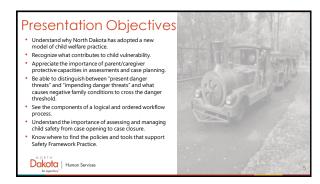


iana Weber	In order of appearance CFS Well-Being Administrator
eah Honeyman	CFS Field Service Specialist (IH/FC)
Carissa Cowley	Cass HSZ Child Welfare Supervisor
Kirsten Hansen	CFS Field Service Specialist Supervisor (CPS)
Katrina Strasner	CFS Training Center
Lisa Piche	CFS Field Service Specialist Supervisor (IH/FC)
Kelsey Bless	CFS Permanency Administrator

Housekeeping Items for "Live" Presentat	ion
4-hour presentation/2 sessions & a planned lunch break     Take breaks on your own as necessary     CEU's and Wraparound Recertification     Use the chat for questions	
This is an introduction to safety assessment and safety management	
Additional information will be provided in early 2021 for ongoing assessments and case planning	
No 3714  Dakota   Human Services  b topology	

#### Presentation Agenda Morning Session (2 hours) Afternoon Session (2 hours, ✓Introduction and Overview ✓Impending Danger ✓Safe vs. Unsafe ✓ Danger Threshold ✓Parent/Caregiver ✓ Safety Assessment Protective Capacities ✓ Safety Plans & Safety Services ✓Present Danger ✓Impacts for Case Management ✓ Resources ✓ Next Steps Dakota | Human Services





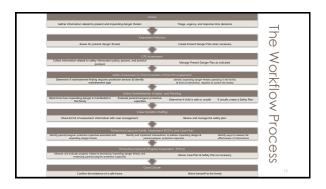
# Why a New Practice Model? ND PIP Baseline data tells us we have practice challenges related to: Initial assessments of risk and safety In 48% of cases reviewed the agency did NOT conduct an initial assessment that accurately assessed all risk and safety concerns for children. Ongoing assessments of risk and safety In 48% of cases reviewed the agency did NOT complete angoing assessments that accurately assessed all risk and safety concerns. Safety planning In 56% of cases reviewed the agency did NOT develop an appropriate safety prededed. Appropriate case closure In 6% of cases reviewed the agency did NOT develop and propriate safety plan as a considered. Appropriate case closure In 6% of cases reviewed the agency closed the case while significant safety concerns sall existed in the home.

Why a New Practice Model?	
Quality visits In 36% of cases reviewed the caseworker did NOT have quality visits with the children.	
In <b>36%</b> of cases reviewed the caseworker did NOT have quality visits with the mother.	
In <b>40%</b> of cases reviewed the caseworker did NOT have quality visits with the father.	
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# Why a New Practice Model? Additional observations include: Inconsistent practice from one agency to another and even within agencies from one worker to another. Inconsistent supervision that impacts casework practice. Varying definitions of what it means for a child to be safe or unsafe. Fluctuating opinions and inconsistent decisions regarding the need for out of home placement of children. Delays in achieving permanency for children. Community partners misunderstanding child welfare's role.







#### ND Safety Framework Practice Model

2020



An adaptation of "Safety in Child Protective Services-Present Dange
WCWPDS, Milwaykee Child Welfare Partnership at the University of Wisconsin Milwayke



### What does it look like when a child is safe???



- If no threats of danger exist within the family,  $\overline{\text{OR}}$
- Parents/caregivers possess sufficient protective capacities to control any threat, OR
- The child is not vulnerable to the existing danger.

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### What does it look like when a child is **unsafe**???

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- Threats of danger exist within the family, AND
- Children are vulnerable to such threats, AND
- Parents/caregivers have insufficient protective capacities to manage or control the threats.

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#### Vulnerable Child

Child vulnerability refers to a <u>child's capacity for self-protection</u>. This definition helps to challenge the tendency of associating vulnerability primarily with age.



### Assessing Child Vulnerability The following will assist in determining child vulnerability:

- Age
- Defenseless
- Physical Disability
- Non-Assertive
- Mental Disability
- Illness
- Provocative
- Invisible

Powerless

Remember to consider the nature of the threat



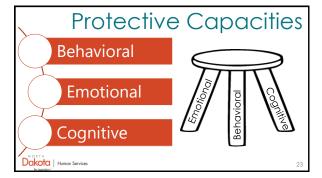




### What are Protective Capacities? Why are they important?

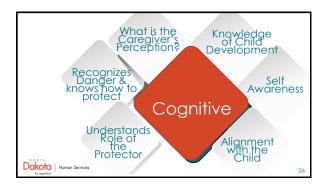
Protective Capacities are caregiver characteristics directly related to child safety. A caregiver with these characteristics ensures the safety of his or her child and responds to threats in ways that keep the child safe from harm. Building protective capacities contributes to a reduction in risk.

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# Who do we Consider? Family: A group of persons, including at least one adult in a caretaking role and one child, who generally reside together and identify themselves as a family. Household: Means all individuals living together in the same dwelling (either regularly or intermittently).

Present Danger	
Dakofa   Human Services to toperdays*	
Present Danger Definition	
An <u>immediate</u> , <u>significant</u> , and <u>clearly</u> <u>observable</u> family condition that is occurring or	
"in process" of occurring at the point of contact with a family and will likely result in severe harm to a child.	
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### Present Danger • First Responder Judgement • Often early in the case • Limited Information • Assess on the scene PROTECTIVE ACTION

### Present Danger Threats

Four Categories that we consider

- Maltreatment
- Child
- Parent
- Family



#### Maltreatment

- Occurring now
- Severe Maltreatment
- Multiple injuries
- Injuries to Face/head
- Unexplained injury
- Bizarre cruelty
- Several victims\*
- Premeditated\*
- Life Threatening





# Unsupervised/Alone for long periods of time Child needs medical attention Child is profoundly fearful Child is profoundly fearful

#### Parent Parents are unable/unwilling to perform duties · Parents demonstrate bizarre behaviors · Parents are acting dangerously Parent is out of control Parent is under the influence of substances Parents overtly reject intervention · Whereabouts of parents unknown\* · Parent's viewpoint of the child is bizarre



#### Consider each PDT through this lens...

- Clearly Observable family condition
- Significant
- Immediate
- Occurring or In process of OccurringLikely to Result in Severe Harm



# Clearly Observable Family Condition Describe how the family information supports this Present Danger Threat Don't need to witness with your own eyes! Doesn't require a lot of information Dickon | Name Service | Significant | Significant to child's safety Use your knowledge about dynamics of maltreatment and danger in this family Outside the "norm" for this condition, this family or this child

#### **Immediate**



In the midst of that which endangers the child

Active and operating

"Occurring or 'in process' of occurring"

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Occurring Happening Now, Happening Here
"In Process" of Occurring
Isn't happening right now; pattern or circumstances establishing could happen any time
Family circumstances constitute Present Danger however, someone else is providing protection for the child right now
No arbitrary time frame – generally, a few days
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#### Will Likely Result in Severe Harm



Consideration of the harm the behavior or condition could cause to a child, given vulnerability

The "reasonable person" concept

Future harm, not past

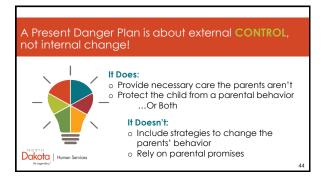
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#### Present Danger Plan

...an immediate, short term action that protects a child from present danger threats.

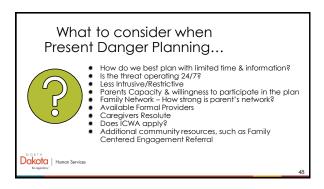




### Present Danger Plans... Strategy and Process that result in a document. Negotiate the strategy not the need. Determine the least restrictive option possible that can sufficiently manage the danger threat to the child. The Role of the Parent.









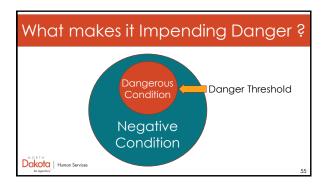
# We Have a Present Danger Plan: Now What? Continue to Monitor How often is appropriate? Continue to Gather Information Further in-depth assessment Once an assessment of present danger has been completed, proceed with the CPS assessment (if appropriate) Data Human Sarvies Data Human Sarvies

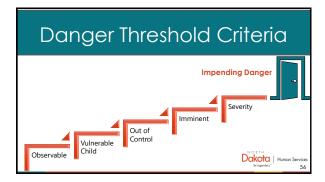




# Present Danger First Responder Judgement Mostly Early on in the case Limited Information Assess on the scene Present Danger Plan Present Danger Plan

### Impending Danger Definition... Foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires Safety Intervention





#### Observable means...

- Discrete and can be identified and described
- Conditions, behaviors, attitudes, motives, emotions, and/or situations
- "I am concerned about safety because...."
- Often more than one in a family







#### Vulnerable Child means

- Dependent on others for protection and basic care
- Susceptible, accessible and available to the threatening person

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### Out of Control means...

- Currently not being controlled internally by the individual or other family members
- The behavior or condition is not being controlled and the impact on the child is not being controlled
- Without intervention, this will continue
- May be going on all the time or may be random and unpredictable

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#### Imminent means...

- · A sense of inevitability
- Threat is likely to become active within the near future
  - any time within the next few weeks
- May be going on now and will continue
- May be episodic and will occur again





#### Severity means...



- A reasonable judgment cannot predict absolutely
- Consider the nature of the threat and the child's vulnerability
- Use professional knowledge about how these conditions play out in families
- Past behavior gives some basis for consideration

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### The Safety Assessment Information Needed to Support Safety Decisions

The 6 areas of Assessment include the following Factors:

- 1. Household Composition
- 2. Maltreatment- Extent, Circumstances, and History
- 3. Child Functioning
- 4. Adult Functioning
- 5. Disciplinary Practices
- 6. Parenting

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#### #1 Household Composition

- Family Make Up
- Housing-Income (able to meet family needs?)
- Tribal Affiliation
- Clarity of Roles and Boundaries



...

#### #2 Maltreatment- Extent, Circumstances, & History

- · Specific events and circumstances
- Explanation for maltreatment, events or family circumstances
- Are conditions within the home adequate for the child's health and safety
- · Severity of the effects on the child
- Specific facts and sources of information
- Identifying child and maltreating parent
- Frequency and duration of the maltreatment
- What were the circumstances around the time the maltreatment occurred.
- Was the parent impaired by substance use, or was otherwise out-of-control when maltreatment occurred.

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#### #2 Maltreatment- Extent, Circumstances, & History

- History and duration of the maltreatment; chronicity and pervasiveness when it pertains to the current situation.
- Contextual issues such as the use of objects, threats, intentional, bizarre.
- How does the parent explain maltreatment and family conditions
- Does the parent acknowledge maltreatment and what is the parent's attitude about the situation?

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#### #2 Maltreatment-Extent, Circumstances, & History

#### Impending Danger Threats in this area include:

- $\#1.\mbox{Living}$  arrangements seriously endanger the child's physical health.
- #2. One or both parents/caregivers intend(ed) to hurt the child and show no remorse.
- #3. One or both parents/ caregivers cannot or do not explain the child's injuries and/or conditions.



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#### #3 Child Functioning

- Child vulnerability
- · Special needs or unusual behaviors
- · Sense of security compared to fearfulness
- Developmental status
- Physical health and healthcare
- If school age, school attendance and performance
- Suicidal, homicidal, or dangerously impulsive behavior
- Developmentally/age appropriate social outlets; peer relationships; physical activity
- History of being sexually reactive/sexual acting out
- Signs of positive attachment with parent or caregiver



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#### #3 Child Functioning

- · Nature of affect; mood; temperament
- · Behaviors in terms of being within or beyond normal limits
- Sleeping arrangements
- Child perceptions about intervention for self or other family members
- Appropriateness of child's responsibilities within the home and family
- · Condition of the child
- Usual location(s) of the child-does the location of the child enhance vulnerability?
- Accessibility of the child to danger or threatening people

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#### #3 Child Functioning

#### Impending Danger Threats in this area include:

#4. The child is profoundly fearful of the home situation or people within the home.



...

#### #4 Adult Functioning

- Behavioral Patterns
  - o Substance usage; substance misuse; dependency
  - o Self-Control; impulsivity; aggression; violence
  - o Relationship/interaction with others; social isolation
  - o Communication
  - o Flexibility
- o Adherence to social norms
- Emotional Patterns
- o Coping; stress management; stressors unmanageable
- o Emotional control
- o Stability
- o Mental Health



#### #4 Adult Functioning

- Cognitive Patterns
  - o Problem solving
  - o Judgment and decision-making
  - o Reality orientation
  - o Thought processing
  - o Cognitive functioning



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#### #4 Adult Functioning

#### Impending Danger Threats in this area include:

#5. One or both parents/caregivers are violent. Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly, generally or potentially active.

#6. One or both parents/caregivers' emotional stability, developmental status, or cognitive deficiency seriously impairs their ability to care for the child (ren).

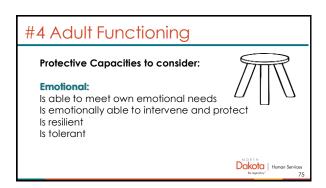
#7. One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.

#8. Family does not have or use resources necessary to assure the child's basic needs

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# #4 Adult Functioning Protective Capacities to consider: Behavioral: History of protecting Takes action Demonstrates impulse control Is physically able Possesses adequate energy

# #4 Adult Functioning Protective Capacities to consider: Cognitive: Has adequate knowledge to fulfill parental/caregiving responsibilities Is reality oriented: perceives reality accurately Is self-aware



#### #5 Discipline

#### What is the caregiver(s)' typical approach to discipline?

- Disciplinary approaches are varied; creative; effective
- Discipline is inconsistent
- Avoids or abstains from apply disciplinary approaches
- · Use of negative approaches
- Lack parenting knowledge related to disciplinary approaches
- Harsh discipline; non-discriminating discipline
- Unpredictable patterns

#### How do caregiver(s) maintain themselves when carrying out disciplinary measures?

- Maintains self-control
- Discipline is applied in fair and just ways
- Holds reasonable expectations for child's capacity
- Sometimes reactive when disciplining



#### #5 Discipline

#### What purpose does the discipline service for both the child and parents/caregiver(s)?

- · Recognizes child's growth and control needs
- Appropriately balances setting boundaries and teaching
- Attempts to balance teaching and punishing
- · Discipline is used as a method for intimidation, control and compliance
- Discipline is viewed as the primary, essential function of parenting



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#### #6 Parenting

- Parenting style
   Source of parenting style

  - Expectations
  - o Consistency in parenting
  - Tendency toward positive parenting
     Control in parenting role

  - Feelings and perceptions about being a parent Reasons for being a parentDegree of satisfaction in caregiver role
  - Motivated as a parent
  - History of parenting
  - o Parenting successes
  - o Perceived parenting challenges, struggles or failures
  - History of protective behavior



#### #6 Parenting

- Perceptions of children
- Viewpoint of child and influence on parenting practice
- Emotional caregiver protective capacities
  - o Empathetic
  - o Demonstration of attachment and bonding
  - o Nurturing
  - o Sensitivity to child
- Aligned and supportive of child
   Behavioral caregiver protective capacities
- o caregiver(s)' ability to set needs aside in favor of the child
  - Responsive
  - o Provides basic care
  - Acts on child's strengths, limitations and needs
  - o Protectiveness
  - o Parenting skill



#### #6 Parenting

#### Impending Danger Threats in this area include:

#9. No adult in the home will perform parental duties and responsibilities

#10. One or both parents/caregivers have extremely unrealistic expectations.

#11. One or both parents/caregivers have extremely negative perceptions of the

#12. One or both parents/caregivers fear they will maltreat the child and/or request placement.

#13 One or both parents/caregivers lack parenting knowledge, skills, and motivation

#14 Child has exceptional needs, which the parents/caregivers cannot or will not meet. Dakota | Human Se

### #6 Parenting

#### Protective Capacities to consider:

#### Behavioral:

Demonstrate adequate skill to fulfill caregiving responsibilities

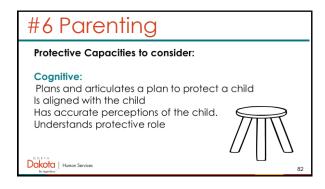
Sets aside own needs in favor of a child

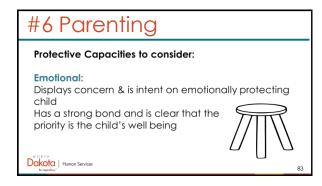
Is adaptive as a caregiver

Is assertive as a caregiver

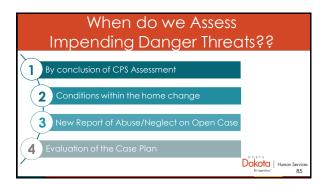
Uses resources necessary to meet the child's basic needs Supports the child

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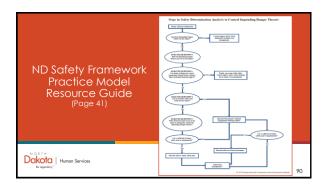








# Roles of Safety Intervention REMEMBER: Safety Interventions CONTROL or MANAGE the behaviors or conditions that are a threat to the child(ren). They DO NOT CHANGE the cause of the condition or behavior. Dokota Human Services 89



#### <u>Safety Plan</u> Determination:

#### How do the Impending Danger Threats play out in this family?

Consider the following...

- How long?
- How frequently?
- How predictable?
- Specific times of day/daily events?

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### Consider the following:

#### <u>Safety Plan</u> Determination

Can the family manage & control the Impending Danger Threats without direct assistance from our agency?

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#### Rule in <u>or</u> Rule out In Home Safety Plan



- Do caregivers reside in a suitable place where the in home plan can be considered?
- Can the safety plan be sustained in the current location of the caregivers?
- Is the home calm and consistent enough for safety providers to be in the home safely in order to implement the safety plan?

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#### Rule in or Rule out In Home Safety Plan



- · Are the primary caregivers cooperative with CPS and are they willing and able to participate in the plan?
- Are primary caregivers willing to allow safety services and action to be provided in accordance to the
- Do the caregivers possess the necessary ability/capacity to participate and do what is asked of
- Are there sufficient resources within the family or community necessary to perform the safety services needed in order to manage the impending danger threat?

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All Yes?

Proceed with the Development of an In Home Safety Plan

Any No's?

Proceed with Out of Home Safety Plan.



#### Out of Home Safety Plan What do we consider?



Are there relatives/kin available that reside in a safe and stable home environment to sustain the placement?

Do the relatives/kin possess adequate Caregiver Protective Capacities to meet or accommodates all of the needs of the children?

Is the safety plan provider cleared of criminal activity and CPS history after completing background checks?

Is the safety plan with relatives/kin that can sufficiently manage the Impending Danger Threat?

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#### Out of Home Safety Plan-What do we consider? All Yes? Proceed with the Development of an Out of Home Safety Plan with Relatives/Kin Any No's? Proceed with Out of Home Safety Plan that includes Foster Care Placement Safety Services vs. Treatment Services Safety Services/Responses **Treatment Service** Goal is **CHANGE** Goal is **CONTROL** Takes Time Changes doesn't always happen Parent/Caregiver more active role Internal for the family Worker establishes goals and depends on provider's expertise to accomplish them

#### Behavior Management

- Supervision and monitoring by an informal or formal provider
- · Stress reduction
- Behavior modification

#### Crisis Management

#### Social Connection

- Friendly visiting
- Basic parenting assistance
- Supervision and monitoring as a social connection
- Social networking

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#### Safety Services

#### Safety Services

#### Resource Support

- · Safety permanency fund
- Parent aide services

#### Separation

- Planned absence from the home
- Respite careChildcare
- After school care
- Planned activities that allow for separation
- Child placement



#### Qualifications of Safety Response Providers

- Available when required
- Properly aligned with the child and Child Welfare Agency
- Trustworthy and committed
- Understands the Impending Danger Threats
- Understands their function
- Supportive and encouraging
- Recognizes signs of problems and knows what to do



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#### Qualities of Sufficient Safety Plans

- Necessary Service Available Now
- Control Services Not Change Services
- Address Each Impending Danger Threat
- Immediate Impact
- Level of Service is Sufficient to Control Impending Danger Threats



### Qualities of Sufficient Safety Plans (continued)

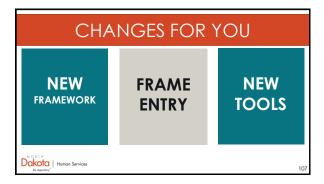
- Only as Intrusive as it Needs to be
- Covers Critical Times & Circumstances
- Doesn't Rely on Caregivers' Promises to Stop Behaviors or Act Differently

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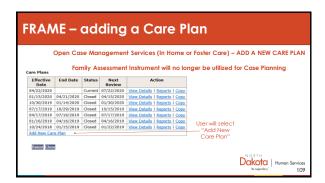


Type of Plan	Purpose	When is it implemented?	How long is it required?	When does it end?
Present Danger Plan	Controls Present Danger	Anytime Present Danger is Identified during the life of the case	Usually 3-5 days (14 days max)	When Present Danger is resolved
Safety Plan	Controls Impending Danger	As soon as Impending Danger is Identified	For as long as Impending Danger exists	When there is no Impending Dang (Child is SAFE)
Case Plan	Identify goals & services to change caregiver performance	Conclusion of PCFA	Throughout the life of case (may not be fully completed at case closure)	When sufficient change has beer achieved

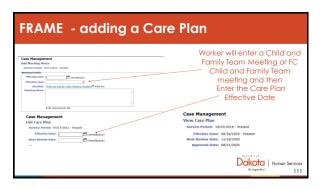




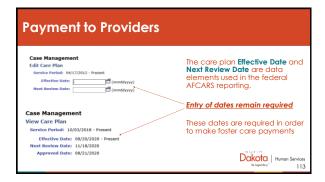
















FRAME - Non Tribal Cases
Division of Juvenile Services after December 14 <sup>th</sup>
No longer required to enter in the Family Assessment Instrument (FAI)     Enter CFT meetings     Terrer Care Plan effective and review dates     Complete Case plan - external FRAME     Enter safety plan details - external to FRAME
History remains visible, but FAI will no longer be present to add new data
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FRAME - Tribal Cases
Tribes after December 14 <sup>th</sup>
Provide the dates/notes of the CFT meetings for FRAME     Provide the Care Plan effective and review dates for FRAME     Provide the completed Case plan - external to FRAME     Provide the completed safety plans - external to FRAME
History remains visible, but FAI will no longer be present to add new data  Dakot  Linear Services

# Where and Why? Documented in child's case file Electronic file Paper file FRAME Case Review and Reimbursement AFCARS QA unit file review CCWIPS payments to providers Compliance with ND model standard



