



**SAFE** Home  
Study  
Structured Analysis Family Evaluation

# Updating a SAFE Home Study

For a periodic review

**(Timeframe determined by  
agency/jurisdiction)**



# Materials needed to complete the SAFE Update Process

## Required

- Update Psychosocial Inventory  
(Electronic Document, last page of Report)
- Harvesting Sheet
- Update Questionnaire
- SAFE Update Home Study Report

## Optional

- Compatibility Inventory

# Update Psychosocial Inventory

(Required)

There is only one set of Desk Guide/Mitigation Ratings completed for an update and they are documented in Column B of the Update PSI (the last page of the SAFE Update Home Study Report).

## UPDATE PSYCHOSOCIAL INVENTORY RESULTS

#1		#2		HISTORY
A	B	A	B	
2	2	2	2	Childhood Family Adaptability
2	2	2	2	Childhood Family Cohesion
2	2	2	2	Childhood History of Deprivation/Trauma
2	2	2	2	Childhood History of Victimization
2	2	2	2	Adult History of Victimization/Trauma
2	2	2	2	History of Child Abuse/Neglect
2	2	2	2	History of Alcohol/Drug Use
2	2	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	2	2	Occupational History
2	2	2	2	Marriage/Partner Relationship History
#1		#2		PERSONAL CHARACTERISTICS
A	B	A	B	
2	2	2	2	Communication
2	2	2	2	Commitment and Responsibility
2	2	2	2	Problem Solving
2	2	2	2	Interpersonal Relations
2	2	2	2	Health and Physical Stamina
2	2	2	2	Self-esteem
2	2	2	2	Acceptance of Differences
2	2	2	2	Coping Skills
2	2	2	2	Impulse Control
2	2	2	2	Mood
2	2	2	2	Anger Management and Resolution
2	2	2	2	Judgement
2	2	2	2	Adaptability
A	B	MARRIAGE/PARTNER RELATIONSHIP		
2	2	Conflict Resolution		
2	2	Emotional Support		
2	2	Attitude Toward Spouse/Partner		
2	2	Communication Between Spouse/Partner		
2	2	Balance of Power		
2	2	Stability of the Marriage/Partnership		
2	2	Sexual Compatibility		
A	B	CHILDREN/OTHERS RESIDING OR FREQUENTLY IN HOME		
2	2	Minor Children		
2	2	Minors Residing or Frequently in the Home		
2	2	Adult Children		
2	2	Adults Residing or Frequently in the Home		

Person #1: Applicant 1 Full Name  
Person #2: Applicant 2 Full Name

#1		#2		EXTENDED FAMILY RELATIONSHIPS
A	B	A	B	
2	2	2	2	Extended Family Cohesion
2	2	2	2	Extended Family Adaptability
2	2	2	2	Relationship with Own Extended Family
2	2	2	2	Relationship with Spouse/Partner Family
A	B	PHYSICAL/SOCIAL ENVIRONMENT		
2	2	Cleanliness/Orderliness/Maintenance		
2	2	Safety		
2	2	Furnishings		
2	2	Play Area/Equipment/Clothing		
2	2	Finances		
2	2	Support System		
2	2	Household Pets		
#1		#2		GENERAL PARENTING
A	B	A	B	
2	2	2	2	Child Development
2	2	2	2	Parenting Style
2	2	2	2	Disciplinary Methods
2	2	2	2	Child Supervision
2	2	2	2	Learning Experiences
2	2	2	2	Parental Role
2	2	2	2	Child Interactions
2	2	2	2	Communication with Child
2	2	2	2	Basic Care
2	2	2	2	Child's Play
#1		#2		SPECIALIZED PARENTING
A	B	A	B	
2	2	2	2	Expectations
2	2	2	2	Effects of Abuse/Neglect
2	2	2	2	Effects of Sexual Abuse
2	2	2	2	Effects of Separation and Loss
2	2	2	2	Structure
2	2	2	2	Therapeutic/Educational Resources
2	2	2	2	Birth Sibling Relationships
2	2	2	2	Child Background Information
2	2	2	2	Birth Parent Issues
#1		#2		ADOPTION/FOSTER CARE ISSUES
A	B	A	B	
2	2	2	2	Infertility
2	2	2	2	Telling Child About Adoption
2	2	2	2	Openness in Adoption
2	2	2	2	Adoptive Parent Status

I affirm that each psychosocial factor listed above was considered and rated with professional due diligence on the SAFE Psychosocial Inventory during the course of this home study update. The ratings above represent the Final Desk Guide Ratings and corresponding Mitigation Ratings for all Final Desk Guide Ratings of 3, 4, or 5.

Signature	Date	Signature	Date
Name of SAFE Certified Home Study Practitioner Title		Name of SAFE Certified Home Study Supervisor Title	

# Harvesting Sheet

(Required)

## Harvesting Sheet

What makes you curious? What prompts you to ask questions?

Applicant #1 Name: \_\_\_\_\_

Applicant #2 Name: \_\_\_\_\_

Marital/Couple Relationship:

Miscellaneous:

# Update Questionnaire

(Required)

## Update Questionnaire: Couple Applicant

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pronouns: \_\_\_\_\_

### Questionnaire

1. Since your last review, have you or your spouse/partner experienced any of the following? (Check all that apply)

Self	Spouse/ Partner		Self	Spouse/ Partner	
<input type="checkbox"/>	<input type="checkbox"/>	Served a jail/prison sentence	<input type="checkbox"/>	<input type="checkbox"/>	Military combat
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy or other financial problems	<input type="checkbox"/>	<input type="checkbox"/>	Interrupted pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	Poor health or a debilitating injury or illness	<input type="checkbox"/>	<input type="checkbox"/>	Infertility
<input type="checkbox"/>	<input type="checkbox"/>	Had a child placed for adoption	<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence
<input type="checkbox"/>	<input type="checkbox"/>	Put under or filed a court restraining order	<input type="checkbox"/>	<input type="checkbox"/>	Arrested
<input type="checkbox"/>	<input type="checkbox"/>	Witnessed or experienced violence	<input type="checkbox"/>	<input type="checkbox"/>	None of these options
<input type="checkbox"/>	<input type="checkbox"/>	Had a child abducted or kidnapped	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Fired/laid off from a job or asked to leave a job			
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric hospitalization or outpatient treatment			
<input type="checkbox"/>	<input type="checkbox"/>	Death of a child, spouse/partner, close family member, or friend			

2. Have any of the following events occurred since your last review? (Check all that apply)

Self	Spouse/ Partner		Self	Spouse/ Partner	
<input type="checkbox"/>	<input type="checkbox"/>	Adult children leaving	<input type="checkbox"/>	<input type="checkbox"/>	New job/position
<input type="checkbox"/>	<input type="checkbox"/>	Addition(s) to the extended family	<input type="checkbox"/>	<input type="checkbox"/>	New household member
<input type="checkbox"/>	<input type="checkbox"/>	Change in relationship status	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	Death of a family member or a friend	<input type="checkbox"/>	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	<input type="checkbox"/>	Moved/relocated	<input type="checkbox"/>	<input type="checkbox"/>	None of these options
<input type="checkbox"/>	<input type="checkbox"/>	New pet(s)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

3. Since your last review, have any of the items listed below presented a problem for you or your spouse/partner? (Check all that apply)

Self	Spouse/ Partner		Self	Spouse/ Partner	
<input type="checkbox"/>	<input type="checkbox"/>	Gambling	<input type="checkbox"/>	<input type="checkbox"/>	Smoking
<input type="checkbox"/>	<input type="checkbox"/>	Money management	<input type="checkbox"/>	<input type="checkbox"/>	Health
<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>	Sex
<input type="checkbox"/>	<input type="checkbox"/>	Controlling temper	<input type="checkbox"/>	<input type="checkbox"/>	Work
<input type="checkbox"/>	<input type="checkbox"/>	Physically violent actions	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
<input type="checkbox"/>	<input type="checkbox"/>	Child pornography	<input type="checkbox"/>	<input type="checkbox"/>	Pornography
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	Eviction
<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	None of these options
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

## PSYCHOSOCIAL INVENTORY RESULTS

#1	#2	Applicant #1: Ms. Jones	#1	#2	Applicant #2: Ms. Davis
<b>HISTORY</b>			<b>EXTENDED FAMILY RELATIONSHIPS</b>		
2	4/3	Childhood Family Adaptability	2	2	Extended Family Cohesion
2	3/2	Childhood Family Cohesion	2	2	Extended Family Adaptability
3/3	4/2	Childhood History of Deprivation/Trauma	2	2	Relationship with Own Extended Family
3/2	3/3	Childhood History of Victimization	2	2	Relationship with Spouse/Partner Family
2	4/2	Adult History of Victimization/Trauma	<b>PHYSICAL/SOCIAL ENVIRONMENT</b>		
4/2	2	History of Child Abuse/Neglect	2	Cleanliness/Orderliness/Maintenance	
2	3/2	History of Alcohol/Drug Use	4/2	Safety	
2	2	History of Crime/Arrests/Allegations/Violence	2	Furnishings	
2	2	Psychiatric History	2	Play Area/Equipment/Clothing	
2	3/3	Occupational History	3/3	Finances	
4/2	N/A	Marriage/Partner Relationship History	2	Support System	
<b>PERSONAL CHARACTERISTICS</b>			N/A	Household Pets	
2	2	Communication	<b>GENERAL PARENTING</b>		
2	2	Commitment and Responsibility	2	2	Child Development
2	2	Problem Solving	2	2	Parenting Style
2	2	Interpersonal Relations	2	2	Disciplinary Methods
2	4/3	Health and Physical Stamina	2	2	Child Supervision
2	2	Self-esteem	2	2	Learning Experiences
2	2	Acceptance of Differences	2	2	Parental Role
2	2	Coping Skills	2	2	Child Interactions
2	2	Impulse Control	2	2	Communication with Child
2	2	Mood	2	2	Basic Care
2	2	Anger Management and Resolution	2	2	Child's Play
2	2	Judgment	<b>SPECIALIZED PARENTING</b>		
2	2	Adaptability	2	2	Expectations
<b>MARRIAGE/PARTNER RELATIONSHIP</b>			2	2	Effects of Abuse/Neglect
2	Conflict Resolution		3/3	3/3	Effects of Sexual Abuse
2	Emotional Support		2	2	Effects of Separation and Loss
2	Attitude toward Spouse		2	2	Structure
2	Communication between Couple		2	2	Therapeutic/Educational Resources
2	Balance of Power		2	2	Birth Sibling Relationships
3/2	Stability of the Marriage		2	2	Child Background Information
2	Sexual Compatibility		2	2	Birth Parent Issues
<b>CHILDREN/OTHERS RESIDING OR FREQUENTLY IN THE HOME</b>			<b>ADOPTION/FOSTER CARE ISSUES</b>		
N/A	Minor Children		N/A	N/A	Infertility
2	Minors Residing or Frequently in the Home		2	2	Telling Child about Adoption
3/2	Adult Children		2	2	Openness in Adoption
3/3	Adults Residing or Frequently in the Home		2	2	Adoptive Parent Status

I affirm that each psychosocial factor listed above was considered and rated with professional due diligence on the SAFE Psychosocial Inventory during the course of this home study. The ratings above represent the Final Desk Guide Ratings and corresponding Mitigation Ratings for all Final Desk Guide Ratings of 3, 4, or 5.

Signature	Date	Signature	Date
Name of SAFE Certified Home Study Practitioner Title		Name of SAFE Certified Home Study Supervisor Title	

# Updating from the Initial SAFE Home Study

- Locate the Final Psychosocial Inventory Results page in the initial SAFE Home Study.

# Carry over all Desk Guide/Mitigation Ratings to Column A of the Update PSI

Final PSI from Initial Home Study

#1	#2	Applicant #1:
<b>HISTORY</b>		
2	4/3	Childhood Family Adaptability
2	3/2	Childhood Family Cohesion
3/3	4/2	Childhood History of Deprivation/Trauma
3/2	3/3	Childhood History of Victimization
2	4/2	Adult History of Victimization/Trauma
4/2	2	History of Child Abuse/Neglect
2	3/2	History of Alcohol/Drug Use
2	2	Crime/Arrest/Allegations/Violence
2	2	Psychiatric History
2	3/3	Occupational History
4/2	N/A	Marriage/Partnership History

Update PSI

UPDATE PSYCHOSOCIAL INVENTORY RESULTS				
#1		#2		HISTORY
A	B	A	B	
2	2	4/3	2	Childhood Family Adaptability
2	2	3/2	2	Childhood Family Cohesion
3/3	2	4/2	2	Childhood History of Deprivation/Trauma
3/2	2	3/3	2	Childhood History of Victimization
2	2	4/2	2	Adult History of Victimization/Trauma
4/2	2	2	2	History of Child Abuse/Neglect
2	2	3/2	2	History of Alcohol/Drug Use
2	2	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	3/3	2	Occupational History
4/2	2	N/A	2	Marriage/Partner Relationship History

# Updating from a Previous SAFE Home Study Update

Move Ratings from Column B from Previous SAFE Update to Column A of New SAFE Update

## Previous Update PSI

UPDATE PSYCHOSOCIAL INVENTORY RESULTS				
#1		#2		HISTORY
A	B	A	B	
2	2	4/3	4/3	Childhood Family Adaptability
2	2	3/2	3/2	Childhood Family Cohesion
3/3	3/2	4/2	4/2	Childhood History of Deprivation/Trauma
3/2	3/2	3/3	3/3	Childhood History of Victimization
2	2	4/2	4/3	Adult History of Victimization/Trauma
4/2	4/2	2	2	History of Child Abuse/Neglect
2	2	3/2	3/3	History of Alcohol/Drug Use
2	2	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	3/3	3/2	Occupational History
4/2	4/2	N/A	N/A	Marriage/Partner Relationship History

## Current Update PSI

UPDATE PSYCHOSOCIAL INVENTORY RESULTS				
#1		#2		HISTORY
A	B	A	B	
2	2	4/3	2	Childhood Family Adaptability
2	2	3/2	2	Childhood Family Cohesion
3/2	2	4/2	2	Childhood History of Deprivation/Trauma
3/2	2	3/3	2	Childhood History of Victimization
2	2	4/3	2	Adult History of Victimization/Trauma
4/2	2	2	2	History of Child Abuse/Neglect
2	2	3/3	2	History of Alcohol/Drug Use
2	2	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	3/2	2	Occupational History
4/2	2	N/A	2	Marriage/Partner Relationship History



**Previous ratings are always carried over to Column A of the Update PSI.  
New ratings are always assigned in Column B of the Update PSI.**

# Prepare to Meet with the Family



## Best Practice Recommendations

- Review the initial SAFE Home Study and previous SAFE Update Home Study reports (is applicable), concentrating on the Psychosocial Evaluation narrations of all issues of all Desk Guide/Mitigation Ratings of a 3, 4, or 5.
- Review other documents in the file such as the Questionnaires, Compatibility Inventory, Reference Letters, etc.
- Read case notes in the file and communicate with staff who have supervised placement of children in the home.
- Review documentation of the family's attendance at trainings, workshops, groups, etc.



# Harvesting Sheet

- As you review the previous home study and documents, record the things that “make you curious” on your Harvesting Sheet. This should include items that were not fully discussed or narrated in the previous study.
- Any Mitigation Ratings of a 3, 4, or 5 from the previous SAFE home study may be topics of conversation to be added to your Harvesting Sheet.
- Provide your SAFE Supervisor a copy of the Harvesting Sheet and discuss the things that “make you curious” prior to your interview(s) with the family. Determine if and how previous issues of concern (Mitigation Ratings of 3, 4, or 5) should be addressed with the applicant(s).

## Harvesting Sheet

What makes you curious? What prompts you to ask questions?

Applicant #1 Name: \_\_\_\_\_

Applicant #2 Name: \_\_\_\_\_

Marital/Couple Relationship:

Miscellaneous:

# Update Questionnaire: Couple

Administer the Update  
Questionnaire in the same  
manner you administer  
Questionnaire II.

**Update Questionnaire: Couple Applicant**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pronouns: \_\_\_\_\_

**Questionnaire**

1. Since your last review, have you or your spouse/partner experienced any of the following? (Check all that apply)

Self	Spouse/ Partner		Self	Spouse/ Partner
<input type="checkbox"/>	<input type="checkbox"/>	Served a jail/prison sentence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy or other financial problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Poor health or a debilitating injury or illness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Had a child placed for adoption	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Put under or filed a court restraining order	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Witnessed or experienced violence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Had a child abducted or kidnapped	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fired/laid off from a job or asked to leave a job	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric hospitalization or outpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Death of a child, spouse/partner, close family member, or friend	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>
				Military combat
				Interrupted pregnancy
				Infertility
				Domestic violence
				Arrested
				None of these options
				Other: _____

2. Have any of the following events occurred since your last review? (Check all that apply)

Self	Spouse/ Partner		Self	Spouse/ Partner
<input type="checkbox"/>	<input type="checkbox"/>	Adult children leaving	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Addition(s) to the extended family	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Change in relationship status	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Death of a family member or a friend	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Moved/relocated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	New pet(s)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>
				New job/position
				New household member
				Pregnancy
				Retirement
				None of these options
				Other: _____

3. Since your last review, have any of the items listed below presented a problem for you or your spouse/partner? (Check all that apply)

Self	Spouse/ Partner		Self	Spouse/ Partner
<input type="checkbox"/>	<input type="checkbox"/>	Gambling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Money management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Controlling temper	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Physically violent actions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Child pornography	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>
				Smoking
				Health
				Sex
				Work
				Sleep
				Pornography
				Eviction
				None of these options

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**Administer together**



**Interview  
separately and  
privately**



# Compatibility Inventory (Optional)

## SAFE Compatibility Inventory for Applicant(s)/Caregiver(s) 2

<b>Applicant/Caregiver 1:</b> * _____ Pronouns: _____	<b>Applicant/Caregiver 2:</b> <input type="checkbox"/> N/A * _____ Pronouns: _____
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<b>INSTRUCTIONS:</b>	<ol style="list-style-type: none"> <li>After reading each area of interest, check YES if you are interested in this area currently or have been in the past.</li> <li>Provide additional information as requested or wherever else you may desire.</li> <li>If you have any other special area(s) of interest, please add to the list.</li> <li>It is important that you respond to all the items in each of the sections. If you have any questions, please feel free to ask your Home Study Practitioner.</li> </ol>
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Areas of Interest	Applicant/Caregiver 1		Applicant/Caregiver 2	
	If YES, please provide additional information where requested. You may also add comments at the end of the document in the section labeled "Applicant(s)/Caregiver(s)- Additional Notes:" if desired.			
Has a special interest	<input type="checkbox"/> Yes	Explain: _____	<input type="checkbox"/> Yes	Explain: _____
Dogs/cats/other pets	<input type="checkbox"/> Yes	Likes or has pet(s): _____	<input type="checkbox"/> Yes	Likes or has pet(s): _____
Reading	<input type="checkbox"/> Yes	What type of reading? _____	<input type="checkbox"/> Yes	What type of reading? _____
Social media	<input type="checkbox"/> Yes	_____	<input type="checkbox"/> Yes	_____

You may send a new Compatibility Inventory to the family to update prior to the home visit.

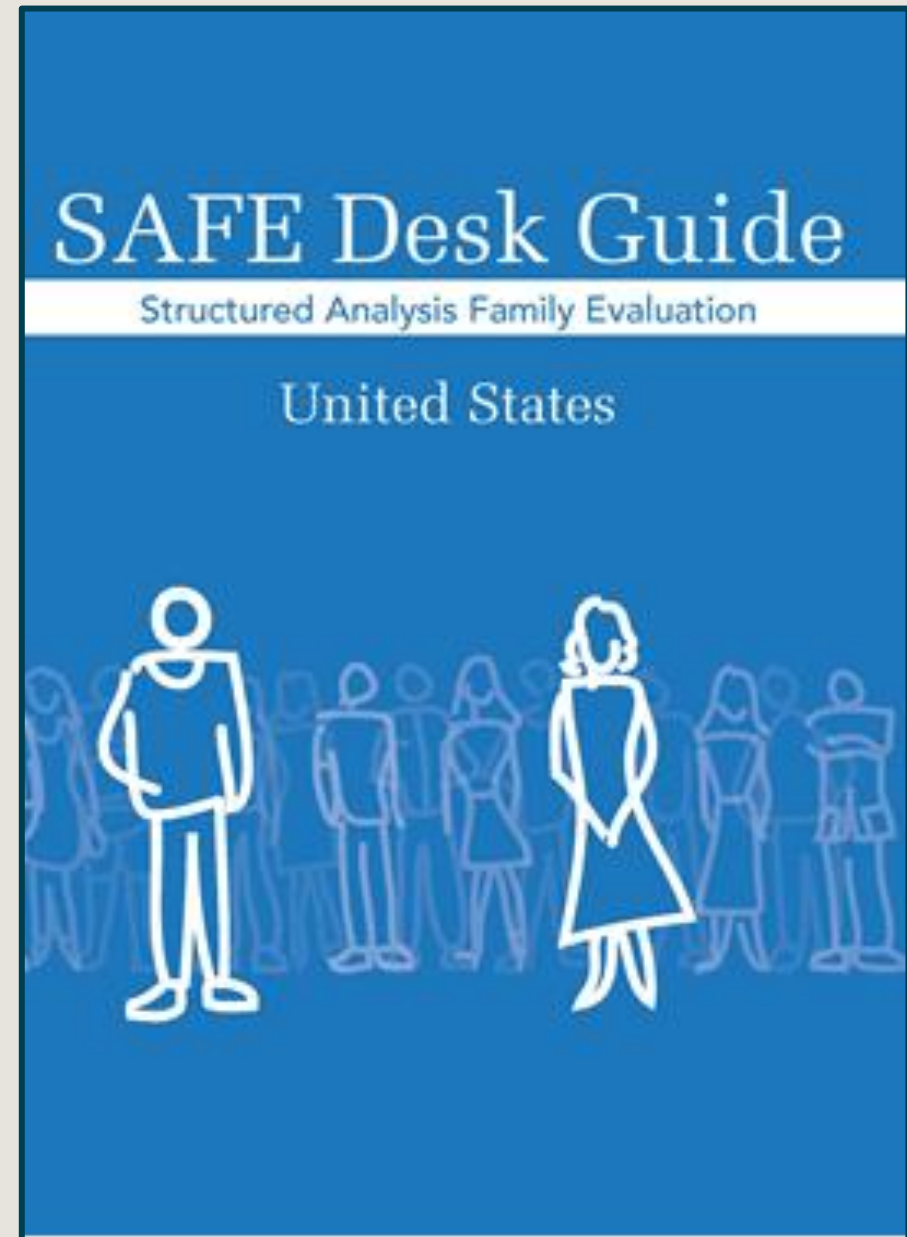
Discuss changes with the family during the interview.

# Interviewing

- The SAFE Update Home Study process may be completed with one home visit, covering topics on the Harvesting Sheet as well as items from the Update Questionnaire.
- Interviewing all household members, including minor and adult children as well as other adults who reside or frequently visit the home, is recommended.
- You may also connect with any adult children to inquire how placement of a child has impacted them or their relationship with their parent(s).
- It may be necessary to make additional home visits in order to cover all topics and interview all household members.

# SAFE Desk Guide /Mitigation Ratings

- Following all interviews, go through the SAFE Desk Guide and assign new Desk Guide Ratings in Column B of the Update PSI Results for any factors that have changed.
- Bring over Desk Guide/Mitigation Ratings from Column A to column B that has NOT changed.
- Add mitigation ratings to new Desk Guide Ratings of 3, 4, or 5 and to previous Desk Guide Ratings if the mitigation information has changed.
- Only one round of Desk Guide/Mitigation Ratings is required for the SAFE Update.



# SAFE Desk Guide /Mitigation Ratings

Enter the CURRENT SAFE Desk Guide/Mitigation Ratings on the Update Psychosocial Inventory in Column B.

(Remember, once assigned, final SAFE Desk Guide Ratings do NOT decrease)

UPDATE PSYCHOSOCIAL INVENTORY RESULTS				
#1		#2		HISTORY
A	B	A	B	
2	2	4/3	4/3	Childhood Family Adaptability
2	2	3/2	3/2	Childhood Family Cohesion
3/3	3/2	4/2	4/2	Childhood History of Deprivation/Trauma
3/2	3/2	3/3	3/3	Childhood History of Victimization
2	2	4/2	4/3	Adult History of Victimization/Trauma
4/2	4/2	2	2	History of Child Abuse/Neglect
2	2	3/2	3/3	History of Alcohol/Drug Use
2	4/3	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	3/3	3/2	Occupational History
4/2	4/2	N/A	N/A	Marriage/Partner Relationship History



# SAFE DESK GUIDE RATINGS MAY INCREASE

- If the SEVERITY of an issue, behavior, or event increases
- If a NEW issue, behavior, or event is identified which requires a higher rating

# SAFE DESK GUIDE RATINGS/MITIGATION RATINGS MAY CHANGE

**Example Below: Person #1, Factor A-8, Rated 4/3 in Column B is a new event.**

UPDATE PSYCHOSOCIAL INVENTORY RESULTS				
#1		#2		HISTORY
A	B	A	B	
2	2	4/3	4/3	Childhood Family Adaptability
2	2	3/2	3/2	Childhood Family Cohesion
3/3	3/2	4/2	4/2	Childhood History of Deprivation/Trauma
3/2	3/2	3/3	3/3	Childhood History of Victimization
2	2	4/2	4/3	Adult History of Victimization/Trauma
4/2	4/2	2	2	History of Child Abuse/Neglect
2	2	3/2	3/3	History of Alcohol/Drug Use
2	4/3	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	3/3	3/2	Occupational History
4/2	4/2	N/A	N/A	Marriage/Partner Relationship History

**Example Below: Person #1, Factor A-3, Rating of 3/3 in Column A is changed to 3/2 in Column B, showing a change in the Mitigation Rating.**

UPDATE PSYCHOSOCIAL INVENTORY RESULTS				
#1		#2		HISTORY
A	B	A	B	
2	2	4/3	4/3	Childhood Family Adaptability
2	2	3/2	3/2	Childhood Family Cohesion
3/3	3/2	4/2	4/2	Childhood History of Deprivation/Trauma
3/2	3/2	3/3	3/3	Childhood History of Victimization
2	2	4/2	4/3	Adult History of Victimization/Trauma
4/2	4/2	2	2	History of Child Abuse/Neglect
2	2	3/2	3/3	History of Alcohol/Drug Use
2	4/3	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	3/3	3/2	Occupational History
4/2	4/2	N/A	N/A	Marriage/Partner Relationship History

# Mitigation

- Mitigation Ratings may change to reflect the current severity of any issue, behavior, or event
- Determine if the past mitigation ratings are still accurate or if new information will change the mitigation ratings
- Document your determinations and discuss new Desk Guide/Mitigation Ratings, as well as outside evidence that supports your mitigation with your SAFE Supervisor
- Remember the SAFE Desk Guide is not used for Mitigation

Once all ratings have been assigned, use Column B from the Update PSI as an outline to write the SAFE Home Study Update Report.

(Fully narrate all ratings that have changed.)

## UPDATE PSYCHOSOCIAL INVENTORY RESULTS

#1		#2		HISTORY
A	B	A	B	
2	2	4/3	4/3	Childhood Family Adaptability
2	2	3/2	3/2	Childhood Family Cohesion
3/3	3/2	4/2	4/2	Childhood History of Deprivation/Trauma
3/2	3/2	3/3	3/3	Childhood History of Victimization
2	2	4/2	4/3	Adult History of Victimization/Trauma
2	4/2	2	2	History of Child Abuse/Neglect
2	2	3/2	3/3	History of Alcohol/Drug Use
2	4/3	2	2	History of Crime/Arrests/Allegations/Violence
2	2	2	2	Psychiatric History
2	2	2	3/2	Occupational History
4/2	4/2	N/A	N/A	Marriage/Partner Relationship History
#1		#2		PERSONAL CHARACTERISTICS
A	B	A	B	
2	2	2	2	Communication
2	2	2	2	Commitment and Responsibility
2	2	2	2	Problem Solving
2	2	2	2	Interpersonal Relations
2	2	4/3	4/3	Health and Physical Stamina
2	2	2	2	Self-esteem
2	2	2	2	Acceptance of Differences
2	2	2	2	Coping Skills
2	2	2	2	Impulse Control
2	2	2	2	Mood
2	2	2	2	Anger Management and Resolution
2	2	2	2	Judgement
2	2	2	2	Adaptability
A	B	MARRIAGE/PARTNER RELATIONSHIP		
2	2	Conflict Resolution		
2	2	Emotional Support		
2	2	Attitude Toward Spouse/Partner		
2	2	Communication Between Spouse/Partner		
2	2	Balance of Power		
3/2	3/2	Stability of the Marriage/Partnership		
2	2	Sexual Compatibility		
A	B	CHILDREN/OTHERS RESIDING OR FREQUENTLY IN HOME		
2	2	Minor Children		
2	2	Minors Residing or Frequently in the Home		
3/2	3/2	Adult Children		
3/3	3/3	Adults Residing or Frequently in the Home		

Person #1: Ms. Jones  
Person #2: Ms. Davis

#1		#2		EXTENDED FAMILY RELATIONSHIPS
A	B	A	B	
2	2	2	2	Extended Family Cohesion
2	2	2	2	Extended Family Adaptability
1	2	2	2	Relationship with Own Extended Family
2	2	2	2	Relationship with Spouse/Partner Family
A	B	PHYSICAL/SOCIAL ENVIRONMENT		
2	2	Cleanliness/Orderliness/Maintenance		
4/2	4/2	Safety		
2	2	Furnishings		
2	2	Play Area/Equipment/Clothing		
3/3	3/3	Finances		
2	2	Support System		
N/A	N/A	Household Pets		
#1	#2	GENERAL PARENTING		
A	B	A	B	
2	2	2	2	Child Development
2	2	2	2	Parenting Style
2	2	2	2	Disciplinary Methods
2	2	2	2	Child Supervision
2	2	2	2	Learning Experiences
2	2	2	2	Parental Role
2	2	2	2	Child Interactions
2	2	2	2	Communication with Child
2	2	2	2	Basic Care
2	2	2	2	Child's Play
#1	#2	SPECIALIZED PARENTING		
A	B	A	B	
2	2	2	2	Expectations
2	2	2	2	Effects of Abuse/Neglect
3/3	3/3	3/3	3/3	Effects of Sexual Abuse
2	2	2	2	Effects of Separation and Loss
2	2	2	2	Structure
2	2	2	2	Therapeutic/Educational Resources
2	2	2	2	Birth Sibling Relationships
2	2	2	2	Child Background Information
2	2	2	2	Birth Parent Issues
#1	#2	ADOPTION/FOSTER CARE ISSUES		
A	B	A	B	
N/A	N/A	N/A	N/A	Infertility
2	2	2	2	Telling Child About Adoption
2	2	2	2	Openness in Adoption
2	2	2	2	Adoptive Parent Status

I affirm that each psychosocial factor listed above was considered and rated with professional due diligence on the SAFE Psychosocial Inventory during the course of this home study update. The ratings above represent the Final Desk Guide Ratings and corresponding Mitigation Ratings for all Final Desk Guide Ratings of 3, 4, or 5.

Signature	Date	Signature	Date
Name of SAFE Certified Home Study Practitioner Title		Name of SAFE Certified Home Study Supervisor Title	

# Fill in all appropriate information for each section of the SAFE Update Home Study Report.

- Enter “UPDATE PURPOSE” on the front page

<b>UPDATE PURPOSE</b>
<b>Approved for Foster Care On:</b> Date
<b>Approved for Adoption On:</b> Date
<b>Purpose of Update:</b>

- Complete each section of the Report

<b>DATES OF CONTACT</b>				
<b>Date</b>	<b>Person(s) Interviewed</b>	<b>Location</b>		

<b>CHILDREN PLACED IN HOME</b>				
<b>First Name, Last Initial</b>	<b>Date of Placement</b>	<b>Child’s Permanency Status</b>	<b>Date Placement Ended (if applicable)</b>	<b>Reason Placement Ended (if applicable)</b>
<input type="checkbox"/> No children placed into the home				

# Follow Update Psychosocial Evaluation Instructions on first page of SAFE Update Home Study

\*FOR A SAFE UPDATE TUTORIAL VISIT THE RESOURCE CENTER AT [WWW.SAFEHOMESTUDY.ORG](http://WWW.SAFEHOMESTUDY.ORG)  
THE TUTORIAL CAN BE FOUND IN SAFE TOOLS.

## UPDATE PSYCHOSOCIAL EVALUATION INSTRUCTIONS

For all nine (9) Sections of the Update Psychosocial Evaluation Report, use the following guidelines each time it indicates “[--Follow Update Psychosocial Evaluation Instructions on first page of SAFE Update Home Study.--]” Delete all instructions in brackets [--] before printing or sending.

When SAFE Desk Guide/Mitigation Ratings have not changed within an entire section of the psychosocial evaluation write a statement to indicate that any previous issues, behaviors, or events have been fully narrated in the initial SAFE Home Study and/or previous SAFE Update Report (unless otherwise directed by jurisdictional guidelines or supervisor). *See the SAFE Update Tutorial for an example.*

When one or more SAFE Desk Guide/Mitigation Ratings has changed, but some remained the same within an entire section of the psychosocial evaluation, write a statement to indicate that all other previous issues, behaviors, or events have been fully narrated in the initial SAFE Home Study and/or previous SAFE Update Report(s) (unless otherwise directed by jurisdictional guidelines or supervisor). *See the SAFE Update Tutorial for an example.*

A final SAFE Desk Guide Rating of 1 may be given to any factor that has always remained a 2. A rating of 1 requires a description of an exceptional strength and how this strength has or could support safe and effective parenting of a child or children.

Fully narrate all issues, behaviors, or events that warrant new Desk Guide Ratings and/or new Mitigation Ratings as reflected in Column B of the Update Psychosocial Inventory. Narration should include the following:

1. What issue, behavior, or event warranted the SAFE Desk Guide Rating of 3, 4, or 5? State what the issue, behavior, or event is/was.
2. Describe the societal, personal, cultural, and/or family dynamic that contributed to or set the stage for the issue, behavior, or event.
3. Describe the frequency and severity or intensity of the issue, behavior, or event.
4. Describe how the issue, behavior, or event influenced the applicant’s ability to function.

**REMEMBER: All mitigation must include supporting evidence or documentation from outside sources – facts, observations, analyses, and/or examples.**

**Sustaining:** If an issue, behavior, or event is not resolved and you are sustaining the SAFE Desk Guide Rating, please indicate how it affects the applicant’s current functioning, ability to parent, and how it would or does affect children in the home.

**Reducing:** If an issue, behavior, or event is partially resolved and you are reducing the SAFE Desk Guide Rating, please provide evidence that indicates how the severity of the issue, behavior, or event was reduced, how it would or does affect current functioning, ability to parent, and how it would or does affect children in the home.

**Erasing:** If you believe that an issue, behavior, or event no longer affects the applicant and you are erasing the SAFE Desk Guide Rating, please provide evidence to support your assessment that the issue, behavior, or event no longer affects the applicant’s current functioning or ability to parent.

**NEVER REFERENCE NUMBERS OR RATINGS IN YOUR NARRATION.  
ELECTRONICALLY DELETE THIS PAGE BEFORE PRINTING OR SENDING THE SAFE UPDATE HOME STUDY.**

# Update Psychosocial Evaluation Instructions

When SAFE Desk Guide/Mitigation Ratings have not changed within an entire section of the psychosocial evaluation, write a statement to indicate that any previous issues, behaviors, or events have been fully narrated in the initial SAFE Home Study and/or previous SAFE Update report (unless otherwise directed by jurisdictional guidelines or supervisor).

This general statement can reflect the specific section of the psychosocial evaluation that had no changes in the SAFE Desk Guide/Mitigation Ratings.

This statement could read as follows:

*“Since the last evaluation, no new issues, behaviors, or events have been reported, detected, or observed in Ms. Jones' personal characteristics section. See the initial SAFE Home Study and/or previous SAFE Update reports for a complete narration of any past issues, behaviors, or events.”*

# Update Psychosocial Evaluation Instructions

When one or more SAFE Desk Guide/Mitigation Rating has changed, but some remained the same within an entire section of the psychosocial evaluation, write a statement to indicate that all other previous issues, behaviors, or events have been fully narrated in the initial SAFE Home Study and/or previous SAFE Update report(s) (unless otherwise directed by jurisdictional guidelines or supervisor) .

This general statement can reflect that there were no additional changes within that specific section of the psychosocial evaluation. This statement should follow the full narration(s) of the newly changed SAFE Desk Guide/Mitigation Rating(s). The statement could read as follows:

*“No other new issues, behaviors, or events have been reported, detected, or observed in Ms. Jones' personal characteristics section. See the initial SAFE Home Study and/or previous SAFE Update report(s) for a complete narration of any past issues, behaviors, or events.”*



# Assigning a 1 on the SAFE Update Report

A final SAFE Desk Guide Rating of a 1 may be given to any factor that has ALWAYS remained a 2.

A rating of a 1 requires a description of an exceptional strength and how this strength has or could support safe and effective parenting of a child/youth.

# Update Psychosocial Evaluation Instructions

(For new Desk Guide Ratings of 3, 4, or 5)

Narration should include the following:



1. What issue, behavior, or event warranted the SAFE Desk Guide Rating of 3, 4, or 5?  
State what the issue, behavior, or event is/was.
2. Describe the societal, personal, cultural, and/or family dynamic that contributed to or set the stage for the issue, behavior, or event.  
(What was going on in the family or individual's life or society at the time?)
3. Describe the frequency and severity or intensity of the issue, behavior, or event.  
(How often and severe is/was the issue of concern?)
4. Describe how the issue, behavior, or event influenced the caregiver's ability to function.  
(How has it impacted them?)

# Update Psychosocial Evaluation Instructions MITIGATION

**REMEMBER: All mitigation that Sustains, Reduces, or Erases a Final SAFE Desk Guide Rating must include supporting evidence or documentation – facts, observations, analyses, and/or examples.**

**Sustaining:** If an issue, behavior, or event is not resolved and you are sustaining the SAFE Desk Guide Rating, please indicate how it affects the caregiver's current functioning, ability to parent, and how it would or does affect children in the home.

**Reducing:** If an issue, behavior, or event is partially resolved and you are reducing the SAFE Desk Guide Rating, please provide evidence that indicates how the issue, behavior, or event was reduced, how it would or does affect current functioning, ability to parent, and how it would or does affect children in the home.

**Erasing:** If you believe that an issue, behavior, or event no longer affects the caregiver and you are erasing the SAFE Desk Guide Rating, please provide evidence to support your assessment that the issue, behavior, or event no longer affects the caregiver's current functioning or ability to parent.

# Update Psychosocial Evaluation Instructions

(Continued)

NEVER REFERENCE  
RATINGS IN YOUR  
NARRATION!

ELECTRONICALLY DELETE  
THE FIRST PAGE OF  
INSTRUCTIONS BEFORE  
PRINTING OR SENDING THE  
SAFE UPDATE HOME STUDY  
REPORT

CHECK WITH YOUR  
AGENCY/JURISDICTION  
REGARDING ANY  
ADDITIONAL  
EXPECTATIONS

# Change of Mitigation Rating

A-3 (Childhood History of Deprivation/Trauma) (3/3 changed to 3/2)

As reported in the initial home study, Ms. Jones' emotional and developmental needs were not consistently met during her childhood. Though some concern regarding her ability to meet a child's emotional needs was stated in the initial home study, she has been observed meeting the emotional and developmental needs of the children placed in her home. She has been very attentive, nurturing, and supportive of both children though they have displayed challenging behaviors. While visiting in the home, a healthy attachment between the children and Ms. Jones was observed as the children sought her out to meet their needs. Erica Smith, the children's caseworker, stated that she observed Ms. Jones being attentive and patient, both understanding and meeting the needs of the children. Children placed in her care have thrived as reported by their teachers at school and their therapist, Rachel May. Ms. Jones reports feeling very positive about her ability to parent children who have experienced trauma.

# Narration of New Event

## A-8 (History of Crime/Arrests/Allegations/Violence) (4/3)

Ms. Jones stated that she was investigated for theft in March of this year due to unknowingly purchasing a stolen car. She hired an attorney, and court documents show that there was not enough evidence to convict her on the charges. She had to surrender the car to law enforcement, along with all her documentation secured at purchase. Ms. Jones expressed that this whole experience has been very stressful and put some financial strain on her family. However, she was able to borrow a car from her brother that she can continue to use until this is fully resolved. She has not recovered the \$6,000 used to purchase the vehicle and is still working with her attorney to sort all of this out. Ms. Jones provided the court document showing she was not convicted for this crime and all charges have been dropped. Further, her attorney, Ronald Spence, confirmed that he was continuing to work on the full resolution which he believes will result in eventually recovering the funds.

# When There is NO CHANGE of SAFE Desk Guide/Mitigation Ratings within an entire section of the Psychosocial Evaluation:

Write a statement to indicate that any previous issues, behaviors, or events have been fully narrated in the initial SAFE Home Study and/or previous SAFE Update report(s) (unless otherwise directed by jurisdictional guidelines or supervisor).

This general statement can reflect the specific section of the Psychosocial Evaluation that had no changes in the SAFE Desk Guide/Mitigation Ratings.



## Example:

*“Since the last evaluation, no new issues, behaviors, or events have been reported, detected, or observed in Ms. Jones' personal characteristics section. See the initial SAFE Home Study and/or previous SAFE Update report(s) for a complete narration of any past issues, behaviors, or events.”*

# When one or more SAFE Desk Guide/ Mitigation Ratings have changed, but some remained the same within an entire section of the Psychosocial Evaluation:

Write a statement to indicate that all other previous issues, behaviors, or events have been fully narrated in the initial SAFE Home Study and/or previous SAFE Update report(s) (unless otherwise directed by jurisdictional guidelines or supervisor).

This general statement can reflect that there were no additional changes within that specific section of the psychosocial evaluation. This statement should follow the full narration(s) of the newly changed SAFE Desk Guide/Mitigation rating(s).



## Example:

*“No other new issues, behaviors, or events have been reported, detected, or observed in Ms. Jones' personal characteristics section. See the initial SAFE Home Study and/or previous SAFE Update report(s) for a complete narration of any past issues, behaviors, or events.”*



# Rating of a 1 for Extended Family Relationships

(Factor has ALWAYS Remained a 2)

Since the placement of the two children currently in Ms. Jones' home, both of her sisters, who live nearby, have completed background checks and have been approved as childcare providers. Ms. Jones has received extensive support from both sisters who have an abundance of parenting experience to share. They have cared for the children when they were sick and unable to attend school; provided overnight respite for Ms. Jones; as well as transported the children to and from school/after-school care when needed. Ms. Jones' sister, Beverly Ashwood, came to the home and assisted in watching the children while Ms. Jones completed her update interview. Ms. Ashwood stated that she has enjoyed spending time with the children and believes that Ms. Jones has a great support system with her large extended family and close friends in the area. Having such a strong support system not only ensures that the needs of the children are being met, but also that Ms. Jones is able to care for herself properly, making it possible for her to provide a home for the children as long as needed.

**Check with your agency/jurisdiction  
regarding any additional expectations.**

If you require further clarification or have questions  
about the SAFE Home Study Update process:

Please call us at **415-491-2200**

***or***

Use the “Contact” tab at [www.SAFEHomeStudy.org](http://www.SAFEHomeStudy.org)



## Welcome to SAFE

Structured Analysis Family Evaluation (SAFE) is a structured home study methodology that allows child welfare agencies to thoroughly evaluate prospective kinship, foster, adoptive, and/or guardianship families in a uniform manner.

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