plan. During the initial investigation stage of the casework process, the primary focus needs to be on child safety. Once the initial investigation is completed and the monitoring on ongoing safety occurs, safety and risk become a parallel process.

A **Safety Assessment** includes gathering necessary information to identify the presence of **present** and **impending** safety threats and protective capacities. In addition, an analysis of the information gathered becomes the basis for deciding whether present or impending danger exists and if a safety plan is needed. When safety threats are identified, the worker must first determine if protective capacities exist within the family to control the threats. If so, the child is safe and no plan is needed. If protective capacities do not exist or are not sufficient enough to control the threats then a safety plan is needed. The worker must engage the caregivers in developing a safety plan that will address the threats by identifying and mobilizing or supplementing the caregiver's protective capacities with external safety interventions. Present danger exists when a threat is clearly observable and occurring now. A preliminary safety plan must be developed to control the threats of harm. The determination of impending danger is concerned with specific, but less obvious, threatening family conditions, behaviors, attitudes, intent, motivation, and/or capacity. Impending danger implies that a circumstance within the family can be reasonably anticipated to occur over the next hours, days, or weeks if protective measures are not taken.

On the other hand, a **Risk Assessment** evaluates **future** threats of harm to a child. It is a conclusion that is reached by analyzing what is happening generally in a family. Based upon the presence of risk influences, a determination is made that maltreatment is likely to occur or reoccur. It helps identify the factors that must be addressed to reduce future risk levels, the individuals who need to be served and how they will be served. The concept of risk is concerned with treating family conditions that are associated with and can lead to a child being maltreated. Risk Assessment is concerned with the potential for future maltreatment, but the future is unspecified and can be the long-term future.

Risk factors and safety threats are family conditions or dynamics that differ in quality, degree, presentation, and timing. All safety threats are risk factors, but not all risk factors are safety threats. Children who are at high risk of future maltreatment are likely to also be experiencing safety threats. When we talk about safety and risk related to children in out-of-home care there is the basic principle that a child should never remain in an out-of-home care setting where an active or present danger safety threat is occurring hence why there are no safety thresholds for out-of-home care. Likewise, there should be attention paid to a safety indicator that is rated as a “concern” which would equate to a risk factor being identified. These would include situations in which a concern is present, but there are no active safety threats to the child that would warrant a “negative” rating and therefore removal of the child from the home. In these instances serious consideration should be given to determine whether it is appropriate for a child to remain in the setting where a concerning safety indicator (i.e. risk factor) has been identified. If children remain in a home where concerning safety indicators have been identified, supports should be immediately put into place to resolve the areas of concern to prevent it from becoming an indicator that rises to the level of being rated as “negative”. Out of home caregivers are entrusted to provide care to children who cannot safely remain in their own homes and allowing children to be placed in or remain in a home where threats have been identified is contrary to the basic principles of child welfare.

## Information Gathering

When conducting a safety assessment, or any other type of assessment, there are three methods of information gathering:

- Record review e.g. determining if there are any patterns or history of behaviors that would shed light on current safety threats
- Observation e.g. what is seen, heard, and felt, what ultimately guides what questions are asked.
- Interviews e.g. using Interactional Helping skills and Strength-Based, Solution focused techniques to ask questions, gain understanding and perspective on the family; and, ultimately, gather information to inform decision-making.
  - Child welfare professionals gather information from the child(ren) and family as well as through collateral contacts. Releases of information would only be needed to share/provide information to collateral contacts, not to request/gather information.

Information gathering is the foundation of safety assessment. When conducting a safety assessment, caseworkers must strive to continually collect information related to child safety. The information gathered during a safety assessment is used to identify the presence of safety threats. Safety threats are the conditions or actions within the child’s current living situation that represent the likelihood of imminent serious harm to the child. There are two types of safety threats, present danger threats and impending danger threats.



Present danger is an immediate, significant, and clearly observable threat to a child occurring in the present. Identification of present danger to a child requires the least amount of information gathering because by definition it is danger that is happening now and is clearly observable. Therefore, present danger can generally be observed by any reasonable person.

Impending danger, on the other hand, refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child in the near future. Impending danger is subtle and requires the county agency staff person to ask targeted questions. Impending danger can be revealed when individual and family functioning and home life are examined carefully and thoroughly.

## *Six (6) Assessment Domains*

Successful assessment relies on comprehensive information gathering. Further, it is important to understand not just the allegations made, but also the underlying causes behind the allegations. In order to do this, we must gain a robust understanding not only on the maltreatment but also how the family operates. There are six domains that are used to accomplish this: Type of Maltreatment, Nature of Maltreatment, Adult Functioning, Child Functioning, General Parenting, and Parenting Discipline. These domains are used in both the In Home and Out of Home Safety Assessment and Management Processes. The identification of these six domains is the result of a process of research, evaluation, and extensive field experience that began in 1985. Construct validity research resulted in the identification of these domains as statistically associated with the determination about who should be served by children and youth. Further, gathering information on the six domains should occur throughout the life of the case and not just during the designated intervals which require additional documentation in the form of In Home and Out of Home Safety Assessment Worksheets. When gathering information to inform Out of Home Safety Assessments, the majority of the information will be centralized around four of the six domains: Adult Functioning, Child Functioning, General Parenting, and Parenting Discipline. If a situation arises, however, that relates to Type and Nature of Maltreatment, the child welfare professional would capture that information using all six domains.

Each domain can be restated in the form of a question to guide the worker in determining if enough information has been collected in relationship to the domain.

### **Type of Maltreatment:**

This is a straightforward information element concerned with facts and evidence which support the presence of maltreatment which comes from worker observation, interviews, and corroboration. This includes making a conclusion (substantiation) about the type of maltreatment (sexual abuse, lack of supervision, etc.) and the specific symptoms and facts (injuries/constant hitting) which are consistent with the maltreatment.

#### *1. What is the extent of the maltreatment?*

This question is concerned with the maltreating behavior and the immediate physical effects on a child. It considers what is occurring or has occurred and the results. The answer to this question results in a determination that maltreatment has or has not occurred. This includes decisions regarding allegations of suspected child abuse and allegations regarding the need for general protective services as defined in the Child Protective Services Law (23 Pa. C.S., Chapter 63) and

the Protective Services Regulations (55 PA Code, Chapter 3490). However, relying only on information from this question is inadequate for assessing safety.

Information that answers this question includes:

- Type of maltreatment
- Severity of the maltreatment
- History of the maltreatment
- Description of specific events
- Description of emotional and physical symptoms
- Identification of the child and maltreating caregiver

### **Nature of the Maltreatment: Surrounding Circumstances:**

This qualifies the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, the circumstances that accompany the maltreatment are important and are significant in themselves and qualify how serious the maltreatment is.

#### *2. What circumstances surround the maltreatment?*

This question is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or has occurred.

Information that answers this question includes:

- The duration of the maltreatment
- Caregiver intent concerning the maltreatment
- Caregiver explanation for the maltreatment and family conditions
- Caregiver acknowledgement and attitude about the maltreatment
- Other problems occurring in association with the maltreatment

### **Child Functioning:**

This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Age appropriateness is applied against the "normalcy" standard. So, it is critical that you have a working understanding of child development given that you will be considering how a child is functioning in respect to what is expected given the child's age. Among the areas you will consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known.

#### *3. How do the children function, including their condition?*

This question is concerned with a child's general behavior, emotions, temperament, and physical capacity. It addresses how a child is from day to day rather than focusing on points in time.

Information that answers this question includes:

- Capacity for attachment
- General mood and temperament
- Intellectual functioning
- Communication and social skills
- Expression of emotions/feelings
- Behavior
- Peer relations
- School performance
- Independence
- Motor skills
- Physical and behavioral health
- Functioning within cultural norms

### **Adult Functioning:**

This information element has strictly to do with how adults (the caregivers) in a family are functioning personally and presently in their everyday lives. It is concerned with life management, social relationships, meeting needs, problem solving. Among the things you would be concerned about in gathering information and assessing are behavior, communication, ability to relate to others, cognitive functioning, intellect, self-control, problem solving, coping, impulsiveness and stress management. It also includes adult mental health and substance use. It is concerned with whether role performance is influenced by mental health or substance abuse. It includes perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance, and coherence. Remember it is important that recent (adult related) history is captured here such as employment experiences, criminal history, previous relationships and so on. Note: recent, as referenced in the sentence above, is not related to recent as it is defined in the CPSL, and therefore no specific timeframes are associated with the term recent in this paragraph.

#### *4. How do the adults within the household function, including substance use and behavioral health?*

This question is concerned with how the adults/caregivers in the family feel, think, and act on a daily basis. The question focuses on adult functioning separate from parenting. It is concerned with how the adults in the household function, regardless of whether they are parents or not.

Information that answers this question includes:

- Communication and social skills
- Coping and stress management
- Self control and rationality
- Judgment, problem solving and decision making
- Independence
- Home and financial management
- Employment
- Community involvement
- Self care and self preservation
- Substance use
- Physical and behavioral health and capacity
- Functioning within cultural norms

## **General Parenting:**

When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences.

### *5. How do caregivers generally parent?*

This question explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction.

Information that answers this question includes:

- Reasons for being a caregiver
- Satisfaction in being a caregiver
- Caregiver knowledge and skill in parenting and child development
- Caregiver expectations and empathy for a child
- Decision making in parenting practices
- Parenting style
- History of parenting behavior
- Protectiveness
- Caregiver assures appropriate supervision in his/her absence
- Whether another adult is undermining parental authority

## **Parenting Discipline:**

This is another information element that focuses information collection into one area—discipline of children. Study here would include the parent's methods, the source of those methods, purpose, or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline.

### *6. How do the caregivers discipline the children?*

This question is concerned with the manner in which caregivers approach discipline and child guidance. This question is broken out from general parenting because this aspect of family life is highly related to both safety threats and risk of maltreatment.

Information that answers this question includes:

- Disciplinary methods
- Concept and purpose of discipline
- Context in which discipline occurs
- Cultural practices

These domains apply to all types of child welfare cases from intake and referral through to case closure, regardless of whether the child is in the home or in a substitute care setting. Remember, the

purpose of exploring the six domains is to understand how the family and specifically the caregivers function and protect the children in their care. This concept is universal regardless of the living situation. Although in some instances, e.g. a placement setting where no allegations/instances of abuse/neglect have occurred, it may not be necessary to explore the nature of maltreatment or the circumstances surrounding the maltreatment because there are none present at that time.

The effectiveness of a safety assessment is dependent upon whether or not the information collected is *pertinent* and *relevant* to identifying the safety threats to the child and caregiver protective capacities, and whether *sufficient* information has been gathered to draw accurate conclusions about child safety. For safety interventions and services to be relevant and effective, county agency staff must systematically gather information and continuously evaluate family members' strengths and their ability to address their problems. This information is used to engage parents and caregivers in a culturally responsive working relationship that builds on their strengths to resolve the problems that endanger their children and families.

## **In Home Safety Assessment and Management**

Safety Assessment is an essential ingredient for appropriate and adequate intervention with families. The goal of safety assessment is to gather and analyze information related to safety threats and caregiver protective capacity that will support sound decision-making regarding the safety, permanency, and well-being of children and to determine appropriate safety interventions.

### *In Home Safety Assessment Definitions*

The definitions of the words and phrases below should be used within the context of Safety Assessment and Management Process.

#### **Safety Assessment and Management Process:**

The on-going method of assuring child safety. There are four phases to this process: Safety Assessment, Safety Analysis, Safety Decision, Safety Plan and Management. This process can be applied to children who are in their own home or in a placement setting.

#### **Safety Management:**

The intervention used to control present and impending danger to a child. Interventions include in-home, out-of-home, or a combination of both.

#### **Safety Definitions When the Child is In Their Own Home:**

- **In-Home Safety Assessment:** The continuous process of collecting information related to child safety in six domains to identify threats to safety and protective capacities to determine if the child remains safe in their own home, or, if the child is in a placement setting, to determine if reunification is possible.
  - **Safety Threats:** The conditions or actions within the child's own home that represent the likelihood of imminent serious harm to the child. There are two types of safety threats:

- **Present Danger** refers to an *immediate, significant, and clearly observable* family condition (severe harm or threat of severe harm) occurring to a child/youth in the present.
- **Impending Danger** refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child in the near future.
- **Safety Threshold:** The point when a caregiver's behaviors, attitudes, emotions, intent, or situations are manifested in such a way that they are beyond being risk influences and have become an imminent threat to child safety. In order to reach the safety threshold a condition must:
  - **Have potential to cause Serious harm to a child - Serious harm** could include serious physical injury or untreated serious physical illness, significant pain, and suffering.
  - **Be specific and Observable** - The condition must be **specific and observable** in the form of behavior, emotion, attitude, perception, intent, or situation. The existence of condition is based on more than a gut feeling. The condition is clearly identifiable.
  - **Be Out-of control** - When a condition is **out-of-control** there is no apparent natural, existing means within the family network that can assure control.
  - **Affect a Vulnerable child** - A child's **vulnerability** is based on their emotional, behavioral, and cognitive functioning; health and ability to care for himself/herself. A vulnerable child is susceptible to the effects of danger and is unable to protect himself from the danger. Vulnerability is not based on age alone. A teenage youth with disabilities that affect his emotional, behavioral, or cognitive functioning may be more vulnerable to a threat of serious harm than a younger child without any disabilities.
  - **Be Imminent - Imminent** means that serious harm could happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days:
- **Protective Capacity:** Protective Capacities are specific and explicit strengths that manage and control safety threats.
- **In-Home Safety Analysis:** The process by which a county agency staff person systematically evaluates the information gathered. The purpose of the safety analysis is to identify and explain what is associated with or influences a safety threat or protective capacity. The results of the analysis lead to a safety decision.
- **Preliminary Safety Decision:** A determination made that present danger exists based on information gathered prior to the completion of the assessment/investigation. Emergency action should be taken to assure child safety.
- **In-Home Safety Decisions:** Determination related to the safety of a child in their own home, which is based on the conclusions of the safety analysis.

- **Safe:** Either caregiver's existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.
- **Safe with a Comprehensive Safety Plan:** Either caregivers' existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.
- **Unsafe:** Caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.
- **Safety Plan:** A written arrangement between caregivers, responsible persons and the county agency that delineates the interventions or actions implemented to control safety threats identified in the in home safety assessment. Safety Plans are developed for the following in-home safety decisions: Safe with a Comprehensive Safety Plan and Unsafe.
  - **Immediate, Preliminary Safety Plan:** A written arrangement between caregivers, responsible persons and the county agency designed to control present danger and/or impending danger in order to allow the Child Protective Services (CPS) investigation, General Protective Services (GPS) assessment, and/or safety assessment to occur. A preliminary safety plan is only used when present danger and/or impending danger has been identified prior to the completion of the safety analysis.
    - **Responsible Persons:** Any individual(s) who has a role and responsibility to assure the child's safety for compliance with the plan. Safety interventions identified in the safety plan must be immediate, specific and measurable and be agreed upon by all of the identified responsible persons prior to the plan going into effect.

### Other Applicable Definitions:

- **Accept for Service:** A decision made on the basis of the needs and problems of an individual to admit or receive the individual as a client of the agency or as required by a court order transferring custody of a child to the county agency under 42PaC.S. Sections 6301-6305 (relating to the Juvenile Act).
- **Caregiver of Origin:** The adult(s) who holds the primary responsibility for the child's safety (i.e. the child's natural parent) in the home of origin. In addition to natural parents, a caregiver may be another person who operates in that capacity (i.e. stepparents, an adult companion of a child's parent, a grandparent, an uncle or aunt, etc). The caregiver resides with the child. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, care providers such as day care or other institutions, and babysitters.
- **Risk Assessment:** The process by which the caseworker assesses the current level of risk to a child to determine the likelihood of future harm, abuse, or neglect as prescribed by the Pennsylvania Risk Assessment Model.

## *In Home Policy*

### **Interval Policy:**

Assessing and managing a child's safety as part of the casework process is done throughout the life of the case, at each and every contact. Safety must be assessed at each and every contact, regardless of the type of contact, since every contact has the potential to reveal safety related information. If the contact does not include the child or family members, careful attention must be made to determine if circumstances or new information suggests a change to the child's safety. Safety related information gathered at each contact must be documented in the structured case note. In addition, documenting safety assessment information using the In-Home Safety Assessment Worksheet is required at specific intervals. All workers that carry cases are responsible for completing safety assessments at every contact and completing the safety In Home Safety Assessment Worksheet at the designated intervals below. As prescribed in Sections 3490.55 and 3490.232 of the Protective Services Regulations, documentation of safety related information shall be completed using the In-Home Safety Assessment form by the county agency as follows:

### **During the Assessment/Investigation:**

- Within 72 hours of the first face-to-face contact with the subject child and primary caregivers by the newly assigned caseworker in order to confirm that the safety decision made by the prior caseworker is still accurate; this should occur every time the case is transferred;
- Within 72 hours of the identification of additional evidence, circumstances or new information that suggests a change in the child's safety. Note: a change in safety refers to a change to safety threats and/or the safety decision;
- At the conclusion of the investigation/assessment, when a decision was made whether or not to accept the case for ongoing services. This may not exceed 60 calendar days from the date the referral was received;
- When a new referral is received for a case that has been accepted for services, a new safety assessment must be completed at the conclusion of the new assessment/investigation. Revise the existing Safety Plan and Family Service Plan, as needed.
- If, during the assessment or investigation period, 30 consecutive days have passed since the child was last seen, a face-to-face contact must be made with the identified child(ren) and primary caregivers in their home at least one additional time prior to the completion of the formal safety assessment worksheet. This is necessary to determine whether the child remains safe or whether the circumstances have changed and additional efforts are needed to protect the child.

### **Cases Accepted for Services/In-Home:**

Once the case has been accepted for ongoing, in-home services, safety must continue to be assessed at every contact and documented in the structured case note and on the In-Home Safety Assessment form at designated intervals. The safety plan must also be continually reviewed and amended, if necessary, based on the gathered safety related information. The intervals for completing the In-Home Safety Assessment form are as follows:

- Within 72 hours of the first face-to-face contact with the subject child and primary caregivers by the newly assigned caseworker in order to confirm that the safety decision made by the prior caseworker is still accurate; this should occur every time the case is transferred;



- Within 72 hours of the identification of additional evidence, circumstances or new information that suggests a change in the child's safety. Note: a change in safety refers to a change to safety threats and/or the safety decision;
- Within 30 days prior to the FSP/ CPP Review. Safety Assessment information should then be used to inform these reviews. This cannot exceed 6 months from the date the case was accepted for ongoing service;
- Within 30 days prior to any planned return home from placement;
- Within 24 hrs after any unplanned return home from placement;
- Within 30 days following any planned or unplanned return home

### **Cases Accepted for Services/Out-of-Home:**

Regardless of whether the child is in a placement setting, In-Home Safety Assessments must continue to be completed for the home of origin. The In-Home Safety Assessment would be conducted as if the family were intact to determine whether or not reunification is possible.

Note: The above listed intervals are for the In Home portion of the Safety Assessment and Management Process. The intervals specific to the Out of Home portion are located in the next section of this manual.

### **Case Closure:**

- Within 30 days prior to case closure, along with risk assessment in accordance with 3490.321(h)(4);

### **Exceptions:**

#### **Goal Changes:**

The exceptions outlined below pertain to the permanency goals established for each child that are approved by the Court.

- **Adoption:** When there has been a court approved goal change from reunification to adoption, an in-home safety assessment on the family of origin does not have to be completed. The Out-of-Home Care (OOHC) Safety Assessment tool would need to be completed on the home in which the child is placed as per the intervals established in the OOHC process.
- **Permanent Legal Custodianship (PLC):** When legal and physical custody of the child has formally been transferred to the permanent caregivers, an in-home safety assessment on the family of origin no longer has to be completed. If the case remains open as an in-home case, the PLC caregivers become the new "family of origin" and the in-home safety assessment tool would be used.
- **Placement with a Fit and Willing Relative and Another Planned Permanent Living Arrangement (APPLA):** When there has been a court approved goal change from reunification to either Placement with a Fit and Willing Relative or APPLA, an in-home safety assessment on the family of origin no longer has to be completed. For the period of time the case remains open, the Out-of-Home Care Safety Assessment tool would need to be

completed on the home in which the child is placed as per the intervals established in the OOHC process.

- If there is a court decision to change to goal back to reunification in any of the above scenarios, an in-home safety assessment per the above interval policy will be required.
- If after permanency has been achieved and a new referral comes in on the child's permanent caregivers, the in-home safety assessment on that family must be completed in accordance with the interval policies for in-home safety assessments until the case is closed.

### **Court Ordered Terminations:**

- When court jurisdiction is terminated and the agency simultaneously closes the family's case, there is no expectation that the agency must return to the home within 30 days following the child's return home in order to complete a safety assessment as prescribed by the interval policy.

### **Other:**

- One of the intervals for completing an In-Home Safety Assessment form is within 72 hours after the first face to face contact with the subject child and primary caregivers. This includes instances when the child and primary caregivers are not seen at the same time.

If the caregiver and child have not been seen at the same time, the In-Home Safety Assessment form would be completed after these individuals have been seen. This; however, should not exceed the 72 hr timeframe. The 72 hr timeframe begins once the first face to face contact is completed regardless of whether or not the contact is with the child or the caregiver.

A preliminary safety assessment must be made at the initial contact. There may be instances when a caseworker must make the immediate, preliminary assessment and safety decision without seeing both the child and the caregiver in order to assure child safety. This would lead to the development of an immediate, preliminary safety plan.

### **Other Policy Implications:**

- **Bogus or False Reports:** It is necessary to gather information to fully determine if the report is false as the Safety Assessment and Management Process does not focus solely on the presence or absence of substantiated allegations.
  - If it is a new referral, the child welfare professional would still conduct a face to face contact and gather information related to the six domains. If after it has been determined that the allegations were false, the child welfare professional, would document their findings using the In Home Safety Assessment Worksheet and indicate that no safety threats were present. Both the caseworker and his/her supervisor would still need to sign off on the worksheet. This would need to be completed within 72 hours of the first face to face contact. The case would then be closed. Any other documentation would be recorded in the Structured Case Notes, as needed.
  - If a new referral was received on a family already opened with the county agency, a caseworker would still need to explore the validity of the referral. If, after gathering information, the referral was determined to be false, documentation would be made to

that effect in the structured case note. A new safety assessment worksheet would not be required and safety would continue to be formally assessed at the next designated interval.

- **Courtesy In Home Safety Assessments:** There are limited situations or circumstances where a county would be asked by another county agency or Regional Office to complete an In Home Assessment (e.g. child is allegedly abused in one county but the family resides in another county or cases in which the county agency does not have an open case but is providing an adoption subsidy.) If either of these situations were to arise, the county agency receiving the courtesy request must be willing to complete the courtesy assessment (receiving county).
  - If the receiving county agency is not willing or able to conduct the courtesy assessment, the requesting county must complete the assessment in accordance to the designated interval/visitation requirements.
  - If the receiving county agency is willing to conduct the courtesy assessment, they would be required to communicate the safety related information as follows:
    - If safety threats are identified during the courtesy assessment, the courtesy county must provide verbal communicated to the requesting county immediately. In addition there should be a discussion should also include the development and/or modification of a safety plan, as needed. The courtesy county would then provide written documentation of the information gathered during the courtesy assessment via a structured case note to the requesting county within 72 hrs.
    - If no additional safety threats were identified, the courtesy county would provide written documentation of the information gathered during the courtesy assessment via a structured case note to the requesting county with 72 hrs.
  - The requesting county would then use the information gathered by the receiving county to inform their in home safety assessment in accordance with the intervals and develop and/or modify the safety plan, as needed.
  
- **Safety Plans developed when a child is determined to be unsafe:** When a child is determined to be unsafe as a result of an In Home Safety Assessment, a safety plan must be developed. This plan would include any and all safety interventions necessary to control the safety threats (e.g. visitation between child and caregivers of origin and supervision during visitation). It is not sufficient to merely state that the child is living in an out of home setting. This safety plan would remain in effect, at a minimum, for the first thirty days that the child is in placement or until such time as the Child's Permanency Plan is developed. If the Child's Permanency Plan developed does not address all of the safety threats, a safety plan will still need to remain in effect.
  
- **Signature on In Home Worksheets:** The signature section of the in home worksheet is a critical component of the In Home Safety Assessment and Management Process. The caseworker signature on the worksheet indicates that the caseworker has completed the safety assessment process, has reviewed and analyzed all of the gathered safety related information, and verifies that the information documented on the worksheet is accurate and supports the safety decision. The supervisor signature on the worksheet indicates that the supervisor has reviewed all of the information available on the worksheet and in the case record and is in agreement with the information and safety decision documented on the worksheet.

Title 55, Pa. Code, Chapter 3490 (relating to protective service regulations) specifically Sections 3490.61(a) and 3490.235(e) require 10-day supervisory reviews during the investigation/assessment period. These reviews provide an opportunity for the supervisor and caseworker to have ongoing dialogue regarding the case in order to assure that the services are consistent with the level of risk, assuring safety and making a determination on the case. These reviews should include the review of the structured case notes, any completed safety assessment worksheets, and developed safety plans. As part of the supervisory review, the supervisor should be documenting either in a separate log or in the case record that they have met with and provided support to the caseworker to review the information gathered. This process of reviewing the gathered information, supporting the caseworker, and approving/signing the safety assessment worksheets should continue throughout the life of the case. While the 10-day supervisory reviews are not required beyond the family service plan development once the case has been accepted for service, the supervisor should continue having ongoing dialogue with the caseworker throughout the life of the case.

Based on the above, supervisory signature on the in home worksheet should occur as soon as possible, but **no later than 10 business days** following each prescribed interval.

In addition, if an In Home Safety Assessment completed by the caseworker results in the need to develop a safety plan, the supervisor should be providing verbal approval to the safety plan when it is developed to ensure that it is sufficient to go into effect immediately. The supervisor is then required to review and sign the developed safety plan **by the next business day**.

- **Shared Case Management:** Shared Case Responsibility Bulletin language re: safety. In accordance with Office of Children, Youth and Families (OCYF) Bulletin 3130-10-01 entitled “Shared Case Responsibility Policy and Procedures” youth determined to be shared case responsibility must be seen and safety documented monthly; however, it is the sole responsibility of CCYA to perform formal safety assessments, in accordance with the safety assessment and management process interval policy, and to develop safety plans, if necessary. It is anticipated that when JPO visits a youth, JPO will alert CCYA if any general safety concern is noted during a visit with the child or family. It will then be CCYAs responsibility to do a formal assessment, if indicated. In practice, this requirement means that decisions in a youth’s case must be based on consideration of the youth’s safety at every step in the case. Documentation of the youth’s safety should be addressed in any service plan, during all face-to-face visits and at each permanency hearing, if applicable, for as long as the youth remains in placement. Ongoing documentation of required monthly contacts must be maintained in the CCYA case record, and must include the date of the contact, names of others present and how the youth was determined to be safe in the setting.
- **Shared Custody and Other Non-Offending Caregiver Household Situations:** Engaging families is an important part of child welfare practice. As part of the engagement process, child welfare professionals gather information related to family strengths and challenges, resources available to the family, and ultimately whether or not the family members have the protective capacity to ensure child safety. All of these concepts are equally important for not only primary households, but also for any other secondary households in which the child may reside on a part time basis. This concept also applies to the efforts made by the CCYA to locate and work with absent parents. It is the responsibility of CCYA to ensure that information from the six (6) domains is collected from all family members, including from those households in which the child resides on a part time basis.

If this part time residence is the non-offending household the information gathered should be documented in a Structured Case Note unless active safety threats are identified. In those instances, a formal safety assessment must be completed on the part time residence using the In Home Safety Assessment Worksheet.

- **Voluntary Placement Agreements:** If the child entered care on a Voluntary Placement Agreement due to an identified safety threat, the safety decision would be Safe with a Comprehensive Safety Plan. A comprehensive safety plan must be developed which should include the Voluntary Placement Agreement as one component. Voluntary Placement Agreements cannot in and of themselves be the safety plan. Actions on the safety plan should focus on activities that can be completed to ensure child safety and promote reunification with their caregiver within 30 days.

## *Documentation*

Consistent with the Department of Public Welfare (DPW) regulations at Title 55 Pa. Code, Sections 3130.43(b)(5), 3490.55(e) and 3490.236(a), county agencies are required to document their contacts with families in the family case record. For the purposes of Safety Assessment and Management process, this documentation of contacts is referred to as Structured Case Notes. As part of this structured case note, information should be included which documents and supports the safety assessment and management process, including the safety analysis and safety decision.

### **Documentation for In-Home Safety Assessments:**

#### **Structured Case Note Guidelines:**

The guidelines and template have been developed to guide the completion of a Structured Case Note. It is important to note that the template is a suggested format and counties have the ability to make modifications that will support their specific county practices.

#### I. Contact Specific Information

- a. Information documented for contacts would remain the same as already outlined in Title 55 Pa Code, Section 3130.43. This information would include a record of service activity including the dates of the contact with family members, the parties involved in the contact, the action taken, and the results of the actions.
- b. Counties are able to add any additional information that reflects their own county specific practice.

#### II. Safety Specific Information

NOTE: the following bullets have been identified to address all of the safety components that must be addressed in documentation. It is possible to address all of these bullets within the contact summary. If counties opt to document this information in one narrative paragraph, the caseworker and supervisor would need to assure that all of the following bullets have been addressed. If, however, the county agency feels that using a template format similar to the template provided would be beneficial, this would also be acceptable.

- a. Information Gathered for Safety Assessment

- i. In this section, documentation specific to the 6 Domains should be included.
  - ii. Every domain should be considered at each contact; however, information related to two of the domains, type of maltreatment and nature of maltreatment, may not have changed from contact to contact. Caseworkers may indicate that no new allegations or maltreatment has occurred since the last contact.
- b. Changes to the Safety Assessment and/or Safety Plan
  - i. In this section, documentation of whether or not the information gathered during this contact resulted in the completion of a new In Home Safety Assessment Worksheet or a revision to the Safety Plan.
  - ii. Reference the date of the completed In Home Safety Assessment Worksheet or Safety Plan here.

## Structured Case Note Format Example:

Case Name:	Case Number:	Caseworker:
Date of Contact:	Time of Contact:	Contact Type:
Purpose of Contact:		
Participants:		
Contact Summary:		
<b>Information Gathered for Safety Assessment</b>		
<i>Safety Domains:</i>		
1. Type of Maltreatment: What is the extent of maltreatment? <input type="checkbox"/> No new allegations of maltreatment <input type="checkbox"/> Current Maltreatment (please describe):		
2. Nature of Maltreatment: What circumstances surround the maltreatment? <input type="checkbox"/> No new maltreatment identified <input type="checkbox"/> Circumstances surrounding current maltreatment (please describe):		
3. Child Functioning: How does the child(ren) function, including their condition?		
4. Adult Functioning: How do the adults within the household function, including substance use & behavioral health?		
5. General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?		
6. Parenting Discipline: How do caregivers discipline the children?		
<b>Changes to the Safety Assessment and/or Safety Plan</b>		
Did the information gathered during this contact result in a new In Home Safety Assessment Worksheet: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, list the date of that assessment		
Did the information gathered during this contact result in a new/revised Safety Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, list the date of that Safety Plan		

## **Safety Assessment Information Recorded in Other Documents:**

In addition to the In Home Safety Assessment, the Safety Plan, and the Structured Case Notes, safety related information is also documented on other forms. This is not a change to current practice; however, the content of information documented may change to reflect the new safety model of practice.

### *Family Service Plans*

As part of the In-Home Safety Assessment, county workers will be assessing for the presence of protective capacities. Protective capacities, in addition to risk factors must be addressed on the FSP. For any protective capacity that is determined to impact child safety and is diminished behaviorally specific action steps must be developed. Caregiver progress in enhancing their diminished protective capacity must also be documented on the FSP. This progress, or lack thereof, impact decision making related to reunification.

### *Child Permanency Plans*

Safety related information related to the child should be considered when developing the Child Permanency Plans (CPP). Goals and services related to safety may need to be developed to support reunification or another permanent connection..

Individual Service Plans (ISP) and other documents which may address safety should continue to do so and should reflect goals and services developed for FSPs and CPPs.

### *Present vs. Impending Danger Safety Threats*

Safety threats can occur either as present danger or impending danger. They can also occur simultaneously. One represents a threat to the child's safety in the here and now and the other represents a threat to the child's safety in the approaching days or weeks. The reference to weeks means that the potential for the threat to occur prior to the workers next visit is likely.

### **Present Danger:**

Present danger is an immediate, significant, and clearly observable threat to a child actively occurring in the present. It exists at the highest safety threshold. Present danger is easier to detect because it is transparent and is occurring now. Present danger can be identified at anytime during the life of a case. If you observe present danger, then you conclude that the child is not safe. Present danger requires immediate protective intervention.

The key words in this definition are:

- **Immediate** - This means that what is happening in the family is happening right before your eyes. You are in the midst of the danger the child is subject to. The threatening family condition is in operation. Its effects can result at any moment.
- **Significant** - Referring to a family condition, this means that the nature of what is out-of-control and immediately threatening to a child is onerous, vivid, impressive, and notable. The family condition exists as a dominant matter that must be dealt with.



- **Clearly Observable** - Present danger family conditions are totally transparent. You see and experience them. There is no guess work. A rule of thumb is: If you have to interpret what is going on, then, it likely is not a present danger.

The following is a list of potential present danger threats. If any of these situations occur, immediate protective action must take place. Note, while the following present danger threats are not separate factors on the In-Home Safety Assessment Instrument, there are direct connections between the present danger threats listed here and the 14 In-Home Safety Threats. The right hand column of the chart reflects how each present danger threat may likely be documented on the In-Home Safety Assessment Instrument.

<b>Present Danger Threat</b>		<b>In-Home Safety Threat #</b>
<b>Maltreatment</b>		
<i>Maltreating Now</i>	The parents' mistreatment of the child is occurring right now. The maltreatment will typically be physical, verbal, or sexual in nature.	4 5
<i>Face/Head</i>	This includes bruises, cuts, abrasions, swelling, or any physical manifestation alleged to have occurred as a result of parental/caregiver maltreatment of the child.	1 5
<i>Serious Physical Injury</i>	Typically, this would include bone breaks, deep lacerations, burns, diagnosable malnutrition, etc. It also should consider multiple serious injuries to a single child, i.e. severe burn and broken arm.	1 5
<i>Premeditated</i>	There must be clear information that what has been alleged is associated with and a result of a deliberate, preconceived plan or thinking which the parent is responsible for and which preceded the maltreatment event. Examples include: a caregiver who puts water in a pan, waits for it to boil and then places a child into the boiling water as a punishment.	1
<i>Several Victims</i>	This refers to the identification of more than one child who currently is being maltreated. There is no historical context here. For instances of several victims in a chronic neglect situation, the existence of multiple victims does not automatically mean present danger exists.  Present danger would be identified based on the acuity of the neglect.	*
<i>Life Threatening Living Arrangements</i>	This is based on specific information which indicates that a child's living situation is an immediate threat to his/her safety. This would include the most serious health circumstances: buildings capable of falling in, exposure to elements in bitter weather, fire hazards, electrical wiring exposed, weapons accessible and available, etc.	5 11
<i>Unexplained Injuries</i>	This refers to a serious injury which parents and others cannot or will not explain. Generally this information comes from the medical community or other professionals.	3

<i>Bizarre Cruelty</i>	This qualifies the maltreatment that has been alleged. Such things as locking up children, torture, exaggerated emotional abuse, tying children up, etc.	12
<i>Sexual Abuse</i>	Report of sexual abuse by a caretaker, and the alleged maltreater has current or immediate access to the child.	4
<b>Child</b>		
<i>Parent's Viewpoint Of Child Is Bizarre</i>	This is the extreme, not just a negative attitude toward the child. It is consistent with seeing the child as possessed with the devil and this perception is clearly inaccurate.	12
<i>Vulnerable Child Is Unsupervised or Alone for Extended Period</i>	This present danger threat only applies if the child is truly without care. The selection of this present danger must consider both the child's age, ability to care for themselves and developmental level. It does not apply if the caregiver has arranged for care of the child and has not returned at the agreed upon time. It has to be occurring now (not in the past).	8 9
<i>Child Fearful</i>	This does not refer to generalized fear. Children who are described as being obviously afraid of: their present circumstance, the home situation, or a person because of a concern of personal threat would fit this threat.	14
<i>Child Needs Medical Attention</i>	To be a present danger threat, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. In other words, if children are not being given routine medical care, it would not constitute a present danger situation. It should have an emergent quality.	8
<b>Parent</b>		
<i>Parents Are Unable to Perform Parental Responsibilities</i>	This only refers to those parental duties and responsibilities consistent with basic care or assuring safety. This is not associated with whether parents are effective parents generally, but whether their inability to provide basic duties leaves the child in a threatened state.	9 10 11
<i>Parents Described As Dangerous</i>	Information would be considered present danger here when parents are described as physically/verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways, etc.	5
<i>Parent Out of Control</i>	This threat may include aspects of the preceding threat. However, this allows for capturing emotional upset or depressed people who cannot focus themselves or manage their behavior in ways to properly perform their parental responsibilities. Their actions or lack of actions may not be directed at the children, but may affect them in dangerous ways.	6

<i>Parent Intoxicated</i>	Applying the present time context, this refers to a parent who is drunk now or strung out on drugs now. The state of the parent's condition is more important than the use of a substance (drinking compared to drunk). The parent/caregivers incapacity has a direct effect on the child's safety.	6
<i>Spouse/Partner Abuse Present</i>	This considers family situations in which both child maltreatment and spouse/partner abuse are reported to be occurring in the present time.	9
<i>Family Will Flee</i>	This may require some interpretation. Transient families, homes which are not established, families with limited possessions, etc. are included.	13

\* There is not a safety threat listed on the In-Home Safety Assessment Form that relates to multiple victims. To document this present danger threat, record the identifying information for all of the victims and then select the type of threat the victims experienced e.g. if they were victims of sexual abuse all of the children would be listed under factor 4 and specific information would be recorded with that factor.

Whenever a present danger threat is identified, the worker must work immediately to assure the safety of the child. This intervention is called an immediate/preliminary safety plan. (See the *Safety Plan Management* section for more information). The immediate/preliminary safety plan is directly related to the present danger that has been encountered. The immediate/ preliminary safety plan employs the family's resources in so far as they are possible and appropriate. The immediate/preliminary safety plan takes into account the family and caregiver disposition concerning planning and cooperating.

### **Impending Danger:**

Impending danger refers to threatening conditions that are not immediately obvious or currently active or occurring now but are out-of-control and likely to cause serious harm to a child in the near future.

Impending danger has distinct features. While present danger is overt, impending danger is covert. Impending danger is a threat that can reasonably expected to result in serious harm if safety intervention does not occur and/or is not sustained. These threats may or may not be identified at the onset of intervention, but are understood upon a more complete evaluation and understanding of the individual and family conditions/functioning. This understanding results in a reasonable and prudent conclusion that without safety intervention there is a probability for severe harm in the near future. The threat may become active at any time.

Impending danger is concealed or hidden with general family functioning. Caregivers may be reluctant to reveal information about themselves or to disclose what is happening in the family. If a threat to safety is not obvious and currently occurring it will take time and effort to gather information to properly assess and analyze impending danger. Impending danger is identified through careful and thorough information gathering and engagement of the caregivers and family members.

To determine if a family condition is an impending danger, a person should be able to:

- Identify the behavior, motive, attitude, emotion, perception, lack of capacity, or family situation that is out of control. This is the threat of danger.
- Describe the threat of danger in detail.
- Indicate how the behavior, motive, attitude, emotion, perception, lack of capacity or family condition is dangerous to a child.
- Determine the duration of the threat of danger.
- Describe how and when the threat of danger occurs.
- Determine the frequency of the threat of danger.
- Describe the circumstances that prevail when the threat of danger is active.
- Describe anything that stimulates or influences the threat of danger.

One must have a pretty good understanding of how a family operates in order to have confidence in drawing conclusions about impending danger. The more you know about the caregivers and family, the more able you are to effectively identify impending danger. That is why information collection is so crucial in safety intervention.

### *Safety Threshold*

When conducting an in-home safety assessment it is important to remember that, in order to be classified as a safety threat, a situation, condition, or behavior must meet the safety threshold. The Safety threshold is the point when a caregiver's behaviors, attitudes, emotions, intent, situations, etc. are manifested in such a way that they are beyond being risk influences (future maltreatment) and have become an impending danger threat to child safety. These conditions could reasonably result in the harsh and unacceptable pain and suffering for a vulnerable child.

*Safety Threshold:* In order to reach the safety threshold a condition must meet all of the following criteria (SOOVI):

- Have potential to cause **Serious** harm to a child
- Be specific and **Observable**;
- Be **Out-of control**;
- Affect a **Vulnerable** child; and
- Be **Imminent**.

For children in the home, **serious harm** could include serious physical injury, significant pain, and suffering.

The condition must be **specific and observable** in the form of behavior, emotion, attitude, perception, intent, or situation. The existence of condition is based on more than a gut feeling. The condition is clearly identifiable.

When a condition is **out-of-control** there is no apparent natural, existing means within the family network that can assure control.

A child's **vulnerability** is based on their emotional, behavioral, and cognitive functioning; health and ability to care for himself/herself. A vulnerable child is susceptible to the effects of danger and is unable to protect himself from the danger. Vulnerability is not based on age alone. A teenage youth with disabilities that affect his emotional, behavioral, or cognitive functioning may be more vulnerable to a threat of serious harm than a younger child without any disabilities.

**Imminent** means that serious harm could happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days:

When applying the safety threshold there is no substitute for sufficient information. The more information that is obtained to sufficiently answer these questions, the better equipped the caseworker is to apply the safety threshold to identify safety threats. The existence of safety threats are contained within or related to the answers to six questions. These questions and the information needed to answer these questions are discussed in detail in the *Assessment* section entitled *Information Gathering*.

## *Pennsylvania In-Home Safety Threats*

The Pennsylvania Safety Assessment and Management Process include fourteen (14) safety threats that may occur when the child is in the home. These safety threats were selected based on research conducted by the National Resource Center for Child Protection and Action. County agency staff should use the six domains to gather information to determine the presence of any of these safety threats.

### **1) Caregiver(s) intended to cause serious physical harm to the child.**

In order to meet this criterion, a judgment must be made that the acts were intentional; the objective was to cause pain and suffering; nothing or no one in the household could stop the behavior; or there is no remorse. The incident was planned or had an element of premeditation. Before or during the incident the caregiver's conscious purpose was to hurt the child. The focus was about causing the child pain.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. The crux of this safety threat is pain and suffering which is consistent with serious harm. It is reasonable to conclude that a caretaker who has such feelings toward a child could act on those feelings soon.

This threat includes both behaviors and emotions as explained below:

- Caregiver(s) wants to inflict pain and/or injury to teach the child a lesson; discipline is not the primary reason.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns).
- Caregiver(s) do not acknowledge any guilt or wrongdoing and they intended to harm the child.
- Caregiver(s) may feel justified, may express the child deserved it, and they intended to hurt the child.
- Caregiver(s) can reasonably be assumed to have had some awareness of what the result would be prior to the incident.

### **2) Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.**

This threat refers to caregivers who are directing threats of harm toward a child. Their intentions are hostile, menacing, and sufficiently believable to conclude serious concern for a child's safety. The threat to severely harm or expressed anxiety is sufficient to conclude that the caregiver might

react toward the child at any time and it could be in the near future. The caregiver is or feels out-of-control.

- Caregiver(s) state they will maltreat.
- Caregiver(s) threats are plausible, believable; may be related to specific provocative child behavior.
- Caregiver(s) talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Caregiver(s) are distressed or “at the end of their rope,” and are asking for some relief in either specific (e.g., “take the child”) or general (e.g., “please help me before something awful happens”) terms.
- Caregiver(s) describes disciplinary incidents that were out of control and are threatening or fearful that this behavior will be repeated.

### **3) Caregiver(s) cannot or will not explain the injuries to a child.**

Caregivers are unable or unwilling to explain maltreating conditions or injuries or their explanation is inconsistent with facts. An unexplained serious injury or condition is a present danger. A situation in which a child is seriously injured without a reasonable explanation is out-of-control. An injury or condition that cannot be explained or explained adequately is a threat that cannot be controlled.

This safety threat typically occurs in connection with a serious injury which speaks to the level of severity. Research, such as that associated with Battered Child Syndrome, supports a conclusion that one serious unexplained or non-accidental injury reasonably may occur again. When the cause of an injury or condition is not known, what might be occurring could result in another injury in the near future.

- Caregiver(s) acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.
- Caregiver(s) express concern for the child’s condition but are unable to explain it.
- Caregiver(s) accept the presence of injuries and conditions but do not explain them or seem concerned.
- History and circumstantial information are inconsistent with the caregivers’ explanation of the injuries and conditions.
- Caregivers’ verbal expressions do not match their emotional responses and there is not a believable explanation.
- Facts related to the incident, injury, and/or conditions contradict the caregivers’ explanations.

### **4) Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.**

Child sexual abuse always presents serious harm to the child. Behaviors, attitudes, emotions, intents and situations that are occurring are often disguised as having a positive intent (grooming practices) or are ignored to avoid the reality that sexual abuse is occurring. The safety concern relates to whether or not the sexual abuse is imminent. Child welfare professionals should be exploring for the presence of sexual abuse, regardless of whether or not there has been a specific allegation of sexual abuse as part of their safety assessment. A child welfare professional would accomplish this by gathering comprehensive information related to all six domains. If issues are

presented, or arise, during the course of gathering information that would indicate concerns regarding the possible sexual abuse of the child, that area should be fully explored and assessed.

- Caregiver(s) do not believe the children's disclosure of sexual abuse even when there is a preponderance of evidence and this affects the children's safety.
- Sexual abuse has occurred in which family circumstances, including opportunity, may be consistent with sexual abuse.
- Caregiver(s) deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.
- Child sexual abuse is suspected and circumstances suggest continued abuse is likely to occur.
- Alleged perpetrator or perpetrator has access to child.
- Caregiver(s) or others with access to the child have forced or encouraged child to engage in sexual activities.
- Non-offending caregiver(s) is unable or unwilling to prevent the alleged perpetrator, perpetrator, or known sexual offender from having access to the child.
- Caregiver(s) cannot control their sexual impulses.

#### **5) Caregiver(s) are violent and/or acting dangerously.**

This threat includes both behaviors and emotions which may be immediately observable, frequently occurring or may occur in the future.

- Violence includes hitting, beating, physically or verbally assaulting a child or other family member.
- Violence includes acting dangerously toward a child or others including throwing things, taunting with weapons, driving recklessly, aggressively intimidating and terrorizing.
- Presence of domestic violence whereby violence involves physical and verbal assault on an adult caregiver in the household in the presence of a child; the child's exposure to the presence of domestic violence causes fear for self and/or others.
- Family violence is occurring and a child is assaulted; attempting to intervene; and/or inadvertently harmed even though the child may not be the actual target of the violence.
- Caregiver(s) who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).
- Caregiver(s) whose behavior outside of the home (e.g., drugs, violence, aggressiveness, and hostility) creates an environment within the home which threatens child safety (e.g., drug parties, drive-by shootings).

#### **6) Caregiver(s) will not or cannot control their behavior.**

This threat is concerned with the lack of caregiver self-control which jeopardizes the safety of the child. This threat includes caregivers who cannot control their emotions resulting in sudden explosive outbursts or impulsive uncontrolled reactions or actions.

Severity should be considered from two perspectives. The lack of control is significant. It has moved beyond the caregiver's ability to manage it regardless of self-awareness and the lack of control could result in serious harm. This threat includes behaviors other than aggression or emotion that affect child safety.

- Caregiver(s) is acting bizarrely, delusional, and/or experiencing hallucinations
- Caregiver(s) is under the influence of some substance or is chemically dependent and unable to control the effects of the addiction.
- Caregiver(s) is seriously depressed or unable to control emotions or behaviors and is functionally unable to meet the children's basic needs.
- Caregiver(s) makes impulsive decisions and plans which leave the children in unsafe situations (e.g., unsupervised, supervised by an unreliable caregiver).
- Caregiver(s) is emotionally immobilized, chronically or situationally (e.g. paralyzed by fear as a result of domestic violence relationships).
- Caregiver(s) has addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).

**7) Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior.**

Caregiver(s) can be so provoked by the child's behavior that they react dangerously. The child's behavior is so out-of-control that the caregivers cannot safely manage it. The caregivers are aggravated by the child's behavior to the point that they are not able or willing to control their reaction to the child. The child's behavior is unmanageable and the caregiver's severe reaction may cause the child serious harm making the situation unpredictable and most likely imminent.

- Child is confrontational, insulting or challenging; highly aggressive and acting out repeatedly; threatens to run away; abuses substances; so that caregivers lose patience, impulsively strike out at the child, isolate the child, or totally avoid the child in an extreme manner.

**8) Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.**

The needs of the child are acute and require immediate and constant attention by the caregiver(s). The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects would be immediate.

The caregiver's ability and/or attitude are what is out of control. If a caregiver is not doing what is required to assure needs are being met then no one within the family is ensuring control.

- Caregiver(s) does not seek or follow recommended treatment for child's immediate and dangerous medical conditions.
- Caregivers' failure to give prescribed medication endangers the child's life or causes their conditions to worsen.
- Child complains of extreme pain and the caregiver(s) does not seek medical or dental attention.
- Child is suicidal, is self-mutilating, or is exhibiting other harmful behaviors (e.g. substance abuse), but the caregiver(s) will not take protective action.
- Caregiver(s) expectations of the child are totally unrealistic in view of the child's condition.
- Child is a physical danger to others.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs.



**9) Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.**

This refers only to adults (not children) in a caregiving role. Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, neglected, seriously ill, or even dying.

This threat includes caregivers whose whereabouts are unknown. The immediacy of the severe effects is based on an understanding of the circumstances associated with a caregiver's absence or incapacity, the home condition, and the lack of other adult supervisory supports.

This threat includes both behaviors and emotions explained below:

- Caregiver(s) is unable to perform basic care, duties, or fulfill essential protective duties.
- Caregiver(s) is incapacitated, incarcerated, hospitalized, on vacation, absent from home, or current whereabouts are unknown.
- Caregiver(s) does not attend to the child; the need for care goes unnoticed or unmet (e.g., child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).
- Caregiver(s) leaves child alone, not considering length of time alone and child's age/development.
- Caregiver(s) leaves child with other inadequate and/or inappropriate caregivers.
- Caregiver(s) is unable to care for the child due to trauma of recent assault or repeated incidents of violence, including domestic violence.
- Caregiver(s) has abandoned the child.

**10) Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.**

This refers to basic parenting that directly affects a child's safety. This extreme inability and/or unwillingness to meet basic needs, creates child safety concerns. Caregivers may be hampered by cognitive, social, or emotional conditions. The situation is out-of-control based on the behavior of the caregiver and the absence of any controls within the family.

- Caregiver(s) does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).
- Caregiver(s) expectations of the child are unrealistic and far exceed the child's capacity thereby placing the child in unsafe situations.
- Caregiver(s) avoids parenting and basic care responsibilities.
- Caregiver(s) does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Caregiver(s) place their own needs above the children's needs thereby affecting the children's safety.
- Living conditions severely endanger the child.

**11) Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which present an immediate threat of serious harm to a child.**

Basic needs refer to the family's lack of minimal resources to provide shelter, food and clothing or their unwillingness and/or inability to use resources if they were available.

The lack of resources must be so acute that their absence could have an imminent severe effect on a child. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is ascertained by context such as extreme weather conditions or sustained absence of food. It is influenced by the vulnerability of the child (e.g. infant, ill, fragile, etc.)

- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Family is routinely using their resources for things (e.g., drugs, electronics, vacations) other than basic care and support thereby leaving them without basic needs being adequately met.

## **12) Caregiver(s) perceive child in extremely negative terms.**

“Extremely” is meant to suggest a perception which is so negative that, when present, creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and must be inaccurate and exaggerated. No one inside or outside the family has much influence on changing or altering the caregiver's perception.

The extreme perception is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the child's or caregiver's presence in the household. Anything occurring in association with the perception could trigger the caregiver to react aggressively or totally withdraw at anytime.

- Child is perceived to be the devil, demon-possessed, or evil.
- Caregiver(s) perception of the child is extremely negative e.g. deformed, ugly, deficient, or embarrassing.
- Caregiver(s) perceive the child as having taken on the same identity as someone the parent/caregiver hates, is fearful of, or hostile towards; and the parent/caregiver transfers feelings and perceptions of the person to the child.
- Child is considered by caregiver(s) to be punishing or torturing them.
- Caregiver(s) is jealous of the child and believes the child is a detriment or threat to the caregiver(s)' relationship and stands in the way of their best interests.
- Caregiver(s) sees child as an undesirable extension of self who needs purging or punishing.
- Caregiver(s) sees the child as responsible and accountable for the caregiver's problems; blames the child; perceives, behaves, or acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.

## **13) Caregiver(s) overtly rejects county agency intervention; refuses access to a child; and/or there is some indication that the caregivers will flee.**

The rejection is far more than a failure to cooperate, open anger or hostility about county agency involvement or other signs of general resistance or reluctance. This safety threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child.

Overt rejection of intervention immediately results in no access to the child and no opportunity to determine if the child is safe.

- Caregiver(s) refuse to allow county agency in the home or access to certain parts of the home.
- Caregiver(s) refuse to allow county agency to see or speak with a child; do not inform county agency where the child is located.
- Family is highly transient, family has little attachments (e.g., job, home, property, extended family) and/or there are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial debt) and behaviors suggests flight for the purpose of avoiding agency involvement.
- Caregiver(s) has demonstrated behaviors of avoidance and/or flight
- Caregiver(s) overt behavior prevents caseworker from assessing child's living condition. These behaviors include but are not limited to: refusing to talk to county agency, avoiding contact with county agency, making excuses for not participating, missing appointments, or other evasive, manipulative, or suspicious behavior.

#### **14) Child is fearful of the home situation, including people living in or having access to the home.**

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. The home situation includes specific family members and other conditions in the living situation. Other people in the home refers to those either living in the home or frequenting the home so often the child would expect that person would likely be there. If the level of fear is consistent with the safety threat, it is reasonable to believe that the child's terror is founded in something occurring in the home that is extreme. It is reasonable to believe that the source of the child's fear could result in serious harm.

Whatever is causing the child's fear is active and an immediate concern of the child. Imminence applies.

- Child demonstrates extreme emotional and/or physical responses (e.g., post traumatic stress disorder, crying, inability to focus, nervousness, withdrawal, fear of going home) indicating fear of the living situation or of people within the home.
- Child expresses fear and describes people and circumstances which are an obvious and/or serious threat.
- Child recounts experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- Child describes personal threats which seem clear, serious, and believable.

# Pennsylvania Safety Threats

	Safety Threats	Explanation	Criteria
1	Caregiver(s) intended to cause serious physical harm to the child.	In order to meet this criterion, a judgment must be made that the acts were intentional; the objective was to cause pain and suffering; nothing or no one in the household could stop the behavior; and there is no remorse.	<ul style="list-style-type: none"> <li>Caregiver(s) wants to inflict pain and/or injury to teach the child a lesson; discipline is not the primary reason.</li> <li>The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns).</li> <li>Caregiver(s) do not acknowledge any guilt or wrongdoing and they intended to harm the child.</li> <li>Caregiver(s) may feel justified, may express the child deserved it, and they intended to hurt he child.</li> <li>Caregiver(s) can reasonably be assumed to have had some awareness of what the result would be prior to the incident.</li> </ul>
2	Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child.	The threat to severely harm or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future.	<ul style="list-style-type: none"> <li>Caregiver(s) state they will maltreat.</li> <li>Caregiver(s) threats are plausible, believable; may be related to specific provocative child behavior.</li> <li>Caregiver(s) talks about being worried about, fearful of, or preoccupied with maltreating the child.</li> <li>Caregiver(s) are distressed or "at the end of their rope," and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms.</li> <li>Caregiver(s) describes disciplinary incidents that have become out of control and are threatening or fearful that this behavior will be repeated...</li> </ul>
3	Caregiver(s) cannot or will not explain the injuries to a child.	Caregivers are unable or unwilling to explain maltreating conditions or injuries which are consistent with facts. An unexplained serious injury or condition is a present danger.	<ul style="list-style-type: none"> <li>Caregiver(s) acknowledge the presence of injuries and/or conditions but plead ignorant as to how they occurred.</li> <li>Caregiver(s) express concern for the child's condition but are unable to explain it.</li> <li>Caregiver(s) accept the presence of injuries and conditions but do not explain them or seem concerned.</li> <li>History and circumstantial information are inconsistent with the caregivers' explanation of the injuries and conditions.</li> <li>Caregivers' verbal expressions do not match their emotional responses and there is not a believable explanation.</li> <li>Facts related to the incident, injury, and/or conditions contradict the caregivers' explanations.</li> </ul>
4	Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur.	Child sexual abuse always presents serious harm to the child. The safety concern relates to whether or not the sexual abuse is imminent.	<ul style="list-style-type: none"> <li>Caregiver(s) do not believe the children's disclosure of sexual abuse even when there is a preponderance of evidence and this affects the children's safety.</li> <li>Sexual abuse has occurred in which family circumstances, including opportunity, may be consistent with sexual abuse.</li> <li>Caregiver(s) deny the abuse, blame the child, or offer no explanation or an explanation that is unbelievable.</li> <li>Child sexual abuse is suspected and circumstances suggest continued abuse is likely to occur</li> <li>Alleged perpetrator or perpetrator has access to child.</li> <li>Caregiver(s) or others with access to the child have forced or encouraged child to engage in sexual activities.</li> <li>Non-offending caregiver(s) is unable or unwilling to prevent the alleged perpetrator, perpetrator, or known sexual offender from having access to the child.</li> <li>Caregiver(s) cannot control their sexual impulses.</li> </ul>

## Pennsylvania Safety Threats

5	Caregiver(s) are violent and/or acting dangerously.	This threat includes both behaviors and emotions which may be immediately observable, frequently occurring or may occur in the future.	<ul style="list-style-type: none"> <li>• Violence includes hitting, beating, physically or verbally assaulting a child or other family member.</li> <li>• Violence includes acting dangerously toward a child or others including throwing things, taunting weapons, driving recklessly, aggressively intimidating and terrorizing.</li> <li>• Presence of domestic violence whereby violence involves physical and verbal assault on an adult caregiver in the presence of a child; the child's exposure to the domestic violence causes fear for self and/or others.</li> <li>• Domestic violence is occurring and a child is assaulted; attempting to intervene; and/or inadvertently harmed even though the child may not be the actual target of the violence.</li> <li>• Caregiver(s) who is impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things).</li> <li>• Caregiver(s) whose behavior outside of the home (e.g., drugs, violence, aggressiveness, and hostility) creates an environment within the home which threatens child safety (e.g., drug parties, drive-by shootings).</li> </ul>
6	Caregiver(s) cannot or will not control their behavior.	This threat concerns with the lack of caregiver self-control which jeopardizes the safety of the child.	<ul style="list-style-type: none"> <li>• Caregiver(s) is acting bizarrely, delusional, and/or experiencing hallucinations</li> <li>• Caregiver(s) is under the influence of some substance or is chemically dependent and unable to control the effects of the addiction.</li> <li>• Caregiver(s) is seriously depressed or unable to control emotions or behaviors and is functionally unable to meet the children's basic needs.</li> <li>• Caregiver(s) makes impulsive decisions and plans which leave the children in unsafe situations (e.g., unsupervised, supervised by an unreliable caregiver).</li> <li>• Caregiver(s) is emotionally immobilized, chronically or situationally (e.g. paralyzed by fear as a result of domestic violence relationships).</li> <li>• Caregiver(s) has addictive patterns or behaviors (e.g., addiction to substances, gambling, or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).</li> </ul>
7	Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior.	Caregiver(s) can be so provoked by the child's behavior that they react dangerously. The child's behavior is so out-of-control that the caregivers cannot safely manage it.	<ul style="list-style-type: none"> <li>• Child is...             <ul style="list-style-type: none"> <li>○ confrontational, insulting or challenging,</li> <li>○ highly aggressive and acting out repeatedly,</li> <li>○ threatens to run away,</li> <li>○ abuses substances...</li> </ul> </li> </ul> <p>so that caregivers lose patience, impulsively strike out at the child, isolate the child, or totally avoid the child in an extreme manner.</p>
8	Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs.	The needs of the child are acute and require immediate and constant attention by the caregiver(s). The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects would be immediate.	<ul style="list-style-type: none"> <li>• Caregiver(s) does not seek treatment for child's immediate and dangerous medical conditions.</li> <li>• Caregivers' failure to give prescribed medication endangers the child's life or causes their conditions to worsen.</li> <li>• Child complains of extreme pain and the caregiver(s) does not seek medical or dental attention.</li> <li>• Child is suicidal, is self-mutilating, or is exhibiting other harmful behaviors (e.g. substance abuse), but the caregiver(s) will not take protective action.</li> <li>• Caregiver(s) expectations of the child are totally unrealistic in view of the child's condition.</li> <li>• Child is a physical danger to others.</li> <li>• Child's basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address those needs.</li> </ul>

## Pennsylvania Safety Threats

9	Caregiver(s) in the home are not performing duties and responsibilities that assure child safety.	This refers only to adults (not children) in a caregiving role. Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying.	<ul style="list-style-type: none"> <li>• Caregiver is unable to perform basic care, duties or fulfill essential protective duties.</li> <li>• Caregiver(s) is incapacitated, incarcerated, hospitalized, on vacation, absent from home, or current whereabouts are unknown.</li> <li>• Caregiver(s) does not attend to the child; the need for care goes unnoticed or unmet (e.g., child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).</li> <li>• Caregiver(s) leaves child alone, not considering length of time alone and child's age/development.</li> <li>• Caregiver(s) leaves child with other inadequate and/or inappropriate caregivers.</li> <li>• Caregiver(s) is unable to care for the child due to trauma of recent assault or repeated incidents of violence including domestic violence.</li> <li>• Caregiver(s) has abandoned the child including at situations in which they flee for their own safety due to domestic violence situations.</li> </ul>
10	Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child.	This refers to basic parenting that directly affects a child's safety. This extreme inability and/or unwillingness to meet basic needs creates child safety concerns.	<ul style="list-style-type: none"> <li>• Caregiver(s) does not know what basic care is or how to provide it (e.g., how to feed or diaper, how to protect or supervise according to the child's age).</li> <li>• Caregiver(s) expectations of the child are unrealistic and far exceed the child's capacity thereby placing the child in unsafe situations.</li> <li>• Caregiver(s) avoids parenting and basic care responsibilities.</li> <li>• Caregiver(s) does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).</li> <li>• Caregiver(s) place their own needs above the children's needs thereby affecting the children's safety.</li> <li>• Living conditions severely endanger the child.</li> </ul>
11	Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	The lack of resources must be so acute that their absence could have an imminent severe effect on a child. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.	<ul style="list-style-type: none"> <li>• Family has no food, clothing, or shelter.</li> <li>• Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.</li> <li>• Family is routinely using their resources for things (e.g., drugs, electronics, vacations) other than their basic care and support thereby leaving them without their basic needs being adequately met.</li> </ul>

## Pennsylvania Safety Threats

12	Caregiver(s) perceive child in extremely negative terms.	"Extremely" is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.	<ul style="list-style-type: none"> <li>• Child is perceived to be the devil, demon-possessed, or evil.</li> <li>• Caregiver(s) perception of the child is extremely negative e.g. deformed, ugly, deficient, or embarrassing.</li> <li>• Caregiver(s) perceive the child as having taken on the same identity as someone the parent/caregiver hates, is fearful of, or hostile towards; and the parent/caregiver transfers feelings and perceptions of the person to the child.</li> <li>• Child is considered by caregiver(s) to be punishing or torturing them.</li> <li>• Caregiver(s) is jealous of the child and believes the child is a detriment or threat to the caregiver(s)' relationship and stands in the way of their best interests.</li> <li>• Caregiver(s) sees child as an undesirable extension of self who needs purging or punishing.</li> <li>• Caregiver(s) sees the child as responsible and accountable for the caregiver's problems; blames the child; perceives, behaves, acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues.</li> </ul>
13	Caregiver(s) overtly rejects county agency intervention; refuses access to a child; and/or there is some indication that the caregivers will flee	The rejection is far more than a failure to cooperate, open anger or hostility about county agency involvement or other signs of general resistance or reluctance. This safety threat applies also when there are indications that a family will change residences, leaving the jurisdiction, or refusing access to the child.	<ul style="list-style-type: none"> <li>• Caregiver(s) refuse to allow county agency in the home or access to certain parts of the home.</li> <li>• Caregiver(s) refuse to allow county agency to see or speak with a child; do not inform county agency where the child is located.</li> <li>• Family is highly transient, family has little attachments (e.g., job, home, property, extended family) and/or there are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial debt) and behaviors suggests flight for the purpose of avoiding agency involvement.</li> <li>• Caregiver(s) has demonstrated behaviors of avoidance and/or flight</li> <li>• Caregiver(s) overt behavior prevents caseworker from assessing child's living condition. These behaviors include but are not limited to: refusing to talk to county agency, avoiding contact with county agency, making excuses for not participating, missing appointments, or other evasive, manipulative, or suspicious behavior.</li> </ul>
14	Child is fearful of the home situation, including people living in or having access to the home.	The child's fear must be obvious, extreme, and related to some perceived danger that the child feel; or experiences. Whatever is causing the child's fear is active, currently occurring, and an immediate concern of the child. Imminence applies.	<ul style="list-style-type: none"> <li>• Child demonstrates extreme emotional and/or physical responses (e.g., crying, inability to focus, nervousness, withdrawal, fear of going home) indicating fear of the living situation or of people within the home.</li> <li>• Child expresses fear and describes people and circumstances which are an obvious and/or serious threat.</li> <li>• Child recounts experiences which form the basis for fear.</li> <li>• Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.</li> <li>• Child describes personal threats which seem clear, serious, and believable.</li> </ul>

## *Protective Capacity*

Caregiver protective capacity is a concept that applies specifically to the adult who lives with a child and is responsible for the primary care of a child. In particular, we refer to the adult who holds the primary responsibility for the child's safety. Normally we are thinking of the child's parent or a person who operates in that capacity in relation to a child. So, this includes natural parents, stepparents, an adult companion of a child's parent, a grandparent, an uncle, or aunt. The caregiver resides with the child; they live in the same household. Another distinction is that the caregiver - child relationship is expected to be a continuing one. The caregiver is going to remain in the child's life and will maintain responsibility for the child's safety. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, care providers such as day care or other institutions, babysitters, and so on.

A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. Protective capacities impact decisions to increase or decrease the level of safety interventions, decisions to reunify a placed child with his/her natural family, decisions to terminate parental rights, and decisions whether or not to close a case, etc. The concept of protective capacity plays an important role in safety assessment and management as well as family service planning.

Why are caregiver protective capacities as covered here so important to CYS intervention? We mentioned above that this concept actually is the defining concept for

In terms of safety assessment and management when a child is in their own home, protective capacities must be assessed in order to determine a caregiver's ability to protect a child in direct relation to a safety threat. Protective capacities can either be:

- **Enhanced** - the caregiver has the capacity and is actively using that capacity to protect their children.
- **Diminished** – the caregiver has the capacity but is not using it, due to life circumstances or other reasons, to protect their children.
- **Absent** – the caregiver does not have the capacity at all.

No one person will ever have all of these protective capacities at once. Moreover, a caregiver may have several protective capacities, but they are not operating to mitigate the safety threat. In order to be protective, a caregiver must have an enhanced protective capacity that directly mitigates the safety threat.

If a caregiver possesses an enhanced protective capacity that actively controls a particular threat of harm to a child, the child is considered safe from that threat of harm. Conversely, any gaps or limitations in the caregiver's protective capacities directly related to a safety threat must be addressed in terms of safety interventions in the safety plan to substitute for what a caregiver cannot or is unable to do when a safety threat exists. The gaps or limitations are referred to as diminished protective capacity.

Diminished protective capacity does not necessarily mean that the capacity is absent. It may be turned down or turned off. Caregivers get tired; their abilities are reduced or lessened. They can be in a weakened state due to influences such as stress, substance abuse, or controlling behaviors of others. Safety interventions must supplement diminished protective capacities to externally control the threat of harm.



A thorough protective capacity assessment builds confidence in the decision to have a caregiver remain responsible for the safety of a child and what safety interventions may be necessary to control the threat of harm. Gathering information to identify potential protective capacities of a caregiver must go beyond the caregiver's statement about their capability or intent. Others who know the caregiver can confirm what is learned from the caregiver. Observation of a caregivers' and others' behaviors and actions can validate or contradict the information that has been gathered. Attempt to establish proof of protective capacities as much as possible.

When gathering information regarding potential protective capacities, it is important to keep the following in mind.

- Involvement with a county children and youth agency is a highly stressful time for a caregiver. The caregiver may be in an emotional state that could include anger, shock, denial, confusion, dismay, or distrust. A person operating primarily from emotions may be more likely to be self-revealing. A caregiver's emotion and behavior may reflect indications of their protective capacity and could be indicative of their natural reflex and instinct.
- A non-offending caregiver is an important source of information about their protective capacities. A non-offending caregiver may intentionally or unintentionally reveal information specifically related to thinking, feeling or behaving that is relevant to protectiveness.
- A history of being protective is a significant indicator. Although every safety and protection situation must be examined in its current state, what a caregiver has done and how a caregiver had behaved in the past exists as an indication of what the caregiver may be able or willing to do in the present. It is extremely important to balance past behavior with the fact that something in the current situation could alter a caregiver's standard reaction or action.
- Examine with whom the non-offending caregiver is allied. If alliance is unclear, confused, conflicted, or competitive, the caregiver's ability to protect may be compromised.
- The caregiver's attitude toward the current situation, the threat to safety, the vulnerability of the child is an important indicator of protectiveness. This must also be balanced with a caregiver's initial reaction which may be viewed as righteous indignation at the onset of county children and youth involvement but diminishes as time goes on.
- Asking the caregiver what their plan is to protect the child can reveal information regarding protective capacities. A reasonable and workable plan is a good sign of protective capacity and increases confidence regarding the caregiver maintaining responsibility for providing protection.
- Others who know the caregiver can confirm information regarding the caregiver's protective capacities. Any information provided must be weighed for reliability.

Caregiver protective capacities are grouped into three areas of functioning. People vary in terms of the capacity they possess. It is hard to think about someone who does not demonstrate some, even if a few, enhanced capacities. Very challenged or troubled caregivers may have limits in a large number of capacities, while some caregivers can be having just as hard a time because a limited number of capacities (or even one) are seriously diminished. Protective capacities are considered in relation to how they contribute to empowering and enabling a parent – the primary caregiver to keep his or her vulnerable children safe. These are not family characteristics; these are individual caregiver characteristics.

### **Cognitive Protective Capacity (Thinking)**

Does the caregiver have the specific intellectual, knowledge, understanding, and perceptions to protect the child?

### Emotional Protective Capacity (Feelings)

Does the caregiver have the specific feelings, attitudes, and identification with the child and motivation to protect the child?

### Behavioral Protective Capacity (Action)

Does the caregiver behave in a manner that is consistent with protecting the child?

The following chart further explains protective capacity.

<b>Behavioral Protective Capacities:</b>		
<p>Behavioral protective capacities are observable. We can see tangible behaviors and can describe when they occur in the present and when they have occurred in the past. Information of past behaviors provides us with information that the caregiver has the ability and focuses our attention on what is precluding that behavior from happening. Use of exception finding questions are critical with this concept. What was different about two months ago when you were successfully supervising your child? Behavior protective capacities also focus on actions and the caregivers' ability to control their actions (impulses).</p>		
1.	The caregiver has a history of protecting.	<p>This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples might include:</p> <ul style="list-style-type: none"><li>• People who've raised children (now older) with no evidence of maltreatment or exposure to danger.</li><li>• People who've protected his or her children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence.</li><li>• Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.</li></ul>
2.	The caregiver takes action.	<p>This refers to a person who is action-oriented as a human being, not just a caregiver.</p> <ul style="list-style-type: none"><li>• People who perform when necessary.</li><li>• People who proceed with a course of action.</li><li>• People who take necessary steps.</li><li>• People who are expedient and timely in doing things.</li><li>• People who discharge their duties.</li></ul>
3.	The caregiver demonstrates impulse control.	<p>This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.</p> <ul style="list-style-type: none"><li>• People who do not act on their urges or desires.</li><li>• People that do not behave as a result of outside stimulation.</li><li>• People who avoid whimsical responses.</li><li>• People who think before they act.</li><li>• People who are planful.</li></ul>
4.	The caregiver is physically able.	<p>This refers to people who are sufficiently healthy, mobile, and strong.</p> <ul style="list-style-type: none"><li>• People who can chase down children.</li><li>• People who can lift children.</li><li>• People who are able to restrain children.</li><li>• People with physical abilities to effectively deal with dangers like</li></ul>

		fires or physical threats.
5.	The caregiver has/ demonstrates adequate skill to fulfill caregiving responsibilities.	This refers to the possession and use of skills that are related to being protective. <ul style="list-style-type: none"> <li>• People who can feed, care for, supervise children according to their basic needs.</li> <li>• People who can handle, manage, oversee as related to protectiveness.</li> <li>• People who can cook, clean, maintain, guide, and shelter as related to protectiveness.</li> </ul>
6.	The caregiver possesses adequate energy.	This refers to the personal sustenance necessary to be ready and on the job of being protective. <ul style="list-style-type: none"> <li>• People who are alert and focused.</li> <li>• People who can move; are on the move; ready to move; will move in a timely way.</li> <li>• People who are motivated and have the capacity to work and be active.</li> <li>• People express force and power in their action and activity.</li> <li>• People who are not lazy or lethargic.</li> <li>• People who are rested or able to overcome being tired.</li> </ul>
7.	The caregiver sets aside her/his needs in favor of a child.	This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own. <ul style="list-style-type: none"> <li>• People who do for themselves after they've done for their children.</li> <li>• People who sacrifice for their children.</li> <li>• People who can wait to be satisfied.</li> <li>• People who seek ways to satisfy their children's needs as the priority.</li> </ul>
8.	The caregiver is adaptive as a caregiver.	This refers to people who adjust and make the best of whatever caregiving situation occurs. <ul style="list-style-type: none"> <li>• People who are flexible and adjustable.</li> <li>• People who accept things and can move with them.</li> <li>• People who are creative about caregiving.</li> <li>• People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting.</li> </ul>
9.	The caregiver is assertive as a caregiver.	This refers to being positive and persistent. <ul style="list-style-type: none"> <li>• People who are firm and convicted.</li> <li>• People who are self-confident and self-assured.</li> <li>• People who are secure with themselves and their ways.</li> <li>• People who are poised and certain of themselves.</li> <li>• People who are forceful and forward.</li> </ul>
10.	The caregiver uses resources necessary to meet the child's basic needs.	This refers to knowing what is needed, getting it, and using it to keep a child safe. <ul style="list-style-type: none"> <li>• People who get people to help them and their children.</li> <li>• People who use community public and private organizations.</li> <li>• People who will call on police or access the courts to help them.</li> <li>• People who use basic services such as food and shelter.</li> </ul>
11.	The caregiver supports the	This refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being.

	child.	<ul style="list-style-type: none"> <li>• People who spend considerable time with a child filled with positive regard.</li> <li>• People who take action to assure that children are encouraged and reassured.</li> <li>• People who take an obvious stand on behalf of a child.</li> </ul>
<p><b>Cognitive Protective Capacities:</b>  Cognitive protective capacities explore how the caregiver is thinking. While not as obvious as behavioral protective capacities, we should still be able to make observations about and to be able to describe cognitive processes. How a person thinks often translates into how they act, and their verbal and nonverbal expressions. Particular emphasis should be placed on mental operations that empower a person to act or to take responsibility for their actions (or lack of action). Another facet of cognitive protective capacities is a caregivers' perception of reality and their understanding of what is dangerous to a child.</p>		
12.	The caregiver plans and articulates a plan to protect the child.	<p>This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan.</p> <ul style="list-style-type: none"> <li>• People who are realistic in their idea and arrangements about what is needed to protect a child.</li> <li>• People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child.</li> <li>• People who are aware and show a conscious focused process for thinking that results in an acceptable plan.</li> <li>• People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.</li> </ul>
13.	The caregiver is aligned with the child.	<p>This refers to a mental state or an identity with a child.</p> <ul style="list-style-type: none"> <li>• People who strongly think of themselves as closely related to or associated with a child.</li> <li>• People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety.</li> <li>• People who consider their relationship with a child as the highest priority.</li> </ul>
14.	The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.	<p>This refers to information and personal knowledge that is specific to caregiving that is associated with protection.</p> <ul style="list-style-type: none"> <li>• People who know enough about child development to keep kids safe.</li> <li>• People who have information related to what is needed to keep a child safe.</li> <li>• People who know how to provide basic care which assures that children are safe.</li> </ul>
15.	The caregiver is reality oriented; perceives reality accurately.	<p>This refers to mental awareness and accuracy about one's surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.</p> <ul style="list-style-type: none"> <li>• People who describe life circumstances accurately.</li> <li>• People who recognize threatening situations and people.</li> <li>• People who do not deny reality or operate in unrealistic ways.</li> <li>• People who are alert to danger within persons and the environment.</li> <li>• People who are able to distinguish threats to child safety.</li> </ul>

16.	The caregiver has accurate perceptions of the child.	<p>This refers to seeing and understanding a child’s capabilities, needs and limitations correctly.</p> <ul style="list-style-type: none"> <li>• People who know what children of certain age or with particular characteristics are capable of.</li> <li>• People who respect uniqueness in others.</li> <li>• People who see a child exactly as the child is and as others see the child.</li> <li>• People who recognize the child’s needs, strengths and limitations. People who can explain what a child requires, generally, for protection and why.</li> <li>• People who see and value the capabilities of a child and are sensitive to difficulties a child experiences.</li> <li>• People who appreciate uniqueness and difference.</li> <li>• People who are accepting and understanding.</li> </ul>
17.	The caregiver understands his/her protective role.	<p>This refers to awareness...knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.</p> <ul style="list-style-type: none"> <li>• People who possess an internal sense and appreciation for their protective role.</li> <li>• People who can explain what the “protective role” means and involves and why it is so important.</li> <li>• People who recognize the accountability and stakes associated with the role.</li> <li>• People who value and believe it is his/her primary responsibility to protect the child.</li> </ul>
18.	The caregiver is self-aware as a caregiver.	<p>This refers to sensitivity to one’s thinking and actions and their effects on others – on a child.</p> <ul style="list-style-type: none"> <li>• People who understand the cause – effect relationship between their own actions and results for their children</li> <li>• People who are open to who they are, to what they do, and to the effects of what they do.</li> <li>• People who think about themselves and judge the quality of their thoughts, emotions, and behavior.</li> <li>• People who see that the part of them that is a caregiver is unique and requires different things from them.</li> </ul>
<p><b>Emotional Protective Capacities:</b>  Emotional protective capacities explore the emotional bond and attachment between the caregiver and his/her child. It is this bond that might drive some caregivers to be overly protective and some to be passive. Emotional protective capacity, however, goes beyond the expression of love for a child to explore how that love is a motivating force to protect the child from harm. The category of capacity would also include a caregiver’s ability and willingness to cope with a situation.</p>		
19.	The caregiver is able to meet own emotional needs.	<p>This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.</p> <ul style="list-style-type: none"> <li>• People who use personal and social means for feeling well and</li> </ul>

		<p>happy that are acceptable, sensible, and practical.</p> <ul style="list-style-type: none"> <li>• People who employ mature, adult-like ways of satisfying their feelings and emotional needs.</li> <li>• People who understand and accept that their feelings and gratification of those feelings are separate from their child.</li> </ul>
20.	The caregiver is emotionally able to intervene to protect the child.	<p>This refers to mental health, emotional energy, and emotional stability.</p> <ul style="list-style-type: none"> <li>• People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately.</li> <li>• People who are not consumed with their own feelings and anxieties.</li> <li>• People who are mentally alert, in touch with reality.</li> <li>• People who are motivated as a caregiver and with respect to protectiveness.</li> </ul>
21.	The caregiver is resilient as a caregiver.	<p>This refers to responsiveness and being able and ready to act promptly.</p> <ul style="list-style-type: none"> <li>• People who recover quickly from setbacks or being upset.</li> <li>• People who spring into action.</li> <li>• People who can withstand.</li> <li>• People who are effective at coping as a caregiver.</li> </ul>
22.	The caregiver is tolerant as a caregiver.	<p>This refers to acceptance, allowing and understanding, and respect</p> <ul style="list-style-type: none"> <li>• People who can let things pass.</li> <li>• People who have a big picture attitude, who don't over react to mistakes and accidents.</li> <li>• People who value how others feel and what they think.</li> </ul>
23.	The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.	<p>This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.</p> <ul style="list-style-type: none"> <li>• People who show compassion through sheltering and soothing a child</li> <li>• People who can calm, pacify and appease a child.</li> <li>• People who physically take action or provide physical responses that reassure a child, that generate security.</li> </ul>
24.	The caregiver and child have a strong bond and the caregiver is clear that the number one priority is the well-being of the child.	<p>This refers to a strong attachment that places a child's interest above all else.</p> <ul style="list-style-type: none"> <li>• People who act on behalf of a child because of the closeness and identity the person feels for the child.</li> <li>• People who order their lives according to what is best for their children because of the special connection and attachment that exists between them.</li> <li>• People whose closeness with a child exceeds other relationships.</li> <li>• People who are properly attached to a child.</li> </ul>
25.	The caregiver expresses love, empathy, and sensitivity toward the child; experiences	<p>This refers to active affection, compassion, warmth, and sympathy.</p> <ul style="list-style-type: none"> <li>• People who fully relate to, can explain, and feel what a child feels, thinks and goes through.</li> <li>• People who relate to a child with expressed positive regard and feeling and physical touching.</li> <li>• People who are understanding of children and their life situation.</li> </ul>

	specific empathy with the child's perspective and feelings.	
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Once an understanding of what protective capacities are, focus must then shift to how to process of assessing for the presence of protective capacities. The critical questions that remain are:

- How do we know what protective capacities need to be in place to mitigate a safety threat;
- How do we determine what level of capacity the caregiver currently has with that protective capacity; and
- How can we bring about change within the caregiver?

Knowing whether or not a protective capacity is present rests on our ability to gather information. It is a judgment made by the worker through observations and interviews (information gathering) and his/her supervisor. The hope is that through information gathering (both from the caregivers and other persons involved with the family) we will begin to see patterns of behaviors consistent, or perhaps inconsistent, with what the caregivers are saying they are able to do. This information is what guides us to make the judgment as to whether or not the protective capacity is enhanced.

It is also important to reflect on how the safety threat is in operation. What is it about the threat that needs to change?

- Is the safety threat occurring due to a lack of knowledge? If this is the situation, our focus would be on the cognitive protective capacities.
- What if the caregiver has the knowledge, but threat is occurring because they are not using knowledge? If this is the situation, our focus would be on the behavioral protective capacities.
- Or, if the threat is occurring due to a gap/deficit in the emotional alignment or attachment to the child, our focus would be on the emotional protective capacities.

In some instances, the caregiver may need to focus on all three types of protective capacities. The key questions that child welfare professionals and caregivers must be able to answer together are:

- What is going on now?  
This question refers both to safety threats, current absent/enhanced/diminished protective capacities, and whether or not existing protective capacities are mitigating the safety threat.
- What must change?  
This question refers to the reduction or elimination of safety threats, the development or enhancement of protective capacities, changes within the home or family dynamic (e.g. removal of the perpetrator, the addition of other caregivers with enhanced protective capacities, etc.), and changes in the behavior of the caregiver (e.g. recovery from addiction, stabilization of mental health, acquisition of parenting skills, etc.).
- What must eventually exist?  
This question refers to the development of a home that is safe for the child. In other words, a home where the caregivers have enhanced protective capacities and there is no longer a need for CYD to provide external interventions to control a safety threat.

After the protective capacities have been assessed and specific protective capacities are identified that must be enhanced to mitigate a safety threat, a child welfare professional must then work to develop a Family Service Plan with the family that identifies services that would foster protective capacity enhancement.

Family service plans must link safety threats to diminished protective capacities that allow the threats to exist. The FSP must work to build diminished protective capacities by bringing about internal change in the caregivers or sustainable external or environmental changes so that the caregiver's protective capacity protects the child from the threat of harm. In terms of family service planning, the conclusions drawn from a thorough appraisal of a caregiver's overall protective capacities, along with conclusions drawn from the risk assessment, lead to the goals, objectives, and actions in a family service plan.

Controlling the threat by safety interventions in the safety plan without building caregiver protective capacities in the family service plan cannot assure that a similar or new threat won't put the child in danger of serious harm again in the future. Measuring the degree of a caregiver's protective capacities in conjunction with the risk assessment process helps to assure that the level and intensity of services provided are appropriate. The purpose of the goals, objectives, and actions in the family service plan is to reduce the future risk of harm and build the caregiver's protective capacities in order to provide the child with a safe and permanent home.

## *Safety Analysis*

Safety analysis is the process by which a caseworker systematically evaluates the information gathered related to safety threats and protective capacities. The purpose of the safety analysis is to identify and explain what is associated with or influences a safety threat or protective capacity.

Knowledgeable safety analysis is dependent upon the quality of information gathering and the accuracy of identifying safety threats and protective capacities during assessment. Safety analysis provides:

- Details of how negative family and caregiver conditions are safety threats;
- Details of how the protective capacities serve to protect the child from a threat of harm;
- Frequency and predictability of safety threats and protective capacities in terms of when they are active;
- Explanation of the extent of the safety threats' and protective capacities' presence and how they affect family life and functioning;
- Explanation of factors associated with a safety threat or a protective factor; and
- Rationale and justification for the conclusions which lead to the safety decision.

The safety analysis leads to a determination of whether a safety plan is needed by evaluating the safety threats and protective capacities. The safety analysis also provides the bridge between identifying safety threats and developing interventions that will control them. Without examination of the nature and manifestation of safety threats and how caregiver protective capacities are diminished or functioning, reliance may be placed in safety plans that do not take into account the details of how a safety threat may be occurring.

Safety analysis occurs after the assessment and is the responsibility of the county agency caseworker and supervisor. The supervisor provides oversight and guidance to the process. The safety analysis is completed after sufficient information has been gathered to understand the nature,



extent, function, and interrelationship of a safety threat. Both present danger and impending danger threats are evaluated in the safety analysis process. The conclusions reached as a result of the safety analysis give direction to what a safety plan must achieve. The safety plan is dependent upon the conclusions reached regarding how and why the threats are happening and what caregiver protective capacities are diminished.

The result of analyzing safety threats and protective capacities is a better understanding of what is causing present and impending danger and what is needed to protect the child from serious harm. This process is best achieved with several opportunities to work face-to-face with the caregivers. Thought should be given to the setting where the contacts occur, how to initiate and conduct the conversations, how to respond to caregivers' concerns, and who else should be involved in the process.

The relationship between safety threats and protective capacities may be direct or indirect. In a direct relationship, the protective capacity would prevent the safety threat from actually occurring. In an indirect relationship, the protective capacity and the safety threat come from different caregivers, protecting the child from an occurring safety threat.

How safety threats and protective capacities are occurring can be understood by breaking down the conditions associated with a threat into parts. The parts are then examined to determine how they relate to each other and how they reveal the manner in which the threats are manifested. The direct impact of conditions on the child and conditions weakening protective capacities of the caregivers can influence the potential for serious harm to the child. The following questions assist in breaking down the threats:

1. How long have family and caregiver conditions posed a safety threat?
2. How frequent do the conditions pose a safety threat?
3. How predictable is the safety threat? Are there occasions when the threat is more likely to be active?
4. How predictable is the protective capacity? Are there occasions when it is less likely to be active?
5. Are there specific times (day, evening, nights, weekends) that might require "special attention" due to the way in which a safety threat is manifested?
6. How does the safety threat affect overall family functioning?
7. Do safety threats prevent a caregiver from adequately functioning in primary roles (i.e., Individual life management, parenting, etc.)?
8. Does the protective capacity have a negative or a positive impact the caregiver's functioning?
9. What is associated with, occurs at the same time, stimulates, or influences the safety threat?
10. Are the safety threats likely to continue?
11. Is the severity likely to increase?
12. Are the protective capacities likely to diminish?
13. What may cause the protective capacities to diminish?
14. What allows the caregiver to maintain the protective capacity?
15. What are the characteristics of the child's vulnerability?
16. Which of the caregiver's protective capacities might be diminished?

Once an understanding of how the safety threats and protective capacities are occurring, a decision regarding safety can be made.

There are several essential analysis questions that must be analyzed in order for CYS to have heightened confidence in the sufficiency of the safety plan. The safety intervention analysis questions are as follows:

**First Analysis Question: *How are safety threats manifested in the family?***

1. How long have conditions in the family posed a safety threat?
  2. How frequent or often does the family condition pose a safety threat?
  3. How predictable is the safety threat? Are there occasions when the safety factor is more likely to be an active influence?
  4. Are there specific times during the day, evening, night, etc. that might require “special attention” due to the way in which the safety threat is manifested?
  5. Do safety factors prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)?
- It must be clear how safety threats are occurring and operating in the family before a determination can be made regarding the type of safety plan required (i.e., in-home safety plan, out-of-home safety plan or a combination of both).
- If indications are that safety threats are constantly and totally incapacitating with respect to caregiver functioning, then an informal, temporary out-of-home safety plan is suggested. If that does not work upon further safety intervention analysis, then formal placement is suggested.

**Second Analysis Question: *Can an able, motivated, responsible adult caregiver adequately manage and control for the child’s safety without direct assistance from CYS?***

1. Is there a non maltreating caregiver residing in the home?
  2. Does the non-maltreating caregiver have sufficient protective capacities (strengths) and demonstrate a willingness to protect?
    - Has demonstrated ability to protect in the past?
    - Has a specific plan for protection?
    - Physically and emotionally able to intervene and protect?
    - Clearly understands specific threats to safety?
    - Properly attached?
    - Empathetic and believes the child?
    - Cooperating and properly aligned with CYS?
  3. Does the non maltreating caregiver in the home have sufficient personal and family resources (as needed) including family network support and access which empower him/her to assist in safety planning? Fulfill protective responsibilities?
- This is an extremely important judgment in safety decision making. It is crucial that the judgment is fully justified and supported by verifiable facts about the caregiver as evidenced through history, current behavior, expressed intent, demonstrated capacity, and assertive willfulness. If you are not certain if the caregiver is able, willing, motivated, and resolute about doing whatever is necessary

to protect the child, that caregiver should not be made responsible for assuring the safety of the child.

**Third Analysis Question: *Is an in-home CYS managed safety plan an appropriate response for this family?***

**This question refers to whether or not a CYS managed comprehensive safety plan is an option for this family (e.g. in the home of origin or in an alternate informal living arrangement.)**

1. Are caregivers residing in the home?
  2. Is the home environment calm and consistent enough at a minimal level so as to assure that a sufficient CYS managed safety response can be provided in the home?
  3. Are the caregiver(s) willing for safety actions, tasks, or safety services to be provided and accept and cooperate with an in-home safety plan response?
  4. Are there sufficient resources within the family or community to perform the safety actions, tasks, or services necessary to manage the identified safety threats?
- Rigor should be applied in considering the least intrusive measures possible to assure child safety. That requires CYS to be able to fully justify any “no” answer to the questions concerned with considering in-home safety management as an option.
- Question 4 is a general consideration of family and community resources that is considered in more depth if the answer is yes. To answer this question no, it must be well established that resources are so deficient that it is commonly known that some safety threats (as analyzed) cannot be managed because of the absence of family or community resources.
- If the answer to any of the questions listed above is NO:** Proceed with a formal out-of-home safety plan (i.e. Petition the court to have the child placed in a substitute/congregate care setting). Analysis question 4 does not need to be completed.
- If the answer to all of the questions above is YES:** Proceed to the next safety intervention analysis question.

**Fourth Analysis Question: *What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?***

This question looks at safety interventions that could be put into place within the home of origin or in an alternate informal living arrangement to support the decision of Safe with a Comprehensive Safety Plan.

1. Considering how safety threats are manifested, what specific safety responses/services are necessary (an effective match) for controlling safety threats?
2. How are the selected safety actions intended to control the identified safety threats? How are safety responses/services going to work?
3. What's the level of effort needed from safety service providers to adequately control and manage safety threats?
  - a. How much of a response seems reasonable in order to assure child safety?

- b. How often during the week will the family require assistance and supervision in order to assure child safety?
  - c. How long and in what intervals seem necessary?
  - d. Are there special periods of time that require specific attention?
4. Who can and will assure effective implementation of the comprehensive safety plan?
- a. What natural supports and/or community resources has the family identified as being able to potentially assist in the safety response?
  - b. What community/service oriented resources are known to the agency that could potentially be used as a safety response?
5. Are potential providers suitable to participate in the comprehensive safety plan?
- a. Protective Capacities
  - b. Trustworthy
  - c. Committed
  - d. Properly aligned with CYS
  - e. Supportive and encouraging
  - f. Flexible access
  - g. Promptly available
6. Are necessary safety planning resources available and accessible to the family at the level of effort, frequency, and amount required to assure child protection? Given the nature and intensity of the impending danger, are there sufficient lay or professional resources within the family and community to perform safety actions, tasks, or safety services necessary to manage the identified safety threats—existing impending danger.
- If the answer to questions 5 or 6 is NO**, the analysis does not support the use of a CYS managed comprehensive safety plan (either in the home of origin **or in an alternate informal living arrangement**). Proceed with formal out-of-home safety plan (i.e. Petition the court to have the child placed in a substitute/congregate care setting).

### Connecting Safety Analysis Questions to Safety Decisions:

If there are no safety threats the safety analysis would not need to be documented on the In Home Safety Assessment worksheet. Counties may elect to have their staff write “no safety threats” or N/A on the worksheet; however this is not a requirement. Child(ren) would be determined to be **Safe**.

If there are safety threats, caseworkers need to use the analysis process to guide their determination as to whether or not a child is safe, safe with a comprehensive safety plan, or unsafe.

- After completing analysis questions 1 and 2, if the determination is that existing protective capacities are already in place to offset all safety threats then the safety decision is that the child(ren) are **Safe**. There is no need to proceed to analysis questions 3 and 4.

If the protective capacities do not offset all safety threats proceed to safety analysis question 3.

- After completing analysis question 3, if the determination is that a CYS managed comprehensive safety plan is not an option, the safety decision is that the child(ren) is/are **Unsafe**. CYS must either execute a Voluntary Placement Agreement or petition the court to have the child placed in a substitute/congregate care setting. There is no need to proceed to analysis question 4.

If the determination is that a CYS managed comprehensive safety plan is an option either within the home of origin or in an alternate informal living arrangement, proceed to analysis question 4.

- After completing analysis question 4, if the determination is that a CYS managed comprehensive safety plan cannot be implemented in the home of origin or in an alternate informal living arrangement, the safety decision is that the child(ren) is/are **Unsafe**. CYS must either execute a Voluntary Placement Agreement or petition the court to have the child placed in a substitute/congregate care setting.

If the determination is that a CYS managed comprehensive safety plan is the least intrusive option that will ensure the child(ren)'s safety then the safety decision is **Safe with a Comprehensive Safety Plan**. This would include all plans put in place within the home of origin or in an alternate informal living arrangement.

### *In-Home Safety Decisions*

The safety decisions for the In Home Safety Assessment and Management Process are:

**Safe:** Either caregiver's existing protective capacities sufficiently control each specific and identified safety threat, or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.

**Safe with a Comprehensive Safety Plan:** Either caregiver's existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.

**Unsafe:** Caregiver's existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; agency must petition for custody of the child. A Safety Plan is required.

Effective safety decision making must involve the caregivers, not only as a component of the assessment but as part of the decision making process. Caregivers who are part of the process are more likely to be motivated and committed to the safety interventions and family service plan actions. A decision as to whether a safety plan is needed due to family conditions, behavior, emotion, attitudes, perceptions, motives or situations should be reached mutually, but is ultimately the county agency's decision.

Additionally, while the county children and youth caseworker recommends safety plans, the caseworker is not the sole person responsible for safety decision making. Caseworkers should also include information gathered from the referral source, all collateral contacts, and private providers,

primary health care providers, in addition to family member information. The supervisor's role in the decision making process involves discussion with the worker regarding his or her assessment and recommendations, as well as the final approval to agree with, alter, endorse, and/or collaborate on the caseworker's recommendation and implementation of a safety plan.

## Safety Assessment Worksheet – In-Home

<b>Date of Safety Assessment:</b>			<b>Type of Assessment:</b>					
<b>I.</b>	<b>Family Name:</b>		<b>Case number:</b>			<b>Caseworker Name:</b>		
Suf	Child's Name		Age	Suf	Child's Name		Age	
Caregiver Name		Rel	Date Seen	Caregiver Name		Rel	Date Seen	
<b>II. Identify Safety Threats Below</b>			List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met			Explain how safety threshold was met/ not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)		
Date of Face to Face Contact:								
10. Caregiver(s) intended to cause serious physical harm to the child		Y						
		N						
11. Caregiver(s) are threatening to severely harm a child or are fearful that they will maltreat the child		Y						
		N						
12. Caregiver(s) cannot or will not explain the injuries to a child		Y						
		N						
13. Child sexual abuse is suspected, has occurred, and/or circumstances suggest abuse is likely to occur		Y						
		N						
14. Caregiver(s) are violent and/or acting dangerously		Y						
		N						
15. Caregiver(s) cannot or will not control their behavior		Y						
		N						
16. Caregiver(s) reacts dangerously to child's serious emotional symptoms, lack of behavioral control, and/or self destructive behavior		Y						
		N						
17. Caregiver(s) cannot or will not meet the child's special, physical, emotional, medical, and/or behavioral needs		Y						
		N						
18. Caregiver(s) in the home are not performing duties and responsibilities that assure child safety		Y						
		N						
10. Caregiver(s) lack of parenting knowledge, skills, and/or motivation presents an immediate threat of serious harm to a child		Y						
		N						
11. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child		Y						
		N						
12. Caregiver(s) perceive child in extremely negative terms		Y						
		N						
13. Caregiver(s) overtly rejects CPS/GPS intervention; refuses access to a child; and/or there is some indication that the caregivers will flee		Y						
		N						
14. Child is fearful of the home situation, including people living in or having access to the home		Y						
		N						

**III. Are Safety Threats Present?**  Yes?  No? If Yes, complete the following:

**Discussion Protective Capacities:** A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be absent and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

**IV. Safety Analysis:** As part of your analysis, respond to the following four questions:

How are safety threats manifested in the family?

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CYS?

Is an in-home CYS managed safety plan an appropriate response for this family?

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?

**V. Children Who Were Not Seen:** Every effort should be made to see each child in the family face-to-face to determine if they are safe. If there is a child in the family that was not seen (e.g. child runaway), list their name and provide justification as to why they were not seen, how long it has been since someone has seen the child and the plan identified to locate the child and to assure that child's safety.

Child Name	Age	Justification

**VI. Safety Decision -**

List each child by name or suffix

**Decision Date:**

**Safe:** Either caregiver's existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.

**Safe with a Comprehensive Safety Plan:** Either caregivers' existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.

**Unsafe:** Caregivers' existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.

**VII. Signatures of Approval**  
(Requires Supervisory Discussion)

Case Worker Name

Signature

Date

Supervisor Name

Signature

Date



## *Instructions for Completion of the In-Home Safety Assessment Worksheet*

**Date of Safety Assessment:** Enter the date the form is completed

### **Type of Assessment:**

Enter the type of safety assessment you are completing from the following listing. Note: these listings are based on the intervals defined in the In Home Policy section.

- Preliminary (first face-to-face contact);
- Conclusion of investigation/assessment;
- New information (new circumstances, referrals, etc.);
- New worker (first face-to face contact after transfer);
- FSP/\_CPP review hearing (30 days prior to, not exceeding 6 months)
- Reunification (specify planned or unplanned);
- Reunification follow-up; and
- Case Closure.

**Section I: Identifying Information:** The following fields are found in this section of the In-Home Safety Assessment Form:

- **Family Name:** Enter the Family Name/Case Name;
- **Case Number:** Enter the Case Number that is assigned to the family;
- **Caseworker Name:** Enter the name of the caseworker completing the safety assessment;
- **Suffix, Child's Name, and Child's Age:** Enter the suffix your agency has assigned to each individual child under suffix. (If your agency does not utilize suffixes, leave this section blank and just list the child's name). Enter the name and age of each child residing in the household; and
- **Caregiver Name, Relationship, Date Seen:** Enter the name of each primary caregiver residing in the home and their relationship to the child.

**Section II: Assessment of Safety Threats:** This section documents both present and impending danger threats. This section is to be completed using information gathered in relation to the six domains.

The following columns/fields are found in this section of the In-Home Safety Assessment worksheet:

- **Identify Safety Threats Below (Column):** This column is the listing of the fourteen safety threats.
- **List Each Child (Column):** This column is where the caseworker would document the date of the face to face contact(s) with the child AND indicate the presence or absence of a safety threat.
  - Enter the date of face to face contact (field) with the child.
    - This field could include individual dates of contact or a range of dates representing when each child was seen.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met				Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face to Face Contact:		1/1/08 – 3/9/08				
1. Caregiver(s) intended to cause serious physical harm to the child	Y		B			
	N	A				

- List each individual child by their suffix in the columns provided. Each column represents one child. If your agency does not utilize suffixes, place the child's name (or initials) in this column.
- "Y"- threat is present and meets the safety threshold; "N"-threat does not exist or does not meet the safety threshold.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met				Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face to Face Contact:		1/1/08 – 3/9/08				
1. Caregiver(s) intended to cause serious physical harm to the child	Y		B			
	N	A				

- **Explain how the safety threshold was met/ was not met (column):** This column is where caseworkers would describe how the safety threshold was met (e.g. there is an active safety threat) or was not met. Caseworkers should provide enough explanation so that the supervisor or other individual reading the case file would get a clear understanding of how the threat was in operation.
  - Preliminary Assessments: Preliminary assessments are often completed with limited information. It is still important to document what information is known. For identified safety threats, caseworkers should still indicate the presence of that threat by recording the child's suffix or name in the "Y" line. For the remaining safety threats, it is permissible to record the child's name or suffix in the no line; however, the caseworker should record any information that has been identified to date and explain that current evidence does not indicate the presence of this threat
  - For all other assessments after the preliminary assessment, an explanation must be provided for every safety threat as to how the safety threshold was or was not met. Do not leave any of the safety threshold explanation spaces blank. Do not state that any safety threat is N/A.

II. Identify Safety Threats Below		List each child by name or suffix in the column. Note: only select Yes if the safety threshold was met				Explain how safety threshold was met/not met (Safety Threshold: vulnerable child, specific, out-of control, imminent, and serious harm likely)
Date of Face to Face Contact:		1/1/08 – 3/9/08				
1. Caregiver(s) intended to cause serious physical harm to the child	Y		B			
	N	A				

**Section III: Protective Capacity:** This section documents the current status of the caregiver’s protective capacity. Protective capacities can be absent, diminished or enhanced. When the family first becomes involved with CYD, they may have several capacities which are absent or diminished. Over time, the caseworker will be able to document caregiver progress in the development or use of protective capacities.

- **Are Safety Threats Present (Check Box)?** The purpose of this checkbox is to link the information related to the identified safety threats.
  - Check yes or no depending on whether any safety threats were found. If, at any time a caseworker is conducting a safety assessment and no safety threats are present the protective capacity section is not required. This may occur at the beginning of the casework process when it is determined that an assessment/investigation is not necessary or at the end of the casework process when you are getting ready to close the case.

If any safety threats are present, continue completing this section to determine if any caregivers have any protective capacities.

<b>III. Are Safety Threats Present?</b> <input type="checkbox"/> Yes? <input type="checkbox"/> No? If Yes, complete the following: <b>Discussion Protective Capacities:</b> A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.				
Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

The next set of fields (**column name, safety threat by number, and child suffix/name**) are all interrelated. We are looking at how a primary caregiver caused or failed to prevent a specific safety threat to a specific child. The caseworker must then determine the relationship between the threat and what protective capacity needs to be put into place or enhanced to prevent the safety threat from reoccurring. There may be situations where multiple caregivers, children, and threats could be mitigated by a specific protective capacity. If this is the case, one may list multiple caregivers, threats, and children on one row in this section of the form.

<b>III. Are Safety Threats Present?</b> <input type="checkbox"/> Yes? <input type="checkbox"/> No? If Yes, complete the following: <b>Discussion Protective Capacities:</b> A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.				
Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

- **List the caregiver protective capacity (column):** select the protective capacity that, when enhanced and in operation, would mitigate the safety threat from the listing of protective capacities provided in the Safety Assessment and Management Process Reference Manual.

**III. Are Safety Threats Present?**  Yes?  No? If Yes, complete the following:

**Discussion Protective Capacities:** A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

- Description of Protective Capacity (column):** This column is provided for the caseworker to provide specific information about how a protective capacity is enhanced, diminished, or absent. Caseworkers should begin by identifying the status of the protective capacity and then provide specific information as to how that determination was made. For instance, if a caregiver has a protective capacity but it is diminished, when is it diminished, under what circumstances, what did the protective capacity look like when it was enhanced? What would need to happen to enhance that protective capacity enough that the caregiver could prevent the safety threat from reoccurring? How would you know, etc?
  - Caseworkers must select from the listing of protective capacities provided in the manual in the Protective Capacity Section.

**III. Are Safety Threats Present?**  Yes?  No? If Yes, complete the following:

**Discussion Protective Capacities:** A protective capacity is a specific quality that can be observed and understood to be part of the way a caregiver thinks, feels, and acts that makes him or her protective. The purpose of determining whether or not a caregiver has protective capacities is to 1) determine if the child can be safe with that caregiver, 2) to determine when a child could be safely returned to the home, and/or 3) to determine if the case can be closed. Protective Capacities can be absent, enhanced or diminished. Consider each identified safety threat. What protective capacity must be enhanced and in operation to mitigate that threat? For enhanced protective capacities, describe specifically how that protective capacity would prevent the safety threat from reoccurring in the near future.

Caregiver Name	Safety Threat By #	Child Suffix/ Name	List the Caregiver Protective Capacities which, when enhanced AND used, would mitigate the safety Threat.	Indicate if the Protective Capacity is enhanced, diminished or absent. For enhanced protective capacities describe how the selected capacity prepares, enables, or empowers the caregiver to be protective. Will the caregiver(s) be able to put the protective capacity into action?

**Section IV: Safety Analysis:** This section asks four questions that will guide the caseworker in considering options for family safety planning, as well as the potential of in-home safety planning. This analysis will also help inform whether the child needs to be removed from the home. This section should be used to help document the information obtained through the casework process to help support your resulting safety decision.

- Response to Analysis Questions:** Caseworkers must respond to each of the four analysis questions. The questions help to summarize the information learned about the identified safety threats and caregiver protective capacities, and helps determine what type of plan is necessary in-home, out-of-home, or combination of the two. This information also guides the safety decision.

**IV. Safety Analysis:** As part of your analysis, respond to the following four questions:

How are safety threats manifested in the family?

Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CYS?

Is an in-home CYS managed safety plan an appropriate response for this family?

What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?


**Section V: Children Who Were Not Seen:** This section identifies which children were not able to be seen at the time the safety assessment was conducted.

- The child’s name, their age, and the justification as to why the child was not seen should be listed. Efforts to see the child, the date the child was last seen, and the plan to locate or see the child should be documented here as well.

<b>V. Children Who Were Not Seen:</b> Every effort should be made to see each child in the family face-to-face to determine if they are safe. If there is a child in the family that was not seen (e.g. child runaway), list their name and provide justification as to why they were not seen, how long it has been since someone has seen the child and the plan identified to locate the child and to assure that child's safety.		
Child Name	Age	Justification

**Section VI: Safety Decision:** Based on all of the information gathered and the safety analysis a safety decision is made. This decision should reflect the level and/or amount of safety intervention and the degree of intrusiveness needed to control the safety threat.


- The date the decision was made should be documented under “Decision Date”.
- Each child in the home should be listed by suffix or name in this section.
- This section will determine whether each individual child is:
  - safe;
  - safe with a comprehensive safety plan; or
  - unsafe.
- To indicate a safety decision, record the child’s suffix or name in the corresponding line. Each child should have their own safety decision. Several columns have been provided so that multiple children could be listed.

VI. Safety Decision -	List each child by name or suffix			
<b>Decision Date:</b>				
<b>Safe:</b> Either caregiver’s existing protective capacities sufficiently control each specific and identified safety threat or no safety threats exist. Child can safely remain in the current living arrangement or with caregiver. Safety plan is not required.			D	
<b>Safe with a Comprehensive Safety Plan:</b> Either caregivers’ existing protective capacities can be supplemented by safety interventions to control each specific and identified safety threat; or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a safety plan is required.	A		C	E
<b>Unsafe:</b> Caregivers’ existing protective capacities cannot be sufficiently supplemented by safety interventions to control specific and identified safety threats. Child cannot remain safely in the current living arrangement or with caregiver; caregivers can no longer retain custody, court involvement is required. Safety plan is also required.		B		

**Section VII: Signature of Approval:** This section indicates worker and supervisor approval of the safety assessment.

- The caseworker should only sign the worksheet after supervisory discussion and concurrence has been reached.
- Caseworker name should be printed on then line above “Case Worker Name.” Caseworker should sign the document above “Case Worker Signature”. The form should be dated with the date on which it was signed. The supervisor also includes their printed name, signature, and the date of when the safety assessment worksheet is signed.

- If the supervisor instructs the caseworker to make revisions or modifications of the documentation contained on the In-Home Safety Assessment, those changes should be made prior to either person signing the form. This type of revision is not considered to be a “new” safety assessment.

<b>VII. Signatures of Approval</b> (Requires Supervisory Discussion)	Case Worker Name 	Signature	Date
	Supervisor Name	Signature	Date

### Safety Plan Management

Safety planning is the process which occurs at any point during the life of the case when a child’s safety is threatened and protective capacities cannot manage the threat of serious harm. During this process, when a present or impending danger threat exists in a family, immediate action must be taken to ensure the child’s safety. A safety plan must be:

- 1 Immediate so that it is capable of being in operation the same day it is created;
- 2 The interventions must be specific and measurable; and
- 3 Sufficient to manage safety.

A caseworker must develop a safety plan when there are present danger or impending danger threats identified and these threats cannot be managed by the caregiver's protective capacities. A caseworker would not need to develop a safety plan when there are not any present danger or impending danger threats or the protective capacities in the family can adequately manage foreseeable safety threats.

The safety plan is initially developed based on the results of the in-home safety assessment and analysis of the information gathered during the safety assessment. The results of the in-home safety analysis lead to a determination of safe, safe with a comprehensive safety plan, or unsafe. A safety plan must be developed for **ALL** children determined to be safe with a comprehensive safety plan and unsafe.

For children determined to be safe with a comprehensive safety plan; the developed safety plan can include an informal living arrangement as a safety intervention. This intervention is intended to be short term and is designed to assure the safety of the child while the investigation and/or assessment are being completed. The arrangement is made without court involvement. If it is determined that the informal living arrangement needs to continue beyond the investigation/assessment period, the following should be considered:

- Are there dependency issues that necessitate the filing of a dependency petition?
- Does the informal living arrangement caregiver wish to be approved as a resource family?
- 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 have the legal authority to make medical and educational decisions regarding the child?

For children determined to be unsafe; the developed plan would include any and all safety interventions necessary to control the safety threats. This safety plan would remain in effect, at a minimum, for the first thirty days that the child is in placement or until such time as the Child’s Permanency Plan is developed. If the Child’s Permanency Plan developed does not address all of the

safety threats, a safety plan will still need to remain in effect.

### **Preliminary Safety Decisions and Immediate, Preliminary Safety Plans:**

Present and impending danger threats identified throughout the casework process require an immediate response on the part the county caseworker to assure safety. Often this decision must be made prior to the completion of the GPS assessment/ CPS investigation and in some instances, prior to conducting face to face interviews with all of the caregivers and/or family members. In many instances, the protective action is to take the child into emergency custody. The reason for this is that there is not enough time to conduct a comprehensive assessment of caregiver protective capacity and family resources. Once the immediate safety of the child can be assured, the county caseworker may then proceed to complete their assessment/investigation.

If present danger exists or impending dangers are obvious, a preliminary safety plan must be developed to control the threats. A preliminary safety plan is short term. It must assure child safety while the investigation or assessment continues. A preliminary safety plan is specific and tied to a particular safety threat(s). The interventions of the safety plan must control those threats until sufficient information can be gathered and analyzed to determine the need for a safety plan.

When developing immediate/preliminary safety plans it is important to keep several criteria in mind: while primary caregivers (parents) are to be involved in considering action to be taken, given the immediate consequences of present danger, the immediate/preliminary safety plan should include other responsible people. One should not rely on the primary caregivers to be responsible for assuring the immediate/preliminary safety plan works. When using relatives as caregivers in providing the immediate/preliminary safety plan, be certain about who they are allied with—the parents, the child, or CYS.

Keep in mind the immediate/preliminary safety plan need only last as long as it takes to complete the intake process or investigation, and, when an immediate/preliminary safety plan is needed, staff should work expeditiously to complete the intake (investigation) assessment as soon as possible. An immediate/preliminary safety plan should only be in place for a brief period of time. Attempts should be made to gather sufficient information for concluding the intake process and decision making promptly. Since this is a short-term measure and as minimally intrusive as possible, keep it simple, and as close to the family and within the family network so far as possible.

Once the plan is developed it must be confirmed with the family/responsible persons and enacted the same day that the present danger is identified.

### **Safety Planning:**

The safety plan is developed with a specific child in mind; the focus can be broadened to encompass sibling groups. The safety plan must identify under what conditions a child will remain safe in their home or in a placement setting. When children are determined to be unsafe in their own home, their safety plan should include services that either they or their resource family will receive while the placed child is in substitute care. A safety plan should include the following:

- An analysis of the present and/or impending danger threats.  
This analysis is critical because it establishes what must be controlled. That is what are the threats, when do they occur?

- How present and/or impending danger will be managed including by whom, under what circumstances and agreements, and in accordance with specification of time requirements, availability, accessibility and suitability of those involved.
- Consideration of caregiver awareness and acknowledgement of safety threats.
- Consideration of caregiver acceptance and willingness for the plan to be implemented.
- A plan for CPS oversight.

### Ultimately a Safety Plan must:

- **Control or manage present and/or impending danger threats**  
The single purpose of the safety plan is to control or manage present and/or impending danger. If any other purpose is included, it may not be a safety plan.
- **Have an immediate effect**  
The safety plan is created because you have identified present and/or impending danger. The definition for present danger is that it is happening now and impending danger is that it is imminent. That means serious harm is going to happen anytime within the near future; from later today, tomorrow or up to, but not exceeding 60 days. Therefore, the safety plan must be established and implemented at the point the present and/or impending danger is identified and do what it is supposed to do the very day it is set up e.g. manage present and/or impending danger.
- **Be immediately accessible and available**  
Available means the provider has sufficient time and capacity to do what is expected. Accessible means the provider will be in place, readily responsive and close enough to the family to meet the demands of the plan.
- **Contain safety services and actions only**  
Actions and services contained within the safety plan are designated specifically for the purpose of controlling or managing present and/or impending danger. Safety services must have an immediate effect. A safety service must achieve its purpose fully each time it is delivered.
- **Not contain promissory commitments**

Once a safety plan is developed, a method for monitoring compliance with the safety plan must be put into place. An example of monitoring might be: the caseworker will call or visit with the maternal grandmother weekly to check and assess her ability to continue in her role as a responsible person on the safety plan. While monitoring compliance of the safety plan is ultimately the responsibility of the CYS agency, responsible caregivers identified in the safety plan also aid in the monitoring of the safety plan. This means that not only is it the agency's responsibility to monitor compliance with the plan, but it is imperative that there is communication with other persons, professionals and agencies that are involved with the family and that they all have an interest in assuring the child's safety, which ultimately leads to compliance with the plan.

Action steps identified in the safety plan must be specific and measurable and must have an immediate positive impact on controlling the safety threat to the child. To identify action steps, the caseworker should consider any and all protective capacities in operation within the family and their support system. Whenever possible, the identified protective capacities should be used to control safety threats, if and only if the worker can clearly justify how the protective capacities will truly control the threats.



## **Actions within Safety Plans:**

### **Safety Management**

Safety management is the intervention used to control present and impending threats to a child. Safety management includes in-home, out-of-home or a combination of in-home/out-of-home actions. Safety interventions should always be viewed on the continuum of response alternatives, from least to most intrusive with the most severe safety intervention being placement of the child. These safety interventions can take place in the home or out of the home and can be either formal (professional services) or informal activities (relatives, kin, and neighbors).

#### **Safety management must be:**

- 1. Capable of having an immediate effect;**
- 2. Immediately available;**
- 3. Always accessible; and**
- 4. Sufficient to control the danger or threat of danger.**

Safety management is concerned with *controlling* danger and threats of danger only – not changing parent/caregiver behavior.

To be effective, safety management must be responsive to how safety issues change throughout the course of agency intervention. Safety management must be able to respond to new or changing threats of present or impending danger, as well as the protective capacities of the caregivers. Safety decisions can be modified as a result of those changes. When changes occur in the family situation, safety interventions should be reviewed to determine whether or not they are still appropriate based on the present or impending threats to the child's safety. At this time, additional safety interventions may need to be implemented if the present or impending threats to a child's safety have increased and protective capacities within the family are insufficient to control the threats. If the threats to a child's safety have decreased, safety interventions may be able to be decreased. The process by which safety interventions and caregiver's protective capacities are assessed should directly relate back to the safety analysis and resulting decision.

Safety management is focused on behavior, emotion, attitude, motive, intent or situations that are associated with present or impending danger threats to child safety. Safety management must have influence over specific threats to a child's safety and must change and adjust to differences in threats to safety and caregiver protective capacities.

Safety management includes five safety management actions that can be applied alone or in combination.

### **Safety Intervention:**

Safety actions may include formal or informal services or activities and may be provided by professionals, non-professionals and the family network.

### **Separation**

Separation is a safety action concerned with threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and

children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can have a supervisory – oversight function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row. Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-home placement of a child or combinations. Activities and services that fit this action include:

- Planned absence of caregivers from the home
- Respite care
- Day care
- After school care
- Planned activities for the children
- Child placement: short-term; weekends; several days; or few weeks

Examples of this type of safety intervention:

- The paramour will voluntarily leave the residence and have no contact with the child while the investigation is completed;
- On Wednesday's and Thursdays, when the father works the second shift, the children will stay with their aunt in her home;
- The child will attend day care from 8 am to noon, Monday through Friday when mother is at work;
- The youth will stay in the schools' after class activities until 4:30 pm on Mondays and Tuesdays until the mother gets home from work;
- The child will attend the YMCA's Latchkey Program Monday through Friday until picked up by the father at 5 pm; and
- The child(ren) will stay with the maternal grandmother in her home while the mother completes her in-patient detoxification program.

## **Crisis Management**

Crisis management is specifically concerned with intervening to bring a halt to a crisis and to mobilize problem solving to return a family to a state of calm. For this action to apply, there must be a sudden precipitating event or onset of conditions that immobilize caregivers' ability to solve their problems and manage their lives thus reducing their protective capacities to provide protection and basic care. The purpose of crisis management is crisis resolution and immediate problem solving in order to control the threat to child safety. Activities or services that are consistent with this safety action must specifically address the crisis and may include:

- Crisis intervention
- Entering into a domestic violence shelter;
- Entering a detoxification program for drug/alcohol treatment;
- Emergency medical care; or
- Immediate mental health commitment (voluntary or involuntary).

It is likely that crisis management will be applied in conjunction with other safety actions.

Examples of this type of safety intervention:

- If the mother leaves the child in the home without supervision, the child will immediately contact her aunt, who lives next door, and the aunt will come to the home and stay with the child until the mother returns home. If the child cannot reach the aunt, she will contact the caseworker;
- Mother and child have checked in with the Women's Shelter and will not reveal this action or their location with the paramour;
- The father has been involuntarily committed to a mental health facility while mother maintains supervision and care of the children;
- The father will enter a five day, in-patient detoxification program; and
- The caseworker will travel with the mother to take the child to the emergency room of the local hospital for an examination and assessment of the injuries.

## **Social Support**

Social support is an action that reduces social isolation and seeks to provide social support. This action is versatile in the sense that it may be used alone or in combination with other actions in order to reinforce and support caregiver efforts. Keeping an eye on how the family is doing is a secondary value of social connection. Keeping the safety threshold in mind, this action may be useful with those who are failing to meet basic protective parenting responsibilities such as young, inexperienced parents; those who are anxious or immobilized emotionally; those who need encouragement and support; those who are overwhelmed with parenting responsibilities; and those who are developmentally disabled. Activities or services that are consistent with this safety action include:

- Basic parenting assistance and teaching
- Homemaker services to address environmental concerns
- Supervision and monitoring
- In-home babysitting

Examples of this type of safety intervention:

- The youth will continue to take care of her child with her mother's (baby's maternal grandmother) supervision and daily mentoring on how to properly feed an infant;
- The C&Y Homemaker will visit daily with the family at their home to assess the conditions of the home, discuss potential hazards and correct any dangerous conditions;
- On days when the father works evenings, his sister (child's aunt) will stay with the child and mother to assure proper supervision of the child and monitoring of the mothers activities;
- On Wednesday evenings, when the mother has her ladies night out, her 19 year old neighbor's daughter will babysit with the children in their home.

## **Resource Support**

Resource support refers to safety action that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Activities and services that constitute resource support used to manage threats to child safety include:

- Resource acquisition (i.e. getting heat, water, electricity, food, etc.)
- Transportation services (particularly in reference to an issue associated with a safety threat)

- Housing assistance

Examples of this type of safety intervention:

- The caseworker will take the mother to the church’s food pantry every three days to restock her food inventory until her monthly food stamp allocation is received;
- The Children & Youth agency will supply the father with bus passes to take the child to her weekly physical therapy sessions;
- The caseworker helps the family to enter the County’s 30 Day Transitional Housing Program following their eviction.

**Differences between Safety Interventions and Actions in the Family Service Plan:**

Safety interventions as prescribed in the safety plan focus on controlling the threat of harm to a child while actions in the family service plan focus on eliminating the conditions causing and sustaining the threats of harm and strengthening protective capacities.

<b>Crosswalk between Safety and Service Plans</b>	
<b>Safety Plan</b>	<b>Service Plan</b>
The purpose is to control	The purpose is to change
Limited to imminent safety threats	Addresses a wide range of family needs
Put into place immediately upon identifying imminent safety threats	Put into place following further assessment and when the family is ready
There are many activities and services within the safety plan, which are occurring simultaneously.	Activity and services can be spread out occurring intermittently over a long period of time
Must have an immediate effect. This means it must work the day it is set in place	Is expected to have long term effects achieved over time
The provider’s role and responsibility in the safety plan is exact and focused on the safety threats	The provider’s role and responsibility vary according to client need

An example of the services that would be established on the service plan might include mental health or substance abuse counseling, parenting education, or anger management. These treatment services would not be appropriate to include in the safety plan as they do not exert an external control to offset the immediate safety threat. However, the caregiver’s participation in such services may result in the caregiver internalizing changes that would control future risks of harm. Ultimately, these services will have a greater long term impact on the safety and well-being of the child, but would not assure the child’s immediate safety.

Safety interventions should be assessed as part of the ongoing casework process in order to determine that the interventions put into place are adequate and remain consistent with the needs of the family to control the threats to the child. If there is evidence, circumstances, or new information that suggests a change in the family situation and ultimately poses threats to the child’s safety, the analysis of the current safety interventions need to be reviewed in order to determine why threats are occurring. The review of the analysis may determine that the safety interventions put into place were not appropriate or that the changes in the family situation require different interventions.

## *Implementing the Safety Plan:*

A Safety Plan is contingent upon the plan being followed as outlined and agreed upon by all responsible persons. The most important part of the safety plan is the people who participate in it. Focus should be placed upon collaborating with all responsible persons in order to develop the most comprehensive and effective safety plan. People who participate in the safety intervention must be capable and willing to provide a safe environment for the child, which means that they must have protective capacities which enable them to assure the child's safety. A responsible person is any individual(s) who has/have a role and responsibility to assure the child's safety for compliance with the plan; types of responsible persons could include caregivers, kin, household members, service providers, resource families, agency staff, and/or other identified resources. All responsible persons identified in the safety plan must be actively and effectively engaged in safety assessment and safety planning. They must understand and agree that the threats to the child's safety exist and that the child is unsafe. They must also understand that the purpose of the safety intervention is to control the threat of serious harm to the child. They must be not only available but also to be able to successfully perform the intervention.

Collaborating with and obtaining agreement from the caregivers, family members, and/or other persons involved with the child to act as responsible persons for the actions that will be taken as a part of a safety plan is a critical component of safety planning. It is also an opportunity to engage the family to act on their own behalf and enhance their protective capacities in order to assure the safety of their children. The steps that caregivers take to enhance their own protective capacities will enable them to meet the services, goals, and objectives outlined in their family service plan, which will ultimately lead to them providing their children with a safe, permanent home.

A safety plan becomes effective when all responsible persons have agreed to the conditions outlined in the safety plan. This effective date should be included in documentation within the case record and on the safety assessment worksheet.

Characteristics of an effective safety plan are usually dependent on one or more of the variables listed below:

1. Responsiveness of intervention to safety needs;
2. Intervention based on the family's input;
3. Willingness of the family to implement intervention;
4. History of past behavior and/or effectiveness of similar interventions;
5. Effectiveness of intervention to mitigate safety threat;
6. Selection, availability and accessibility of interventions;
7. Immediate implementation of intervention;
8. Required frequency of intervention; or
9. Intensity of intervention required to control safety.

Developing and maintaining a safety plan is the primary responsibility of the county children and youth agency which is informed by the family, any and all private providers, and collaterals involved with the child.

## **The Role of Providers in Helping to Monitor the Safety Plan:**

County children and youth agencies are required to complete the appropriate safety assessment worksheet and make safety assessment decisions. Private providers who provide services to families on behalf of the county children and youth agency are expected to provide information to the county children and youth agency which will inform the safety decision made.

Providers who provide services on behalf of the county children and youth are responsible for assessing for present and impending danger at every contact and immediately contacting the county worker with information about any threats to the child's safety. The provider worker must ensure that this information is received by the county worker. If the county worker is not available at that time, the provider worker must ensure that a supervisor or someone at a higher level at the county agency is aware of the information.

Provider workers should also ensure that conditions related to child safety are described in required reports, such as ISPs. Intervention and services must be provided to aid in strengthening protective capacities and address the emergence of safety threats.

## Safety Plan

<b>I.</b>	<b>Family Name:</b>	<b>Case Number:</b>	<b>Children's Names or Suffixes:</b>	<b>Date of Safety Plan:</b>
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**III. Safety Plan:**  
 Identify the Safety Threat, the person responsible for ensuring that the safety action is completed, the safety action, and the child (by name and suffix).  
**Note: for In-Home Safety Plans, it is agreed that these actions are necessary to maintain the child(ren) safely in their own home. If these actions are not achieved, do not provide for the safety of the child, and/or additional safety threats are identified which make the child unsafe in their own home, consideration will be made for the removal and placement of the child(ren) to ensure safety.**

Safety Threat By #	Child Suffix	Responsible Person	Safety Action	Time Period	How Monitored

**III. Plan Agreement:**

Signature on the safety plan indicates that the responsible person agrees to follow the safety plan as prescribed. The responsible person also agrees to notify the child and youth caseworker and/or private provider staff if they are in need of assistance, unable to fulfill their responsibilities as detailed in the plan, and/or if other individuals attempt to have unapproved contact with the child.

Responsible Persons Print Name/ Address	Signature	Relationship to Children	Date

**Agency Representatives:**

Caseworker		Phone:	
Supervisor		Phone:	

**IV. Parental / Legal Custodian Waiver (Sign Below):**

“I authorize the release of all of the information on the Safety Assessment and Plan to all participants in the Safety Plan, for the purpose of providing information about their role in enforcing the Safety Plan. I hereby waive any rights to confidentiality that I may otherwise have concerning the information on the Safety Plan.”

Parent or legal custodian name	Signature	Phone:	
Parent or legal custodian name	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Child Name, if applicable	Signature	Phone:	
Other Name	Signature	Phone:	



## *Instructions for Completing the Safety Plan*

### **Section I: Demographic Information:**

- **Family Name:** Enter the family name which is on the safety assessment worksheet.
- **Case Number:** Enter the case number which is assigned to the family.
- **Child's Name/Suffix:** Enter the child's name or suffixes as they are documented on the safety assessment tool.
- **Date of Safety Plan:** Enter the date the safety plan is completed.

**Section II: Safety Plan:** This is the section where the safety interventions would be recorded. Safety Interventions are actions which can take place immediately and have an immediate effect.

- **Safety Threat by #:** In this column, list the corresponding number of the safety threat to be addressed (from the Family Safety Assessment)
- **Child Suffix:** In this column, list the name or suffix of the child for whom a Safety Action is being developed.
- **Responsible Person:** In this column, the person who is responsible for the Safety Action is listed.
- **Safety Action:** In this column, the specific details of the safety action are documented.
- **Time Period:** The expected duration of the specific Safety Action is documented in this column.
- **How Monitored:** The method by which the Safety Action will be monitored is documented in this column. The person responsible for monitoring, and the frequency of contact for monitoring should also be detailed in this column.

**Section III: Plan Agreement:** Signatures on this section of the plan indicate that the responsible persons agree to their portion of the plan and are willing and able to carry out their responsibilities.

- **Responsible Persons:** Each person who has a responsibility in the implementation of the service is listed in this column, including their address.
- **Signature:** Each responsible person is required to sign their agreement to the safety plan. The signature of each person constitutes their complete agreement with the safety plan and their role with the plan.
- **Relationship to Children:** Each responsible person's relationship to the children should be listed here.
- **Agency Representatives:** This section contains the signature of the county agency caseworker and their supervisor, as well as their phone numbers.

**Section IV: Parental/Legal Custodian Waiver & Signatures:** This section is where the parents/caregivers indicate their understanding and agreement to the safety plan. There may be instances where the parent/caregiver refuses to sign the plan. Caseworkers should document their explanation of the safety plan to the caregiver/parent and document that they were unwilling to sign.

- **Parent or Legal Custodian Name:** This section includes the printed name and signature of the parent(s) and/or legal guardian(s), and their respective phone numbers.
- **Child Name:** In addition, any child 14 years or older is required to sign.

- **Other Name:** The “other” signature line would be utilized by any other household member (i.e. paramour, step parent, grandparent, etc.) who would not technically be considered a parent or legal custodian but has a significant role in the family.

These signatures authorize the release of information contained in the safety assessment and plan to persons who are responsible for safety actions.

## Out of Home Safety Assessment and Management

### *Out of Home Definitions*

The following terms and phrases below should be used within the context of the Out of Home Safety Assessment and Management Process. They have been developed to provide clarification for individuals/agencies that may use the same term in a different context.

#### **Primary Definitions:**

**Out of Home Care:** 24 hour care and supervision of a child outside of the home from which the child was removed; ‘out of home’ care includes both informal and formal care arrangements.

**Out of Home Caregiver:** for the purposes of the out of home safety assessment and management process, this term refers to the individual providing care to the child in all situations of formal and informal care.

**Formal Care:** required in situations in which the county agency has legal and physical custody of the child and places the child in an emergency caregiver’s home that has temporary approval from a State-licensed foster care agency, or in a resource home fully approved by a State-licensed foster care or adoption agency.

**Informal Care:** situations in which a child who is not in agency custody goes to live with an alternate caregiver. These situations include 1) arrangements made by parents/guardians prior to Children and Youth involvement or 2) arrangements agreed upon jointly between the parents/guardians and the Children and Youth agency when the situation occurs during the course of Children and Youth involvement.

The term “prior to” refers to situations where the parent/caregiver elected to move the subject child(ren) on their own accord prior to the Children and Youth agency 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 CPS investigation, GPS assessment or accepted for service.

**Present Danger:** an *immediate, significant, and clearly observable* family condition (severe harm or threat of severe harm) occurring to a child/youth in the present tense, endangering or threatening to endanger a child and therefore requiring prompt response.

#### **Secondary Definitions:**

**Pennsylvania Standard of Care:** all out of home care settings will be evaluated using the same criteria and expectations regardless of the setting. Kinship care (formal and informal) and foster care

homes will be assessed using the same standards and safety decisions/responses to the assessment will be the same.

**Qualified Caseworker:** a person with case management or case visitation responsibilities for a particular case e.g. monthly face to face visits by:

- The county children and youth worker;
- The juvenile probation officer;
- The private provider agency with which the county has an agreement to provide services, including visitation management;
- The foster care facility case manager with global case management responsibilities, including visitation and service coordination; and/or
- In out-of-state placement cases, a counterpart of these same legal entities.

Individuals who see the child, but who do not have case management or case visitation responsibility, would not qualify for the required monthly face-to-face visit with the child in foster care. These individuals include:

- General service providers;
- Court Appointed Special Advocates (CASA's);
- Guardians ad litem (GAL's);
- Volunteers;
- Case aides;
- Foster parents;
- Direct care staff within congregate care settings; or
- Anyone without case management or case visitation responsibilities.

**Caregiver of Origin:** The adult(s) who holds the primary responsibility for the child's safety (i.e. the child's natural parent). In addition to natural parents, a caregiver may be another person who operates in that capacity (i.e. stepparents, an adult companion of a child's parent, a grandparent, an uncle or aunt, etc). The caregiver resides with the child. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, care providers such as day care or other institutions, babysitters.

**Resource Family:** a family which provides temporary foster or kinship care for children who need out of home placement and may eventually provide permanency for those children, including an adoptive family.

**Kinship Care:** the full-time nurturing and protection by kin, through informal or formal means, of a child who is separated from his/her parents or guardians.

**Kin:** an individual with an existing relationship with a child and/or a child's family by virtue of being:

- A relative of the child through blood or marriage;
- A god-parent of the child as recognized by an organized church;
- A member of the child's tribe or clan; or
- Someone with a significant positive relationship with the child or the child's family.

**Relative:** any relation by blood, marriage or adoption who is within the fifth degree of kinship to the child; the fifth degree includes great-great-great grandparents and first cousins once removed.

**Safety in Out of Home Care:** a family and home situation where there is an absence of perceived or actual threats, a refuge exists and is experienced, family members have perceptions and feelings of security and there is confidence in consistency.

### *Out of Home Care Policy*

While Pennsylvania requires assessment of safety in out of home care settings (either formal or informal) at every contact, formal documentation must be recorded on the Present Danger Assessment Worksheet (or comparable county tool that includes all of the present danger components) and Out of Home Care Safety Assessment Worksheet at the following intervals:

#### **Present Danger Assessment Worksheet Intervals:**

The Present Danger Assessment must be conducted as part of a face to face visit with the child and out of home caregivers in the out of home setting prior to or at the time the child is being placed in the home. Ideally, the face to face visit with the out of home caregiver would occur without the child being present. This includes every time a child is placed in an out of home living arrangement, either formal or informal, including instances when the child is placed after normal business hours.

**Note:** The present danger assessment does not supercede or replace the actions required by the Child Placements with Emergency Caregivers Bulletin. All of the requirements of the Emergency Caregiver Bulletin must still be completed in those situations to which it applies.

Ideally, the worksheet should be completed by the child's assigned county caseworker; however, another qualified county worker or private provider worker may complete the Present Danger Assessment on behalf of the county.

**Note:** When completing a present danger assessment on behalf of the county agency, the private provider worker will use the statewide present danger assessment worksheet. The private provider would provide the completed Present Danger Assessment to the county agency by the close of business on the next business day in addition to routine verbal communication.

Whenever a private provider worker completes the present danger assessment on behalf of the county agency, the identified caseworker or another qualified county worker must conduct a follow-up face to face visit with the child and out of home caregivers in the home as outlined below. The purpose of this follow-up face to face visit is to confirm the safety of the child. If the information collected confirms the safety of the child, the identified worker or another qualified county worker would document their information on a Structured Case Note. If the visit identifies new information impacting the safety of the child, the worker conducting the follow-up face contact would be required to provide the gathered information to the identified worker who must then complete a formal Out of Home Care Safety Assessment Worksheet within 72 hrs.

The timeframes for the follow-up face to face visit when a private provider worker completes the present danger assessment is as follows:

1. For placements in homes that have not yet achieved full approval or placements with an emergency caregiver(s), the identified county worker or another qualified county worker must

complete a face to face contact within seven (7) calendar days of the child being placed in that home.

2. For planned placements or placements in an approved home; the identified county worker or another qualified county worker must complete a face to face contact within fourteen (14) calendar days of the child being placed in that home.

**Note: If the present danger assessment is completed by another qualified county worker, a follow-up visit does not need to occur. Formal assessments and visitations would continue in the prescribed timeframes.**

#### **Pre-Adoptive or Pre-Placement Visitation:**

1. Present Danger should be assessed as part of the planning for the pre-adoptive/placement visits if those visits are intended to last longer than 24 hrs.
2. The identified case workers would continue to assess for safety during the course of their work with the family which would be captured on the structured case notes.
3. The timeframes for the intervals would begin based on the “official” start of the placement. At that time, an additional Present Danger Assessment would not need to be completed.

#### **Respite:**

1. When respites are planned to last longer than 7 days, an assessment of present danger must be completed prior to or at the time of placement.
2. When the respite is unplanned, the Present Danger Assessment must be completed within 24 hours of determining that the respite will last longer than 7 days.
3. **Note:** another qualified county worker or private provider worker may complete the present danger assessments in the respite home; however, if the present danger assessment is completed by a private provider worker a qualified county worker must complete a follow-up safety assessment within the timeframes listed above.

#### **Courtesy Present Danger Assessments:**

1. The placing county may request another county agency to complete a courtesy Present Danger Assessment on their behalf. In these instances, the county conducting a courtesy Present Danger Assessment (courtesy county) would complete a Present Danger Assessment Worksheet prior to or at the time of child placement in the out of home setting.
  - a. The courtesy county would provide verbal communication immediately upon completion of the present danger assessment to confirm or exclude the presence of any present danger threats.
  - b. Any additional information gathered during the present danger assessment would be documented using the structured case note.
2. The completed present danger assessment and structured case note would be provided to the requesting county within five business days from the completion of the present danger assessment.
3. The placing county would include the completed Present Danger Assessment and Structured Case Note in their case record.

## **When the Present Danger Assessment Is Not Required:**

1. If the child is going to be placed in an approved resource home and a qualified worker from either the county children and youth agency or private provider agency has been in the home within the last seven (7) days.
2. If the child was already placed prior to the county accepting the child/family for a CPS Investigation and/or GPS Assessment a Present Danger Assessment is not required. The identified caseworker would be required to see the child in their out of home setting to ensure that setting is safe for the child. The information gathered during this contact would be documented in the Structured Case Note. The identified county worker would then use the date that the child/family was accepted for CPS investigation or GPS assessment as the trigger for all of the remaining Out of Home Care Intervals (e.g. the first formal worksheet would be completed within 2 months (60 days from the referral).
  - a. Note: If the information gathered at the first face to face contact with the child in the out of home setting reveals a concern to safety, the identified county worker must complete an Out of Home Safety Assessment Worksheet using the “New Information” Interval..
  - b. It is also important to note that since this contact would be the first face to face contact with the child, information would be gathered related to all six (6) domains including Type of Maltreatment and Nature of Maltreatment; however, this information would relate to the specific referral and caregivers of origin. The information gathered specific to the referral would be used to inform the first In Home Safety Assessment Worksheet. In other words, this first face to face contact would both confirm that the location the child is currently residing is safe and would help to confirm whether or not any of the safety threats are in operation with the caregivers of origin.

## **Completion of the Present Danger Assessment by the Regional Office during Regional Office Investigations:**

- The Regional Office Representative conducting the investigation/assessment will complete the Present Danger Assessment by the conclusion of the investigation/assessment.
- If the county is asked to complete a courtesy assessment by the Regional Office, the county worker would document the information gathered using a Structured Case Note and provide a copy of the structured case note to the Regional Office by the following close of business on the next business day.
- If the child is moved to another placement as part of the investigation, a present danger assessment must be completed on the **new** placement setting prior to or at the time of placement. Qualified county and or private provider workers may complete the present danger assessment. The identified county worker would complete a follow-up safety assessment using the above listed timeframes.
- If an out of home care safety assessment interval occurs during the Regional Office Investigation, the identified county worker would complete the Out of Home Care Safety Assessment Worksheet at the designated intervals.

## **Out of Home Care Assessment Worksheet Intervals:**

The Out of Home Care Safety Assessment Worksheet must be completed by the identified county caseworker as part of a face to face visit with the identified child and primary out of home caregivers in the out of home setting. All other household members including other children living in the home must be seen face to face at least once every six (6) months. Information related to these individuals

may be obtained through observations and verbal interactions but does not require individual interviews.

The Out of Home Care Safety Assessment Worksheet must be completed at the following intervals:

1. No later than 60 days, or 2 months, from the date of placement in the current setting.
2. Within 180 days, or 6 months, from the date of placement in the current setting and every 6 months thereafter, from the date of placement throughout the life of the placement. Note: this is not in conjunction with the CPP Review.
3. Within 72 hours upon the identification of evidence, circumstance, or new information that suggests a change in the child's safety. This includes:
  - a. New adult household members who are in the home longer than 30 days within the calendar year. Note: young adults who are already family members but are returning home from college would not be included in this interval.
  - b. Whenever there is a significant loss/change in the household that may impact child safety e.g. separation, divorce, serious illness, death, etc.
  - c. Information is received from another county that may impact a child's safety.
  - d. In conjunction with a Regional Office Investigation:
    - i. If the child remains in the home throughout the time of the investigation.
    - ii. If the child is returned to the home following an investigation.
4. If a case is transferred from one worker to another, assessments would continue to be completed as detailed in the above intervals.
5. When a child is moved to a different out of home setting, the process begins again with the Present Danger Assessment and then follows the above listed intervals.

### **Other Documentation:**

In addition to the Present Danger Assessment and Out of Home Care Safety Assessment worksheets, there are two other types of documentation that occur. They are:

#### **Alert to Affiliated Counties:**

1. The Alert to Affiliate Counties Document is the process by which county caseworkers communicate with other counties to share concerning and negative safety information related to any of the children placed in the out of home setting. This would only be completed if multiple counties had children placed in the same out of home setting.
  - The first time a qualified county worker identifies information that would be rated as concerning or negative for their child or for another child in the home, they would complete an Alert to Affiliated County Document. This could potentially occur during the Present Danger Assessment, a routine face to face contact, or at a designated interval.
    - i. When this occurs, verbal notification should be completed as soon as the concern or negative information is identified.
    - ii. Written documentation would then be required by the next business day to all appropriate county agencies that have other children placed in the home to make them aware of the concerning or negative indicators and that their child may be impacted. A copy of the written documentation would also be provided to the private provider agency and the OCYF Regional Office. If there are children in the home who are from county agencies that fall in a different region, the Regional Office is responsible for forwarding the information to those respective Regional Offices. Moreover, if the provider agency home is licensed by a

different OCYF Regional Office, the Regional Office receiving the Alert to Affiliated Counties Document would also be responsible for forwarding that information on to the other OCYF Regional Office.

- After the initial Alert to Affiliated County Document is completed, the identified county worker or any other qualified county worker conducting a visit in the home would continue to communicate the newly identified concerns verbally to the other county agencies involved and the private provider agency. An additional Alert to Affiliated County Document would not be completed; however, notation should be made in the case record that the verbal communication occurred.
  - If; however, information gathered suggests that an indicator has changed in rating from either positive or concerning to negative a new Alert to Affiliated County Document would need to be completed.
  - Best practice would then dictate that the private provider agencies would share prior alerts with counties interested in placing an additional/new child in the home.
2. Impact on current practice:
- This document does not replace existing practice of notifying the other county agency and/or private provider by phone of any immediate safety related concern impacting the other children in the home.
  - Completion of the alert document does not preclude county agencies from unusual incident reporting in HCSIS and other requirements related to expectations of communications.
3. Storing of the Alert to Affiliate Counties in the Case Record
- County Agencies and Regional Offices will be required to keep copies of the Alert to Affiliated Counties document.
  - Counties should develop internal policies related to storing this document in the respective case records.

#### Structured Case Note:

As with the In Home Safety Assessment and Management Process, county case workers will be required to document safety related information gathered at each contact in the family case record. This is consistent with the Department of Public Welfare (DPW) regulations at Title 55 Pa. Code, Sections 3130.43(b)(5), 3490.55(e) and 3490.236(a), county agencies are required to document their contacts with families in the family case record. This documentation may be referred to as the structured case note, running dictation, case dictation, etc.

In addition, private provider workers will also be required to gather safety related information and provide it to the assigned county case worker.

As part of this documentation, information should be included which documents and supports the safety assessment and management process, including the safety analysis and safety decision.

All of the identified elements from the Out of Home Care Safety Assessment Worksheet should be considered and documented, as necessary, in the family case record. Elements to consider are:

1. Information gathered related to the Six (6) Domains and any or all of the 10 Safety Indicators;
2. The safety decision and analysis for that decision;
3. Supports put into place to address concerns (not a safety plan); and



4. If the decision was made that the child is unsafe but the child is court ordered to remain in the placement, documentation should be included to reflect how child safety will be assured. This would be considered a safety plan.

Note, that two of the domains, type and nature of maltreatment, would only need to be documented on the Structured Case Note if the information gathered suggests that maltreatment has occurred.

Also documented within the family case record should be:

1. Judgments about changes within the family that reflect on safety;
2. The status of child safety; and
3. Changes to the out of home caregivers' ability to provide a safe home for the placed child.

As part of ongoing safety management, documentation should continue to reflect not only that the child is safe or unsafe, but the criteria used to determine this including all information obtained during the continuing assessment process.

Private providers should be documenting information related to their contacts and, in particular, the information they have gathered related to the 10 Safety Indicators. This would include specific characteristics, positive, concerning or negative that they have identified in their interactions with the out of home caregivers/family and placed children.

### **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 (6) months i.e. once every one hundred and eighty calendar days (180). 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.

The purpose of this requirement is to understand how the other household members interact with one another; to determine whether or not they support the out of home caregivers role as caregivers; and to determine their impact on (positively or negatively) the safety of the identified child. It also gives perspective on whether or not 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.

Counties may elect to have the identified caseworker conduct all of these face to face visits or select another qualified county worker to assist with these visits in accordance with the requirements identified in OCYF Bulletin 3490-08-05 entitled "Frequency and Tracking of Caseworker Visits to Children in Federally Defined Foster Care". The face to face contacts must occur in the out of home setting and not in another location. Ultimately, the identified worker is responsible for including the information gathered at each of these contacts in the Out of Home Care Safety Assessment Worksheet.

## Other Policy Implications:

- **Signature on Out of Home Worksheet:** The signature section of the out of home worksheet is a critical component of the Out of Home Safety Assessment and Management Process. The caseworker signature on the worksheet indicates that the caseworker has completed the safety assessment process, has reviewed and analyzed all of the gathered safety related information, and verifies that the information documented on the worksheet is accurate and supports the safety decision. The supervisor signature on the worksheet indicates that the supervisor has reviewed all of the information available on the worksheet and in the case record and is in agreement with the information and safety decision documented on the worksheet.

The process of supervisor signature/approval in the Out of Home Care portion of the Safety Assessment and Management Process is the same as in the In Home portion. Title 55, Pa. Code, Chapter 3490 (relating to protective service regulations) specifically Sections 3490.61(a) and 3490.235(e) require 10-day supervisory reviews during the investigation/assessment period. While the 10-day supervisory reviews are not required beyond the family service plan development once the case has been accepted for service, the supervisor should continue having ongoing dialogue with the caseworker throughout the life of the case. This dialogue should consist of reviewing all of the information gathered related to the safety indicators, including any information provided by the private provider agency. The supervisor should also be reviewing any supports that have been put into place as identified on the Out of Home Safety Assessment Worksheet.

Based on the above, supervisory signature on the out-of-home care worksheet should occur as soon as possible, but **no later than 10 business days** following each prescribed interval.

As part of the supervisory review, the supervisor should be documenting in the case record that they have met with and provided support to the caseworker to review the information gathered. This process of reviewing the gathered information, supporting the caseworker, and approving/signing the Out of Home Safety Assessment Worksheets should continue throughout the duration that the child is in out of home care.

- **Court Related Matters:** In situations where a child is court ordered into a specific out of home setting (for either CYS only or Shared Case Management cases) and the county Children and Youth agency determines that setting to be unsafe; the county would document their unsafe safety decision using the Out of Home Care Safety Assessment Worksheet. The county would then implement a safety plan as sufficient as possible and continue to monitor the safety of the child in the setting, documenting all of the information in the case record. The county Children and Youth Agency also maintains the right to appeal the court decision.

## *Present Danger Assessments*

### **What is Present Danger?**

Present danger refers to danger or threats of danger that exist right in front of you. They are active and in process the very minute you encounter the family. Present danger can have immediate consequences. These are transparent, easily observed family behaviors, conditions or situations which create danger to a child. They are obvious because they occur right before the observer. The facts and evidence of danger are being displayed in vivid and understandable ways. One generally needs no more information than what is before him or her when evaluating present danger.

The concept of present danger threats was first introduced in the In Home portion of the Safety Assessment and Management Process. It is possible that present danger can exist in out of home settings, regardless of whether or not 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. Just because a family has been approved as a foster home does not mean they are immune from the challenges that all families face. Child welfare professionals need to see each potential placement setting with fresh eyes and with a neutral approach, controlling for 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 placement is suitable and safe for each particular child.

In addition, it is important to recognize that each child is different and unique. What may be a safe placement for one child may not be for another. 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 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.

When a child welfare professional first meets an out of home family, certain things are likely true. With emergency placements and informal Kinship arrangements, knowledge of the caregivers and their abilities are 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 observations or information collected through interviews with the family members or with others that know the family well and that can be trusted.

When assessing for present danger, child welfare professionals' should:

- 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 is already placed).

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 even shortly after you leave.

For example, one 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 one encounters 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 CYF 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, CYS should first respond by fully understanding the nature and quality of the danger. Based on that understanding, which involves identifying and examining safety threats, 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); or
- avoid using the home for placement.

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 first encounter (i.e., the hours beginning with the first contact proceeding to the point when the placement decision has been confirmed), 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 threats alert workers to the potential for present danger. If one concludes that a child is in present danger, either a current or an immediate threat, when you first encountered a placement home and family, the child should not be placed in that setting.

### **Assessing for Present Danger: Definitions**

Most of the family conditions, behaviors or situations that represent present danger in a child's own home are different than what might be observed in an out of home care setting. For instance, it is not likely that CYS will observe an out of home caregiver hitting a child or depriving a child of immediate medical care for an acute condition. These circumstances which are sometimes apparent related to a child's own home just don't fit with the reality of an out of home situation, particularly at first encounter. Present danger concerns that are more likely to be observed in out of home settings at first encounter are:

- Life threatening living arrangements (concerned with the home setting) exist;
- The out of home caregiver's viewpoint of the child is extreme or bizarre;
- The placed child is alone, unsupervised at the time of the first encounter;
- The child is uncommonly fearful or anxious of the kin or foster home situation;
- Out of home caregivers are incapacitated or somehow unable or unwilling to provide protection to the child;
- A out of home caregiver is acting in bizarre ways at the first encounter;
- A out of home caregiver is out of control or dangerous at the first encounter;
- A out of home caregiver is inebriated or incapacitated by substances at the first encounter;
- Questionable concerns about the suitability of the placement exist, and the kin or foster family is socially or geographically isolated; and
- There is reason to believe that the out of home caregivers are attempting to make the child inaccessible to outsiders.

**Note:** It is expected that a record check will have occurred to ascertain current and historical information about the criminal and CYS background of the out of home care providers. Such information could reveal questions of suitability that preclude continuing the out of home care living arrangement or could require immediate observation and inquiry into the suitability of the home.

Moving away from the traditional list of present danger family conditions used in In Home Safety Assessment, the following represents a more fully developed list with definitions and examples. These present danger concerns are drawn from threats to safety generally apparent in safety models throughout the country. They have been tailored in consideration of assessing for present danger in placement homes. The presence of any of these examples, if confirmed, means the child is unsafe.

**1. Out of home caregiver(s) or others in the home are acting violently or out of control.**

For use in assessing safety in out of home care, naturally “caregivers” refers to out of home caregivers. *Or others in the home* have been added to this safety concern to capture the need to consider children and others in the household who may be a threat to a placed child. Dangerous people within the household may be behaving in bizarre ways; however, this is intended to capture a more specific type of behavior or what is told or known about people within the household. This refers to people who are imposing or threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking, aggressive ways. This considers information provided by others or from records or from direct observation of violence or violent tendencies that are anticipated and somehow observed at the first encounter. Here we are looking for unacceptable to unrestrained aggression, hostility and acting out toward others and specifically toward CYS. It should be emphasized that this present danger threat refers to any adults or children, related or not, who frequent the home or are living in the home. Domestic violence situations are covered in another safety concern that follows.

**2. Out of home caregiver(s) describe or act toward the child in predominantly negative terms or have extremely unrealistic expectations.**

The word “predominantly” is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be present, observable, but are inaccurate with respect to the child. Although the reference to caregivers includes kin or foster parents, it is more likely that this will apply primarily to those who are familiar with a child, like kin.

**3. The out of home caregiver(s) communicate or behave in ways that suggest that they may fail to protect child(ren) from serious harm or threatened harm by other family members, other household members, or others having regular access to the child(ren).**

It is likely that the only way this concern applies as a present danger in a placement situation is if, after a child has been placed, the out of home caregivers would allow the child to be maltreated by the child’s own caregivers/parents or others who frequent the placement home

**4. The out of home caregiver/family refuses access to the child, or there is reason to believe that the family is about to flee.**

Primarily applying to kinship placements, this includes families who have a history of physically moving from place to place; have many jobs for brief periods of time; have limited property that would tie them down. This refers to specific and observable behavior, emotions, and

communication for the purpose of avoiding CYS involvement expressed in either obvious terms or suggesting intent.

**5. Out of home caregiver is unwilling or unable to meet the child's immediate needs for food, clothing, or shelter.**

When assessing placement situations, it may be necessary to speculate about the potential for meeting a placed child's basic needs. So, beyond an out of home caregiver's intent or ability, one would examine availability and accessibility of necessary resources. Following placement, evidence of not meeting basic needs may become more apparent.

**6. Out of home caregiver(s) are unwilling or unable to meet medical needs including their own, other placed children or children to be placed.**

At the point a child is to be placed, this safety concern may apply with respect to indications of disbelief by caregivers of the need for medical care for the placed child. Out of home caregivers may communicate reluctance to seek out and use medical care. After placement has occurred, there may be specific evidence of failing to meet a placed child's medical needs. There may be some evidence of out of home caregivers not meeting the medical needs of children who are already placed or living with them.

**7. Out of home caregiver has not, will not, or is unable to provide supervision necessary to protect child from potentially serious harm.**

This refers to out of home caregivers who are being considered or have been designated to provide care. If other adults in the home are providing care as strictly a temporary measure which will allow the caregivers to return to their responsibility, then it is possible no threat exists. This also includes the continuing need for supervision following placement and therefore goes beyond the concern related to caregivers who are not able to provide care at the first encounter. Given that various demands may occur related to the availability of adult care of children following placement, this concern seeks to identify situations in which a reasonable question can be raised about the availability of adult supervision over time, which may include the caregivers or other responsible adults.

**8. Child is unusually fearful/anxious of home situation.**

This does not refer to general fear or anxiety. For assessing safety in placement – present danger, this does refer to kinship or foster families. It should be noted that most children entering foster care are anxious about the unknown circumstances. That sort of emotional state does not apply here. This refers to children who have familiarity with the potential placement family and are obviously afraid of being placed there. The anxiety or fear may be person specific because of the child's concern for personal threat. Information would likely describe actual communication or emotional/physical manifestations from the child's knowledge or perception of his or her impending situation (joining the placement family household).

**9. Out of home caregiver has previously maltreated a child, and the severity of the maltreatment or the caregiver's response to the previous incident(s) suggests that safety may be an immediate concern.**

If it is known that the out of home caregiver has previously severely maltreated a child, then certain decisions are necessary: 1) do not place a child with the caregiver or 2) remove the child if the child has already been placed prior to the knowledge of the previous abuse. This safety concern when applied while assessing safety in placement is applied with respect to the caregiver's own children or other children who have lived or are living with the caregiver when placement is being considered.

**10. The physical living conditions are hazardous and immediately threatening.**

When assessing for safety in placement, this safety concern applies only to the kinship or foster home. It should be noted that this safety concern applies only when living conditions exist as an immediate threat having serious health and life implications. Unkempt and dirty homes do not meet this criterion.

**11. The out of home caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.**

This refers to those who, because of the use of substances, are out of control, are acting unpredictable, incoherent, drunk/high, and are not able to provide protection or act responsibly. This would be evidenced at the first encounter or known from other sources. A present danger observation would be consistent with finding the out of home caregiver under the influence at the time of the first encounter.

**12. Out of home caregiver(s)' emotional instability or developmental delay affects ability to currently supervise, protect, or care for the child.**

This refers to kinship and foster care caregivers that possess mental disorders or mental limitations that affect their physical, emotional, cognitive capacity with respect to child safety. They may make poor judgments, cannot effectively problem solve, have deficient reality testing and perception, are ineffective planners and unable to adequately protect.

**13. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).**

This safety concern can be applied in assessing safety when considering a family for placement or during a placement. It is relevant with respect to knowledge of a history of domestic violence, current records of active violence in the home or common knowledge of domestic violence problems as reported by reliable sources such as family members, neighbors, friends, or professionals. Knowledge of domestic violence or tendencies toward violence in the home should raise concern about placing a child in such a home. The children referred to in the examples are those who have resided in the home rather than the child being considered for placement.

**14. Child has exceptional needs or behavior which out of home caregivers cannot/will not meet or manage.**

"Exceptional" refers specifically to child conditions which are either organic or naturally induced (as opposed to caregiver) such as retardation, blindness, physical handicap, acute medical needs, etc. This includes serious physical, emotional, or behavioral effects from child maltreatment. The key word here is "serious." Serious suggests that the child's condition has immediate implications for immediate and effective caregiver response such as suicide prevention or other child

management skills. This threat can include the child being a threat to him or herself. The key here is that the out of home caregivers will not/cannot meet the child's needs or manage the child's behavior.

- 15. Child is seen by either out of home caregiver as responsible for the child's parents' problems or for problems that the out of home caregivers are experiencing or may experience.**

This refers to caregivers who blame the child and consider the child as the cause of the problems of the child's parents. Caregivers blame the child for problems that they are experiencing themselves. This includes caregivers who give evidence of anticipating problems with the child.

- 16. One or both of the out of home caregivers are sympathetic toward the child's parents, justify the parents' behavior, believe the parents rather than CYS and/or are supportive of the child's parents' point of view.**

This refers to situations in which caregivers are inclined to favor the parents' side. Out of home caregivers believe the parents' accounts of family problems and maltreatment and justify the parents' positions no matter whether they are consistent with CYS or accurate in terms of what has occurred that has brought about the need for placement. This indicates a lack of empathy for the child. This refers to out of home caregivers who are aligned with the child's parents and tend to take their side with respect to what precipitated the placement and CYS' involvement in the case.

- 17. One or both of the out of home caregivers indicate the child deserved what happened in the child's home.**

This refers to caregivers who believe that whatever happened in the child's home was justified by things the child did or the way the child is.

- 18. Out of home caregiver history of or active criminal behavior that affects child safety, such as DV, drug trafficking or addiction, sex crimes, other crimes of violence against people or property.**

This refers primarily to anti-social, violent type criminal behavior. One assessing this concern is well advised to consider the kind of crime, the length of history, the nature of the offense with respect to influencing capacity to provide care and so on.

- 19. Out of home caregivers or family members will likely allow parents unauthorized access to the child.**

This refers to caregivers who will likely allow parents to see, visit, or take children under circumstances disallowed by CYS.

- 20. Active CYS case or a history of reports and/or CYS involvement that indicates that history will compromise the safety of the child if placed in this home.**

This refers to families that are currently being investigated or receiving services; to families who have been reported at least once for alleged child abuse and/or neglect; and to families who have received services from CYS in the past. It is essential that consideration be given to the nature,



extent, and severity of the maltreatment issues that are involving or have involved CYS. Presumably, involvement with CYS alone may not sufficiently support a judgment about threat of harm. In some instances, involvement may have been unwarranted, short-term with minimal concerns or more chronic but with minimal concerns.

## Present Danger Assessment: Out of Home Care Settings Worksheet

Refer to the definition of each safety threat before checking yes or no. The presence of any of these safety threat as uniquely manifested in the family/situation should be fully studied and understood and guide the decision about approving/continuing the placement.

<b>Case Name</b>	<b>Case Number</b>	<b>Date of Assessment</b>		
<b>Out of Home Caregiver(s) Name(s)</b>	<b>Out of Home Caregiver Address</b>	<b>Out of Home Caregiver Phone Number</b>		
<b>Household Members:</b>		<b>Individuals Seen:</b>		
<b>Present Danger Threat</b>			<b>Yes</b>	<b>No</b>
1. Out of home caregiver(s) (or others in the home) in the home are acting violently or out of control.				
2. Out of home caregiver(s) describe or act toward the child in predominantly negative terms or have extremely unrealistic expectations of the child.				
3. Out of home caregiver(s) communicate or behave in ways that suggest that they may fail to protect child(ren) from serious harm or threatened harm by other family members, other household members, or others having regular access to the child(ren).				
4. The out of home caregiver(s)/family refuses access to the child or there is reason to believe that the family is about to flee.				
5. Out of home caregiver(s) are unwilling or unable to meet the child's immediate needs for food, clothing, or shelter.				
6. Out of home caregiver(s) are unwilling or unable to meet medical needs including their own, other placed children or children to be placed.				
7. Out of home caregiver(s) has not, will not, or is unable to provide supervision necessary to protect child from potentially serious harm.				
8. Child is unusually fearful/anxious of the kin or foster home situation.				
9. Out of home caregiver(s) have previously maltreated a child, and the severity of the maltreatment or the caregivers' response to the previous incident(s) suggests that safety may be an immediate concern.				
10. The physical living conditions are hazardous and immediately threatening.				
11. The out of home caregivers' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.				
12. Out of home caregivers' emotional instability or developmental delay affects ability to currently supervise, protect, or care for the child.				
13. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).				
14. Child has exceptional needs or behaviors which out of home care caregiver(s) cannot/will not meet or manage.				
15. Child is seen by either out of home care caregiver as responsible for the child's parents' problems or for problems that the out of home caregivers are experiencing or may experience.				
16. One or both of the out of home caregiver(s) are sympathetic toward the child's parents, justify the parents' behavior, believe the parents rather than CYS and/or are supportive of the child's parents' point of view.				
17. One or both of the out of home care caregiver(s) indicate the child deserved what happened in the child's home.				
18. Out of home caregiver(s) history of or active criminal behavior that affects child safety, such as DV, drug trafficking or addiction, sex crimes, other crimes of violence against people or property.				
19. Out of home caregiver(s) or family members will likely allow parents unauthorized access to the child.				
20. Active CYS case, or a history of reports and/or CYS involvement that indicates that history will compromise the safety of the child if placed in this home.				
Worker Summary of Findings/Analysis:				
Date Completed:		Worker Signature:		Supervisor Signature:

## *Instructions for Completing the Present Danger Assessment Worksheet*

The Present Danger Assessment is divided into three main sections. The first section is where the child welfare professional would document the identifying information for the child in need of placement.

Note: it is possible to assess sibling groups using one Present Danger Assessment Worksheet. This would only occur if 1) the siblings are intended to be placed in the same setting and 2) the setting does not present a present danger to any of the children. If there is a present danger threat in operation that affects only some of the children in the sibling group, the child welfare professional must determine whether or not to identify another out of home setting for all of the children or to find an alternate setting for the child that would be affected by the present danger. Ultimately, a present danger assessment must be completed for each child (unless one of the exceptions listed in the intervals applies.)

Once the identifying information has been recorded, the next section of the worksheet focuses on the twenty present danger threats. The child welfare professional would indicate whether or not the threat is in operation. If there is a threat, the child welfare professional would select Yes. If there is not a threat, the child welfare professional would select No. Note, there may be circumstances/situations that, left unaddressed, would rise to the level of a present danger threat. If this occurs and the child welfare professional is able to mitigate that threat prior to or at the time of placement in the out of home setting it is not considered a present danger. The worker would select No next to the applicable present danger threat and then provide a description of the measures taken to mitigate the present danger threat in the summary section.

The third section provides the child welfare professional with the opportunity to provide a rationale for their assessment. This rationale is particularly important when a present danger threat was identified, but immediately addressed. Child welfare professionals should include in this section a brief summary of the information learned during the present danger assessment.

After completing their rationale, the child welfare professional and supervisor would sign and date the worksheet.

Please refer to the specific Present Danger Assessment Intervals for more information.

### *Out of Home Care Safety Indicators*

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 fourteen safety threats. The response was a simple yes or no. With the Out of Home 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 positive, concerning, and negative 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.

The **Positive Characteristics** describe for us those traits that we attribute to caregivers who are effective, caring, and protective caregivers. They are similar to the Protective Capacities you learned about in the In Home Safety Assessment Training but are described in more detail here and within the context of out of home care.

The **Concerning Characteristics** are just that, family conditions or circumstances that tell us that the child, family, or caregivers' functioning in the indicator area is compromised, marginal, or perhaps deteriorating from a previously higher level. Concerning Characteristics 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.

The **Negative Characteristics** are those traits, attributes, or conditions that indicate that a placement setting may be unsafe. 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 Indicators may mean that there are present or impending danger threats which must be addressed.

1. **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.*

**Positive Characteristics**

- Openly assertive
- Comfortable speaking mind
- Self-protective
- Make their needs known to others
- Describes environment as safe
- No indication of maltreatment
- Positive, fulfilling interaction and relationship exists between the placed child and others in the home
- Needs/behaviors of placed child/previously placed children/family's own children are non-competitive/mutually compatible

**Characteristics of Concern**

- Overly Reserved
- Uncomfortable speaking mind freely
- Ability to protect self questionable
- Limited ability/reluctant to make needs known to others
- Uneasy about describing environment
- Behavior may be consistent with being maltreated
- Courteous, artificial interaction, or apprehensive relationship exists between the placed child and others in the home
- Needs/behaviors of placed child/previously placed children/family's own children stimulate unrest/conflict

**Negative Characteristics**

- Intimidated, withdrawn, afraid, alert for danger
- Avoids direct communication with anyone
- Not self-protective
- Does not seek assistance or protection
- Avoids discussing environment
- Behaves in ways suggesting presence of threatening environment (e.g. abusive, sexualized, etc.); Indications of maltreatment
- Tense, detached, distrustful, disliking, hostile, or un-accepting relationship exists between placed child and others in home
- Needs/behaviors of all children will stimulate hostility/aggression or extreme competition for attention

2. **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 caregivers.)*

**Positive Characteristics**

- The out of home family has adequate physical, emotional, and cognitive capacity
- Realistic view on life/expectations
- Clear roles and positive relationships
- Value and practice honesty
- Low stress and/or positive coping skills
- Display healthy outlets for stress
- Very open
- Shows conscience and empathy
- Awareness of strengths and limitations
- Highly motivated, fully functioning
- Roles, responsibilities, boundaries are clear, appropriate and established by the out of home caregiver(s)

**Characteristics of Concern**

- The out of home family has marginal physical, emotional, or cognitive capacity in need of support
- Unrealistic view on life/expectations
- Imprecise role clarity and unsatisfying relationships
- Not forthcoming, evasive
- Moderate stress and varied coping skills
- Inconsistent ability to manage stress
- Guarded
- Displays minimal empathy
- Limited awareness of strengths and limitations
- Inconsistent motivation interferes with the family's ability to function
- Some blurring of roles, responsibilities, and boundaries among adults in the home results in inappropriate interactions with the placed child(ren)

**Negative Characteristics**

- The family has limited or deficient physical, emotional, and cognitive capacity that has no reasonable accommodation
- Pervasive mood issues, like anger, bizarre thoughts, etc.
- Skewed perceptions, not oriented in reality
- Ineffective roles and hostile, neglectful or manipulative relationships
- Deceptive, manipulative
- High stress and poor/no coping skills
- Copes with stress through angry outbursts, alcohol/substance abuse or dependency
- Avoidant, or closed
- Lack of empathy apparent in manner
- Distorted awareness of strengths and limitations
- Lack of motivation impacts the family's ability to function
- No roles, responsibilities, or boundaries (e.g. sexual, emotional, etc.) are established; allows access by potentially harmful adults or others

3. **Caregiver Supervision: How are the out of home caregiver(s) actively caring for, supervising, and protecting the children in the home?** *(This question considers all adult household members who take an active role in caring for and supervising children already in the out of home family home and placed children. More emphasis on out of home caregivers should be made.)*

**Positive Characteristics**

- Closely bonded to own children
- Protective behaviors are observed
- Acknowledges and takes responsibilities for their actions
- Accurate viewpoint of placed child
- Able to fulfill caregiver role
- Are familiar with placed child and his/her uniqueness/ needs
- Are aware of all children's differences, needs, behaviors
- Effective at managing/meeting needs of all the children
- Responds to placed child's behaviors and emotions in supportive and accepting ways
- Have a good understanding of age and developmental roles; responds appropriately to meet the child's needs
- Consistently sets appropriate expectations for the children based on their age and developmental level; child is not held responsible for the running of the household
- Ensures protective measures are taken to address child's abusive or sexualized behaviors

**Characteristics of Concern**

- Minimally/questionably attached to own children
- Few protective behaviors are observed; questionable ability to consistently be protective
- Varies in acknowledging and taking responsibility for their actions
- Inaccurate/detached viewpoint of placed child
- Other caregivers/ household members lack of commitment interferes with the caregivers' ability to fulfill their role
- Are minimally familiar or unfamiliar with placed child and his/her uniqueness and needs
- Have a limited awareness or is unaware of all children's differences, needs, behaviors
- Has difficulty managing/meeting the needs of all of the children but is willing to accept/use support/ assistance
- Requires assistance to respond to placed child's behaviors and emotions in supportive and accepting ways
- Limited understanding of age and developmental roles; shows frustration or inability to cope with child
- Inconsistently sets appropriate expectations for the children based on their age and developmental level; child has some responsibility for the running of the household
- Inconsistently ensures protective measures are taken to address child's abusive or sexualized behaviors

**Negative Characteristics**

- No attachment to own children
- No evidence/observations of protective behaviors
- Fails to take action to protect the child
- Blames others for difficulties; fails to assume responsibilities
- Possesses a distorted viewpoint of placed child
- Other caregivers/ household members lack of commitment prevents the caregivers' ability to fulfill their role
- Is unconcerned with placed child's uniqueness and needs
- Is unaware of all children's differences, needs, behaviors
- Is unable to effectively manage/meet needs of all of the children
- Responds to placed child's behaviors and emotions in negative and harmful ways
- Does not understand age and developmental roles, or special needs of the child(ren); does not desire and/or is resistant to having this knowledge; fails to take action to protect the child
- Expects children to perform tasks well beyond their age or developmental level, requires child to assume an inordinate amount of responsibility for the running of the home
- Does not take protective measures to address child's abusive or sexualized behaviors

4. **Discipline: How are discipline strategies used with the children in the home?** *(This question considers the appropriate and effective strategies and techniques used by the caregivers to discipline the child(ren) in the home.)*

**Positive Characteristics**

- Ground rules and behavioral expectations are well established and communicated to all children in the home
- Uses a wide range of discipline options successfully
- Disciplinary approaches and styles are appropriate for the placed child's age and developmental level
- Takes responsibility to discipline the children; does not delegate or allow others in the home to take disciplinary action
- Accurately considers special needs of the placed child when using disciplinary approaches and styles
- Does not use physical discipline or other inappropriate discipline techniques with their own children or placed child(ren)
- Does not use discipline measures that may trigger or create trauma to the placed child
- Consequences for behavior are natural and logical; discipline is administered in a fair and equitable way for all children in the home

**Characteristics of Concern**

- Ground rules are unclear or are inappropriately different for the placed child
- Uses a limited range of discipline options; expresses frustration that no discipline works with the placed child
- Disciplinary approaches and styles are marginally appropriate/occasionally inappropriate for the placed child's age and developmental level
- Inconsistently takes responsibility to discipline the children; occasionally delegates or allow others in the home to take disciplinary action
- Inaccurately considers special needs of the placed child when using disciplinary approaches and styles
- Occasionally uses physical discipline or other inappropriate discipline techniques with their own children or placed child(ren)
- Uses discipline measures that unknowingly trigger or create trauma to the placed child
- Consequences for behavior are harsh; relying on or using threats to "discipline" the child, such as telling the child they will withhold visitation, parental contact, etc

**Negative Characteristics**

- There are no clearly established/consistent ground rules, or ground rules vary from day to day and child to child resulting in serious negative effects for the child (e.g. behavioral, emotional, etc.)
- Uses adverse discipline measures (e.g. intimidation, withholding food or other basic necessities, aggressive, excessive, inappropriate restrictions, restraint, confinement in small areas, etc.)
- Disciplinary approaches and styles are not appropriate for the placed child's age and developmental level
- Does not take the responsibility to discipline the children; or frequently delegates or allow others to discipline the child
- Does not consider special needs of the placed child when using disciplinary approaches and styles
- Frequently uses physical discipline or other inappropriate discipline techniques with their own children or placed child(ren)
- Uses discipline measures that knowingly trigger or create trauma to the placed child
- Withholds meaningful objects from the placed child's home as punishment
- Consequences for behavior are extreme; placed child is punished more severely than the other children in the home

5. **Acceptance: How do the out of home family members demonstrate in observable ways that they accept the identified child into the home?** *(This question considers how the out of home family, including household members, and other children residing in the home, accept the identified child as part of the family.)*

**Positive Characteristics**

- Out of home family members embrace the placed child and fully accept them as part of the household
- Placed child helped to fit in; is always included in activities and is included in activities the same as others;
- Other children - placed child are attached/accepting of one another;
- Placed child is not blamed or criticized for the placement
- The placed child is valued;
- Placed child is treated equitably as compared to other children in the home
- Child(ren) are treated equally regardless of religious/cultural beliefs, race, gender or sexual identity

**Characteristics of Concern**

- Out of home family members are ambivalent towards the child; superficially accept the placed child as part of the household
- Minimal attempts in assisting placed child to fit in; sometimes not included in activities
- Other children – placed child tolerate each other
- Placed child is somewhat blamed or receives some criticism for the placement
- The placed child is somewhat valued
- Placed child is occasionally not treated equitably as compared to other children in the home
- Child(ren) are treated differently because of their religious/cultural beliefs, race, gender or sexual identity

**Negative Characteristics**

- Out of home family members are hostile towards the child; do not accept the placed child as part of the household
- Placed child not allowed to fit in; excluded or segregated from activities
- Other children - placed child are antagonistic/ hostile towards each other;
- Placed child is blamed or receives repeated criticism for the placement; constantly reminded that the child is at fault for the placement
- The placed child is not valued;
- Placed child is not treated equitably as compared to other children in the home
- Child(ren) are ostracized/criticized because of religious/cultural beliefs, race, gender or sexual identity
- Does not allow child access to their own personal possessions, clothing, etc.

6. **Community Supports: How does the out of home family access/use community supports to help assure child safety?** *(This question considers INFORMAL aspects of the community, other extended family, friends, neighbors, clubs, organizations, and non child welfare.)*

**Positive Characteristics**

- Friends, neighbors, relatives or others routinely provide support and assistance;
- Regular, positive contact with others in the community
- Routinely uses reliable neighbors, friends, relatives, and/or other community members as supports
- Level of contact that the out of home family has with the community remains the same
- Has an accurate knowledge of the informal resources/supports available and accesses them when needed.

**Characteristics of Concern**

- Friends, neighbors, relatives or others may occasionally provide support and assistance
- Sporadic contact with others in the community
- Sporadically uses reliable neighbors, friends, relatives, and/or other community members as supports
- Occasionally chooses unreliable or inappropriate alternate caregivers for support
- Level of contact that the out of home family has with the community is reduced
- Limited knowledge of the informal resources/supports available and unsure/hesitant of how to access them when needed.

**Negative Characteristics**

- Friends, neighbors, relatives or others do not provide support/ assistance or are antagonistic;
- Closed system, avoids contacts with others in the community
- Will not/refuses to use available, reliable neighbors, friends, relatives, and/or other community members as supports
- Consistently chooses unreliable or inappropriate alternate caregivers for support
- Level of contact that the out of home family has with the community has been dramatically reduced or has stopped completely.
- Has knowledge of informal resources/supports available but does not access them when needed



7. **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?** *(This question considers out of home caregivers’ objectives in caring for children and present demands the home is experiencing.)*

**Positive Characteristics**

- Currently caring for identified child(ren) does not cause any unusual stress
- Placed child meets the expressed preference of the out of home caregiver(s) and/or the child does not meet their preference but the caregivers feel successful with the child
- No change in the family circumstances/dynamics; or change occurred which did not result in any unusual stress
- No health or safety concerns on the property
- Managing the demands of the household and children placed in the home

**Characteristics of Concern**

- Currently caring for identified child(ren) resulting in some stress
- Placed child does not meet the expressed preference of the out of home caregiver(s) but they continue to try to be successful with the child
- Moderate change in the family circumstances/dynamics resulting in stress that causes a negative impact on the child
- Minor health or safety concerns on the property which pose no immediate threat and are easily correctable
- Some difficulty managing the demands of the household and children placed in the home

**Negative Characteristics**

- Currently caring for identified child(ren) resulting in a high degree of stress impacting the caregivers’ ability to protect the child
- Placed child does not meet the expressed preference of the out of home caregiver(s) and they are unwilling to continue making efforts to be successful with the child
- Significant negative change in the family circumstances/dynamics that impacts the caregiver(s) ability to protect the child
- Serious health or safety hazards which pose immediate threat
- Unable to manage the demands of the household and children placed in the home

8. **Placed Child’s Family– Out of home Family Dynamics: How does the dynamics between the family of origin and the out of home family support the safety of the child?** *(This question considers the extent to which relationships, perceptions, and/or attitudes can contribute to or detract from the placed child’s safety and the capacity of the out of home family to follow through. Placed child’s family refers to the home from which the child was removed. All of the characteristics help to explore the placed child’s family’s understanding of the need for placement.)*

**Positive Characteristics**

- Placed child’s family – out of home family relationship with/attitude toward is one of mutual respect
- Placed child’s family accept/support out of home caregiver(s) roles and responsibilities
- Placed child’s family are appropriately involved with the out of home family as detailed in the agency developed Safety Plan
- Out of home caregiver(s) takes action when necessary regardless of their relationship with/attitude towards the placed child’s family
- Placed child’s family views out of home setting as best place for child
- Out of home caregivers share agency’s view of the placed child’s family’s capacity to care for their children; collaborative
- History of positive involvement/attitude towards and/or life-long or significant relationship with placed child and/or placed child’s family

**Characteristics of Concern**

- Placed child’s family – out of home family relationship/attitude toward is passive or detached
- Placed child’s family marginally/occasionally impacts the out of home caregiver(s) abilities to fulfill their roles and responsibilities
- Placed child’s family try to become more/questionably involved with the out of home family contrary to the agency developed Safety Plan
- Out of home caregiver(s) reluctantly takes action when necessary, influenced by their relationship with/attitude toward the placed child’s family
- Placed child’s family not accepting of out of home setting as best place for child
- Out of home caregivers not certain of agency’s view of the placed child’s family’s capacity to care for their children; influenced by the caregiver(s) of origin
- Short-term relationship with placed child and/or placed child’s family

**Negative Characteristics**

- Placed child’s family – out of home family relationship/attitude toward is tense, conflicted, or hostile
- Placed child’s family significantly/continuously impacts the out of home caregiver(s) abilities to fulfill their roles and responsibilities
- Placed child’s family actively undermine/ignore the agency developed Safety Plan
- Out of home caregiver(s) does not take action when necessary, negatively aligned with the placed child’s family
- Placed child’s family opposed to out of home setting as best place for child
- Out of home caregivers do not share agency’s view of the placed child’s family’s capacity to care for their children; are in collusion with caregiver(s) of origin
- Unpleasant or negative relationship with/attitude towards placed child and/or placed child’s family

9. **Oversight: How does the out of home family demonstrate that they are agreeable to and cooperative with CYS and other formal resources?** *(This question considers tendencies toward inclusion; examples of cooperation with formal resources, the family's openness to workers, etc.)*

**Positive Characteristics**

- Consistently forthcoming to CYS with changes in their family circumstances or changes in their household composition
- Consistently makes child available at home or other locations to CYS or provider personnel
- Consistently ensures child attends school
- Consistently ensures child participates in needed services
- Consistently seeks help for the child from CYS, the school, service providers, and other appropriate persons and consistently follows through with recommendations
- Is consistently compliant with agency policy & procedures and/or foster care regulations
- Consistently accessible in person/by phone
- Actively engaged in child's Treatment and Safety plan
- Routine and frequent contact with professionals or agencies in the community that are a part of the placed child's treatment
- Consistently attends appointments related to the placed child
- In agreement with and fulfilling the case plan

**Characteristics of Concern**

- Inconsistently shares relevant information about changes in their family circumstances or their household composition
- Inconsistently makes child available at home or other locations to CYS or provider personnel
- Inconsistently ensures child attends school
- Inconsistently ensures child participates in needed services
- Inconsistently seek help for the child from CYS, the school, service providers, and other appropriate persons and inconsistently follows through with recommendations
- Inconsistently compliant with agency policy & procedures and/or foster care regulations
- Inconsistently accessible in person/by phone; availability often a matter of convenience
- Provides transportation, scheduling, etc as part of the child's Treatment and Safety plan but shows little interest in the child's progress
- Inconsistent contact with professionals or agencies in the community that are a part of the placed child's treatment
- Begin to demonstrate a pattern of missing appointments related to the placed child
- Not in agreement with but complying with the case plan

**Negative Characteristics**

- Withholds relevant information about changes in their family circumstances or their household composition
- Does not make child available at home or other locations to CYS or provider personnel
- Does not ensure child attends school
- Does not ensure child participates in needed services
- Does not seek help for the child from CYS, the school, service providers, and other appropriate persons and will not follow through with recommendations
- Does not comply with agency policy & procedures and/or foster care regulations
- Routinely not accessible in person/by phone
- Argumentative, resistant or unwilling to assume any role or responsibility in meeting essential treatment needs or needs identified in the safety plan
- No contact with professionals or agencies in the community that are a part of the placed child's treatment, or refuses to allow access to the placed child
- Consistently misses appointments related to the placed child
- Sabotages or refuses to support the case plan

10. **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?** *(This question considers specific arrangements and intentions, methods, assurances, feasibility, and commitment. This does not refer to the formal Safety Plan developed by the CYS agency.)*

**Positive Characteristics**

- Fully understand/are attentive to the placed child's vulnerability/need for protection
- An effective daily routine/plan for caring for the placed child exists that meets the child's needs
- Daily planning includes specific responsibilities, timing, activities, and acceptable/effective means for child management and discipline
- Commitment/capability for carrying out daily routines/planning
- Planning takes into account the demands of having several children in the home

**Characteristics of Concern**

- Partially understand placed child's vulnerability/need for protection
- A vague daily routine/plan for caring for placed child exists
- Daily planning does not include specific responsibilities, timing, activities, and acceptable/effective means for child management and discipline
- Moderately committed to/somewhat capable of implementing daily routines/ planning
- Planning does not take into account the demands of having several children in the home

**Negative Characteristics**

- Do not understand, believe and/or care about placed child's vulnerability/need for protection
- No daily routine/plan exists or it does not meet the placed child's needs
- Not committed to or capable of creating or implementing daily routines/planning
- Planning does not occur, there are too many children in the home to assure safety based on the out of home family's capabilities

## **Rating the Indicators:**

Once a child welfare professional has gathered information related to each out of home safety indicator, they must determine a rating for each indicator. To accomplish this, a child welfare professional must:

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; and**
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 in the analysis section that provides a summary of the information gathered to inform your rating. This does not; however, mean that one would simply type the characteristic as is written above; rather one would describe how is that characteristic occurring to support their rating. For negative characteristics and/or indicators, child welfare professionals must be able to describe the intensity, frequency, and duration of the behavior or situation.

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.

## *Out of Home Care Safety Analysis*

### **Safety Analysis: A Closer Look at the Analysis Questions**

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. Include in the explanation whether or not the change in the family resulted in a change in response to the ten (10) safety indicators. (Note: if this is the initial assessment, check here ).

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 indicators changed? What has contributed to the change and what is the impact of these changes on child safety in this home?

2. Considering all of the ten (10) safety indicators, are there sufficient positive indicators present and in operation that give you confidence that the child will remain safe in the setting? Provide your rationale for this judgment.

This analysis question requires you to think about all of the 10 indicators and determine if they in combination translate to a decision that the child is safe. You need to describe all of the positive indicators in 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.

3. Describe in behavioral terms, any negative characteristic and/or indicators that are present. Include intensity, frequency, and duration of the characteristic and/or indicator and the impact on this child. If there are negative indicators and the decision is to leave the child in this home, describe the rationale and justification for this decision. **Supervisory signature below indicates agreement with this rationale.**

Here you are asked to describe 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 don't 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 and describe any 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? Provide your rationale for this judgment. For supports already in place, describe the effectiveness/impact/continued need for that support.

This question asks you to consider concerning indicators that are present in the resource home. Again describe them clearly including the intensity, frequency, and duration. 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.

5. If another county has a child(ren) placed in this setting and the information gathered requires the completion of an Alert to Affiliated Counties Document as defined in the interval policy; record, in the space provided, the date that the Alert Document was sent to:

Other county agency    Provider agency    Regional Office

This asks that you consider the impact of your findings and analysis on all other children in the home. Do the negative indicators that you have identified have impact beyond the child you are evaluating? Have you found conditions in operation that may affect another child but not the child you are assessing? This is a critical part of the analysis because we know that failure to communicate across the system and with other providers with children placed in the home has often resulted in harm to children in placement. So while you are not expected to do a Safety in Out of Home Care Assessment on those other children, you are professionally obligated to observe or consider them within the context of your findings and report any significant issues to your colleagues across the state.

## *Out of Home Care Safety Decisions*

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. You will notice that a child is either found to be safe or unsafe.

**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 child must be removed from the setting. When this decision is made the following additional steps must also occur.

- Review the child's current out of home/combination Safety Plan to determine what modifications need to be made and document any and all necessary changes.
- If other children from another county are placed children in the home, contact the other county agencies, provider agencies, and Regional Office to inform them of the safety concerns.

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. If a safety plan is needed the child is unsafe and needs to be moved immediately.

However, because there are instances where the courts will leave a child in a setting you have determined to be unsafe you have a place to document this. This section asks you to check the box if the agency determines that the child is unsafe but remains in this setting as a result of a court order, and to enter the date of the court order and the date that the county filed an appeal, if one was filed. \*\*\*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 an unsafe placement a safety plan is needed and the protocol to follow for that plan is the same as an in home safety plan.

## Out of Home Care Safety Assessment Worksheet

<b>I. IDENTIFYING INFORMATION ON PLACED CHILD(REN) BEING ASSESSED</b>					
Family Name:		Case #:		Caseworker:	
Out of Home Family Name:		Address:			Phone:
<b>Placed Child's Name:</b> <small>(Siblings may be listed on same form)</small>	<b>Age:</b>	<b>Date placed in This Setting:</b>	<b>Date Last Seen</b>	<b>Interval</b>	
<b>II. HOUSEHOLD MEMBER INFORMATION</b>					
<b>Household Member's Name</b> - Identify all household members. For children identify first name, last initial only	<b>Age</b>	<b>Role in Household</b>	<b>Date Last Seen</b>	<b>Affiliated County</b> For children under CYS supervision, list the county name	
<b>III. PRIVATE PROVIDER INFORMATION (IF APPLICABLE):</b>					
Private Provider Agency Name and Address		Private Provider Caseworker / Case Manager		Agency Phone Number	
<b>IV: SAFETY INDICATORS</b>					
<i>For each child listed in Section I, list the name in the space provided. Then determine if each indicator is: P= Positive, C= Concerning, or N= Negative for each child.</i>	Name	Name	Name	Name	Name
1. Child Functioning: How are the children functioning cognitively, emotionally, behaviorally, physically, and socially?					
2. Adult Functioning: How are the adult out of home family members functioning cognitively, emotionally, behaviorally, physically, and socially?					
3. Caregiver Supervision: How are out of home caregiver(s) actively caring for, supervising, and protecting the children in the home?					
4. Discipline: How are discipline strategies used with the children in the home?					
5. Acceptance: How do the out of home family members demonstrate in observable ways that they accept the identified child into the home?					
6. Community Supports: How do the out of home family members access/use community supports to help assure child safety?					
7. 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?					
8. Placed Child's Family– Out of Home Family Dynamics: How does the dynamics between the family of origin and the out of home family support the safety of the child?					
9. Oversight: How does the out of home family demonstrate that they are agreeable to and cooperative with CYS and other formal resources?					
10. Planning: How do the out of home caregiver(s) demonstrate that they are capable of and actively engaged in planning for the identified child's day to day safety?					

**V. SAFETY ANALYSIS: RESPOND TO THE FOLLOWING ANALYSIS QUESTIONS**

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. Include in the explanation whether or not the change in the family resulted in a change in response to the ten (10) safety indicators. (Note: if this is the initial assessment, check here ).
2. Considering all of the ten (10) safety indicators, are there sufficient positive indicators present and in operation that give you confidence that the child will remain safe in the setting? Provide your rationale for this judgment.
3. Describe in behavioral terms, any negative characteristic and/or indicators that are present. Include intensity, frequency, and duration of the characteristic and/or indicator and the impact on this child. If there are negative indicators and the decision is to leave the child in this home, describe the rationale and justification for this decision. **Supervisory signature below indicates agreement with this rationale.**
4. A) Consider and describe any 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? Provide your rationale for this judgment. For supports already in place, describe the effectiveness/impact/continued need for that support.
5. If another county has a child(ren) placed in this setting and the information gathered requires the completion of an Alert to Affiliated Counties Document as defined in the interval policy; record, in the space provided, the date that the Alert Document was sent to:

Other county agency                  Provider agency                  Regional Office

**VI. SAFETY DECISION: *The following decisions should be made in conjunction with your supervisor.***

<i>Indicate your safety decision by recording the name of each child (one child per column) next to the applicable safety decision.</i>	Name	Name	Name	Name	Name
<b>Safe:</b> Sufficient indicators exist that cause the undersigned persons to confirm <b>that the setting remains safe</b> for this child.					
<b>Unsafe:</b> Sufficient indicators exist that cause the undersigned persons to conclude <b>that the setting does not remain safe</b> for this child. Child must be removed from the setting. When this decision is made the following additional steps must occur within the designated timeframe: <ul style="list-style-type: none"> <li>• Review the child's current Safety Plan to determine modifications needed and document any and all necessary changes.</li> <li>• If other children from another county are placed children in the home, contact the other county agencies, provider agencies, and Regional Office to inform them of the safety concerns.</li> </ul>					
<input type="checkbox"/> Check here if the agency determines that the child is unsafe but remains in this setting as a result of a court order.	Date of Order:	Date of Order:	Date of Order:	Date of Order:	Date of Order:
	Date of Appeal:	Date of Appeal:	Date of Appeal:	Date of Appeal:	Date of Appeal:

<b>VII. SIGNATURE OF APPROVAL</b> (requires supervisory discussion)			
	<b>County Caseworker Name</b>	Signature	Date
	<b>County Supervisor Name</b>	Signature	Date

## Out of Home Care Worksheet Instructions

### Instructions: Safety in Out of Home Care Tool

#### SECTION I: IDENTIFYING INFORMATION ON PLACED CHILD(REN) BEING ASSESSED

Family Name:	Enter the family name of the client, i.e. case name.
Case #:	Enter the case number.
Caseworker:	Enter your name.
Out of Home Family Name:	Enter name of the family being assessed.
Address:	Enter address of family being assessed.
Phone:	Enter phone number of family being assessed.
Placed Child's Name:	Enter the name of the child(ren) that is the focus of this assessment (Siblings in the same setting may be listed on same form).
Age:	Enter age of child(ren) being assessed.
Date placed in this Setting:	Enter the date each child listed was placed in this setting. This date is used to drive all of the intervals.
Date Last Seen:	Enter the date that the child(ren) was last seen. This field connects the worksheet to the structured case notes.
Interval:	Enter the Interval that applies to this assessment.

The intervals to select from are:

- Within 2 Months
- Within 6 Months (and every 6 months thereafter)
- New Information

**IMPORTANT: all of these dates are triggered from the date of placement. If the child moves to another setting the intervals start again. The 6 month interval is not in conjunction with the permanency hearing.**

#### SECTION II: HOUSEHOLD MEMBER INFORMATION

Household Member's Name:	Identify all household members other than the children listed in Section I of the worksheet. For children in the household identify first name, last initial only.
Age:	Enter the age of each household member.
Role in Household:	For each household member, list the role that they play in that household i.e. paternal grandmother, biological daughter, foster son, etc.
Date Last Seen:	List the date the each household member was last seen. Note, the identified child(ren) and primary caregiver(s) must be seen at each contact, all of the other household members including children must be seen at least once every six months. This; however, does not mean that they all must be seen at the same time.
Affiliated County:	If the household member is a child placed in the setting by another county, list the affiliated county name.



### SECTION III: PRIVATE PROVIDER INFORMATION (IF APPLICABLE):

**Note:** this section is only completed if the child is placed in a private provider run home. If the child is living in an informal arrangement or in a county run home, this section would remain blank.

Private Provider Agency Name and Address: If applicable, enter provider agency name and address.  
Private Provider Caseworker/ Case Manager: Enter the assigned private provider case worker name  
Agency Phone Number: Enter the private provider agency phone number.

### SECTION IV: SAFETY INDICATORS

For each child listed in Section I, list the name in the space provided (one column per child). Determine if each indicator is:

- P= Positive,
- C= Concerning, or
- N= Negative for each child.

### SECTION V: SAFETY ANALYSIS: RESPOND TO THE FOLLOWING ANALYSIS QUESTIONS

Respond to each of the five analysis questions listed in Section V. Responses should include detailed, behaviorally specific language that describes your findings and your analysis of the indicators. Note, for the first question, if this is the initial (2 Month) assessment no information is required.

The information documented in this section is intended to be a synthesis of the information learned from all of the ten indicators. It is important to note that any negative characteristic identified must be included in the analysis.

### SECTION VI: SAFETY DECISION: The following decisions should be made in conjunction with your supervisor.

Indicate your safety decision by recording the name of each child (one child per column) next to the applicable safety decision. **The Safety Decisions are:**

**Safe:** Sufficient indicators exist that cause the undersigned persons to confirm that the setting remains safe for this child.

**Unsafe:** Sufficient indicators exist that cause the undersigned persons to conclude that the setting does not remain safe for this child. Child must be removed from the setting. When this decision is made the following additional steps must occur within the designated timeframe:

- Review the child's current Safety Plan to determine if modifications need to be made and document any and all necessary changes.
- If other children from another county are placed children in the home, contact the other county agencies, provider agencies, and Regional Office to inform them of the safety concerns.

Check the box here if the agency determines that the child is unsafe but remains in this setting as a result of a court order. Enter the Date of Order and the Date the order was appealed if applicable.

## **SECTION VII: SIGNATURE OF APPROVAL**

This requires supervisory discussion and the supervisor's signature indicates agreement with the assessment.

Both the County Caseworker and Supervisor signs and dates the tool.

### *Communicating Safety Concerns*

Caseworker visits and interaction with children is 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. (Action, 2009) It is important to note, that this statement extends beyond just our identified child(ren) to all children living in the out of home setting. Part of the Out of Home Safety Assessment and Management Process is to assess for the functioning of all children living in the home. We gather this information through routine contacts with our identified children, but also through the conversations and observations of others living in the home.

Since the information that we are using to assess safety has the potential to have an impact on children from other counties living in that setting, it is important that that information is shared to the other county worker in a systematic way and consistent way. Unfortunately in the state of Pennsylvania this type of communication does not always occur consistently.

With the implementation of the Out of Home Safety Assessment and Management Process, child welfare professionals will be routinely assessing the safety of all of the children residing in the out of home setting. As a reminder, 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 from them, if possible in private, and from the out of home caregivers. The worker will also discuss the other children with the identified child(ren), 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.

Once information has been gathered related to all of the children in the home, the child welfare professional must determine if there are any concerning or negative indicators for the child(ren). For identified children, this information would be documented on the Structured Case Note and the Out of Home Worksheet, when applicable. For other foster children living in the out of home setting, the child welfare professional would review the information "as if" they were that child's identified worker. If the information suggests that any safety indicators would be rated as concerning or negative, that information would be captured on an Alert to Affiliated Counties Document.

## Safety in Out of Home Care: Alert to Affiliated Counties

### Case Related Information

Date of Alert: \_\_\_\_\_

Sending Worker: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Receiving Worker: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Out of Home Family Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**This alert concerns the following children placed in this home by the Affiliated County:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Alert Detail

**As a result of the information learned, the following decisions/actions were taken (Check all that apply):**

*Decisions:*

Child(ren) is Safe  Child(ren) is Unsafe

*Actions:*

Supports put in place (describe): \_\_\_\_\_

Report sent to ChildLine  Child(ren) removed from the home

Child(ren) remains in the home per a Court Order. The following safety plan has been put into place (describe): \_\_\_\_\_

Other (describe): \_\_\_\_\_

### Information Gathered

The following is a summary of the Indicators that have been assessed to be either Concerning or Negative for the children in the out of home setting. Only the applicable indicators will be selected and described.

Safety Indicator	Information Related to the Children WE Have in this Setting	Information Related to the Children YOU Have in this Setting
<input type="checkbox"/> 1. Child Functioning		
<input type="checkbox"/> 2. Adult Functioning		
<input type="checkbox"/> 3. Caregiver Supervision		
<input type="checkbox"/> 4. Discipline		
<input type="checkbox"/> 5. Acceptance		
<input type="checkbox"/> 6. Community Supports		
<input type="checkbox"/> 7. Current Status		
<input type="checkbox"/> 8. Placed Child's Family– Out of Home Family Relationship		
<input type="checkbox"/> 9. Oversight		

<input type="checkbox"/>	10.Planning		
<b>Well-Being/Other Indicators</b>		<b>Information Related to the Children WE Have in this Setting</b>	<b>Information Related to the Children YOU Have in this Setting</b>
<input type="checkbox"/>	11.Child's educational, medical or mental health needs		
<input type="checkbox"/>	12.Other concerns not listed above		

### Notifications

**Method of Notification to Affiliated County: (Check all that apply)**

- Direct phone contact with \_\_\_\_\_  Fax to \_\_\_\_\_ at \_\_\_\_\_ (fax number)
- Email with this form attached to \_\_\_\_\_

**Method of Notification to Regional Office: (Check all that apply)**

- Direct phone contact with \_\_\_\_\_  Fax to \_\_\_\_\_ at \_\_\_\_\_ (fax number)
- Email with this form attached to \_\_\_\_\_

**Method of Notification to Other Regional Office(s): (Check all that apply)**

- Direct phone contact with \_\_\_\_\_  Fax to \_\_\_\_\_ at \_\_\_\_\_ (fax number)
- Email with this form attached to \_\_\_\_\_

**Method of Notification to Provider Agency: (Check all that apply)**

- Direct phone contact with \_\_\_\_\_  Fax to \_\_\_\_\_ at \_\_\_\_\_ (fax number)
- Email with this form attached to \_\_\_\_\_

### Signatures

Sending Worker signature:

Sending Supervisor review and signature:

Receiving Worker review and signature:

Receiving Supervisor review and signature:

Action(s) taken (include date of action):

## *Instructions for Completing the Alert to Affiliated Counties Document*

The purpose of the Alert to Affiliated Counties Document is to encourage both verbal and written feedback when there is a concern related to safety in the out of home setting. There has always been an expectation that this communication would occur from worker to worker and from county to county. The purpose of this Alert is to ensure that this communication occurs in a systematic way. Of course it is expected that the first part of this communication will be a phone call to the workers who have other children in the home. This should occur immediately following the identification and confirmation of the concerning and/or negative indicator. That phone call is then followed by the completion and distribution of the alert tool. Distribution of the Alert Document should occur within 24 hours of the identification and confirmation of the concerning and/or negative indicator.

The document is completed by the county worker who has identified and confirmed the existence of a concerning or negative indicator. It is not intended to be completed by the provider. While providers will not be completing the Alert document, they will be providing information to the county worker about their observations while in the home. This will be valuable information in terms of assessing safety in out of home care and when information is received it should be reviewed each time for possible concerns or interval prompts that require action.

The Alert to Affiliated Counties Document is divided into five sections: case related information, alert detail, information gathered, notifications, and signatures.

The case related information section includes the following fields:

Date of Alert:	Record the date that the concern/negative indicator was identified
Sending Worker, County, Phone:	Record the name of the worker, the county and phone number who identified the concerning/negative indicator.
Receiving Worker, County, Phone:	Record the name of the other county worker identified for the other children placed in the home. Include their county name and phone number.
Out of Home Family Name, Address, Phone:	Record the name of the out of home caregivers, their address and phone number.
Provider Agency Name, Address, Phone:	Record the name of the provider agency, their address and phone number.
Name, Age:	Record the name and age of the other placed child(ren) in the home. Note: if there are multiple children from multiple counties and/or workers a separate Alert Detail would be completed for each county and each child.

The alert detail section captures the safety decision that was made and the potential responses/actions that were taken.

### *Decisions:*

Child(ren) is Safe

Child(ren) is Unsafe

*Actions:*

Supports put in place (describe):

Report sent to ChildLine

Child(ren) removed from the home

Child(ren) remains in the home per a Court Order. The following safety plan has been put into place (describe):

Other (describe):

All of the above listed fields are check boxes. Individuals completing the Alert Detail would check all of the applicable boxes. Three boxes require additional detail/descriptions. The purpose of the descriptions is to provide the receiving worker with information related to the type of supports put into the home and/or what safety plan has been put into operation. The third description is to provide a description of what other action(s) was taken.

The information gathered section is where the sending worker would describe the information related to each concerning and/or negative indicator for their identified child and the other child(ren) listed in the case related information section. Remember, if there are multiple children from multiple counties, multiple Alert Details would need to be completed.

The purpose of this section is to provide the other county workers with enough information for them to understand the concerning or negative indicator so that they can determine the most appropriate response for their identified child. When completing this section, a worker would only need to complete the applicable components. For instance, if the only indicator that was concerning or negative was indicator one, the worker would provide a descriptive statement for that indicator and leave the remaining blank.

The fourth section, notifications, captures when and how each person was communicated with. Keep in mind that the first expectation is to provide verbal communication with the other county and the provider. The notification section of the Alert Detail captures whether or not the written information was emailed or faxed. Note: for the Regional Office notification, the sending county would send the Alert Detail to their Regional Office. That Regional Office would then be responsible for forwarding the Alert Detail on the other Regional Offices that are involved. As such the Other Regional Office section would only be completed by a Regional Office. The sending worker would always leave that section blank.

The final section is the signature section. The sending worker and their supervisor would sign off on the Alert Detail to indicate that the document is complete and accurately reflects the situation based upon the information they gathered during their assessment. The individuals receiving the Alert Detail are required to review all of the information provided and determine the appropriate level of response. Once this has been identified, a description would be included on the Alert Detail and then the receiving worker and supervisor would sign. Note: the receipt of an Alert Detail does not automatically require a face to face visit.

For specific information on when to complete an Alert to Affiliated Counties Document, please refer to the Out of Home Care Intervals.

# Casework Process

## *Initial Referral*

As per Pennsylvania's Child Protective Services Law and related regulations, the first responsibility of a County Child Welfare Agency is to ensure the immediate safety of a child who is the subject of a report (regulations 3490.55 and 3490.232).

After receipt of the report, county agency staff must make the immediate decision about how and when to respond to the report in consideration of the child's safety before passing the report along for processing or assignment. In simple terms, with every new report the following questions must be asked and answered immediately: how soon should contact be made with the child and family that has been reported, and who should make that initial contact to best ensure child safety.

While it is understood that referral sources are sometimes reluctant or unable to provide detailed information at the time of the Intake, the county agency staff should make every attempt to uncover potential immediate threats to a child's safety that may not be clearly evident.

The following are questions that county agency staff must ask reporting sources in order to look beyond the obvious while trying to make an initial determination of present danger. These questions are discussed in greater detail in the Safety Assessment section of this manual, regarding Information Gathering.

- What is the extent of the maltreatment?
- What circumstances surround the maltreatment?
- How do the children function, including the condition?
- How do the adults within the household function, including substance use and mental health?
- How do caregivers generally parent?
- How do the caregivers discipline the children?

Ultimately, if a determination of present or impending danger is made or safety cannot be assured with information gathered from the reporting source, the county agency staff should respond **immediately** to the safety needs of the child. A typical flow to the initial referral process would look like this:

- Gather as much information from the reporter as possible
- Gather any additional information immediately available (prior agency records, police contacts, etc.)
- Determine if the case is appropriate for the agency based on requirements (child under 18, caretaker perpetrator, etc)
- If the report is accepted, apply the criteria for present or impending danger by asking the question "given what is known from the report, does present or impending danger for the child exist?"
- Ask, "Has the immediate safety of the child been assured?"
- If present or impending danger has been identified and/or the safety of a child has not been assured, the necessary response time must be determined. The immediacy of the response is based on safety thresholds, level to which the threat is controlled, imminence, and child vulnerability.

- If the report is accepted and the child is judged as being free from present danger, the timing of the response must take into account the location of the safe place, how long the child will be in the safe place, and access that others have to the safe place.
- If the report is not accepted for investigation or assessment based on information gathered, forward the report information to the appropriate authority or community resource to allow further response as needed.
- When a referral results in the determination of present or impending danger, it may be necessary to consider including law enforcement in the response.

County agency staff are not limited to the scope of the questions above, and are encouraged to ask thought-provoking questions of reporting sources in order to uncover all available information regarding child safety that will lead them to make appropriate decisions regarding response time. The assignment of a response time is called a safety tag or “tag”.

The correct standard for deciding the urgency of a response is assessing present danger. A determination of present danger would dictate an immediate response from the County Agency staff that is consistent with that “tag”. In the case of “present danger”, county agency staff are expected to consult with their supervisor. Staff and their supervisor should consider what the circumstances are that endanger the child or exist as an immediate threat and determine the timing of face to face contact that can assure the danger is mitigated or controlled.

A determination based on all available information that the child’s safety is ensured and that “present danger” is not a current safety concern will allow the caseworker to consider the best course of action based on applicable regulation and best practice considerations. This decision should also be reviewed with supervisory staff.

A response other than “immediate” is based on a decision that the child in question is not subject to any severe, imminent safety threat that would define “present danger”.

In summary, the following points are important to remember when considering initial report response time:

- “Present danger” refers to an immediate, significant, and observable threat to a child actively occurring in the present. Present danger requires immediate protective intervention.
- Information reported to a County Agency consistent with present danger should prompt an immediate response.
- Decisions regarding potential “present danger” and response time should be reviewed with a supervisor whenever possible.
- An immediate response is qualified as a face-to-face encounter by county agency staff with a child and family.
- Failure to factor in present danger when prioritizing referrals for assignment and contact could result in serious injury, disability, severe trauma, and/or death to vulnerable children.
- The “present danger” standard is the best means by which to effectively judge response time at intake.
- The effectiveness of a safety assessment is dependent upon whether the information collected is pertinent and relevant to identifying the safety threats to the child and caregiver protective capacities and whether sufficient information has been gathered to draw accurate conclusions about child safety.



## *Assessment/Investigation*

At the first face-to-face contact, the county agency caseworker must consider the following:

- Does present danger and/or impending danger exist;
- Is the child safe now;
- What immediate actions are needed to control the present danger; and
- Are there means within the caregiver's or family's network to provide an adequate and immediate safety intervention to protect the child?

This decision is the preliminary safety decision. If present danger exists or if identified impending danger is likely to become active, a preliminary safety plan must be developed to control the threats of serious harm. The preliminary safety plan must assure child safety while the investigation or assessment continues. Once the preliminary assessment and plan is completed the caseworker would continue to conduct face to face contacts and gather safety related information. At the conclusion of the investigation/assessment the caseworker would complete an In-Home Safety Assessment form, as per the interval policy.

Identification of present or impending danger must always remain a consideration throughout the life of a case when contact is made regarding the child. Situations and conditions change and present or impending danger could appear at any time.

The assessment/investigation period is a crucial and complex time during the casework process. This is the time when most of the new information regarding a child, their family, and safety threats would be uncovered. Understanding this as a time of great potential for information exchange and situational change for families will assure that the caseworker maintains their vigilance with respect to assuring child safety.

During this time of assessment/investigation, the focus of the safety assessment and management process is on maintaining child safety while gathering information to identify present or impending danger and making analysis of the information gathered. This includes analyzing the safety threats that present threats of safety to a child and the caregiver's protective capacity. This further includes caseworker communication on a consistent basis with their supervisor.

55 Pa. Code, §§ 3490.61 (a) and 3490.235 (e) requires supervisors to review each report of suspected child abuse or general protective services with the caseworker at a minimum of once every 10 days during the assessment/investigation period. The county agency supervisor is to document these contacts with the county agency caseworker. They must also review cases on a regular and ongoing basis to ensure that the level of services is consistent with the level of risk to the child to determine the safety of the child and the progress made toward reaching a (status) determination”.

When deciding who to interview when completing assessments/investigations, caseworkers should follow 55 Pa Code, § 3490.55 (d) which states: “when conducting its investigation, the county agency shall, if possible, conduct an interview with those persons who are known to have or may reasonably be expected to have, information relating to the incident of suspected child abuse including, but not limited to, all of the following:

1. The child, if appropriate.
2. The child's parents or other person responsible for the child's welfare.

3. The alleged perpetrator of the suspected child abuse.
4. The reporter of the suspected child abuse, if known.
5. Eyewitnesses to the suspected child abuse.
6. Neighbors and relatives who may have knowledge of the abuse.
7. Day care provider or school personnel, or both, if appropriate.”

In regards to the safety assessment and management process a slightly different protocol can be applied to guide the information gathering process. This protocol would be used in the interview is occurring in the home.

1. Introduction with parents (whenever possible)
2. Interview with identified child
3. Interview with siblings
4. Interview with the non-alleged maltreating parent
5. Interview with the alleged maltreating parent
6. Closure with parents/family

Both lists are similar in that they ask workers to gather as much comprehensive information about the family and family situation as possible. The suggested protocol has been introduced to help gather a progression of information to inform the interview with the alleged maltreating parent/perpetrator.

After the first face-to-face contact with the child, a safety assessment with documentation of data gathered related to safety threats and protective capacity of caregivers is required within 24 hours. As assessment/investigation proceeds beyond the initial contacts, it may or may not be necessary to complete a safety plan, however, it must be remembered that assessing for safety should never leave the mind of a worker while completing the assessment/investigation. Safety assessment is not simply a “front end” determination. It is a dynamic process that is ongoing and whenever evidence or circumstances suggest that a child’s safety may be in jeopardy, it is the responsibility of the worker to assess and analyze that information and plan for the child’s safety. A discussion of child safety should also be part of every caseworker’s weekly supervisory conference.

As the initial assessment/investigation period is primarily the time that a worker would complete the task of assessing and analyzing all 14 of the Pennsylvania Safety threats for in-home cases, understanding the definitions and grasping key concepts regarding safety is vital for successful completion of the Safety Assessment and Management Process. If a worker beginning an assessment/investigation of a report does not understand the concepts of: information gathering in the six domains, application of the safety thresholds, safety analysis including safety thresholds, and protective capacity of caregivers, then safety planning cannot be successfully implemented.

Any worker who does not feel comfortable with these concepts should seek support from their supervisor and begin an education and practice experience process to assist them in learning the skills needed for safety assessment.

Early in the assessment/investigation period, the assigned caseworker should be reviewing the 14 safety threats and asking themselves whether or not they are comfortable with the information gathered to be able to make an informed decision regarding the safety of the child involved in relation to that safety threat. If a worker identifies a potential safety threat which they don’t have enough information to determine if the safety threat reaches the safety threshold, they should conduct further assessment/investigation to gain additional perspective and make any necessary informed decisions.

The key points to remember regarding safety assessment during the time of an assessment/investigation:

- Although a safety tag assessment has already been completed in regard to response time, it is crucial that information provided in an initial report be reviewed and confirmed in regard to child safety.
- The information gathered during this time period is significantly influenced by the worker's effort, skill, and willingness to engage the family and key persons in relation to assessing a child's safety.
- The safety of a child should be considered at every contact and in relation to safety thresholds and the 14 safety threats even if the In-Home Safety Assessment form is not required at that time. All information should be documented in the structured case notes.
- Workers and their supervisors need to be completely comfortable with their knowledge and understanding of the 14 safety threats and other relevant definitions in order to be able to successfully complete the ongoing safety assessment process as circumstances change within the family.
- Assessing and analyzing a caregiver's protective capacity is as important as assessing and analyzing the 14 safety threats.
- During this time, supervisors are responsible for reviewing each report that is under assessment/investigation and determining the safety of the child. Supervisors are required to keep a log of these reviews which would include as a minimum an entry at each 10 calendar day interval during the assessment/investigation period.

### *Status Determination*

At the time of status determination, a thorough analysis of information gathered must include consideration of each of the 14 safety threats, assessment and analysis of caregiver's protective capacities and safety threats, as well as the decision regarding the necessity of having a safety plan, the needed level of intervention, and the safety decision which reflects the analysis of information gathered. This must be documented on the Safety Assessment Worksheet.

The key to making a good safety decision is reviewing information gathered and assuring that the information reviewed is *pertinent, relevant, and sufficient*. This is referring to information gathered from the time of the initial report forward. By assuring that the information reviewed is pertinent, relevant, and sufficient, caseworker and supervisor's safety decisions will be based on the best possible informed decision.

It is important to note that at the point of supervisory review and participation in status determination is not only required by regulation, but good practice and a necessary component for successful safety assessment. Caseworkers should be in the habit of being able to successfully communicate information gathered in relationship to all 14 safety threats and express how the information gathered can be understood in relation to present or impending danger.

Supervisors too need to recognize the status determination interval as a key decision making point in the casework process. This period is not a time for assumptions or for assuming "no news is good news." Supervisors have to use this time to draw information and conclusions from their staff and staff have to use this opportunity to seek reinforcement or correction regarding their information gathering process and analysis.

In addition to making a status determination and determining if the case must be accepted for services, a decision must also be made regarding whether or not the child is safe, safe with a comprehensive safety plan, or is unsafe. People are sometimes unpredictable and family circumstances can change quickly. Information can be hidden from county workers or misrepresented even by collateral contacts who believe they are helping a child. However, a safety decision should represent analysis and decision making using the best possible informed judgment with information that was available at the time of the decision.

Informed judgment on the part of social work staff and supervisors when making status determinations is the only systematic way to balance the need to assure child safety with our goal of maintaining families together in the least restrictive environment possible. By making the effort to gather all available information from the family and potential collateral contacts, collecting factual, observable data, and discussing these items in relation to safety threats and protective capacities within a family, county agency staff can make credible, correct, and useful safety decisions at the time of status determination that will help provide better outcomes for children and families.

### *In Home/Accepted For Services*

The safety assessment and management process is a continuous process throughout the life of a case and does not end at the completion of the assessment/investigation period. 55 Pa Code §§3490.61 (c) and 3490.235 (g) state that “when a case has been accepted for service, the county agency shall monitor the safety of the child and assure that contacts are made with the child, parents, and service providers.”

After a case has been accepted for service, there are case management responsibilities for which every ongoing caseworker is accountable, including managing safety plans and facilitating change through service planning. Managing these tasks simultaneously is no small challenge. Certainly both responsibilities can be intertwined, however, it is important that these two responsibilities are fully understood in terms of their distinctiveness in purpose and activity. For that reason, earlier sections of this manual discuss the relationship between safety and risk as well as the differences.

Furthermore, in order for caseworkers to successfully manage child safety on an ongoing case, workers must recognize that the safety assessment and management process is a continuous process and be willing to be vigilant with respect to oversight of safety plans beyond the initially developed plan. Discussion of child safety must occur each time a county worker and supervisor meets to discuss a case.

To successfully ensure the safety of children, caseworkers must not allow the statutory minimums to be the standard by which they work. Practically speaking, effective continued safety management includes not waiting for a crisis to occur before taking action, encouraging cooperation among all parties with a shared responsibility involved with the safety plan, and oversight defined by the nature and intensity of the safety threats.

As a part of practice related to continuing safety management, a caseworker should always consider whether the objectives for the safety plan are being achieved. In other words, a worker should routinely ask themselves these four questions:

1. Is the plan effective?
2. Are safety responses adequate?
3. Are participants in the plan involved and active as prescribed by the safety plan?

4. Was safety reassessed whenever evidence, circumstances, or new information suggested a change in the child's safety?

These questions are universal for caseworkers, regardless of whether a child is at home or in out of home placement.

Ultimately, the safety plan is a tool that the ongoing caseworker should view as an asset that provides for stability within a family that allows that worker time to create and support the changes needed within the family. Oftentimes, family service plan actions such as mental health treatment or drug and alcohol treatment involve long term goals that will create internal change within a family. Without an effective and secure safety plan in place, caseworkers and family members will find that they are spending their time constantly planning for the present, providing services that are akin to “putting out fires”, and never reaching the long term goals of the family.

Todd Holder, a national CPS consultant has described safety planning as the hub of a wheel that keeps the wheel turning. The hub of the wheel is the focal point where all of the spokes of the wheel come together to create stability. The safety management function of the ongoing caseworker is similar to that hub in purpose. By binding together the various requirements, activities, individuals, and agreements that form a safety plan, the “wheel” can safety function and move forward.

Once a safety plan has been established for a family, the ongoing caseworker has a series of tasks that they must continue to perform on an ongoing basis to maintain the effectiveness of that plan.

- **Coordinate safety interventions** - the purpose, activity, timing, and implementation of all that comprises safety intervention within a safety plan must be well understood by the worker and managed to assure that people are where they are supposed to be, that activities are occurring according to the safety plan, and that the purpose of each activity is being achieved.
- **Generate, organize, and administer resources** - management of a safety plan involves assuring that necessary resources are available and applied appropriately.
- **Guide activities, actions, and tasks** - safety plans consist of activities, actions, and tasks that include caregivers, children, family members, relatives, and professional providers. The ongoing worker must guide these activities, actions, and tasks at different frequencies and for different lengths of time.
- **Evaluate the provision of safety interventions** - evaluating the provision of safety interventions occurs consistent with criteria for creating a safety plan: accessibility, availability, and immediate impact.
- **Use benchmarks to determine caregiver progress in relation to safety planning** - measuring progress will help determine whether or not the safety plan can be modified to be less restrictive. Consider measuring whether over time threats have been reduced, caretakers have developed enhanced protective capacities, and/or if other observable behavior changes will allow the worker to decrease safety plan restrictions.
- **Re-assess caregiver commitment and willingness** - caregivers should be involved in the safety management process. The level of commitment, willingness to maintain the safety plan, and ability to maintain the safety plan by the caregiver should be routinely visited.
- **Support and maintain performance** - communication with those who are responsible for carrying out safety actions, activities, and tasks as well as providing support and encouragement for all involved are part of safety plan management.
- **Confront, mediate, negotiate, and resolve conflict** - A variety of issues can arise during the ongoing maintenance of a safety plan. A county caseworker's management responsibilities include resolving problems.

- **Continue to assess safety** - a huge part of maintaining an ongoing case is monitoring and assessing present and impending danger. Safety management during ongoing casework demands that caseworkers continue to conduct safety assessments at each contact and document gather safety related information on the structured case note and the In-Home Safety Assessment form at specific intervals so that the nature and extent of present and impending danger are in the case record.
- **Revise safety plans** - safety management is fluid and ever changing. A caseworker's safety management skills should be supported by a flexibility that results in safety activities, actions, and tasks being increased or decreased in accordance with the status of present and impending danger and changes in caregiver protective capacities.
- **Document and maintain case records** - whether that documentation is on the safety assessment worksheet or in structured case notes as required by regulation, all relevant aspects of the safety assessment and planning process should be well documented.
- Maintain communication with their supervisor regarding every aspect of the ongoing safety planning process.

Safety management during the ongoing maintenance of a case is concerned with making sure that safety plans are working and appropriate so that caregiver protective capacities can be enhanced. Vigilance is the most important demand in safety management.

All of these activities are very challenging, both in terms of effort required and complexity. Some of the activities are repetitive and most of these activities continue during case management for months. Due to these safety threats, caseworkers are well served to understand and become as proficient in these safety activities as possible.

Just as caregivers are to be involved in the initial aspects of safety planning so too should they be involved in the ongoing maintenance of the plan. Using all of the skills caseworkers have at their disposal, such as: identifying familial resources, using least intrusive approaches, using flexible services, utilizing family strengths, listening to and acknowledging concerns, empowering the family with information, addressing needs immediately, advocating for the family, enhancing protective capacities, respecting individual differences, and including the family in meetings, discussion, and decisions, safety plan maintenance can be a positive experience that assists caseworkers in their ongoing relationship with a family.

### *Out-of-Home Care/Accepted For Services*

To reinforce what was previously stated in the prior section entitled In-Home/Accepted for Services, assessing and managing the safety of a child is a continuous process throughout the life of the case and does not end at the completion of the assessment or investigation period. It is required under 55 Pa Code, §§ 3490.61 (c) and 3490.235 (g) that “when a case has been accepted for service, the county agency shall monitor the safety of the child.”

When a child is determined to be unsafe through an in-home safety assessment, county agencies are required to formally place that child in an alternate living arrangement on a temporary basis, which we refer to as out-of-home care. These alternate living arrangements often are foster or kinship care homes that we commonly refer to as resource homes. It is important to remember that moving a child to an alternate living arrangement does not guarantee the child is automatically safe. The safety of a child in out-of-home care must be assessed at the onset of the placement and at regular intervals during placement.

When a child is removed from their primary place of residence, it is important they are provided with a safe environment in which to receive care. Since a child is typically removed from their primary place of residence due to some form of abuse or maltreatment, it is important to shift the assessment to focus on preventing additional maltreatment from occurring. This is where assessing and managing safety of a child in out-of-home care varies from the in-home process.

With the in-home process, the identification of safety threats and how to mitigate these threats through caregiver's protective capacities is essential. When a child enters out-of-home care it is necessary to assess the out-of-home care setting so that safety threats never become present.

Kinship and foster homes that keep children safe are safe environments. A safe environment is a family and home situation containing certain characteristics that contribute to the absence of threats, exhibits the presence of real refuge, and displays perceptions and feelings of security. The quality of a safe environment can change as families face change, stress, crises, and other daily life pressures. These changes create challenges in assessing safety because of the need to know about these changes timely in order to implement any needed supports. For this reason, safety assessment in out-of-home care must exist as a process rather than being event-oriented.

Due to assessing and managing safety in out-of-home care being focused on the absence of safety threats and how to support foster and kinship families with a placed child, the predisposition of assessing and managing safety in these environments is positive rather than negative with a focus on confirming the environment is safe rather than responding to allegations of maltreatment as we do with the in-home cases. Seeking out and confirming attributes within a foster or kinship family that are consistent with a safe environment should be the intent.

For those out-of-home care placements that are operated through a private provider contracted by the county agency, a collaborative effort between the county agency and private provider is necessary when assessing and managing safety. It is ultimately the responsibility of the county agency to assess and manage the safety of a child in out-of-home care. However, the private provider plays an integral role in informing decisions made during the assessment and management of safety as they are typically in the home and having contact with the child more frequently than the county agency worker. The sharing of information between the county agency and private provider is critical to assuring children are being cared for appropriately and their needs are being met.

## *Reunification*

An out-of-home placement is never considered a permanent or long-term strategy for safety management. In fact, it should be approached as a temporary, provisional action with constant and vigilant efforts to routinely consider differences in caregivers, safety threats and the home with the intention of adjusting safety plans appropriately. This kind of thinking, decision making and practice is why we must bear in mind that reunification is a decision and practice that is part of provisional safety management.

The reunification decision is a determination about four things:

1. Caregiver demonstrates enhanced protective capacities.
2. Change or adjustment to circumstances within the family, home or among caregivers.
3. Conditions for return have or can be met.
4. An in-home plan can be implemented.

Two of these issues must always be addressed in the decision. Reunification can occur only when conditions for return have been met and an in-home safety plan can be implemented. Progress and change that are apparent either through planned action or shifts in circumstance are important but not defining when making the decision to return a child. Notably these four considerations affirm that returning children is not predicated on caregivers fully changing their lives or achievement of results or outcome. Reunification is possible and ethical as remediation continues. Fundamentally, the reunification decision is a determination about whether an in-home safety plan can replace a substitute care safety plan. That is why reunification can be considered practice and decision making within the context of provisional safety management.

Foreseeable impending danger threats do not have to be eradicated in order for children to be reunified with their families. Caregivers do not necessarily have to change completely in order for children to be reunified with their families. However, caregivers have to make enough sustainable change so that an in-home safety plan can be supported with safety interventions. County caseworkers have to keep in mind that if safety concerns no longer remain in the home of origin, but goals of FSPs and CPPs might not have been achieved, it is possible that the child can return back to the home of origin.

Reunification is a very serious decision. It should occur within the context of a well planned and specific process involving discrete steps. A reunification process helps to structure and standardize practice and enhance decision-making effectiveness. The different steps in this process help to ensure that particular individuals who make these decisions are included, such as; treatment providers, safety service providers, CYD supervisors, parents, children, extended family, resource parents, etc. Application of this process is part of provisional safety management. The step-by-step process involves:

1. Assess safety threats 30 days before a planned return home or 24 hours after an unplanned return home.
2. Assess parent-child visitation.
3. Assess the circumstances within the home primarily concerned with the presence of a safe home and the potential to produce one.
4. Reach a judgment about the willingness and capacity the parents possess in respect to actively supporting reunification and accompanying in-home safety plans.
5. Conduct meetings with resource parents.
6. Conduct meetings with treatment providers.
7. Document information regarding the presence of a safe home.
8. Establish a reunification plan.
9. Prepare the child for return.
10. Prepare the caregivers, family, and home for return.
11. Initiate efforts and activities at establishing a safe home, including safety assessment, and identify and discuss any alerts to danger or deterioration of the reunification plan.
12. Plan and arrange an in-home safety plan.
13. Implement the in-home safety plan and proceed with reunification.
14. Engage in follow-up and oversight to confirm the reunification decision, including conducting a safety assessment 30 days following a planned reunification OR 24 hours following an unplanned reunification.



## Case Closure

When considering case closure, caseworkers should look to see if the family service plan objectives have been met and intended internal change within a family has decreased future risk to a child in the home and enhanced caregivers' protective capacities. Ultimately, it is a combination of family service plan objectives and safety assessment of a child within a home that will determine whether or not a case can be closed.

What constitutes a safe environment in regard to case closure? Most if not all of those characteristics have been identified in previous sections of this manual. The following are a few summary statements to consider as a caseworker when determining if a child's case can be closed.

- **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.

If a caseworker is unsure about the current safety of a home, they should seek facts in the following general information areas as indications of a safe home. Facts found can help a caseworker reach a conclusion regarding safety, however, these facts are only to support findings regarding present danger, impending danger and safety thresholds as discussed earlier. Correct analysis of these facts will lead to good decisions regarding case closure. When reviewing facts as described below, caseworkers and supervisors should consider whether the information they are reviewing is pertinent, relevant, and sufficient as described earlier in this manual.

- **Facts about 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.
- **Facts about 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.
- **Facts about 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.

- **Facts about the caregiver’s capacity to sustain continued safety** - seek facts that will help provide clarity about caregiver plans, intentions, methods, feasibility, and commitment.
- **Facts about how community connections sustain continued safety** - understand how formal and informal resources have been used and that the caseworker can anticipate will remain involved with the family.

Ultimately a case cannot be closed unless a determination has been made that a child is safe in the current environment in which they live. This decision could be reached based on one of three potential situations:

- 1) Caregiver protective capacities are such that child safety is assured through internal means within the family. A safe home exists.
- 2) Caregiver protective capacities and functioning sufficiently, and motivation and willingness exist to allow external sources to provide ongoing support to assure child safety. A safe home exists because of both the caregiver protective capacities and the broader family network including relatives, friends, neighbors, or others or through sustained attachment to professional services. Note, this option can only occur if both the external and internal supports are sustainable.
- 3) An alternative family with a safe home is provided for the child to assure child safety, permanence, and well-being.

Each of these results can be revealed and confirmed through an assessment of the caregiver and family characteristics and qualities that comprise and form the basis for a safe home. The judgment concerning each attribute of a safe home is routinely evaluated during the course of ongoing casework and in conjunction with supervisory approval.

## **Supervisory Role and Responsibilities**

The supervisor is ultimately accountable for what caseworkers do. It is true that the supervisor is the person who is ultimately responsible for actions and decisions occurring as a part of safety intervention, however, this point is not to create anxiety among supervisors, but to underscore how crucial it is for supervisors to be highly expert in safety intervention; to be appropriately involved in supervising the safety intervention process and to assure that supervisory oversight and approval presides as the basis for safety intervention decision-making.

It is for these reasons that regulations require consistent oversight of the safety assessment and planning process from the initial contact all the way through the ongoing work on an open case. For both CPS and GPS assessments/investigations, Supervisors are required by a55 Pa Code §§3490.61 and 3490.235 to review reports during the assessment/investigation and help determine the safety of a child and progress being made toward a status determination. Supervisors are further required by these regulations to document in a log their case reviews with caseworkers during this assessment/investigation period every ten days at a minimum. These same regulations also require the supervisor to monitor the safety of a child and assure contacts after a case has been accepted for services.

These regulations regarding constant oversight of the safety of a child remain in place, even after the determination of safety has been made by a caseworker.

It is also important to note that a supervisor can provide great support to a worker completing this crucial task. Supervisors can inspire as well as dictate when highly complex issues such as safety assessment confront a caseworker.

Although safety assessment and management strategies vary during the life of a case, certain supervisory skills and practices are consistently needed regardless of the stage a case is in. As noted earlier, the safety tag is made in regard to the initial report and is represented by a caseworker's response time. Supervisory approval of safety tag is typically expected. Such approval should be based on:

- A determination that the information gathered regarding the report is pertinent (information has a relationship which influences or is associated with child safety), relevant (information has significance with respect to revealing situations and behavior related to child safety), and sufficient (information is abundant, in-depth, and complete as related to making a decision about child safety).
- A conclusion that the identification of present and/or impending danger is adequately supported by the information collected and documented within the report.

Even though we have referenced these factors in regard to initial contact decisions, these factors should form the basis for all supervisory activities leading up to safety decisions and interventions. At the time of the initial safety decision, the supervisor endorses the response decision as correct; assures that the response/safety plan occurs according to the decision; and assures that the caseworker is prepared for the intervention.

Supervisors must provide three kinds of consultation and support related to an initial contact: 1) caseworker preparation; 2) preparation for the intervention; and 3) crisis resolution during an initial contact. When either present or impending danger has been identified in a report, the supervisor should always attempt to meet with the caseworker who has been assigned an initial assessment requiring a prompt response.

Key issues concerned with caseworker preparation include determining the following:

- Does the caseworker understand the challenges of the first contact as represented in the reported information?
- Does the caseworker understand the nature and occurrence of family circumstances that represent a threat to child safety?
- Does the caseworker have a strategy for approaching the initial contact?
- Checking out safety threats? Collecting information? Contending with potential intervention hazards?
- Does the caseworker consider anticipatory action if present or impending danger is confirmed?
- Is the caseworker prepared emotionally for the contact?
- Does the caseworker recall the Pennsylvania Safety threats "off the top of their head?"
- Does the caseworker have the ability to define and explain what each safety threat is?
- Does the caseworker demonstrate the ability to recognize and document observed family behavior, attitudes, emotions, intents, perceptions, and motives?
- Does the caseworker demonstrate the ability to use the safety threshold criteria to evaluate and determine whether a family condition is a safety threat?
- Does the caseworker recognize the value of assessing protective capacity as well as safety threats?

Another consideration requiring supervisory support, specifically at the time of the initial contact, is the decision to involve law enforcement because of caseworker safety or to assist in child protection. The supervisor should also consult with the caseworker about the wisdom of identifying resources to support the intervention if needed such as transportation and back up staff support.

Moving from a focus on the initial response to the assessment/investigation, a supervisor's responsibilities concerned with safety intervention during and at the conclusion of the initial assessment include:

- Consulting with a caseworker while the initial assessment is proceeding
- Assisting caseworkers with information gathering challenges
- Consulting with the caseworker on the safety analysis that occurs at the conclusion of the initial assessment
- Approving the safety intervention based on the conclusions reached during the initial assessment
- Providing support and guidance to staff at any point that legal intervention is required.
- Assuring expected documentation requirements are met at the appropriate intervals.

Any decision is only as effective as the quality of information that is available to inform judgments. You have to have sufficient information to make necessary decisions and take appropriate action. Therefore, the most crucial responsibility for a supervisor is to assure that pertinent, relevant, and adequate information is gathered by caseworkers from caregivers, children, and the family network. Conversation regarding the safety of children in a home should be occurring during every supervisory session and whenever cases are reviewed.

As a supervisor, how do you know that the caseworker has gathered enough information? Earlier in this manual at the Safety Assessment Section under *Information Gathering*, six clarifying questions were provided to support caseworkers seeking additional information for making safety decisions. These questions could also be used by supervisors at any point in the information gathering process to help assess caseworker knowledge regarding a family and the information gathering process. Once again, discussion regarding this issue and the six clarifying questions should be occurring during every supervisory session and whenever cases are reviewed.

With that in mind, the following is a list of criteria that could assist a supervisor in determining if their caseworker has gathered sufficient information. When reading caseworker documentation, or conducting discussions with caseworkers about what they know about a family, supervisors should consider the following:

- Breadth – Is the caseworker's understanding of the family based on information that covers the critical points of inquiry (maltreatment, surrounding circumstances of maltreatment, child functioning, adult functioning, parenting general, and discipline).
- Depth – Is the caseworker's understanding based on facts that are explained by probing and diligent consideration of pertinent information from each point of inquiry? Information related to the six assessment questions is precise and detailed.
- Reliable – Is the information the caseworker possesses trustworthy and dependable with respect to reflecting the reality of the family and correct answers to the points of inquiry? Information is reasonably believable, factual and can be justified.
- Pertinent – Is the information relevant, significant, and applicable to revealing the presence of safety threats to a child? A caseworker knows what is important. The information is relevant to decision-making.

- Objective – Is the information factual, actual and unbiased? A caseworker knows what exists without interpretation or value judgment.
- Clear - Is the information unambiguous? A caseworker knows what is apparent and unmistakable.
- Association - Does the caseworker understand how information is connected and inter-related? A caseworker knows how different things occurring in a family are linked.
- Reconcile – Has the caseworker resolved apparent distortion and differences in information among the points of inquiry? A caseworker is able to reconcile discrepancies within case information or family system dynamics.
- Supported – Is the information confirmed or corroborated by reliable sources? A caseworker is confident about what the information means – what can be believed and understood.

Asking what the caseworker believes is the correct course of action to assure child protection is an invaluable skill supervisors must master in regard to safety assessment. Empowering workers to provide input into safety decisions will help ensure that workers don't hesitate to bring to seek supervisory support during these decision points.

Once a supervisor has supported a caseworker through an assessment process, the task shifts to supporting the worker through analysis, decision and, if necessary, plan development. When completing the task of actual plan development, an involved supervisor should ask the caseworker the following questions:

- Can we take all that we know and filter out that which informs us about safety threats and possible family or agency responses?
- Can we identify that which is the most significant or weighty information when it comes to assessing safety threats?
- Can we understand in precise ways how safety threats are occurring as explained by all that we know about a family?
- Can we examine and scrutinize what within a family might serve as an option, strength or resource that can be applied as part of safety intervention-in other words, are we fully assessing and taking advantage of a family's protective capacity?
- Can we breakdown information in ways that provide us confidence about the family situation, the family setting, motivation, willingness to cooperate, capacity to participate and other critical ingredients to creating a safety plan?
- Can we use what we know to seek out family and community resources, people, and services that can be accessed to participate in a safety intervention?
- Do we know enough about the conditions of the family that affect safety and what are the implications for being able to protect the child in the home? If not what do we know that informs other alternative safety responses?

Once a supervisor has led a caseworker through a safety analysis, decision and if necessary the development of a safety plan, the supervisor has a responsibility to approve a safety plan. A supervisor and caseworker should reflect on the following questions prior to concluding the initial assessment and approving the plan:

- Has the caseworker completed all the work related to safety intervention correctly including gathering information to safety that is relevant, pertinent, and sufficient?
- Did the caseworker involve himself appropriately in the case and with the family?
- Did the caseworker fully engage the family in the assessment and planning process?

- Did the caseworker communicate clearly the duties of the responsible parties and document their agreement with the plan?
- Did the caseworker act in a timely way and expend reasonable levels of effort as suggested by safety related information?
- Did the caseworker involve all pertinent parties in the initial assessment process?
- Did the caseworker perform acceptable professional practice and judgment?
- Did the caseworker assure the child was safe while the initial assessment proceeded?
- Did the caseworker gather sufficient information including protective capacity along with safety threat information?
- Did the caseworker demonstrate competence in his knowledge and skill related to safety intervention?
- Did the caseworker document safety assessment and safety plan in accordance with acceptable practice?
- Did the caseworker involve the family network and appropriate others in pursuing answers to protecting the children and forming a safety plan?
- Did the caseworker follow policy and procedure related to safety intervention occurring during initial assessment?
- Is the safety plan sufficient to protect the child from threats of severe harm?

While it is true that caseworkers are responsible for the results of safety plans they create, it is also true that supervisors are equally responsible. The supervisor's approval of a safety plan is a statement of conclusion that is based: on their expertise in safety intervention; their knowledge of policy and procedure; their understanding of the family based on deliberation with the caseworker; their review of the caseworker's performance; their confidence in the caseworker's competence; and their specific consideration of the content of the safety plan and how it reasonably can be judged to work to protect the child.

The supervisory approval of a safety plan is a significant thing.

Finally, at all times it is a supervisory duty to assure that the record is completed.

Supervisor access and availability is crucial when helping to assure safety intervention effectiveness at every point of safety assessment. The need for consultant (supervisory) support when there are high stake decisions that affect children, caregivers and caseworkers should be viewed and accepted as necessary for achieving best practice.

During safety assessment and management process the supervisor must guarantee that policy and procedure are followed. Standards, decision making criteria and expected practice form the source for overseeing what caseworkers are doing and how they are doing it. Supervisors are best when they are routinely considering whether policy and procedure are being followed as the intervention is occurring and once again when they look retrospectively at the application of policy and procedure after the intervention has occurred.

## **Supervisor Checklist**

- \_\_\_\_\_ 1. Has the worker completed all the work related to safety intervention correctly including gathering information to safety that is relevant, pertinent, and sufficient?
- \_\_\_\_\_ 2. Did the worker involve himself appropriately in the case and with the family?
- \_\_\_\_\_ 3. Did the worker fully engage the family in the assessment and planning process?

- \_\_\_\_\_ 4. Did the worker communicate clearly the duties of the responsible parties and document their agreement with the plan?
- \_\_\_\_\_ 5. Did the worker act in a timely way and expend reasonable levels of effort as suggested by safety related information?
- \_\_\_\_\_ 6. Did the worker involve all pertinent parties in the initial assessment process?
- \_\_\_\_\_ 7. Did the worker perform acceptable professional practice and judgment?
- \_\_\_\_\_ 8. Did the worker assure the child was safe while the initial assessment proceeded?
- \_\_\_\_\_ 9. Did the worker gather sufficient information including protective capacity along with safety threat information?
- \_\_\_\_\_ 10. Did the worker demonstrate competence in his knowledge and skill related to safety intervention?
- \_\_\_\_\_ 11. Did the worker document safety assessment and safety plan in accordance with acceptable practice?
- \_\_\_\_\_ 12. Did the worker involve the family network and appropriate others in pursuing answers to protecting the children and forming a safety plan?
- \_\_\_\_\_ 13. Did the worker follow policy and procedure related to safety intervention occurring during initial assessment?
- \_\_\_\_\_ 14. Is the safety plan sufficient to protect the child from threats of severe harm?

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