

SAFE

STRUCTURED ANALYSIS FAMILY EVALUATION

The logo for SAFE (Structured Analysis Family Evaluation) features the word "SAFE" in large, bold, blue capital letters. Below the letters, the words "STRUCTURED ANALYSIS FAMILY EVALUATION" are written in a smaller, blue, sans-serif font. To the right of the text is a simple line-art illustration of a family consisting of a man, a woman, and two children.

Home Study/Licensing Update Process

Updating a SAFE Home Study

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Updating a SAFE Home Study

Required Materials:

- SAFE Update Psychosocial Inventory
- Harvesting Sheet
- SAFE Update Questionnaire
- SAFE Update Report

UPDATE

PSYCHOSOCIAL INVENTORY

Applicant(s) _____ Evaluator: _____
 Person #1 _____ Person #2 _____

Record of Update Interviews with Applicant(s)

Interview with	Location

Questionnaire 1 Harvesting Sheet

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

Applicant #1 Name: _____
 Applicant #2 Name: _____

A. HISTORY		Person	
		A	B
A-1	Childhood Family Adaptability		
A-2	Childhood Family Cohesion		
A-3	Childhood History of Deprivation/Trauma		
A-4	Childhood History of Victimization		
A-5	Adult History of Victimization/Trauma		
A-6	History of Child Abuse/Neglect		
A-7	History of Alcohol/Drug Use		
A-8	History of Crime/Allegations/Violence		
A-9	Psychiatric History		
A-10	Occupational History		
A-11	Marriage/Partner History		

B. PERSONAL CHARACTERISTICS		Person	
		A	B
B-1	Communication		
B-2	Commitment/Responsibility		
B-3	Problem Solving		
B-4	Interpersonal Relations		
B-5	Health/Physical Stamina		
B-6	Self-Esteem		
B-7	Acceptance of Differences		
B-8	Coping Skills		
B-9	Impulse Control		
B-10	Mood		
B-11	Anger Management/Resolution		
B-12	Judgement		
B-13	Adaptability		

UPDATE Questionnaire : Couple Applicant

Print Name: _____ Date: _____

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

Incarceration	<input type="checkbox"/> self	<input type="checkbox"/> spouse or partner
Bankruptcy or other financial problems	<input type="checkbox"/>	<input type="checkbox"/>
Military combat	<input type="checkbox"/>	<input type="checkbox"/>
Poor health or a Debilitating injury or illness	<input type="checkbox"/>	<input type="checkbox"/>
Interrupted pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospitalization or outpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>
Infertility	<input type="checkbox"/>	<input type="checkbox"/>
Fathered or gave birth to a child placed for adoption	<input type="checkbox"/>	<input type="checkbox"/>
Fired or laid off from a job	<input type="checkbox"/>	<input type="checkbox"/>
Had a child abducted or kidnapped	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Witnessed or experienced violence	<input type="checkbox"/>	<input type="checkbox"/>
Put under or filed a court restraining order	<input type="checkbox"/>	<input type="checkbox"/>
Death of a child, spouse/domestic partner, close family member or friend	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

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

Adult children leaving home	<input type="checkbox"/> self	<input type="checkbox"/> spouse or partner
Pregnancy	<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"/>
Addition in relationship status	<input type="checkbox"/>	<input type="checkbox"/>
Moved	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

SAFE Update Report

Applicant #2 Full Name _____
 Address _____
 City _____ State _____ Zip _____

Placement Status _____

Current Situation _____

FREQUENTLY IN THE HOME		Current Situation
Name	Age	Relationship

>> APPLICANTS/OTHERS' CRIMINAL/CPS RECORDS CHECK

Name _____ Date and Findings _____
 Type of Record Check _____

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Review the initial SAFE study and subsequent updates and documents looking for information that "makes you curious" and needs further clarification and understanding.



Use the SAFE Harvesting Sheet and record the things that "make you curious" from the original Home Study and supporting documents.

Begin with a blank Update Psychosocial Inventory...

		Person #1			Person #2		
A. HISTORY		A	B	No Change	A	B	No Change
A-1	Childhood Family Adaptability			<input type="checkbox"/>			<input type="checkbox"/>
A-2	Childhood Family Cohesion			<input type="checkbox"/>			<input type="checkbox"/>
A-3	Childhood History of Deprivation/Trauma			<input type="checkbox"/>			<input type="checkbox"/>
A-4	Childhood History of Victimization			<input type="checkbox"/>			<input type="checkbox"/>
A-5	Adult History of Victimization/Trauma			<input type="checkbox"/>			<input type="checkbox"/>
A-6	History of Child Abuse/Neglect			<input type="checkbox"/>			<input type="checkbox"/>
A-7	History of Alcohol/Drug Use			<input type="checkbox"/>			<input type="checkbox"/>
A-8	History of Crime/Allegations/Violence			<input type="checkbox"/>			<input type="checkbox"/>
A-9	Psychiatric History			<input type="checkbox"/>			<input type="checkbox"/>
A-10	Occupational History			<input type="checkbox"/>			<input type="checkbox"/>
A-11	Marriage/Partner History			<input type="checkbox"/>			<input type="checkbox"/>

The Update Psychosocial Inventory

If you are doing the first Update (from the original Home Study) carry over *all* of the Final SAFE Desk Guide Ratings of 3, 4, or 5 as well as their Mitigation Ratings (example: 4/3) from the last Evaluation and place in Column A.

		 Person #1			 Person #2		
A. HISTORY		A	B	No Change	A	B	No Change
A-1	Childhood Family Adaptability	2		<input type="checkbox"/>	4/3		<input type="checkbox"/>
A-2	Childhood Family Cohesion	2		<input type="checkbox"/>	3/2		<input type="checkbox"/>
A-3	Childhood History of Deprivation/Trauma	3/3		<input type="checkbox"/>	4/2		<input type="checkbox"/>
A-4	Childhood History of Victimization	3/2		<input type="checkbox"/>	3/3		<input type="checkbox"/>
A-5	Adult History of Victimization/Trauma	2		<input type="checkbox"/>	4/2		<input type="checkbox"/>
A-6	History of Child Abuse/Neglect	4/2		<input type="checkbox"/>	2		<input type="checkbox"/>
A-7	History of Alcohol/Drug Use	2		<input type="checkbox"/>	3/2		<input type="checkbox"/>
A-8	History of Crime/Allegations/Violence	2		<input type="checkbox"/>	2		<input type="checkbox"/>
A-9	Psychiatric History	2		<input type="checkbox"/>	2		<input type="checkbox"/>
A-10	Occupational History	2		<input type="checkbox"/>	3/3		<input type="checkbox"/>
A-11	Marriage/Partner History	4/2		<input type="checkbox"/>	n/a		<input type="checkbox"/>

The **Update** Psychosocial Inventory

If you are updating from the *previous* Update (not the original Home Study) move ALL FINAL SAFE Desk Guide Ratings and their Mitigation Ratings into Column A.

If a previous rating has changed during the last update process, please carry over the SAFE Desk Guide Rating/Mitigation Rating from Column B of the previous update to Column A of your current Update Psychosocial Inventory.

Administer the Update Questionnaire in the same manner you do Questionnaire II (administer together and interview immediately after). After the interviews, go through the SAFE Update Psychosocial Inventory and use the SAFE Desk Guide to assign ratings.

Insert any **new** SAFE Desk Guide Ratings and your Mitigation Ratings (*example: 4/2*). in Column B If there is no change to a factor, check the box to the right.

Last Completed Update Psychosocial Ratings		Person #1			Person #2		
A. HISTORY		A	B	No Change	A	B	No Change
A-1	Childhood Family Adaptability	2		<input checked="" type="checkbox"/>	4/3		<input checked="" type="checkbox"/>
A-2	Childhood Family Cohesion	2		<input checked="" type="checkbox"/>	3/2		<input checked="" type="checkbox"/>
A-3	Childhood History of Deprivation/Trauma	3/3	3/2	<input type="checkbox"/>	4/2		<input checked="" type="checkbox"/>
A-4	Childhood History of Victimization	3/2		<input checked="" type="checkbox"/>	3/3		<input checked="" type="checkbox"/>
A-5	Adult History of Victimization/Trauma	2		<input checked="" type="checkbox"/>	4/2	4/3	<input type="checkbox"/>
A-6	History of Child Abuse/Neglect	4/2		<input checked="" type="checkbox"/>	2		<input checked="" type="checkbox"/>
A-7	History of Alcohol/Drug Use	2	4/3	<input type="checkbox"/>	3/2	3/3	<input type="checkbox"/>
A-8	History of Crime/Allegations/Violence	2		<input checked="" type="checkbox"/>	2		<input checked="" type="checkbox"/>
A-9	Psychiatric History	2		<input checked="" type="checkbox"/>	2		<input checked="" type="checkbox"/>
A-10	Occupational History	2		<input checked="" type="checkbox"/>	3/3	3/2	<input type="checkbox"/>
A-11	Marriage/Partner History	4/2		<input checked="" type="checkbox"/>	n/a		<input checked="" type="checkbox"/>

Carry Forward Rating/Mitigation

New Safe Desk Guide Rating or changed Mitigation Rating

Your Beginning Update Psychosocial Ratings		Person #1			Person #2		
A. HISTORY		A	B	No Change	A	B	No Change
A-1	Childhood Family Adaptability			<input type="checkbox"/>	4/3		<input type="checkbox"/>
A-2	Childhood Family Cohesion			<input type="checkbox"/>	3/2		<input type="checkbox"/>
A-3	Childhood History of Deprivation/Trauma	3/2		<input type="checkbox"/>	4/2		<input type="checkbox"/>
A-4	Childhood History of Victimization	3/2		<input type="checkbox"/>	3/3		<input type="checkbox"/>
A-5	Adult History of Victimization/Trauma			<input type="checkbox"/>	4/3		<input type="checkbox"/>
A-6	History of Child Abuse/Neglect	4/2		<input type="checkbox"/>			<input type="checkbox"/>
A-7	History of Alcohol/Drug Use	4/3		<input type="checkbox"/>	3/3		<input type="checkbox"/>
A-8	History of Crime/Allegations/Violence			<input type="checkbox"/>			<input type="checkbox"/>
A-9	Psychiatric History			<input type="checkbox"/>			<input type="checkbox"/>
A-10	Occupational History			<input type="checkbox"/>	3/3		<input type="checkbox"/>
A-11	Marriage/Partner History	4/2		<input type="checkbox"/>	n/a		<input type="checkbox"/>

Because this is an update, you will only have to write about any rating that has changed (Column B)

		Person #1			Person #2		
A. HISTORY			B	No Change	A	B	No Change
A-1	Childhood Family Adaptability	2		<input checked="" type="checkbox"/>	4/3		<input checked="" type="checkbox"/>
A-2	Childhood Family Cohesion	2		<input checked="" type="checkbox"/>	3/2		<input checked="" type="checkbox"/>
A-3	Childhood History of Deprivation/Trauma	3/3	3/2	<input type="checkbox"/>	4/2		<input checked="" type="checkbox"/>
A-4	Childhood History of Victimization	3/2		<input checked="" type="checkbox"/>	3/3		<input checked="" type="checkbox"/>
A-5	Adult History of Victimization/Trauma	2		<input checked="" type="checkbox"/>	4/2	4/3	<input type="checkbox"/>
A-6	History of Child Abuse/Neglect	4/2		<input checked="" type="checkbox"/>	2		<input checked="" type="checkbox"/>
A-7	History of Alcohol/Drug Use	2	4/3	<input type="checkbox"/>	3/2	3/3	<input type="checkbox"/>
A-8	History of Crime/Allegations/Violence	2		<input checked="" type="checkbox"/>	2		<input checked="" type="checkbox"/>
A-9	Psychiatric History	2		<input checked="" type="checkbox"/>	2		<input checked="" type="checkbox"/>
A-10	Occupational History	2		<input checked="" type="checkbox"/>	3/3	3/2	<input type="checkbox"/>
A-11	Marriage/Partner History	4/2		<input checked="" type="checkbox"/>	n/a		<input checked="" type="checkbox"/>

Finally...

Once you have administered the Update Questionnaire and interviewed the Applicants, go through the final SAFE Desk Guide Ratings and review all SAFE Desk Guide Ratings and determine whether past Mitigation Ratings were correct.

Next determine if any new SAFE Desk Guide ratings should be assigned. In factors where there is no change check the “no change” box.

Remember, once assigned, final SAFE Desk Guide Ratings never change unless a factor worsens or a new issue with the Applicant is identified.

The Mitigation Rating may change as an Applicant changes or the Home Study Practitioner determines that past mitigation was erroneous.

If the Final SAFE Desk Guide Rating is a 3, 4, or 5 provide a narrative that includes 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, both in the past and currently.

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 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 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.

Remember! Write about it **ONCE**, write about it **WELL** and be **DONE** with it!!

NEVER REFERENCE NUMBERS OR RATINGS IN YOUR NARRATION!

***PLEASE ELECTRONICALLY DELETE THIS PAGE BEFORE PRINTING THE FINAL HOME STUDY REPORT**

- These are the instructions on how to narrate your 3s, 4s, and 5s

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If you require further clarification or have questions please call us at: 415-491-2200 or use the “Contact Us” tab on www.SAFEHomeStudy.org.

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