

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

October 12, 2011

MEMORANDUM

WHAT'S INSIDE:

- Revised policy, procedure and tools related to child safety assessment and planning;
- Introduction of *CD-17* and *CD-18*;

TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS AND CHILDREN'S DIVISION STAFF

FROM: CANDACE A. SHIVELY, DIRECTOR

SUBJECT: REVISED POLICY, PROCEDURE AND TOOLS RELATED TO CHILD SAFETY ASSESSMENT AND SAFETY PLANNING

NEW FORMS: *CD-17 AND CD-18*

DISCUSSION:

The purpose of this memorandum is to introduce staff to revised safety assessment and safety planning policy, procedure, and tools.

These revisions were founded largely on the "Framework for Safety" model and material made available by the *National Resource Center for Child Protective Services (NRCCPS)* ([Action for Child Protection](#)). *NRCCPS* also provided technical assistance by reviewing draft policy and providing feedback and recommendations.

We'd also like to thank the participation of staff in the five sites that piloted this policy and tools. These include the 1st, 3rd, 29th, and 32nd Circuits and supervisory groups in the 16th, 21st and 22nd Circuits. These sites provided valuable insight into working directly with families which lead to further enhancement of the revised tools.

The use of these revised tools and policy in the field will be immediate; however, system modifications to the *FACES* system are forthcoming. Revised tools used in the field will, therefore, require minor adjustments when entering safety assessment data into the current *FACES* system. This memo will introduce the tools and policy, and will also describe the necessary adjustments that must be made for *FACES* entry.

Introduction of New Safety Assessment and Safety Planning Tools

Safety Assessment (CD-17) – This is a revision of the current safety assessment found in the *CPS-1*, *CD-14* and *NCAT*. This tool will now also be available as a stand-alone form.

Safety Plan (CD-18) – This is a revision of the *Safety Assessment Part B (CPS-1A)*.

Minor Revisions - The *Family Functioning Assessment/Reassessment (CD-14A)* both refer to the current safety assessment and *CPS-1A*. This tool has been changed to refer to the *CD-17* and *CD-18*.

Obsolete Forms - The *Safety Assessment Part B (CPS-1A)*, *Safety Reassessment (CS-16D)*, and the *CD-11 Candidate for Out-of-Home Placement Determination* will now be obsolete forms.

Safety Assessment (CD-17)

The purpose of the *Safety Assessment (CD-17)* is to assess conditions in a household of child safety. Revised definitions of *safe* and *unsafe* are based on the Framework for Safety model. They are as follows:

- **Safe** - A child can be considered safe when there are no threats of danger to a child within the family/home or when the caregiver's protective capacities within the home can manage or control threats of danger.
- **Unsafe** - A child is unsafe when a child is vulnerable to a threat of danger within a family/home and the caregiver's protective capacities within the home are insufficient to manage the threat thus requiring outside intervention.

Conditionally safe will no longer be an option in the revised tools. Safety decisions marked *unsafe* now include family conditions previously determined to be *unsafe* (protective placement) as well as family conditions previously determined to be *conditionally safe* (identified safety factors with agreed upon in-home safety plans). This provides a clear distinction between the functions of safety assessment and safety planning.

FACES Entry Adjustments – Conditionally safe is still an option in the current FACES system, so the workers will mark unsafe on the paper copy, but will enter *conditionally safe* into FACES when an in-home safety plan is implemented.

Safety assessments are completed in the following circumstances:

- Initial contact - Investigations/Family Assessment;
- Initial contact - FCS opening or FCOOHC opening where there are children in the home (unless recently assessed during the investigation or family assessment);
- At least every 90 days (at the end of a treatment period) - all open FCS cases and all FCOOHC cases for children who are in the home;
- Any time new information becomes available or the family situation changes which may result in an increased threat of safety for the child regardless of the "type" of case (i.e., CA/N investigation/Family Assessment, FCS, FCOOHC child in trial home placement or home visit, etc). *Workers should always be on the alert to changes in the family, new dynamics, the interaction of multiple threats of danger and other "red flags" that indicate that the threat to the safety of a child is no longer manageable.*

The effective use of the CD-17 is dependent on thorough information collection focused on the Framework for Safety model. The (CD-162) *Safety Information Collection Tool* (introduced in CD Memorandum [CD10-117](#)) is designed to guide the workers through the information collection and safety analysis process as well as structuring descriptive documentation of those efforts. Workers will utilize the information collected on the CD-162 to complete the CD-17 Safety Assessment.

The CD-17 is composed of the following:

- Safety Factor Identification
- Safety Threshold Criteria; and
- Safety Decision – safe or unsafe

Safety Factor Identification is essentially the same list of safety factors contained in the previous safety assessment, except that number 12 "other" has been removed as an option. These factors are general enough to accommodate any threat of danger identified that could result in serious harm to a vulnerable child. If there is no threat of danger, the children are safe. If there is a threat of danger, the question becomes is the caregiver's protective capacity sufficient to control the threat of danger. This decision is made by applying *Safety Threshold Criteria*.

FACES Entry Adjustments – Number 12 "other" will still be available in FACES under safety factor identification. Workers should no longer use this option.

Safety Threshold Criteria refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The safety threshold includes only those family behaviors, conditions, or situations that are judged to be out of the parent/caregiver or family's control. The safety threshold criteria include:

- **Specific and observable** – A family condition that exists as an impending danger is observable and can be specifically described or explained. The danger is real, can be seen, can be reported, and is evidenced in explicit, unambiguous ways.
- **Out of control** - Family conditions that can directly affect a child are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family's control.
- **Likely to cause serious harm** - Severity is consistent with anticipated harm that can result in pain, serious injury, disablement, grave/debilitating physical health conditions, acute/grievous suffering, terror, impairment, or death;
- **Present or near future** – The belief that threats to child safety are likely to become active without delay, within the immediate future or near future.

Safety Decision – The result of safety assessment is a safety decision of safe or unsafe. If the safety decision is unsafe, a (*CD-18*) *Safety Plan* is required. If the safety decision is safe, a safety plan is not required. **A signature is not required by the family on a safety assessment.**

FACES Entry Adjustment: Currently the FACES system requires documentation either that the parent signed the safety assessment or refused to sign the safety assessment on all safety assessments.

Until FACES changes have been made to accommodate the policy, workers will address the FACES signature requirement as follows:

If the safety decision is safe, workers will check the “**refusal to sign**” button and document in the comment section, “**per policy a signature is not required for a safety decision of safe**”.

CD-18 Safety Plan

The (*CD-18*) *Safety Plan* is completed only when the safety decision is *unsafe*. The Safety Plan is made up of safety interventions designed to substitute for insufficient caregiver's protective capacity or control a threat of danger. They are not designed to effect long term change.

Once again the (*CD-162*) *Safety Information Collection Tool* will assist workers by providing a focus on information collection that will be valuable during the development of the safety plan. During the development of safety interventions workers should:

- Develop safety interventions with input from the caregiver and relevant family members to the maximum extent possible.
- Utilize the family's own protective resources first.
- Utilize safety interventions that are the least intrusive to protect a child.
- Utilize interventions that have a direct and logical connection between the safety action and the way threats operate in the family.
- Assess the reliability of sources or providers of the action or supports. (Informal: friend, relative, neighbor or formal: school, agency, program)
- Assure that people and services identified in the safety plan are accessible and available when threats are present.
- Develop interventions to accommodate time elements (for example, weekends and holidays may require different actions than daytime hours during the week).
- Develop overlapping interventions to accommodate scheduling for the source or provider or to address times when the threat is active.

- Develop protective interventions that address present danger threats or safety interventions that address impending danger.

Generally safety interventions should meet the following criteria:

- **Immediately available** – can be deployed right now and in sufficient quantity.
- **Action oriented** – services that are active and focused with respect to safety factors, not change or treatment related.
- **Flexible access** – services that are located in acceptable proximity and can be called upon for immediate response.
- **Immediate impact** – services that do what they are supposed to do as they are delivered and achieve the objective to keep children safe.
- **No promissory commitments** – having no expectations in safety plans for caregivers complying with or being responsible for protecting their children, promising to protect, or stopping certain behaviors. Safety Interventions will never rely on parental promises to stop the threatening behavior, for example, will stop drinking, or will always supervise the child. Since a criterion for a threat of danger is something out-of-control, it is useless to rely on an out-of-control parent to be in control. Safety interventions should rather provide an alternative action or a third party protective source to assist in controlling the threat of danger.

FACES Entry Adjustments – When a safety factor has been identified currently FACES requires the worker to choose the appropriate item from the Safety Response & Interventions section which consists of a list of 8 responses/interventions and a narrative section for the purposes of describing the safety response/intervention. This list of 8 responses still exist in FACES, however, on the new CD-18, this list has been replaced by narrative fields with four headings 1) threats of danger to a vulnerable child 2) caregiver’s protective capacity, 3) safety interventions, and 4) plan for monitoring/verification.

Workers will refer to the narrative fields on the CD-18 and choose from the list of 8 response/interventions in FACES that most closely describes the safety interventions developed on the CD-18. The 8 response/interventions in FACES are general enough to apply to any safety intervention utilized on the CD-18. The worker will summarize the specifics of the intervention developed on the CD-18 in the narrative section in FACES.

Safety Plan Evaluation

Prior to the worker and supervisor signing off on a plan, the worker and the supervisor should assess the feasibility that the proposed interventions will effectively control the identified threats of danger. The worker and the supervisor should ask:

- Do the safety interventions seem sufficient?
- Are the safety interventions consistent with the purpose of safety planning? (control threats of danger rather than change them)
- Does the level of effort and commitment appear to be sufficient by all parties involved to ensure protection?
- Are there concerns about the time-frames, accessibility or availability related to safety interventions and those involved in the safety plan?
- Is there a sufficient plan for monitoring and verification of compliance of parties involved, and the effectiveness of the interventions in controlling the threats of danger?

Plan for Monitoring and Verification

The job of the worker and the supervisor is not complete just because a safety plan has been developed and implemented. The tasks of safety plan monitoring; verification of compliance; and the assessment of the effectiveness of controlling threats of danger is ongoing until the threats of danger are no longer present or the caregiver's protective capacity increases to the point where it is sufficient to control the threats.

- What is the plan for monitoring and verification?
- Is the intervention effective in controlling the threat of danger?
- Is the source for monitoring and verification credible and reliable? Ultimately the worker is responsible for assuring that the plan is implemented; executed as agreed; and that all parties involved in the plan are compliant.
- Is there continuity of management/responsibility when cases are transferred from investigator to FCS worker or there is a change in case worker?
- The worker should be alert to changes in the necessary components of a safety plan.
- The worker should be alert in case the monitoring or protective source becomes unavailable or unreliable.
- The worker should be alert to changes in conditions or composition of the household that create new threats of danger, increase a child's vulnerability or diminish caregiver protective capacity.

Safety Plan Re-assessment, Readjustment or Modification of Current Safety Interventions

- A formal safety assessment begins at initial contact with the family and at various specified points throughout the life of the case; however, workers will assess safety informally on an ongoing basis.
- Timeframes set to reevaluate interventions should be dependent on the nature of the threat of danger (present danger or impending danger) and the accessibility and availability of protective sources used for the intervention.
- Safety interventions should be seen as flexible agreements dependent on the effectiveness in controlling the threat of danger. They should be evaluated, readjusted, or modified as needed.

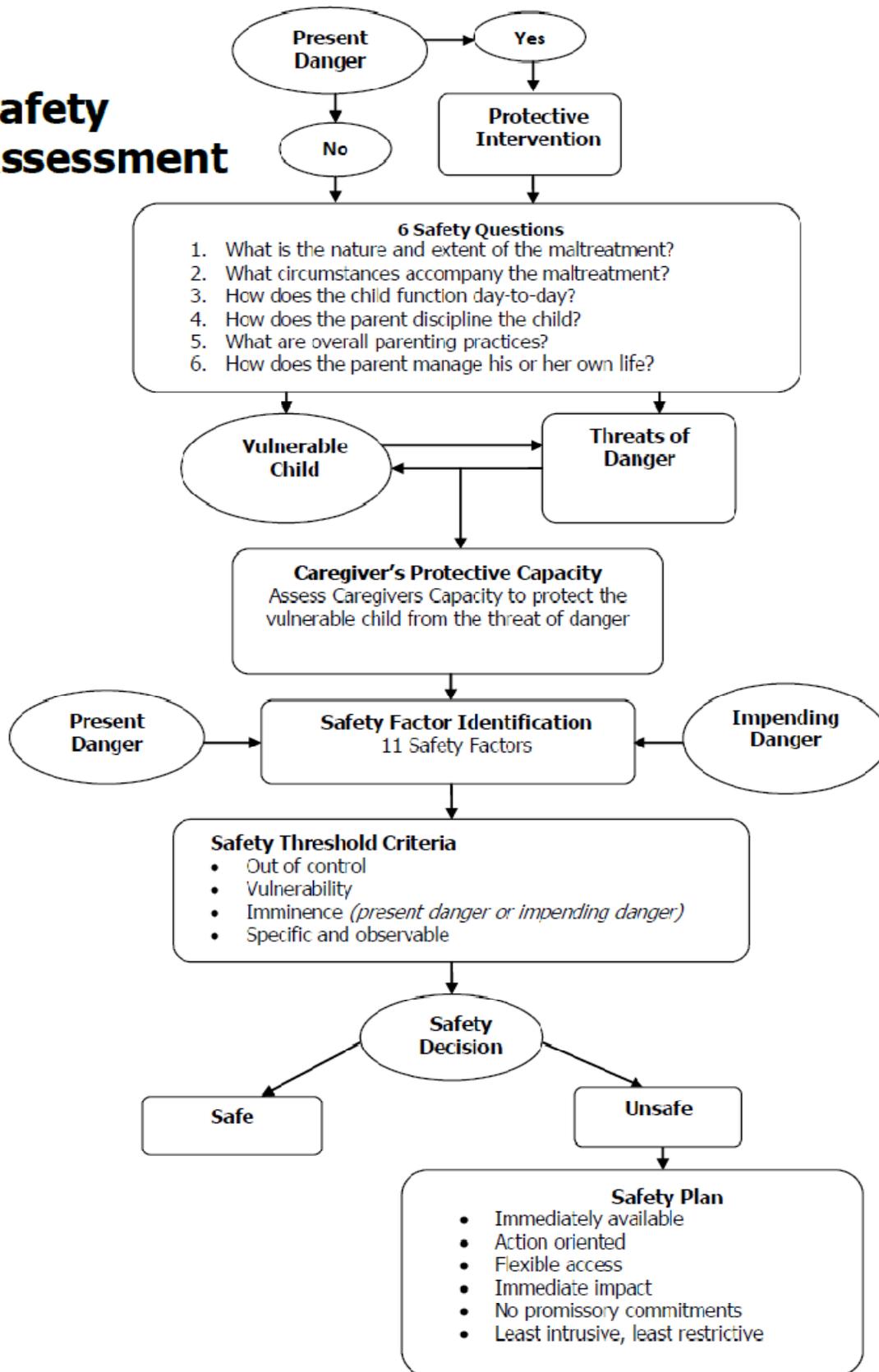
Closing out a Safety Plan

When threats of danger are no longer present or the caregiver's protective capacity is sufficient to control the threat of danger, the child is no longer *unsafe*. Workers will continue to assess safety on an ongoing basis and promote long term changes to family functioning in treatment plans that increase the caregiver's capacity to protect children from threats of danger.

Summary and Conclusion

It is the intention of the Division that this new model for child safety will be not only helpful at the time of initial contact during the investigation or family assessment process, but throughout the life of the case and in all program areas. This model represents the most current, state of the art approach to child safety whether we are documenting reasonable efforts in a court report, assessing child safety in an out-of-home setting, making decisions to close family-centered services or reviewing cases for repeat maltreatment or critical events.

Safety Assessment



Resources

Framework for Safety Material on the CD Intranet site
<http://dssweb/cs/training/framework/index.htm>

Additional Reading Resources

The following of *Framework for Safety* articles were selected from a collection that were written and can be located under archives on the *Action for Child Protection* website. (For the complete listing see http://www.actionchildprotection.org/safety_articles/archives.php)

January 2003	The Difference Between Risk and Safety
April 2003	The Foundation of Safety Assessment
December 2010	The Cornerstones of Safety Intervention
November 2009	Essential Safety Concepts - A Glossary
August 2009	Judging Home Conditions as a Present Danger
July 2003	Protective Capacities
March 2006	Protective Capacities
July 2008	Caregiver Protective Capacities and Family Protective Resources
October 2005	The Art in Conducting the Protective Capacity Assessment
June 2010	Assessing Caregiver Protective Capacities Related to Parenting
March 2003	Threats to Child Safety
March 2005	Analyzing Safety Threats
February 2003	The Vulnerable Child
September 2003	Applying Safety Concepts
September 2004	Considering the Safety Threshold
May 2009	Impending Danger and the Cultural Context
December 2003	The Safety Plan
March 2004	Safety Management within Safety Plans
February 2004	Are the People Who Participate in Safety Plans Suitable to Do So?
July 2005	Immediate Evaluation of the Safety Plan
May 2005	Provisional Safety Management
August 2004	The When and Why of Safety Management
July 2010	Case Plan Goals: The Bridge Between Discovering Diminished Caregiver Protective Capacities and Measuring Enhancement of Caregiver Protective Capacities
November 2008	Creating The Picture
November 2005	Integrating Caregiver Protective Capacities into Case Plans
January 2007	Using Child Safety As A Basis For Case Closing
June 2004	Conditions for Return
October 2008	Not Quite Right
February 2011	Q and A about Safety Intervention
January 2011	Q and A about Safety Intervention

NECESSARY ACTION:

1. Review this memorandum with all Children's Division Staff.
2. Review revised *Child Welfare Manual* chapters as indicated below.
3. All questions should be cleared through normal supervisory channels and directed to:

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CHILD WELFARE MANUAL REVISIONS:

Safety Assessment and Safety Planning Subsections

Section 2, Chapter 9.1 [Safety Assessment Versus Risk Assessment](#)
Section 2, Chapter 9.2 [Assessment of Safety](#)
Section 2, Chapter 9.3 [Safety Planning](#)

Other Sections/Subsections Impacted

Section 1, Chapter 1.3 [Roles and Responsibilities of the Children's Service Supervisor](#)
Section 1, Chapter 1.3.1 [Chief Investigator](#)
Section 1, Chapter 1.5 [Roles and Responsibilities of the Children's Service Worker](#)
Section 1, Chapter 1.5.3 [Implementing the Initial Contacts With The Family](#)
Section 1, Chapter 1.5.4 [Initiating the Follow-Up Family Assessment on an Open FCS Case:](#)
Section 2, Chapter 4.1 [Investigation Response](#)
Section 2, Chapter 4.1.3 [Face to Face Safety Assurance of Victim](#)
Section 2, Chapter 4.1.5 [Safety Assessment](#)
Section 2, Chapter 4.1.9 [Minimum Contact Standards After a CA/N Report has Been Concluded](#)
Section 2, Chapter 4.1.13 [Compiling the Investigative Record](#)
Section 2, Chapter 4.1.12 [Determining the Level of Intervention](#)
Section 2, Chapter 4.4 [Changes to Family Assessment](#)
Section 2, Chapter 5.3 [Conducting a Family Assessment](#)
Section 2, Chapter 5.3.11 [Safety Assessment](#)
Section 2, Chapter 5.3.12 [Chief Investigator 72 Hour Review](#)
Section 2, Chapter 5.3.17 [Minimum Contact Standards after a CA/N Report has been Concluded](#)
Section 2, Chapter 5.3.21 [Compiling the Family Assessment Record](#)
Section 2, Chapter 6.2 ["Newborn Crisis Assessments"](#)
Section 3, Chapter 1.5 [Family Assessment and Services Cases](#)
Section 3, Chapter 3.2 [Completion of the Family-Centered Services Assessment Process](#)
Section 3, Chapter 3.3 [Developing a Written Service Agreement](#)
Section 3, Chapter 3.4 [Potential for Juvenile Court Referral](#)
Section 3, Chapter 4, Attach C: [Crisis Intervention Funds](#)
Section 3, Chapter 6.2 [Evaluation of the Written Service Agreement](#)
Section 3, Chapter 6.3 [CD-14A Family Functioning Assessment/Reassessment](#)
Section 3, Chapter 6.4 [Reassessment of Safety and Risk](#)
Section 3, Chapter 10.2 [Decision-Making at Critical Points](#)
Section 3, Chapter 10.3 [Summary of First Level Supervisor Responsibilities](#)
Section 4, Chapter 1, Attach A [Assessment of Safety and Risk Factors in Recommending Out-of Home Placement](#)
Section 4, Chapter 3.1 [Emergency Placement Activities](#)
Section 4, Chapter 1.5 [Factors in Recommending Out-Of-Home Care](#)
Section 4, Chapter 7.3.7 [Administrative Activities](#)
Section 5, Chapter 1.1 [Record Composition](#)
Section 5, Chapter 1.4 [Recording Guidelines - Family Assessments \(Ongoing Work with Families\)](#)
Section 6, Chapter 3.1 [Foster/Kinship Family Assessment](#)

FORMS AND INSTRUCTIONS:		
New Forms	Revised forms	Forms Made Obsolete
CD-17 CD-18	CD-14 CD-14A CPS-1 NCAT	CPS-1A CS-16D CD-11
RELATED STATUTE: RSMO-Chapter 210		
COUNCIL ON ACCREDITATION S10.3.03		
FACES RQUIREMENTS Modifications to Safety Assessment Screen Tutorial Forthcoming Modifications to Manual Activity Tutorial Forthcoming		
CHILD AND FAMILY SERVICES REVIEW (CFSR) S1.1.1; S1.1.2; S1.1.4		
ADMINISTRATIVE RULES N/A		
<u>PROTECTIVE FACTORS</u> Parental Resilience Social Connections Knowledge of Parenting and Child Development Concrete Support in Times of Need Social and Emotional Competence of Children		
FACES REQUIREMENTS FACES changes are forthcoming.		
REFERENCE MATERIAL PowerPoint - Framework for Safety Demonstration Sites		