

A FRAMEWORK FOR  
**SAFETY**  
IN CHILD WELFARE



**Families**



**Communities**



**Agencies**



**NAPCWA**

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National Association of Public  
Child Welfare Administrators

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an affiliate of the American Public Human Services Association





**NAPCWA**

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National Association of Public  
Child Welfare Administrators

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**A FRAMEWORK FOR  
SAFETY  
IN CHILD WELFARE**

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**APHSA**  
American Public Human Services Association





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# PREFACE

The National Association of Public Child Welfare Administrators (NAPCWA) is a national organization representing public child welfare agencies. Founded in 1983, NAPCWA is an affiliate housed within the American Public Human Services Association. It is a membership association that is open to anyone through agency and individual memberships. Since its founding NAPCWA has provided leadership and devoted extensive efforts to establishing a national model for child protective services.

NAPCWA's regular members are primarily individuals who work in state or local public child welfare agencies. In addition, individuals and organizations that are interested in and concerned with the field of child welfare, including advocacy agencies, research organizations, consultants and private child welfare agencies receive associate member status. State and local chief executive officers of public child welfare agencies in the 50 states, the District of Columbia and Puerto Rico are represented.

NAPCWA is governed by an Executive Committee elected from the ranks of public child welfare administrators. The Executive Committee addresses critical policy and practice issues as they arise, directs NAPCWA staff to prepare information for review, determines the direction of the association and examines essential stakeholder relationships necessary to carry out the work of public child welfare.

NAPCWA is recognized as a national leader in promoting sound public policy, model programs and practices, and critical capacity-building resources needed to achieve positive outcomes for children and families. NAPCWA is committed to systemic and service delivery reforms that will enhance the public child welfare system's ability to successfully implement effective programs, practices and policies to ensure safety, permanency and well-being for every child and family that comes to its attention. In addition, NAPCWA's involvement with outside stakeholders, legislative bodies and federal partners has cultivated strategic partnerships that have improved practice and policy in child welfare.

The NAPCWA Executive Committee recognizes that issues of safety, permanency and well-being are interwoven but also understands the fundamental need to put safety first. Ensuring continued vigilance on safety throughout the life of a case requires distinguishing safety from risk and building safety assessment and decision-making into every phase of case planning and further differentiating between safety plans and case plans. To this end, NAPCWA established a workgroup composed of NAPCWA members and other experts in the field of child welfare. This group of leaders in the field convened as necessary to address these critical issues. The framework that follows is the result of extensive reviews and revisions at a series of working meetings. We are very grateful to this dedicated group for their significant contribution of expertise and time. *A Framework for Safety in Child Welfare* was adopted by the NAPCWA Executive Committee at its December 11, 2008 meeting.

This document captures what NAPCWA believes is "best practice" based on current research and promising practices. It provides conceptual guidance, but recognizes that each state has a unique legal environment and diverse demographics in which the concepts must be implemented and applied.

NAPCWA's goal for this document is to provide a framework applicable across jurisdictions that the child welfare field can embrace and implement. This framework is designed to keep children safe and to provide families with the resources to strengthen their capacity to keep their children safe and promote their well-being.

Although this document was developed specifically for public child welfare agencies, NAPCWA is aware that many state and local child welfare systems have contracted with private providers to perform child welfare-related services. Child safety is the responsibility of everyone regardless of whether they are employed by the public or private sector.

The purpose of this document is to:

- Promote a comprehensive, child welfare system-wide response to child safety by clearly articulating how to define and apply safety concepts.
- Provide a clear, consistent definition that distinguishes child safety from the risk of future abuse or neglect and establishes “standardization” in the field around fundamental safety concepts.
- Provide an in-depth discussion of the key concepts related to the safety of children and their protection from serious harm, including the implementation of these concepts.
- Provide a context for how safety fits into all aspects of child welfare work, emphasizing the need to engage, support and strengthen families to care safely for their own children.
- Provide a clear set of criteria, fundamental patterns of thinking and concise action steps that are not prescriptive, but are recommended protocols to keep children safe.
- Ensure there is a continuing and primary focus on safety in all public child welfare policies, procedures, practice guidelines and administrative processes, including quality assurance, systems design, training, and performance appraisals.
- Set a standard for safety response and intervention.

The primary audience for this document is public and private child welfare professionals: administrators, supervisors and workers. However, NAPCWA expects that legislators; human service, legal, and judicial professionals; academic educators and researchers; and citizens interested in the protection and well-being of children will also find this document informative and helpful for their work on behalf of children and families.





# ACKNOWLEDGMENTS

The American Public Human Services Association (APHSA) and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA), thank the many people and organizations whose work contributed to this paper. It was only with the guidance, support and time of many dedicated child welfare specialists that we were able to comprehensively explore the components of safety and develop this document.

This document was the vision of the NAPCWA Executive Committee and could not have been promulgated without their ongoing leadership and assistance. The project started with the convening of a Safety Work Group composed of child welfare experts from across the nation.

This workgroup was chaired by Zeinab Chahine and co-chaired by Melissa Baker. Their commitment sustained the development of this document through an extensive growth and review process.

The Safety Work Group worked long and hard to develop and refine a document that can be applied easily by child welfare staff on the ground to the design and delivery of effective services. A Framework for Safety in Child Welfare also should be an excellent vehicle for helping community stakeholders and national, state and local policy-makers understand what constitutes top-quality child welfare programming. We want to recognize and thank the Safety Work Group for lending their incomparable expertise and for being so generous with their time.

The relevance and quality of this document also depended heavily on input from child welfare field staff. We owe a great debt of gratitude to these talented professionals drawn from local and state child welfare offices. They reviewed the final drafts and played a key role in shaping the document's applicability to everyday practice situations.

We would be remiss if we did not express special appreciation to Barry Salovitz and Judge Kathleen Kearney. Throughout the process, Salovitz provided extensive review of numerous versions, offered many helpful suggestions and crafted language to ensure clarity. Kearney reviewed the later versions and provided authoritative analysis of sections relating to partnerships with the courts.

Every single person involved in this highly participatory process recognized the importance of this work to the child welfare field. Their dedication mirrors the commitment of the nation's child welfare workforce to improve outcomes for the children and families it serves.

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# EXECUTIVE SUMMARY

Across the nation there is ever-increasing concern for child safety. Governed by state laws that are driven by federal legislation, state child welfare systems carry the mandated responsibility to ensure the safety of their children. Shocking statistics of child abuse and neglect have provided the impetus for more than a century of state and federal activities and tell us **Why Safety Is Important** (Chapter I). These laws generate funding streams and mandate an array of interventions and services aimed at protecting children while requiring reasonable efforts to maintain or reunify families in the event an out-of-home placement is deemed necessary. The human service approach to safety requires the use of the least intrusive, most family-centered and effective actions. Child safety remains paramount from the time that the child(ren) and family come to the attention of the child protective agency through case closure.

Providing for child safety is the core mission of public child welfare agencies. Children are entitled to live in a safe and permanent home with their own families whenever possible. Families of origin have the right and the responsibility to raise their children. Child welfare agencies have the responsibility to provide a range of preventive and/or supportive services to families having difficulty providing a safe and permanent environment, recognizing that better outcomes for children are achieved by engaging families in the safety assessment process and engaging, strengthening and supporting families to care safely for their own children. When families are unable or unwilling to remedy conditions that threaten the safety of their child(ren), it is the mandate of the designated public child welfare agency to take the necessary action to secure the child(ren)'s safety.

Child safety goes beyond public child welfare. Child welfare agencies cannot do it alone. Public child welfare agencies recognize their accountability for children when the adults in their lives who are responsible for their care present a danger or are unwilling or unable protect them. But the limits placed on public child welfare agencies, not only by the law under which they operate but by the communities they serve, needs to be recognized and accepted. Ultimately how and when the child welfare system should and can intervene in the life of a family is not always so clear. The legal threshold for intervention is child safety. But what does that mean exactly? Maltreatment encompasses all types of abuse and neglect and various levels of severity of harm inflicted on a child by his or her responsible caregiver(s). A basic foundation requires that child welfare workers be able to assess safety and parental capacity.

State child welfare systems serve a range of populations. In addition to the population for which state and local child welfare agencies are mandated to provide protective services, some states provide services to children who come in through the juvenile justice system, children who enter the system that need to have mental health issues addressed and/or children and families who request and accept voluntary services that are frequently preventative in nature. *A Framework for Safety* is not meant in any way to limit these interventions but is designed to establish a best practice standard for safety assessment and intervention that is applicable to

all children — a standard flexible enough to address the changing needs and circumstances of families, agencies, communities and resources across the nation.

In **Defining Safety** (Chapter II) we note that safety is dichotomous. The child is either safe or unsafe now. Michael Corey and Wayne Holder introduced safety and the risk of maltreatment to a child as distinct and different concepts in 1985. Three years of collaboration and testing of safety assessment models led to a consensus of experts that this was conceptually and structurally the right approach to safety intervention (*A Brief History of Child Safety Intervention*, May 2008). It is the presence or the “imminent risk of serious harm” that elevates the situation to one where child safety must be examined. Timeframes, severity of harm and focus of intervention separates safety from risk and safety plans from case plans. Safety must be controlled in the present. Risk and case plans have a more long-term goal that includes activities required to resolve the underlying and contributing factors that lead to the child being unsafe or that are intended to reduce overall risk and improve child well-being.

**A Safety Assessment** (Chapter III) flows from a clear understanding of the definitions and concepts of safety. Allegations of child maltreatment often do not provide complete information. Child welfare workers must apply the knowledge of identified crucial variables and how these may interact to create a safe or unsafe situation with each child and family contact. “Safety assessment involves analyzing individual and family conditions, behavior, perceptions, attitudes, motives, emotions and situation to determine whether threats to safety exist” (*Child Safety and Substantiation of Child Maltreatment*, August 2008).

Serious harm, protective capacities, child vulnerability and time are essential constructs for assessing safety and making safety plans. It is important to understand that the safety threat is the caregiver condition that leads to serious harm or threatened serious harm. Harm is the consequence of the maltreatment. Protective capacities address a caregiver(s) capacity and willingness to protect a child. Not all family strengths are protective capacities. Only those attributes that can mitigate the presence of or threat of serious harm to a child and will be activated on the child’s behalf can be considered when assessing safety. Siblings within a family setting may have varying levels of vulnerability and each child must be assessed independently on all of the attributes. Child vulnerability reflects the degree to which a child is capable of protecting him/herself against threats to his or her safety. Safety must be controlled in the immediate present.

The safety assessment is used for credible **Safety Decision-Making** (Chapter IV) that reaches a conclusion about whether a child is safe or unsafe. Safety decision-making, as with all child welfare practice, requires gathering all pertinent information, considering all possibilities in the context and complexity of the issue(s) and necessitates the active involvement of any relevant community partners and the worker’s supervisor. A safety assessment must be reinforced by an agency culture and a skilled agency workforce that recognizes child safety as the core responsibility of *all staff*.

**Safety Response** (Chapter V) examines the interventions required when a child is found to be unsafe. Distinctions must be made between those immediate actions required to control for safety and those longer-term activities required to resolve the underlying factors that resulted in the unsafe condition. To be clear, the safety plan establishes short-term goals and strives to provide interventions to manage and control for immediate safety while a service plan establishes long-term goals to resolve, reduce or manage underlying and contributing safety and risk factors over time.

A focus on **Safety** needs to be maintained **Throughout the Life of the Case** (Chapter VI). An ongoing assessment of safety is necessary for every contact with the family and formally at critical decision points such as reunification and closure. Safety is the primary focus upon the receipt of a maltreatment referral that describes a threat of danger to the child and constitutes the basis for child protective services involvement. Safety review

protocols must be implemented to ensure safety threats are not overlooked. Safety must be secured at all levels as a basis for permanency and well-being and ultimately improving outcomes for children and families.

Ongoing safety assessment is required regardless of who is managing the case or working with the family. This includes all public agency workers and managers, private agency providers who perform child welfare services under contract with the public agency, as well as designated protective services workers. Public and private agencies are exposed to significant liability when there is maltreatment while the case is active, particularly if the child is in an out-of-home setting. Once a child in need of services has been brought to the attention of the agency as in need of services, although secondary to the importance of the safety of the child, the agency's legal responsibility for the care of child expands, especially if the child enters placement. When a child is with a substitute caregiver, that caregiver's capacity to protect the child must be assessed as well as that of any caregivers with whom the child visits or who are being considered for reunification. The agency that has the authority to remove a child from his or her family and any other public or private agency to which a child in out-of-home care is entrusted must ensure that *no harm*, not just serious harm, befalls the child. Safety reviews are required until involvement with a family is terminated. Case closure is at a minimum, a safety decision. As with reunification, this involves evaluating prospective factors regarding a child's foreseeable safety.

Safety decision-making goes beyond the public child welfare system. In most cases, a judge must sanction or approve critical decisions made by the child welfare agency. But the courts have the dual role of ensuring the legal and constitutional rights of parents and children as well as making the decisions regarding the extent and type of involvement of the child welfare agency. The ability of the child welfare agencies to establish and maintain a **Crucial Partnership With the Courts** (Chapter VII) is essential to ensuring child safety.

The child welfare agency plays a critical role in the court's decisions. It is incumbent upon the child welfare agency to ensure that the court has the most comprehensive and credible information available upon which to base its ruling. All child welfare service staff must be able to articulate safety concerns to the court. Courts can only rule on the evidence that is presented in a clear, articulate manner with support and validated bases. The public child welfare agency, through its administrative staff, has a responsibility to ensure that good communication, effective working relationships and collaboration exist between the child welfare agency staff and the judge and personnel of the local dependency courts.

In **Conclusion**, children have the right to be safe; their families have the responsibility to keep them safe; public agencies have the responsibility to engage families in safety planning for their children and are mandated to intervene to ensure their safety when families are unwilling or unable to secure their children's safety; and families, individual agencies and the community at large must work collaboratively to keep our children safe.

It is necessary for child welfare agencies to ensure that there is a continuing and primary focus on safety in all public child welfare policies, procedures, practice guidelines and administrative processes, including quality assurance, systems design, training and performance appraisals. Child welfare agencies can respond but it takes the willingness and support of society acting as a whole to identify, assess and address the complex problems that confront children and families from so many vantage points and threaten the safety of children. It is necessary that public and private agencies, families and the community operate together to provide for the safety of children. Community partnerships and resources are vital.

Public child welfare agencies can set a path for accurate analysis and play a critical role in the delivery of services and the development of partnerships and programs that will sustain an integrated service system in order to ensure the safety of children brought to their attention. Public child welfare systems are in a position to provide strong leadership and leverage strategic partnerships to keep our children safe.







# CHAPTER I

## Why Safety Is Important

### ***Background***

Experience has repeatedly confirmed that child abuse and neglect cuts across every socio-economic level, all ethnic and cultural lines, all religions and all levels of education. It is a serious, complex problem. In 2006, an estimated 910,000 children were victims of child abuse or neglect and 1,530 of these children died as a result (Calpin, 2008, p. iii).

Broken bones, disfigurement, starvation, sexual abuse and emotional trauma are among the serious, and sometimes fatal, harm that caregivers cause to infants, toddlers, school-aged children and teenagers. Serious harm can also result from a caregiver's failure to provide adequate food, shelter, clothing and other age-appropriate needs, such as emotional, mental and educational support (Butchart and Harvey, 2006. Child Abuse and Treatment Act [CAPTA] as amended by Keeping Children And Families Safe Act of 2003, 42 U.S.C. § 5106(g) 2003).

Providing for child safety is the core mission of public child welfare agencies. Children are entitled to live in a safe and permanent home with their own families whenever possible. Families of origin have the right and the responsibility to raise their children. Child welfare agencies recognize their responsibility to provide a range of preventative and/or supportive services to families having difficulty providing a safe and permanent environment. When families are unable or unwilling to remedy conditions that threaten the safety of their child(ren), it is the mandate of the designated public child welfare to take the necessary action to secure the child(ren)'s safety.

The initial involvement of the public child welfare protective services system occurs because there is an allegation of harm or threat of harm, but often the initial report does not describe accurately or completely the situation or identify all relevant individuals: children, family members, caregivers or other people living in the house or having access to the child(ren). The responsibility of the child welfare professional, usually a worker who specializes in child protection, is to assess the circumstances of all of the children in the household, to decide if any child is in present danger or if there is impending threat of serious harm, and to take immediate actions to ensure the safety of each child as necessary. To do this, it is essential that the child welfare professionals demonstrate the skills of engaging a family in a complete and thorough safety assessment of all the children in the home and work with caregivers to assure the safety of all children.

### ***Legal Authority***

Dating back to 1874, after the New York Society for the Prevention of Cruelty to Children was founded, states began to establish protection societies for children. Following this lead, the federal government established the U.S. Children's Bureau in 1912. The

federal legislative activity that followed enhanced state activities and provided a national approach to intervention on behalf of children subject to maltreatment.

The mandate for federal child welfare response comes primarily from two core federal laws: The Child Abuse Prevention and Treatment Act (CAPTA) and The Adoption and Safe Families Act of 1997 (ASFA). State statutes modeled on federal laws bring states into compliance with the federal legislation and govern the involvement of child welfare agencies in a family's life.

The **Child Abuse Prevention and Treatment Act (CAPTA)**, originally enacted in 1974 (P.L. 93-247), has been amended several times and was most recently amended and reauthorized on June 25, 2003, by the **Keeping Children and Families Safe Act of 2003** (P.L. 108-36). Key components of P.L. 108-36 concerned with child safety and risk assessment and response include:

- Minimum standards for defining child abuse and neglect
- Requirements for state procedures for the immediate screening, risk and safety assessment, and prompt investigation of child abuse and neglect reports
- Required procedures for immediate steps to be taken to ensure and protect the safety of abused or neglected children and of any other child under the same care who may also be in danger of abuse or neglect and to ensure their placement in a safe environment

The **Adoption and Safe Families Act (ASFA) of 1997** (P.L. 105-89) focuses on the safety, permanency and well-being of children in foster care and establishes the framework for the current child welfare system. Significant parts of this law relating to safety establish that:

- Child health and safety is identified as the paramount concern for child protective services (CPS) decision-making, including making reasonable efforts to prevent placement.
- Safety must be addressed in safety plans or integrated into case plans and services must address conditions related to safety.
- Case reviews must consider child safety in placement and potential dates upon which a child can return home safely.
- Responsible agencies must conduct concurrent planning that involves working toward reunification and simultaneously working on other permanency options based on permanency and safety considerations to accelerate the permanent placement of children in care.<sup>1</sup>

Another piece of child welfare legislation is the **Fostering Connections to Success and Increasing Adoptions Act** (P.L.110-351) that became public law on October 7, 2008. P.L. 110-351 primarily focuses on the permanency outcomes for a limited group of children in foster care, particularly older youth and those with special needs; connecting and supporting relative caregivers; ensuring equitable access for foster care and adoption services for Indian tribes; and enhancing the adoption of special needs children through limited financial reform. Although key aspects of the law diligently work to increase permanency outcomes for these children removed

<sup>1</sup>The preceding provides only an introduction with a few key points of the many provisions of these two federal laws. Further information may be obtained by reviewing *Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption* on the Child Welfare Information Gateway. <http://www.childwelfare.gov/pubs/otherpubs/majorfedlegis.cfm> For information on Children's Bureau policy, visit the web site at [http://www.acf.hhs.gov/programs/cb/laws\\_policies/index.htm](http://www.acf.hhs.gov/programs/cb/laws_policies/index.htm). Murray and Gesiriech also outline the evolving role of the federal government in A Brief Legislative History. <http://pewfostercare.org/research/docs/Legislative.pdf>

from their birth homes, it addresses the safety needs of these children and youth in the following ways:

- Grants states have the option to provide kinship guardianship assistance payments using Title IV-E funds to relative caregivers who have assumed legal guardianship. Formal written guardianship assistance agreements will be required. The state must have in place procedures for criminal record checks that include finger-print based checks in national databases on any relative guardian. Record checks must be conducted on the relative guardian and any other adult living in the home prior to the receipt of kinship guardianship assistance payments. The assistance agreement must also include a description of the steps that the agency has taken to determine it is not appropriate for the child to be returned home or adopted, which inherently would include an assessment of safety.
- Allows for a waiver of licensing standards on a case-by-case basis for relative family foster homes. The waiver can be allowed only for specific children in foster care based on factors *not related to safety* as determined by the state. States will be required to document the frequency with which they grant these waivers and the types of non-safety licensing standards waived. The secretary of the U.S. Department of Health and Human Services is required to submit a report to Congress on these waivers by 2010.
- Appropriates mandatory funds for Family Connections Grants, which permit child welfare agencies to operate kinship navigator programs, intensive family-finding efforts, family group decision-making meetings, under the condition that they safely address issues of domestic violence and promote residential family treatment centers where children can remain with their families in a safe environment.
- Phases in the use of Title IV-E funds for short-term training for current or prospective relative guardians, staff of state licensed or state-approved (private) child welfare agencies, and for court or court-related personnel (attorneys, judges, Guardians ad Litem and Court-Appointed Special Advocates) handling child abuse and neglect cases.
- Provides for state option to extend foster care and adoption assistance programs to any youth up to the age of 21 if the youth is engaged in defined educational, vocational or work activities.
- Requires caseworkers to provide assistance and support in developing a transition plan during the three-month period prior to youth aging out of foster care.
- Mandates each child's state case plan must include information about the child's educational stability, including an assessment of whether or not the child's current school setting is in the child's best interest or whether immediate enrollment or transfer to a new school is preferred.
- Requires states to develop a plan in consultation with pediatricians and other experts for oversight and coordination of health care services for foster children and youth.
- Using similar criteria available to states, enables Tribe and Tribal consortium to have direct access to federal funds.<sup>1</sup>

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<sup>1</sup>Further information may be obtained by reviewing *CRS Report, RL34704, Child Welfare: Fostering Connections to Success and Increasing Adoptions Act of 2008* by Emilie Stoltzfus.

The full text of P.L. 110-351 can be found at GovTrack.us. *H.R. 6893 — 110th Congress (2008): Fostering Connections to Success and Increasing Adoptions Act of 2008*, GovTrack.us (database of federal legislation).

<http://www.govtrack.us/congress/billtext.xpd?bill=h110-6893>

## **Human Services Approach to Safety**

NAPCWA recognizes that the caregiver<sup>1</sup> is responsible and accountable for a child's safety and that the caregiver's behavior is the basis for child protective reporting, investigation/assessment intervention, and change-related efforts. However, the entire family and community network may provide resources to assist in protecting a child, enhancing caregiver functioning, and reducing the conditions that contribute to a dangerous environment for the child. The human service, rather than law enforcement, approach requires engagement of the family in a safety assessment process that allows for collecting and assessing critical information about the child, caregiver, and family that is needed to make valid and reasonable decisions regarding whether a child is in danger of serious harm. It also promotes consideration of the least intrusive, most family-centered and effective actions needed to ensure a child's safety and first and foremost requires skilled, well-trained personnel in conjunction with reliable tools to assess safety and make decisions about interventions needed to protect children.

A report of maltreatment on at least one child in the household constitutes the legal basis for child protective services involvement. The first phase of the system's entry into the life of the family centers on engaging the family to assure gathering accurate information, including the use of alternative hypotheses testing,<sup>2</sup> ascertaining if the reported allegations can be "confirmed" while concurrently analyzing safety threats, making safety decisions and providing interventions that control for the safety of the child(ren) subject to the report, all children in the household and any other children identified who may be exposed to the same conditions and/or caregiver. Every report requires a safety assessment even if the original report is not founded.

The second phase is to assure the safety of the child(ren). To do this the underlying factors<sup>3</sup> as well as the contributing factors<sup>4</sup> that created the safety threats must be uncovered and controlled. Attention and services must be focused on strengthening the caregiver's ability to diminish or eliminate the conditions and/or dynamics that create safety threats. If the caregiver is unable or unwilling to remedy the conditions then it is the responsibility of the child welfare system to ensure that a timely and appropriate plan is made to ensure the safety, permanency and well-being of the child(ren).

For example, a parent's inability to provide food regularly, to put dangerous objects out of reach and/or control angry outbursts may be factors contributing to an unsafe environment and lack of appropriate care for a child,

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<sup>1</sup> **Caregiver:** Any adult who resides with the child; lives in the same household and has responsibility to provide care and supervision for the child. The primary caregiver is the adult who assumes the most responsibility for the child's care. The secondary caregiver is an adult who has routine responsibility for care of the child, even when the responsibility is minimal. This includes the parent and any person or persons who provide alternative 24-hour care as a result of the state's intervention. A caregiver may be a non relative resource home provider, a relative resource home provider, or a residential/staff of a congregate care facility. Child day care staff is not included for our purposes, although some states do consider day care staff caregivers (*New Jersey Structured Decision Making*, 2004). *Children's Research Center NJ Policy and Procedures Manual*, page 17, retrieved from training materials 2004. (*Caregiver Protective Capacities and Family Protective Resources*, July 2008.)

<sup>2</sup> **Alternative Hypothesis Testing** is a term that when used in child welfare, refers to deliberate steps taken to rule out any preconceptions that may undermine an accurate assessment of safety and risk by anyone assessing for or helping to decide about child maltreatment. It is imperative to practice alternative hypothesis testing throughout the life of the case.

<sup>3</sup> **Underlying Factors** are causes or reasons that lie beneath the surface. In child protective services these are the root causes of safety threats that may not be readily observable but must be addressed to sustain change. Examples are historical circumstances such unresolved grief associated with multiple layers of trauma and depression. (*Stanley, Tomison and Pocock*, Spring 2003.)

<sup>4</sup> **Contributing Factors** are issues that are part of the cause for a situation in protective services. These are observable environmental conditions and maladaptive/dysfunctional behaviors that present safety threats. Examples are precipitating causes (one or more events triggering a violent episode) and situational factors (such as the combination of alcohol abuse, unemployment and welfare dependency). (*Stanley, Tomison and Pocock*, Spring 2003.)

but the underlying cause may be one of extreme depression, substance abuse and self-medication. Safety is about controlling the present danger and imminent threats to a child so that the child can remain safe while underlying causes, such as depression, are treated. The depression is both a safety threat in the present and a risk for maltreatment in the future. (Subsequent chapters elaborate on this distinction.)

Child welfare workers must ask, “What else is happening that serves to explain the source of danger to a child and how the family can be engaged to identify signs of safety threats, build protective capacities and reduce the child’s vulnerability?”

Safety assessments and decisions are required throughout the life of the case. Child welfare staff gathers information from all available resources to make well-informed decisions that prioritize safety, but are also targeted toward improving outcomes for the children and families served. The use of collaborative multidisciplinary decision-making, such as Family Group Decision-Making and Team Decision-Making, and the routine inclusion of relevant professionals and community resources involved with the family, contributes to better safety decisions and safety plans that are more likely to provide adequate protection.

Ultimately, the child protective services agency is responsible for making the final decision and ensuring any recommendations made to the court are clearly articulated and based on the best information available. Support of supervisors and other agency administrative staff, as required, must be provided to the field worker to carefully weigh alternative explanations and action plans at each critical decision point.





# CHAPTER II

## Defining Safety

### ***Definitions***

The National Resource Center for Child Protective Services operated by Action for Child Protection (ACP), along with other respected child welfare organizations and academics, have promulgated numerous documents that provide guidance on such basic concepts as child abuse, neglect, maltreatment, safety and risk. NAPCWA, as noted in this document's preface, also has a primary mission to strengthen the practice of child welfare, especially child protective services. The concepts and definitions contained in this chapter are presented as a major step toward clear and consistent national standards that will expand the ability of public child welfare agencies to protect children, reduce their risk of maltreatment and improve their well-being.

This chapter will provide basic definitions of three fundamental concepts: maltreatment, safety and risk. The chapter will explore the key components of safety addressing how safety should be distinguished from risk and how to differentiate the safety threat from actual serious harm. Concepts related to safety assessment, decision-making and intervention will be covered in subsequent chapters.

### ***Child Maltreatment***

The term maltreatment encompasses all types of abuse and neglect and various levels of severity of harm inflicted on a child by his or her responsible caregiver(s). Besides maltreatment, the most common terms used in the child welfare field are "abuse," "neglect," "physical abuse," "physical neglect," "emotional abuse," "abandonment" and "sexual abuse."

***Maltreatment** is an act, failure to act, or pattern of behavior on the part of the caregiver that results in death or physical, medical, sexual, or emotional harm or presents imminent threat of harm to a child.*

When children come to the attention of the public child welfare system, there has been some identified or alleged maltreatment, although the severity may or may not be known at that point. Public child welfare agencies must address children at all levels of harm resulting from identified or alleged maltreatment.

There is variation among states as to who can be considered the perpetrator of the maltreatment or who is identified as the child's caregiver or as a legally responsible person. Also, states have different mandates regarding the age of those defined as a child. The state's responsibility to protect may extend beyond 18 and up to 21 years of age if there are developmental disabilities. The intent of this document is to leave these definitions to state jurisdiction and to concentrate on concepts more germane to identifying and responding to issues related to a child's safety.

## **Safety: Basic Definitions**

Concise definitions of “safe” and “unsafe” as they apply to children are the foundation for developing child welfare systems that will protect children, enhance their well-being and the well-being of their families.

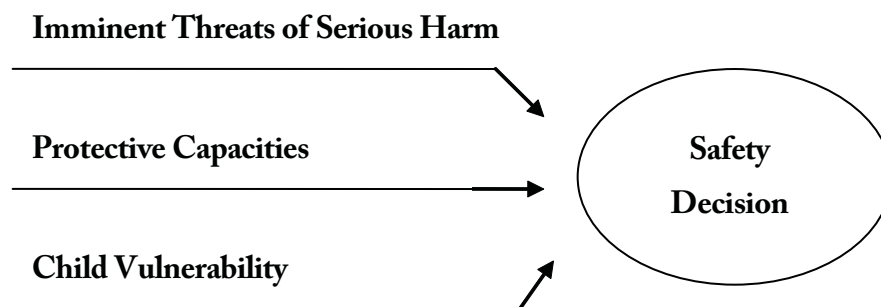
*Safe is a condition in which the threat of serious harm is not present or imminent or the protective capacities of the family are sufficient to protect the child.*

*Unsafe is a condition in which the threat of serious harm is present or imminent and the protective capacities of the family are not sufficient to protect the child.*

The following essential components of safety promote clear criteria for child welfare practice and contribute to the “standardization” of fundamental safety concepts:

- The presence of or threat of serious harm
- The ability of a family to protect a child (protective capacities)
- The child’s vulnerability
- Safety time frames

Tom Morton and Barry Salovitz have proposed a dynamic model of safety decision-making that includes three of our four essential components of safety. Decision-makers are guided to “structure their safety assessments and decisions by examining the presence and interaction of three crucial variables, including threats of serious harm, a family’s capacity to protect their children from harm and each child’s unique vulnerability.” The following diagram represents this dynamic model to which we added the word “imminent” to threats of serious harm to highlight the timeframes for safety decision-making: (Morton and Salovitz, 2006).



It should be noted that the court is often involved in making or ratifying on-going safety decisions and monitoring the safety plan along with the concurrent case plan. The role of courts in child welfare safety will be presented in Chapter VII.

## **Safety: Essential Components**

This section will present a detailed discussion of the four essential components of safety: 1) serious harm, 2) protective capacities, 3) child vulnerability and 4) safety time frames.



## ***Serious Harm***

Serious harm is not universally defined in the public child welfare system. In most jurisdictions, the definition is mandated by legislation and/or by policy or simply identified through training. We offer the following operational definition:

***Serious harm** results from serious physical injury, sexual abuse, significant pain or mental suffering, extreme fear or terror, extreme impairment or disability, death, or substantial impairment or risk of substantial impairment to the child's mental or physical health or development. Serious harm can be observed or readily described and requires an immediate response to protect a child.*

Many conditions and family circumstances, if present, constitute serious harm or the threat of serious harm. These conditions and family circumstances include behaviors and attitudes that make a child unsafe, can be observed or readily described, and require an immediate response to protect a child. Once a child is protected from serious harm through the implementation of a safety plan or intervention, the human service approach needs to shift its focus to the nature of the safety threat and the corresponding protective capacities that are necessary to provide child protection.

A key point to understand is that the safety threat and the actual serious harm are separate. The effect of the child's abuse and/or neglect is the harm, not the threat. The threat is the underlying and/or contributing factor within the family system that is either causative or highly correlated with present or impending danger and insufficient protective capacities. This is important to distinguish because even though the serious harm may cease, the safety threat or the propensity to inflict serious harm again may not be eliminated.

An example:

*Heather is 12 months old. Her family is impoverished. Each diaper change is seen as an expense, as well as a demand on Heather's father when Heather's mother is gone. Frustrated, Heather's father begins to punish Heather when she soils her diaper. The frustration and punishment escalate. After one incident he fills the tub with hot water. To teach Heather a lesson he submerges her bottom in the hot water causing second-degree burns.*

In this example, the burns are the harm. The threat is Heather's father's inability to manage his frustration and his belief that, through extreme punishment, he can hasten Heather's control of her bowels.

Harm is the consequence of the maltreatment. Again, the maltreatment is different from the threat. Many practitioners confuse maltreatment or harm with threat. Harm is the consequence of enacting the threat. When a child is physically abused, it is not the abuse or injury that is the threat. These are the harm. The threat is the care giver condition that led to the serious harm or threatened serious harm (Morton and Salovitz, 2003).

To assess the safety threat, the seriousness of the harm must be assessed. In the example, the burns are the harm. If the burns are serious, then we know that the threat exists because the caregiver is acting dangerously and cannot control his behavior. If the child suffered no harm as a result of the father's discipline, there is still a safety threat based on the father's (who is frequently the primary caregiver) behavioral response to a 12-month-old soiling her diapers. This is addressed further in Chapter III, "A Safety Assessment: Major Questions and Tasks."

## *Protective Capacities* (Morton and Salovitz, November 2005)

The concept of protective capacities concerns the question of whether a caregiver can and will protect a child.

- *Protective capacities* refer to the individual and family strengths, resources or characteristics that mitigate threats of serious harm to a child or demonstrate that the child is being adequately protected by his or her caregiver(s). In this context, family strengths or resources refer only to those characteristics that directly affect the safety of the child. *It is not a general statement of all family strengths but only those that can mitigate the presence of or threat of serious harm to a child.* For instance, economic resources may be strengths, but may have no bearing on the safety of the child if the serious harm is caused by physical abuse.
- Protective capacities must be present and must be reliably deployed by the family or others that have caregiver responsibilities and/or provide essential family supports. In order to properly apply this standard, it is essential to engage families in a complete assessment of their strengths and understand their protective capacities.
- Protective capacities include personal, behavioral, cognitive and emotional characteristics such as intellectual skills, physical care skills, motivations to protect, positive attachments, social connections; and resources such as income, employment, housing or environment (community or cultural agencies or resources that the caregiver utilizes).<sup>1</sup>

## *Child Vulnerability* (*The Vulnerable Child*, February 2003; Morton, March 2002, pp. 1 – 2)

Child vulnerability refers to a child's capacity for self-protection. It is the degree to which a child can avoid, negate or modify safety threats, or compensate for the caregiver's missing or insufficient protective capacities.

Child vulnerability encompasses child attributes such as age; developmental level and mental disability; physical disability and illness; whether a child acts provocatively or passively; whether a child seems powerless or defenseless; the visibility of a child to others; a child's ability to communicate; a child's ability to meet basic needs; and, whether the child is seen as a scapegoat. Other factors that affect vulnerability are a perpetrator's access to a child and the perpetrator's relationship to the child, such as the ability to exert power and control in the relationship. Siblings within a family setting may have varying levels of vulnerability and each child must be assessed independently on all of the attributes.

- *Age.* Children from birth to six years of age are especially vulnerable. They have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs. Young children lack the ability to protect themselves from abuse or neglect. In addition, important social, cognitive and physical skills are developed in early childhood and failure to meet a child's needs may have a significant impact on later growth and development.
- *Developmental level and mental disabilities.* Regardless of age, a child who is cognitively limited is vulnerable because of possible limitations, such as recognizing danger, knowing who can be trusted, meeting basic needs, having the ability to communicate concerns and seeking protection.

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<sup>1</sup>It should be clear that this elaboration of protective capacities does not place the concept within general family functioning. "The caregiver is responsible and accountable for a child's safety and the caregiver's behavior is the basis for child protective reporting, investigation/assessment intervention and change-related efforts" (*A Framework for Safety in Child Welfare*, March 2009, page 10). Caregiver protective capacities are those that the caregiver can and will deploy to protect the child and must be distinguished from resources within the family (family protective resources) that can be deployed to assure child safety while child protective services are continued and family strengths are leveraged to support change and enhancement of the caregiver protective capacities.

- *Physical disability and illness.* Regardless of age, children who are physically limited and therefore unable to remove themselves from danger are vulnerable. Children who, because of physical limitations, are highly dependent on others to meet basic needs are vulnerable as are children who have continuing or acute medical problems and needs.
- *Provocative, irritating or non-assertive behaviors.* Children's emotional or mental health, or behavioral problems can be such that they irritate and provoke others to act out toward these children or to avoid them. Regardless of age, children who are passive or withdrawn and not able to make basic needs known, or who cannot or will not seek help and protection from others are vulnerable. Children who exhibit significant behavioral challenges may be more vulnerable because of increased stress levels associated with supervising and controlling negative behavior. Children exhibiting problems with toilet training, inconsolable crying and delinquent or defiant behavior may be vulnerable because these conditions can be highly distressing to many caregivers.
- *Powerless and defenseless.* Regardless of age, intellect and physical capacity, children who are highly dependent and susceptible to others are vulnerable. Such children are typically so influenced by emotional and psychological attachment that they are subject to the whims of those who have power over them. Children who are unable to defend themselves against aggression are vulnerable. This can include those children who are unaware of danger. (The reference here is to dysfunctional attachments and the misuse of power. It is noted that all children need to have relationships on which they can rely and have psychological attachment.)
- *Visibility.* Children that no one sees (who are hidden or hide) are vulnerable regardless of age. Children who do not attend day care, school, community or social activities may have increased vulnerability when compared to children with contacts outside of the family. This includes children who may be hidden from the public child welfare agency. If children are very isolated, abuse may go undetected or unreported, which may increase the likelihood of future abuse.
- *Ability to communicate.* Children's inability to transmit information, thoughts, needs and feelings so that they are clearly understood may make them vulnerable. While communication ability is influenced by age and developmental level, it is also related to physical and mental disabilities and other individual characteristics.
- *Ability to meet basic needs.* Children vary in their ability to meet their own basic needs for nutrition and physical care and this affects vulnerability.
- *Scapegoat.* One or more children in a family may be a scapegoat — i.e., consistently the target of maltreatment while other children are not. For instance, one child may resemble a birth parent, which leads to that child being targeted for abuse by the other birth parent or a paramour. Increased vulnerability may be a consequence of animosity toward the individual whom the child resembles.
- *Accessibility by perpetrator.* Unsupervised access to a child by a perpetrator may present an obvious vulnerability for that child. This may be lessened by the presence of another adult who is capable and takes responsibility for their protection. The key component involves providing safeguards to ensure that a perpetrator does not have access to a child or the opportunity to compromise the safety of a child.
- *Perpetrator's relationship to the child.* The ability of the perpetrator to exert power and control in the relationship can create situations of compliance and/or fear.

The child-level dimensions (age, development, etc.) described in this section on vulnerability, as well as contacts outside of the family unit and access by the perpetrator may all affect the vulnerability of children. These factors must be considered as part of the entire safety assessment to determine their ultimate impact on children's safety. Siblings within a family setting may have varying levels of vulnerability and each child must be assessed independently.

### *Concepts of Safety Time Frames*

Safety is assessed within a specific time frame. The terms immediate, imminent, impending, emerging, foreseeable and prospective are commonly used. It is important to note that when discussing safety, the latter terms have often been used interchangeably. States use different language and the reader should learn and adopt the language applicable to their state in the context of child welfare. Safety is often considered within the time frame of "immediate," especially in the initial investigation of a child maltreatment case. However, it goes beyond this important dimension. Safety must be assessed, addressed and resolved throughout the life of the case, including reunification (for those children placed in out-of-home care) and case closure, and must be based on severity as well as immediacy/imminence. To ensure the ongoing safety of the child(ren), emerging and prospective safety must also be recognized, addressed and resolved. These safety considerations will be specifically addressed in the reunification and closure sections in Chapter VI.

What differentiates safety from risk? The basic distinction is the need for immediate protective action. For consistency and clarity throughout this document, we will use the following terminology to discuss safety and the need for immediate protection:

***Present danger:** a clearly observable behavior or a threat that is actively occurring, is about to occur or is likely to occur in the present time.*

***Impending threat of serious harm:** safety threats are present that are highly likely to cause serious harm to a child if not immediately controlled.*

These definitions are implied in the previously presented definitions of safe and unsafe — "the presence or imminent threat of serious harm." Child welfare professionals must be able to describe the actual serious harm that is occurring to a child or any behaviors or situations that are occurring that constitute a threat of serious harm. The time frame of present, along with the concept of "imminent threat of serious harm," provides a foundation for assessing the safety of a child.

### **Risk: Conceptual Framework**

While NAPCWA is focusing on safety in this document, it is useful to present some information about risk because the two terms are often erroneously used interchangeably. This section will present a definition of risk, describe the basic concepts associated with it and distinguish risk from safety. The final section of this chapter will provide information on risk assessment and risk reduction case plans.

Risk is commonly assessed on a continuum from low to high and refers to the probability that any form of child maltreatment, regardless of severity, may occur or recur in the future. When referring to risk, it is preferable to use the complete phrase, "risk of future maltreatment" to ensure clarity and to differentiate from other risks, such as the risk of foster care, the risk of poor educational outcomes or the risk of juvenile delinquency.

## *Distinguishing Risk and Safety Concepts*

Both safety and risk are concerned with future maltreatment; however, safety is distinguished from risk as it concerns the immediacy of the future maltreatment. Risk refers only to the likelihood that the maltreatment may occur in the future. In addition, safety is dichotomous (a child is either safe or unsafe); while risk is typically classified on a high-low continuum.

One process for assessing the risk of future maltreatment includes gathering information on behaviors and circumstances that contribute to the likelihood that a child may be abused or maltreated in the future. This includes information on family strengths and needs, child maltreatment dynamics, the analysis of that information, and decision-making concerning the level of risk of future maltreatment. Another process for assessing risk is to use an actuarial model in which families are identified as likely or unlikely to repeat maltreatment of their children, based on comparable statistics. As stated earlier, various states use different models and every professional should be aware of individual processes and procedures in their particular jurisdiction.

Risk of future maltreatment may be reduced with appropriate services, changes in the caregiver's or child's behavior, and family and community support. These measures are most effective when they enhance family and caregiver strengths and protective capacities and decrease child vulnerability. These changes often take significant time to accomplish. This is why it is crucial that safety threats be controlled so that the child may remain safe while the risk of future maltreatment is lessened.

While the risk of future maltreatment is distinct from safety, it does bear a relationship to safety. If child welfare professionals are able to address risk by providing services that specifically address the underlying conditions and behaviors, build and enhance protective capacities, and reduce child vulnerability the escalation of risk to active safety threats may be prevented and active (present) safety threats may be diminished or resolved.

## *Risk Assessment and Reduction Planning*

The initial safety assessment is concerned with identifying danger threats that will have severe consequences for the child in the immediate future without safety interventions. Decisions are made based on present danger or the impending threat of serious harm. Safety plans are completed to control and manage signs of danger. When safety concerns are controlled, the risk assessment and service planning process can commence. To engage in focused risk reduction work the following questions should be asked (Martin, Paul [2008], unpublished):

- What maltreatment could each child in this family experience? (What could go wrong?)
- How can the family be involved to protect each child?
- How likely is it for that maltreatment to occur/recur and why? (A level of risk considered now in more specific terms.)
- What should be done in order to reduce the risk of more specific child maltreatment from occurring/recurring?
- How can we tell that those specific risks of child maltreatment have truly been reduced and that it is now acceptable to close the case? (How can family input be maximized?)

The following is an example that shows a safety plan to control and manage the immediate danger threat followed by focused risk reduction work.

*The protective services agency received a report that a male child who appeared to be about six or seven years old had been sitting outside his home alone for over an hour. The matter was assigned for immediate response. The local police were requested to respond and secure the child's safety while the protective services worker was in transit. This was the first report on this child and/or family. The investigating worker learned from the child that he was six and a half and in the first grade; his father had recently left the family; his mother had gone to work. He was not supposed to leave the house but wanted to play and locked himself out. As he and his mother had just moved into the area he did not know anyone and he had been instructed not to talk to strangers. He had a piece of paper in his pocket with an emergency phone number that his mother had given him before she left for work so that if he needed to he could contact her. When contacted, the child's mother immediately acknowledged that the child was too young to be left alone. She stated that she was desperate and just didn't know where to turn. She had been forced to move to a new neighborhood to reduce housing costs and then her work hours had been changed suddenly. It was summer and the move had taken place after the close of school so the child had no friends in the community and she had not been able to meet any parents in the neighborhood. She had no supports in the new community and did not know where to look for child care. Frightened that she would lose her job and sole means of maintaining a home for herself and her child, she left the child alone with strict instructions not to leave the house for any reason. She had left him with food in the refrigerator and an emergency number. The fact that he had wandered outside was evidence to her that he should not have been left alone. She was amenable to any type of assistance that could be offered. She noted that child care was costly but that was not the issue. She maintained an amicable relationship with the child's father and he had agreed to continue to pay for child care when she located a reliable resource. Separately, they were unable to maintain the apartment that they shared prior to the separation.*

*The mother and the worker were able to set up immediate and safe child care for her son with the referent/neighbor that would accommodate the mother's work schedule the following day. The neighbor who had made the report and another neighbor who made herself available during the safety assessment, volunteered to provide some child care and to help connect the mother to a local community center that had a licensed child care facility. The following day plans were made for the child to attend this licensed day care facility. The child could start in two days. The referent/neighbor agreed to provide child care for the two days and to provide care for the child after day care hours until the mother got home from work. This neighbor could be flexible with the mother's work hours. The community center that had the licensed child care facility also provides recreational activities. The neighbor who assisted with the connection to the community center invited the mother to attend a church group for single parents with her. The mother stated she appreciated and welcomed the many important community connections that were being made.*

In this example, there was a need for immediate safety intervention. The police were able to respond and hold the child until the worker arrived and located the mother and other responsible adults in neighbors who helped plan and implement the following Safety Plan to control the immediate safety threat: 1) the neighbor who made the report agreed to care for the child until his mother returned home from work and to watch out for him from that time forward, to provide alternative care at the request of the mother and call the agency if she learned the child was left alone again; 2) another neighbor who came forward when the police arrived and offered the mother back up child care support, noting she had a child the same age who attended a licensed community child care center that currently had openings; 3) the licensed day care facility was contacted and they agreed to care for the child during the mother's working hours, starting in two days, and committed to notify the agency if the child was not brought to the facility as scheduled; 4) the child was able to demonstrate the

ability and willingness to contact one of the neighbors, the worker or the police if he were ever alone again; and 5) the mother demonstrated through her actions, words and observable affect and interaction with the child and supportive neighbors the willingness and ability to implement the safety plan.

Circumstances suggest low to moderate risk of future maltreatment. The mother demonstrated an increased and reasonable understanding of her child's vulnerability. She took personal responsibility for what occurred and took actions to lessen the chances of future harm. Her protective capacities have been strengthened by community supports and resources as neighbors came forward to introduce themselves and help in the course of the assessment and to provide for and assure for this child's continued safety. The mother and her child have been connected with a community licensed day care and recreational center and a self-help group for single parents. The mother also demonstrated that she welcomed the positive experience with the child welfare agency. In addition, the neighbors who were initially concerned and took the necessary action by contacting the child welfare protective services agency, agreed to become and stay actively involved with the family and to take action again if necessary. The child's vulnerability has been reduced by engaging him with other adults who will assist him if necessary. The worker agreed to test the Safety Plan by following up the next day and at a few other random times to ensure that the safety plan was being implemented. Also the worker would, in future, further assess underlying factors that could affect future risk such as the cost of the day care facility and emotional turmoil such as that caused by the loss of a significant relationship with the child's father and loss of the mother's home. These are factors that may affect her attitude, decisions, judgment and, ultimately, her behaviors.

**Prospective safety planning/focused risk reduction planning** prior to closure will require the worker to: 1) assist the mother in applying for any assistance to which she might be eligible to offset the cost of child care and ensure that the father's financial support is available; 2) encourage the mother, as agreed, to accompany her neighbor to a single parent self-help group at the local church where she and her child could make friends; 3) encourage the mother to accompany her neighbor to the local community center to enroll herself and the child in recreational/ socialization activities; 4) discuss with the child and mother together and individually about the changes brought about as a result of the safety plan and their reactions to them; 5) verify with the child care center and neighbors that the plan is being implemented; 6) meet with the father to assess if he is willing and able to share in the child care responsibilities and/or help meet child care expenses; 7) inquire about extended family supports to determine if any are available, and if so, to encourage the mother to connect with extended family members and elicit their support; 8) obtain information about the mother's care of the child from staff at his previous school and take into consideration any additional or conflicting information gathered; and 9) encourage the mother to explore the losses and stressors that led to this incident and seek additional assistance if necessary to cope with these factors.

The level of interventions in this example may not be an expectation in all jurisdictions. Resources may not be available and/or if the mother was not receptive, this level of service could be considered intrusive and/or unwarranted based on statute.

Maltreatment can include one-time incidents in families that otherwise have the protective capacities to keep their children safe as well as families where child abuse and neglect is more common and maybe even chronic. While maltreatment and child safety are often closely associated, there can be instances where maltreatment can have occurred but the child can be safe. Alternatively, the reported incident may not have occurred but the child can be unsafe.

The safety plan in the above example worked because the mother recognized the need to strengthen her protective capacities and decrease the child's vulnerability and did so by collaborating with the agency caseworker, relevant community institutions and neighbors. This was able to occur as the assigned worker did not make pre-judgments about the mother and was willing and able to engage her in strength based solution focused process. Another safety plan would have been required in the event the worker was unable to engage the mother in safety planning and she was unable or unwilling to:

- Accept that a six-and-half year old child is too young to be left alone
- Agree to supportive contacts with other adults in the community to bring a youngster to a child-care setting capable of monitoring the child's well-being

If any of these situations had been present in the case we just examined, the safety plan may well have included out-of-home placement necessitating immediate exploration of the father's situation and other family resources.





# CHAPTER III

## Safety Assessment

Assessing a child's safety and taking the necessary actions to protect a child are the first priorities of all child welfare workers. This chapter will show how safety assessment flows from a clear understanding of the safety definitions and concepts presented in Chapter II, "Defining Safety." It will discuss what information is needed to assess safety both at the initial stage of a case and throughout the entire time that a case is open, often referred to as "the life of the case." Chapter IV, "Safety Decision-Making," will describe how to use the safety assessment to make a credible safety decision and Chapter V, "Safety Response," will describe how to respond when a child welfare worker assesses that a child is unsafe.

While formal safety assessments and decision-making are only required at certain designated points throughout the life of a case, on-going safety assessments, whether formal or informal, must occur at every contact. Chapter VI, "Safety during the Life of the Case," will explore the on-going safety assessment process throughout the life of the case.

Everything done with a family involves a safety assessment. It is an on-going function whether completing a form or assessment tool at formally designated critical decision points, responding to events that occur in the life of the case, or making a routine child/family contact. Formal case assessment tools enhance decision-making. Decision assessment tools are based on research that has identified unique variables that are predictive of maltreatment and the recurrence of maltreatment or have an etiological relationship with child maltreatment. A good assessment is more than the sum of the parts of a formal assessment tool. It includes a skillful child welfare professional willing to engage families and work with a family toward creating a fully informed safety assessment. In addition, it is imperative that critical thinking incorporate knowledge of the identified crucial assessment variables and how they may interact with one another to create a safe or unsafe situation.

Designated decision points that require completion of tools or instruments usually include, but are not limited to, initial response time frames, case opening, placement, reunification and/or case closing. Examples of events that may occur during the life of the case that require a safety review and the need for a safety reassessment are often changes experienced by the family, including circumstances caused by birth, death or illness of a family member; loss of employment; arrest of a family member; violence committed by or on a family member; or a child failing in school, breaking curfew or committing a juvenile offense.

### ***Safety Assessment: Major Questions and Tasks***

The major questions that must be answered to conduct a thorough safety assessment flow directly from the definitions and components related to safety as presented in Chapter II, "Defining Safety."

Child welfare workers must not make assumptions that children are safe or unsafe based on the report they receive. Many times the report is based on incomplete information. It is also always a good idea to consider alternative hypotheses. When workers make assumptions, children may be unnecessarily removed based on misunderstandings, misinterpretations of evidence, or false reports or, conversely, they may be left in dangerous situations.

A balanced assessment of the signs of present danger, protective capacities and child vulnerabilities requires critical thinking and supervisory support prior to and during the assessment.

To conduct an effective safety assessment, child welfare staff (minimally the field worker and immediate supervisor, but other agency staff as designed by agency protocols and in consultation with involved professional and community partners as relevant) must fully engage families in an information gathering process that allows child welfare staff to collect sufficient information and apply critical thinking to answer the following critical questions:

- Is there serious harm to a child?
- Is there an immediate threat of serious harm?
- Is there a vulnerable child?
- Are protective capacities within the family to adequately mitigate any threats of immediate serious harm?
- Is there a need for an immediate safety intervention or action?

To gather information to answer these five questions and to complete a thorough safety assessment, the child welfare service team must perform all of the following activities, unless there are extenuating circumstances for not completing one or more of the tasks. These activities include:

- Prepare for completing the safety assessment by:
  - Reviewing and evaluating all available information, including relevant family history, criminal records, and prior maltreatment within the cultural, racial and economic context to help guide the exploration.
  - Considering what else could be happening to explain the allegation(s) of a threat(s) of serious harm. The child welfare worker must keep an open mind to address safety threats.
- Observe and interview all the children who live in the household, as appropriate considering age and circumstances. Interviews must be based on known fact-finding protocols, which assist in limiting interviewer bias and take into account the realities of adult-child interactions. It is expected that interviews will include children who are in the home on an intermittent basis and, if relevant, children who may be living out of the home.
- Observe and interview all of the caregivers and household members individually and together. Observing and interviewing the members together allows the caseworker to observe family interactions and functioning. Observing and interviewing the members individually provides opportunity to hear what is happening in the life of the person being interviewed as well as gathering each person's thoughts about the current situation and ideas for solutions.

- Conduct a private interview with each child and adult unless circumstances require a different method. Consider where and when to conduct each interview unless safety considerations require a specific approach.
- Identify and interview all individuals who may have important information about the circumstances and functioning of a child and family, particularly as they relate to a child's safety. (Examples of persons who may be interviewed are: child care providers, teachers, pediatricians or neighbors. Given the very brief period for the initial safety assessment and decisions there is not always opportunity to interview everyone with useful information in the initial assessment and relevant individuals should be interviewed throughout the life of the case for ongoing comprehensive safety assessment.)
- Conduct interviews using family engagement strategies that promote the creation of partnerships between workers and families in the assessment process and invite the families' involvement in decision-making. In this way, supports and strengths can be leveraged to maximize child safety, minimize family risks and entrench denial and/or resistance that may then inappropriately influence decisions related to child maltreatment, safety and risk.
- Observe the interactions among caregivers, children and all household members to identify and assess situations and relationships that may present a threat to a child's safety.
- Identify both contributing factors that may cause or be associated with child maltreatment (e.g., substance/drug abuse, self-medication, domestic violence) and start the process of identifying underlying factors (e.g., core cognitions, values, beliefs, unresolved trauma histories) in order to initially control for safety threats within the safety plan, followed by a targeted service plan that may provide services to resolve or diminish the safety threats, reduce the child's vulnerability and enhance family protective capacities. This secondary level of assessment may not be completed during the initial stages of the investigation/assessment. In the very brief time period for the initial safety assessment and decisions, the likelihood of identifying and interpreting the nature of the underlying factors is not likely or realistic. Typically it takes time, may require multiple contacts, interviews of multiple collateral sources and ongoing assessment to fully identify underlying factors and provide relevant interventions. Safety review and ongoing comprehensive safety assessments are required to ensure that the safety threats are reduced, controlled or resolved to the extent that the child is safe and will remain safe for the foreseeable future.
- Once the information is gathered, an objective analysis and synthesis of the family's protective capacities and the child's vulnerability specifically related to safety requires:
  - Analyzing all information objectively and engaging in alternative hypotheses testing to prevent any possibility of confirmation bias.
  - Asking what other information may be needed in order to reach the best possible decisions and interventions.
  - Reviewing all information available and analyzing what the mitigating factors may be pertaining to the anticipated decision.

### *Safety Assessment: Is There Serious Harm to the Child?*

The presence of serious harm should be identified by a child welfare worker based on the definition noted in Chapter II, "Defining Safety," — i.e., "serious harm results from serious neglect, serious physical injury, sexual abuse, significant pain or mental suffering; extreme fear or terror, extreme impairment or disability; death, or

substantial impairment or risk of substantial impairment to the child’s mental, physical health or development” and based upon their individual state’s statutory definitions of abuse and neglect.

Serious harm is either clearly observable or can it be clearly described by the child welfare worker who is investigating allegations or involved with the case. In these situations, there is a child that has been seriously injured, abandoned or who is experiencing some other readily apparent serious harm.

The presence of serious harm, insufficient protective capacities and a vulnerable child means that a child is unsafe and requires the worker to take immediate action to protect the child. Serious harm can be controlled by protective capacities of the caregiver, such as when the caregiver will not allow the alleged perpetrator access to the child.

### *Safety Assessment: Is There a Threat of Serious Harm to a Child?*

Assessing whether there is a threat of serious harm requires information gathering and an evaluation of whether there are conditions, behaviors or attitudes present that make a child unsafe. These may occur regularly or intermittently and may not be readily visible but require sustained information-gathering to identify. The nature of the harm remains until the safety threat is adequately resolved or diminished to the point where it will not have a dangerous impact on the child. The assessment of the seriousness and immediacy of the threat to a child are key tasks in this process. It is critical to point out that a child’s safety must be assessed and secured based on the information at hand. Children should not be left in an unsafe situation while an ongoing assessment is conducted.

Structured safety assessment protocols list conditions that assess the presence of serious harm to a child or a threat of serious harm that is imminent. These may be referred to as “safety threats,” “safety factors” or “signs of present danger.” To control the situation, they must be directly and immediately actionable in a safety plan. Safety must be assessed on an on-going basis throughout the life of the case. Signs of present danger may develop at any time or even reoccur. While some jurisdictions expand or collapse their selection of factors, the factors developed by Barry Salovitz and the New York State Department of Social Services (1992), and later adapted by Action for Protection appear to be the most common used and include: (*The Safety Decision*, May 2007, pp. 1 – 2).

- Caregiver or others in the household are violent.
- Caregiver lacks self-control, which creates a threat of serious harm to a child.
- Caregiver threatened or caused sexual harm, serious physical harm or serious emotional harm to a child.
- Caregiver will not or cannot explain a child’s injuries. (This does not include legitimate inability to explain a child’s injuries when the caregiver assists the child welfare workers in finding the cause of the injuries and the injuries do not constitute a threat of serious harm.)
- Caregiver provides an explanation of a child’s injuries that is unreasonable or untruthful as the explanation is not consistent with the injury.
- Caregiver is unwilling or unable to meet immediate needs of a child and that creates a threat of serious harm to the child (vulnerability).
- Caregiver fails to supervise or protect a child.
- Caregiver makes a child inaccessible.

- Caregiver has distorted perception of a child, which creates a threat of serious harm to the child.
- Caregiver responds to the child's challenging behaviors with maltreatment.
- A child is fearful.
- Child is in an environment where danger is inherent (such as a household containing a methamphetamine lab).

Other signs of present danger may be added to this list to address specific circumstances or concerns; examples include substance abuse, caregiver has fled with a child, and possession of weapons.

### *Safety Assessment: Is There a Vulnerable Child?*

Reported allegations of child maltreatment often do not provide complete information. The child welfare worker must confirm information about the family household composition, and determine if there are any other children who were not identified in the initial report. The worker must ascertain if there is a hidden child or if there is a child who is part of the household on an occasional basis, such as a child who visits a parent on weekends. When assessing safety, these children must be included insofar as they may provide important safety-related information. Their own safety may be jeopardized even in circumstances where they were not identified in the maltreatment report.

Each child must be assessed independently on all of the attributes, as each child within a family system may have a different level of vulnerability.

In some cases, the vulnerability of a child is immediately apparent, such as with an infant, while in others it takes considerable time to ascertain a child's vulnerability in relation to a particular threat. For example, being home alone must be assessed, not only on the child's age, but also based on his or her maturity, ability to provide self-care, coping skills and access to persons able to assist him or her if an unforeseen circumstance arises. The child welfare worker may not see a child as vulnerable in the early stages of an investigation and assessment of maltreatment, but may later discern characteristics that make a child vulnerable, or the worker may assume that the child is vulnerable, and later identify accessible supports and resiliency that will make the child safe.

In order to assess a child's vulnerability, the child welfare worker's task is to collect sufficient information to assess the child's condition and functioning; to understand the role the child has in the family; to be aware of the interactions between the caregivers and to consider family conditions that affect the child's vulnerability.

Evaluate the child's capacity for self-protection, including the critical attributes presented in Chapter II, "Defining Safety." Factors that are associated with self-protection may include age; developmental level and mental disability; physical disability and illness; whether a child acts in a provocative or non-assertive manner; whether a child seems powerless or defenseless; the visibility of a child to others; a child's ability to communicate; a child's ability to meet basic needs; and whether the child is seen as a scapegoat.

### *Safety Assessment: What Protective Capacities Are There and Will They Be Put Into Action to Protect the Child?*

A focused and timely assessment of a child's safety that will lead to a valid and defensible safety decision includes an assessment of protective capacities. As defined in Chapter II, protective capacities, sometimes called "protective factors" or "mitigating strengths," refer to the individual and family strengths, resources or characteristics that mitigate threats of serious harm to a child and are reliably deployed by the family.

The child welfare worker must collect and evaluate sufficient information on the caregiver and family members' personal, behavioral, cognitive and emotional characteristics. All characteristics that can mitigate any immediate threats of serious harm to a child and any potential aggravating factors are relevant in the safety assessment and decision-making context. To validly assess and identify protective capacities, the child welfare worker must successfully engage families in the safety assessment process, conduct interviews with all the critical family members, interview collateral contacts that may have relevant information, and utilize appropriate family engagement skills and techniques. In addition to ensure sufficient child protection, there also must be an exploration of protective capacities in the context of their ability and readiness to be used. For example, there may be a number of relatives, but will they help? Throughout the interview process, the direct-service level child welfare staff should not only rely on the statements of the report and the reporting sources but actively explore and consider all possibilities. It is imperative to practice such assessment techniques not only during the initial investigations and interviews, but when reaching decisions related to safety and risk throughout the life of the case.

### *Safety Assessment: What is the Time Frame?*

For each child, the child welfare worker must assess the presence or threat of serious harm. As previously stated, immediacy and severity are the factors that distinguish a safety threat from the risk of future maltreatment. Immediacy is generally considered as likely to occur at any time in the present or near future, but states may have other time frames or terminologies that guide the safety assessment time frame.

### *Safety Assessment: Summarizing the Results*

For each child in the family, the child welfare worker must be able to synthesize the information collected, identify any items that pose serious harm or an immediate threat of serious harm to the child, and describe them. The child welfare worker must be able to provide detailed answers to the five questions presented earlier in this chapter, regarding serious harm, threat of serious harm, child vulnerability, protective capacities, and the time frame. The information must be sufficiently descriptive and clear so that all involved parties—the family, the supervisor, administrators, legal and judicial officials, and service providers—understand the information and the analysis. When this is competently accomplished and documented, the worker will be able to validly evaluate whether each child in the household is safe or unsafe. Chapter V will provide a more thorough discussion of the safety decision-making process.

Before and while reaching any safety-related decisions, there should be alternative hypotheses testing. When a safety assessment identifies that serious harm has occurred to a child or that there is an immediate threat of serious harm, the nature of the serious harm or the threat must also be clear to all the involved parties. For formal safety assessments conducted at designated critical points in a child welfare case—for a child protective investigation, a court appearance, or other critical case circumstance—many states have a required tool for summarizing the information collected, identifying and describing the serious harm or safety threats to a child, and clearly stating whether each child is safe, unsafe or needs protection, and the basis or criteria for that decision. For safety assessments conducted during home visits, during the supervision of caregiver and child visitation, or when case circumstances change, the child welfare worker must be able to summarize the findings, describe any changes in child vulnerability or protective capacities, and explain why a child is safe or unsafe. At each critical decision point, the caseworker must have supervisory support, gather the collective thinking of all relevant, involved parties and consider all possibilities.

When a safety decision identifies any child as unsafe, the child welfare worker is responsible for implementing actions, often referred to as safety interventions, to protect the child. Regardless of the implementation of safety interventions, the child's safety should be reassessed at every contact and considered in relation to the receipt of any new information. Safety interventions are based on what is known about the situation at the time and what resources are immediately available to control the situation. Chapter IV will discuss safety decision-making in more detail, while Chapter V will discuss safety responses and interventions. Chapter VI will discuss the safety assessments and tasks needed throughout the life of a case.



# CHAPTER IV

## Safety Decision-Making

### *Elements of the Safety Decision*

The safety decision-making process refers to reaching a conclusion about whether a child is safe or unsafe. It flows directly from the safety assessment and is based on the definitions and concepts explored in Chapter II, “Defining Safety,” and Chapter III, “Safety Assessment.” Child welfare workers must make a decision about the safety of each child in the household by evaluating consistent and clear criteria: the presence or threat of serious harm, the concepts of child vulnerability and protective capacities, and the time frame.

Deciding that a child is “unsafe” is usually straightforward when there is serious harm to a child because it is clearly observable and occurs simultaneously with the child welfare agency’s involvement. In these instances, protective capacities are usually insufficient and there is a vulnerable child. Determining whether a child is unsafe due to an immediate threat of serious harm requires thorough information-gathering and assessment as described in the previous chapter.

Any conditions that create an immediate threat of serious harm for a child, often referred to as “safety factors” or “signs of present danger” in a state’s structured safety assessment protocol must be identified. To evaluate whether an immediate threat of serious harm exists is one of the most challenging of the tasks required to reach a credible safety decision. This requires the child welfare worker to differentiate between a present threat of serious harm and the risk of future maltreatment. For a threat of serious harm to a child to rise to the level of a safety issue, the threat must meet the standards of severity and immediacy.

Based on the identification and evaluation of all these criteria, within the safety assessment process, the worker reaches the conclusion that a child is safe or unsafe. By making a safety decision, the child welfare worker is also deciding whether safety interventions are needed to protect a child. A safety decision of “unsafe” requires immediate action to protect the child. It does not equate with removal of the child from the home, but does require an immediate safety plan to protect the child. This plan may include in-home or out-of-home options or some combination of both. (It needs to be noted that some jurisdictions may define terms differently and require specific actions. For example, an assessment of “conditionally safe” may allow in-home options, and “unsafe” may require out-of-home options.)

Safety planning is a process as well as a product. Whenever there are signs of present danger to a child, an attempt must be made with the family and their formal and informal supports to develop a plan that specifically controls and manages the danger that is being posed (developing and putting in place protective factors and controlling interventions.) The parent/caregiver’s promise to change behaviors or circumstances is not by itself a sufficient protective factor (safety plans are not promise plans). These plans should be tested to ensure that those that have protective roles and responsibilities will

fulfill and meet them even when it is not convenient to do so. True “reasonable efforts” are the best way to promote child safety, well-being and permanency during assessment.

States and child welfare organizations use various terms to refer to the actions taken after the decision is made that a child is “unsafe;” the most common are: safety plan, protection plan, safety response and safety intervention. These concepts will be presented in Chapter V.

### ***Examples of Safety Decisions***

Different protocols exist for recording and explaining the safety decision. The most common safety decision options are “safe” and “unsafe.” Some states include a safety decision option of “conditionally safe” to reflect a non-removal of custody safety response. This type of response may include an in-home safety plan, a relative placement, hospitalization or other non-removal of custody options. Other jurisdictions are using a description of the criteria that was most significant to the decision and the corresponding safety reasons. For example, the following are conclusions adapted from New York state’s safety assessment model. Language changes have been made for terminology consistency within this document. The following are not inclusive of all states or safety decisions:

- No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate or impending danger of serious harm. No controlling safety interventions (safety plan) are necessary at this time.
- Safety threats exist, but do not rise to the level of immediate or impending danger of serious harm. No controlling safety interventions (safety plan) are necessary at this time. However, identified safety threats have been/will be addressed with the caregiver and reassessed.
- One or more safety threats are present, which place a child in immediate or impending danger of serious harm, and controlling safety interventions have been initiated and will be maintained through the actions of the caregivers and/or child protective services or other child welfare staff. Based on the controlling safety interventions, the child(ren) will remain in the home at this time.
- One or more safety threats are present, which place a child in imminent or impending danger of serious harm, and removal to foster care or alternative placement (or continued placement) is the only controlling safety intervention possible for one or more of the children.
- One or more safety threats are present, which place a child in immediate danger of serious harm, but the caregiver has refused access to the child or fled, or the child’s whereabouts are unknown. Appropriate legal/investigative actions are being taken.

If the safety decision is that all children are safe, the public child welfare agency does not need to implement interventions to protect the children. However, there may be other situations in the family, such as a risk of future maltreatment or child or family well-being needs that warrant agency involvement. If the case remains open for child welfare services, on-going safety assessment and decision-making is necessary to ensure that each child in the family continues to be safe. Discussion of the need for an on-going safety focus in all child welfare cases, and a case example will be presented in Chapter VI.





# CHAPTER V

## Safety Reponse

### *Components of an Effective Safety Response*

“Safety response” is the term used to encompass all the components of child welfare practice that deal with the protection of a child who is determined to be unsafe. The responsibility of public child welfare agencies to protect a child is carried out through implementation of an effective safety response. The terms presented in this chapter provide a step toward clear and consistent national standards for child welfare casework and a common language to discuss child protective functions.

The components of an effective child welfare safety response are:

- Safety interventions
- Safety plan
- Managing the safety plan
- Case plan and safety reviews

### *Safety Interventions*

Safety interventions are actions taken to protect a child from serious harm or a threat of serious harm until the caregiver has the protective capacities to fulfill this responsibility or the child moves to a different, permanent, safe home. The characteristics of safety interventions are:

- Interventions are specifically employed to control the safety threat and protect a child until more permanent change can take place.
- Interventions should be the least intrusive and restrictive interventions necessary to protect a child.
- Interventions should be planned with input from the caregiver and relevant family members to the maximum extent possible.
- Interventions should be adjusted based on the time elements (for example, weekends and holidays may require different actions than daytime hours during the week, etc.).
- Interventions should incorporate child vulnerability and protective capacities of the caregiver(s) or other family members.
- Interventions should be amenable to modification when family circumstances related to child protection necessitate change.

- Interventions must be agreed upon by the parties responsible for child safety.
- Interventions must be able to be implemented immediately to control the present danger or imminent threat.

*Safety interventions are not expected to resolve or significantly diminish safety threats, provide rehabilitation or address the conditions that must change to reduce the risk of future maltreatment. Safety interventions are actions to immediately control and mitigate the threat of serious harm to keep the child safe until the family's own protective capacities are sufficient to provide necessary child protection.*

The specific listings of safety interventions in tools and/or policies vary between safety models; however, they all serve the same primary purpose—to protect a child. Safety assessment systems need to ensure that the model is utilized correctly, with critical thinking to help guide decision-making and lead to appropriate interventions. Tools should not be regulated as “just another thing to do.” Each child welfare case requires an informed, individualized assessment, as discussed in the previous chapters, in order to identify what is causing serious harm or the threat of serious harm and to determine the most appropriate interventions sufficient to protect a child. Safety interventions should also be as least intrusive and restrictive as possible. When using any intervention, the child welfare worker should be confident that they meet these criteria and implementation should be consistently monitored to ensure that the intervention is protecting the child. It is important, whenever possible, to use the family's own network to promote safety, identify safety response and enhance protective capacities.

Interventions are interactive with each other and any intervention affects the entire family system. Safety interventions must be provided quickly. Below are some examples of safety interventions. In all cases it is essential that these interventions, or any other safety interventions, are actionable in sufficient time to support immediate child protection.

- Emergency shelter
- Non-offending caregiver is moving to a safe environment with the children.
- Authorization of emergency food/cash/goods
- Judicial intervention (e.g., shelter order, temporary restraining order)
- Law enforcement involvement
- Correction or removal of hazardous or unsafe living conditions
- Placement—foster care (relative home, non-relative home, or congregate care)
- Placement—alternative caregiver (e.g., guardianship placement with a relative or friend)
- Use of family, neighbors or other individuals in the community as safety resources
- Alleged perpetrator has left the home voluntarily; current caregiver will appropriately protect the victim with child protective monitoring.
- Alleged perpetrator has left the home in response to legal action.

Services that include long-term treatment and that are unlikely to control an immediate threat of serious harm to a child should not be included on a safety plan. For inclusion they must be immediately available on a

24-hour-a-day, 7-day-a-week basis to control for safety threats affecting a child. Some examples of such interventions which, if available in the local jurisdiction, could be included in a safety plan are:

- Intensive home-based family preservation services
- Emergency medical/mental health services
- Immediate and regulated in-home supervision/monitoring
- Emergency alcohol abuse services
- Emergency drug abuse services

## **Safety Plan**

*The **Safety Plan** incorporates all safety interventions/actions required to control safety threats, which, if they continue to exist, would render a child in danger of ongoing or immediate serious harm. The safety plan describes strategies and services developed by the agency and family with the explicit goal of ensuring the child's immediate safety. It resolves safety threats; describes how the plan will be implemented and monitored by the agency and assesses the designated caregiver's capacity and family involvement and reliability in implementation of the plan. If the child entered placement, the substitute caregiver's capacity must be assessed. (Child and Family Services Reviews Onsite Review Instrument, January 2007). Family input is essential. Without family input the plan is less likely to fit the needs of the family and implementation is less likely to occur.*

While safety plans may be called by different terms, such as “immediate protective plan” and “child protective plan,” they should all conceptually contain the same components and serve the same purpose. A common approach is to develop a preliminary safety plan that deals with the initially identified serious harm or “signs of present danger.” Then, a second, more comprehensive safety plan is developed after a more comprehensive safety assessment process is completed. Another approach uses a single safety plan that incorporates emergency safety interventions into the early stages of the plan. This plan is then modified, as needed, based on the completed safety assessment. Both approaches have the same purpose, assessing and ensuring the on-going safety of a child. Fundamental characteristics of both approaches include the following:

- The caregivers and family should, whenever possible, be involved in developing and implementing the safety plan.
- A written document should be prepared by a child welfare worker and reviewed and agreed to by the worker's supervisor.
- Clear specification of the serious harm or the immediate threat of serious harm, usually from a state's standardized set of conditions such as those described in Chapter III, “Safety Assessment”
- Descriptions of the child's vulnerability and the caregiver's protective capacities, including where enhanced protective capacities are needed
- Descriptions of how the caregiver and appropriate family members see and understand these circumstances and their level of involvement

- For each intervention used, the following should be included: a description of the intervention, who is responsible for its implementation, and documentation that states each party's agreement to implement it.
- Details of how the intervention will work, i.e., how it will protect the child and any appropriate time frames
- Specification of caregivers' and family members' access to the child
- Clear and appropriate arrangements for communication between the worker, the provider of the intervention and any relevant family members
- Details of how the worker, designated partner or private agency will monitor the plan's effectiveness

The safety plan must remain in effect as long as there is serious harm or the immediate threat of serious harm, child vulnerability and insufficient protective capacities. It needs to be emphasized that this is required regardless of who is managing the case or working with the family and may include ongoing monitoring by public agency workers and private agency providers.

## **Managing a Safety Plan**

*Managing a Safety Plan is defined as the ongoing monitoring process and activities by which the child welfare worker and collaborating partners (supervisors and professional staff from private partner agencies and relevant family members) evaluate whether the plan is effective to ensure that the child is safe. Family feedback is essential in determining whether the safety plan is effective.*

The primary purpose for managing a safety plan is to ensure that the plan is protecting a child and to modify the plan when a formal or informal safety assessment identifies new or changed circumstances that affect the safety of a child. Managing the safety plan involves a number of specific tasks. Various case team members may also work on these activities and they may be incorporated into periodic case and court reviews. If court proceedings have been initiated, the court may require specific periodic updates either through written court reports or through scheduled hearings. All activities should be documented in the case record. The activities that a child welfare worker should undertake while managing the safety plan include:

- Active monitoring of the safety plan on a regular basis when having casework contacts with the child, the caregiver, other family members, service providers, foster care providers, and other parties with information about the child's safety and with all others that actually have a safety role in the plan
- Continuous assessment for new threats of serious harm — The overarching purpose of a safety plan is to keep children safe, regardless of whether one or more incidents that present serious danger have occurred. If a new situation of serious harm occurs or there is a new immediate threat of serious harm, implement any additional actions needed to protect the child and modify the safety plan to account for the new conditions. Any repeat maltreatment related to the identified safety threats currently being worked on while the plan is in place is an indication that the safety plan, as agreed upon, may not be sufficient. Conversely, there may be another type of maltreatment not associated with the identified safety threats. In this context, the repeat maltreatment may not constitute a failure of the safety plan. For example, the first report of maltreatment may be for the mother physically abusing the child and the repeat maltreatment may be for the father sexually abusing the same child.
- Continuous work on family engagement to ensure that all relevant family members are involved to the maximum level possible

- Periodic evaluation of the need to alter the safety interventions, either reducing or increasing the intrusiveness and restrictiveness as indicated by a safety assessment or reassessment
- Ensure that the nature of the safety threat(s) is addressed in the case plan
- Ensure that the worker's supervisor is always aware of the status of the safety plan and agrees to any modifications

The public child welfare agency is ultimately responsible for the safety of the children in open child protective cases regardless of whether the children are residing in their own home or are in an out-of-home placement. In some states, when case management activities are conducted by a private agency under contract with the public agency, the responsible public agency must ensure that appropriate safety plan monitoring is in place. This should include establishing communication strategies between the private and public sectors at the caseworker or agency levels in those states that are fully privatized. The communication must be timely and thorough so whichever entity — public or private — has responsibility for managing the safety plan, the caseworkers assigned to the case are aware of all aspects of the safety plan and any changes to the child, caregiver or family circumstances that require altering the safety plan. All relevant parties should also participate in decisions related to safety re-assessments and review and approve safety plan changes.

## **Case Plans and Safety Reviews**

### *Case Plans*

*A Case Plan consists of the proposed activities and services that are intended to resolve both the contributing and underlying threats that brought the child/family to the attention of the protective services agency and/or meet the specific needs of the child, family and/or relevant substitute caregivers to ensure long-term safety, permanency and well-being for the child.*

From a safety perspective, the major purpose of the case plan is to identify and monitor the goals, tasks and services implemented to ensure the child's safety. If the items in the case plan are carried out, the following outcomes may be achieved: 1) reduce safety threats to the point that the family's protective capacities are sufficient, 2) resolve safety threats by enhancing a caregiver's protective capacities, and/or 3) change the dynamics that play a role in child maltreatment, or present serious harm or impending threat of serious harm.

The family assessment phase of case planning identifies the underlying and contributing factors associated with the safety threats so the factors can be addressed in the case plan. Case plan goals should be directed toward assisting a caregiver to identify, understand and change behaviors, attitudes or relationships that produce or maintain safety threats and to strengthen those that increase and sustain protective capacities. In some cases, there may also be a focus on reducing child vulnerability, such as diminishing provocative behavior.

To be effective, case plans must be time limited, behaviorally specific, culturally competent, attainable, relevant, understandable to all, and include input and be agreed to by the caregiver. Family/caregiver participation is critical to developing an attainable, realistic plan. Case plans provide the basis for identifying when safety threats no longer exist or have been resolved to the extent that sufficient change has occurred and the caregiver can effectively protect the child. Alternatively, case plans provide the basis for deciding that sufficient change has not occurred over a significant period of time and that safety threats continue to exist. In such situations, the case plan guides the worker to develop permanency goals for the child that will provide a safe and nurturing family.

## *Safety Reviews*

*Safety Reviews provide a formal structure for monitoring and evaluating all the safety issues in a case. Minimally, this should occur at six-month intervals and should be part of the overall review of the case plan. All relevant parties, such as the child welfare worker, those responsible for implementing and monitoring the safety plan and the interventions and for providing services, the caregivers and any other family members, should participate in reviewing the case plan and safety issues. For those cases in which the court is involved, the safety review is usually a primary focus of the judicial review as well.*

The critical purposes of the safety review are to:

- Measure the growth in a caregiver's ability to protect a child.
- Assess whether there have been any changes in the child(ren)'s vulnerability that affect safety.
- Decide whether and how to continue or adjust the plan — for example, whether to change services or increase or decrease service intensity.
- Evaluate the suitability of the safety interventions — for example whether to continue or modify the interventions.
- Consider whether caregiver responsibility and involvement can be increased.

Safety reviews also provide a critical forum for casework decisions about the reunification of a child with the caregiver and case closure. The caregiver and relevant family members should be engaged throughout this process. These contexts are discussed in the next chapter.



# CHAPTER VI

## Safety Throughout the Life of the Case

### *Necessity for an On-Going Safety Focus*

All safety functions — assessment, decision-making and response — must be conducted throughout the life of each case. The purpose of such an on-going safety focus is to ensure that a child is continually protected from serious harm. Although safety assessments are generally routinely conducted at the initiation of a child protective investigation, there is a need for continuous assessments of safety as an integral part of the provision of services and case monitoring. These assessments may be formal or informal, depending on the case circumstances, but most always include a review of safety threats, child vulnerability, protective capacities and the time frame of any potential threat of serious harm.

As a child protective or service worker becomes involved in a family, there are numerous opportunities to gather additional information that may affect or change the safety decision or the safety interventions. While safety should be informally assessed during activities such as home visits and casework contacts, including collateral sources, safety should be formally assessed at every major decision point in the life of the case, such as: when maltreatment is reported; when a child is placed in any out-of-home setting or the child's placement is changed; at the time reunification; and at case closure.

For both in-home services and foster care cases, on-going safety assessment should consider the conditions that must exist for a child to be safe at home. This includes evaluating the conditions that resulted in a case being opened; any changes that could become a threat of serious harm, the protective capacities of the caregiver, and the vulnerability of the child.

The safety focus must continue beyond assessments to the consideration of safety decision-making and the safety response. When safety interventions are in place, they must be continuously checked to ensure that they continue to protect a vulnerable child. If circumstances change, a worker must evaluate whether the interventions are still protective or if the interventions need to be intensified or changed and must make such changes immediately so a child is protected.

As discussed in Chapter V, "Safety Response," there should be a safety plan that is maintained concurrent with the case plan. The safety plan needs to be re-evaluated periodically. Such re-evaluation should include deciding if the caregiver's protective capacities have increased sufficiently to expand responsibility for child care or to decrease the intensity or intrusiveness of the safety intervention. This re-evaluation should occur as part of regular clinical supervision between the child welfare worker and their supervisor to review the on-going safety assessments, the safety decision, and the safety response. In addition, a court is often involved in making on-going safety decisions and monitoring the safety plan along with the overall case plan. The role of courts in child welfare safety will be presented in the next chapter.

## ***Safety in Out-of-Home Care***

The need for on-going safety assessments does not end with the out-of-home placement of a child. How we view safety in out-of-home placement has a different threshold than how we view it for children within their own homes. There is a higher level of responsibility that requires a higher safety standard. The agency that has the authority to remove a child from his or her family and any other public or private agency to which the care of the child is entrusted must ensure that no harm, not just serious harm, befalls the child.

Public and private agencies are exposed to significant, high-level vulnerability when there is maltreatment in out-of-home settings. Although secondary to the importance of the safety of the child, the agency's responsibility for the child's safety creates significant agency liability. The safety of the placement needs to be ensured over and above a positive home study and home licensing. Safety in the context of the child's needs, the out-of-home caregiver, and the caregiver's family's ability to provide for the child's needs, should be assessed prior to and reviewed soon after placement.<sup>1</sup> Resource (foster and relative) home safety checks need to be conducted at the time of placement. What is going on in the resource (foster or relative) home at the time of the placement, another child or children in the home, and any life-changing events (births, deaths, illness change in household composition, etc.) that may have occurred, are occurring or pending must be assessed. In addition, behavioral characteristics of the caregiver, the caregiver's family and the child must be considered. When matching a child to a caregiver, the worker must consider how the placement will affect the child needing placement as well as how it will affect other children residing in the caregiver's home.

Safety should also be assessed if the child is placed in congregate care, a group home or in a residential treatment facility. Appropriate matching of a child in the treatment facility should be documented. The treatment agency should be fully engaged in the child's safety plan and roles and responsibilities for safety plan management should be clearly identified.

Visits with a parent/caregiver who has harmed a child present an obvious situation that should be assessed for safety and monitored. The initiation of unsupervised visitation should be based on an assessment of whether a child will be safe, including an evaluation of the child's vulnerability and whether the parent/caregiver's protective capacities have sufficiently increased to allow the unsupervised contact. Such a change to the safety plan would not be made by the child welfare worker alone, but would be discussed at the periodic, formal case plan review and the change would require a supervisor's approval and collaborative consultation with other relevant professionals and community resources. In those cases for which a court is involved, this decision is usually made by the judge upon the recommendation of the child welfare worker. A child welfare worker should have a plan, approved by the supervisor, to monitor the safety of the child during and following the unsupervised visits to ensure that the child is protected. This plan may be developed and implemented by the case welfare service team, including service and foster care providers, and family and community members. Successfully unsupervised visits should be viewed as opportunities to *consider* the replacement of children with their families of origin.

Safety in the out-of-home placement setting is an important area that requires on-going assessment. Safety does not belong just to child protective workers. Whether from a public or private agency, all child welfare workers are responsible for child safety. In addition to permanency and well-being, foster care and adoption workers have critical child safety responsibilities.

It is a significant responsibility to monitor a child's living situation while in any out-of-home placement, to ensure that the child is safe and that there are no threats of harm. Further, this responsibility pertains to a relative

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<sup>1</sup> Guiding questions for determining out-of-home placement suitability may be found in *Caregiver Protective Capacities and Family Protective Resources*, (July 2008) pp. 7 – 9.



or agency-sponsored home, including adoptive placement. Such monitoring includes routinely conducting on-going safety assessments, usually of an informal nature, each time a child welfare worker has contact with the foster care provider, the child, or is in the foster home. Child welfare workers should meet privately, and face to face, with any child in out-of-home placement. Out-of-home placement caregivers should understand and accept that the visits will be both scheduled and unscheduled. It is especially important to assess safety when there is a change in the placement circumstances, such as a person moves into or leaves the foster home, a change in the health of a household member, or a change in the foster family's finances. If a safety threat is identified, immediate action to protect the child should occur. The safety plan and case plan should then be revised.

## ***Safety at Reunification and Closure***

At reunification and case closure, the most important safety question is, "In the foreseeable future, can the family's protective capacities manage or avert any threats of serious harm to the child?" This decision is often based on the current status of threats of serious harm and the family's protective capacities. Reunification and case closure decisions are based on assessment of present danger and prospective safety. The question is, "Can any threats of serious harm be managed within the family?" Some jurisdictions call this safety decision an examination of "prospective safety."

*Prospective Safety is the extent to which safety threats have been resolved or diminished to a level that accessible family protective capacities assure the future safety of the child (Morton and Salovitz, 2006).*

A child can remain in a home and return to a home where threats of serious harm exist if these threats can be controlled within the family or if the threats no longer exist in the home. Similarly, case closure is based on a conclusion that the child is prospectively *safe*. It is essential to note that controlling for threats that have been identified must not be confused with threats that were hidden and may come to light after a child has been returned to the home. It is critical to acknowledge and address a child's feelings in such situations. A child may not feel safe and therefore be psychologically unsafe in a home where covert or overt threats of serious harm exist, even when there is an adequate safety plan in place.

## ***Reunification: A Safety Decision***

Reunification is complicated because the interpersonal dynamics between parent and child are different when they are separated and the parent is not under the stress of daily parenting duties. Those differences may add safety threats and contribute to maltreatment when the family is reunified. Though not a component in the original decision to remove, these differences must be considered for reunification.

Reunification is a safety decision. This case decision point should include the opportunity for the child welfare caseworker to assess a period of trial reunification and unsupervised, overnight visitation between the child and the caregiver before formal legal reunification occurs. When planning for reunification it is crucial to assess not only whether there would be an immediate threat of serious harm to the child but what the emerging safety threats may be that could necessitate placement re-entry.

The criteria questions that need to be assessed as the basis for decisions about reunification are: (Kearney and Salovitz)

- Will the child be safe in the immediate as well as the foreseeable future? Have the conditions that led to the development and maintenance of safety threats been controlled, resolved or sufficiently diminished to ensure child safety?

- Have all threats of serious harm been eliminated or are they now controllable by the family’s protective capacities? This involves a careful review of the safety conditions that pose a threat of serious harm to a child and protective capacities, as discussed in Chapter III, “Safety Assessment.”
- Has the child’s vulnerability decreased?
- Will the child be safe if the safety interventions are discontinued?
- Can a feasible plan for reunification support, sometimes called an in-home safety plan, be developed and implemented?

Decisions about reunification should be based on safety issues and not on case planning factors; such as whether the parent/caregiver, who will be the primary person responsible for the child, has participated in services. The most important thing to consider is what credible evidence exists to establish that the reasons the child was removed have been sufficiently resolved to the extent that the child will be safe if returned to the custody of the parent, not whether a parent/caregiver has attended and completed services as required by the case plan. Once these issues are discussed with the family, the service providers, all involved parties, and the supervisor (usually at a formal case plan review) a reunification recommendation is made. The participants should develop a safety plan to monitor the family situation during reunification to ensure that the family’s protective capacities are adequate to provide on-going child protection.

If a court is overseeing the case, the judge will make the final decision on reunification based upon information presented from all involved parties and service providers. This information may be submitted in the form of oral testimony, written reports or both. The child welfare worker must be prepared to provide the judge with a strong rationale for recommending reunification and the details of the in-home safety plan designed to guide, direct and provide foundation for monitoring the safety of the child from the time of reunification through case closure.

The reunification safety plan should be developed prior to the reunification so that all parties are aware of their respective roles and responsibilities under the plan prior to the child’s return home. The purpose of the plan is to monitor the family situation, the family’s protective capacities, the conditions that previously led to safety threats, and the family’s compliance with safety-focused activities, such as taking medication or attending a substance abuse program, which are intended to mitigate problems and strengthen protective capacities. The plan should also incorporate a strategy for monitoring the child’s behavior and conditions that contributed to child vulnerability. The child welfare worker must also monitor and work to support the family as it handles the stress caused by reunification. Throughout this period, the child welfare worker is assessing whether the family can deal with the stress and problems they encounter in appropriate ways, prevent the re-emergence of safety threats, and protect the vulnerable child. Critical to assuring child safety is developing natural systems of support and linkages to such supports, including extended family, youth groups, schools, community-based organizations and faith-based networks.

### ***Case Closure: A Safety Decision***

The decision to terminate involvement with a family is a combination of a safety and risk decision. One would never seek to close a case if safety threats still require control from an external entity, and one might choose not to close a case if the risk is unacceptably high. As with reunification, the safety decision involves evaluating child safety, both in the immediate sense and prospectively. The child welfare worker must review the items listed under “Safety at Reunification.”

Additional key questions that must be answered to make the case closure decision are:

- Do family members know whom to contact for help in the future if a serious threat to a child's safety develops?
- Do all parties that have a role in the family's safety plan understand their responsibilities to reach out and/or be available to the family?
- If children cannot be returned home, have permanency goals been attained and do they assure child safety?

The child welfare worker must be able to clearly articulate how the answers to these questions are accurate and supported by credible evidence, and must be able to give specific examples that demonstrate that a parent/care-giver can protect the child and that the child will be safe after the case is closed.

A case should never be closed if a child is not safe. As the definition in Chapter II, "Defining Safety," states:

*Safe is a condition in which there is no presence of or threats of serious harm (safety threat) to a child or when the protective capacities in the family are sufficient to protect the child. It is key to note that a safety threat may include the child's feelings of safety or emotional safety.*

This standard must be the foundation upon which the child welfare worker, supervisor and courts decide to close a case.





# CHAPTER VII

## Crucial Partnership With the Courts

### *Background*

The courts in each state and locality that deal with child welfare cases are critical partners with public child welfare agencies in keeping children safe. These courts are referred to by various names; Family Court, Juvenile Court and Dependency Court are the most common. Their primary obligation is to ensure the legal and constitutional rights of parents and children. Judges make all of their decisions based upon applying their state law and court rules of procedure to the facts put before them through testimony, written reports and exhibits admitted into evidence. They are prohibited from conducting any investigation of their own or considering information obtained outside the judicial process. Their role is to ensure both “due process of law” and “equal protection” to all of the parties involved in the litigation before them.

In cases involving child maltreatment, the designated child welfare agency evaluates the child’s safety and makes recommendations to the court regarding safety planning actions, including removal and reunification. Courts make the legal decisions related to whether or not to remove a child, place a child in out-of-home care or in an alternative placement, reunify a child with a parent or legal caregiver, terminate parental rights and/or allow a child to be adopted. These decisions are based upon evidence received in the context of a hearing or trial. State statutes and rules guide judges’ decisions by defining “safety” and under what circumstances the intervention of court is appropriate and warranted to ensure child protection. It is vitally important for child welfare workers to familiarize themselves with their respective jurisdiction’s statutory scheme for child protection. The court cannot act or intervene outside the scope of the legal framework established in statute and rule.

Keeping children safe requires an effective working partnership between the child welfare agency and the courts. Following state laws and local procedures, the child welfare worker (whether employed by the public agency or private agency under contract with the public agency through the attorney representing the public agency, presents petitions, reports and recommendations to the court. The child welfare worker participates in hearings and trials by presenting testimony and responding to questions from the judge and the attorneys for the agency, the parent or legal caregiver, and the child. Written reports and exhibits, such as proof of compliance with mandated tasks and services, may be filed and reviewed by the court.

These responsibilities of the court and the child welfare agency require clear and timely communication, a common language — such as the definitions and concepts presented in this document — and a clear understanding of the critical roles of the court and the child welfare agency in protecting children. It is crucial that child welfare agencies, attorneys and courts use the same language when making recommendations and decisions regarding children and families. The child protective services agency plays a critical role in informing and educating the court’s decisions. Child protective services staff must be able to clearly articulate safety concerns to the court. Courts can only rule on the evidence that is presented in a clear, articulate manner with support and a validated conceptual base.

## ***Establishing Clear Roles and Expectations Between Child Welfare Agencies and the Court***

### ***The Child Welfare Worker***

In cases of maltreatment and cases in which there are concerns about the safety of a child, the child welfare worker is responsible for participating in court proceedings and interacting with the judge and other court officials. The child welfare worker often coordinates the court-related activities of other case team members to accomplish the following tasks (Kearney and Salovitz):

- Meet all court-ordered time frames and attend all court proceedings on assigned cases.
- Promptly file all required court reports prior to a scheduled court hearing, which contain detailed documentation of safety issues with focus on existing safety threats, protective capacities and child vulnerability.
- Provide clear examples, language and indicators of safety concerns in the family, based upon personal observation or valid and reliable information.
- Provide complete, timely and accurate information that could have a bearing on decisions in a case, and provide an informed opinion if called upon to do so.
- Follow up with court orders and report back as needed within the time frame requested. Advise the court and all parties of any delays in fulfilling the court's requirements, such as delays in obtaining a home study through the Interstate Compact for the Placement of Children (ICPC).
- Be prepared to testify about observations and interactions with the family, child service providers, and all parties and participants to the proceedings and respond to questions from the judge and attorneys at hearings and trials.
- If requested, coordinate information between the juvenile dependency court and any other courts (e.g., criminal, civil, juvenile delinquency, family or dissolution division) that are involved with the family.

These responsibilities require child welfare staff and the case team to establish and maintain an effective, professional working relationship with the judge, court officials and the attorney who represents the agency, parents' attorney and Guardian ad Litem or Court-Appointed Special Advocate (CASA) representing the best interests of the child.

### ***The Child Welfare Agency***

The public child welfare agency, through its administrative staff, has a responsibility to ensure that collaboration, good communication and effective working relationships exist between the child welfare agency staff and the judge and personnel of the local dependency courts. The courts often look to the public child welfare agency as a source of information and education about social work practice, child development and treatment models. Approaches to strengthening this critical relationship include the following methods:

- Participate in periodic meetings with judges and court officials to develop a joint commitment to identifying and implementing best practices in child welfare and child protection cases. Such sessions could utilize material from the state's Court Improvement Project (CIP), from the National Council of Juvenile and Family Court Judges, and from the National Child Welfare Resource Center on Legal and Judicial Issues of the American Bar Association (ABA).

- Support joint training between judges, court officials and child welfare administrators and workers on safety-related issues.
- Sponsor local “summits” that bring together all interested child welfare stakeholders to develop local action plans for child welfare system improvement. Monitor the progress made on accomplishing the goals of the action and report regularly on its implementation.
- Explore opportunities to jointly review and analyze local performance data of interest and concern to the court and develop strategies to overcome obstacles and barriers identified.<sup>1</sup>
- Engage researchers and university partners in opportunities to share research and findings on evidence-based practices in child welfare with local judges through forums or meetings designed for this purpose.
- Establish written agreements and protocols, as appropriate, to clarify the roles of the court and child welfare agency, establish mechanisms for communication outside of the court, and build a shared commitment to enhance and foster collaboration.

Judges may hesitate to participate in meetings and activities that could be perceived as an ethical violation by creating bias in a specific case or in favor of the child welfare agency. Courts are strictly forbidden from engaging in ex parte communications about specific cases outside of formal court proceedings. All child welfare system stakeholders should be aware of the ethical standards that govern judicial conduct and ensure that judges not be placed in situations where their ethical integrity might be questioned or an appearance of impropriety is present. Information from the National Council of Juvenile and Family Court Judges and from the National Child Welfare Resource Center on Legal and Judicial Issues about successful collaborations between child welfare agencies and courts, as well as consultation from the state and local Bar Association, may be helpful in informing judges about possible collaborations and how they could participate in child welfare system improvement initiatives without running afoul of ethical standards.

## ***The Courts***

Courts have a critical role in child welfare cases and must be prepared to undertake this responsibility through a commitment to effective collaboration with the child welfare agency, including the following practices (Kearney and Salovitz, February 2007, page 2):

- Develop an effective court process that facilitates communication and collaboration with the child welfare agency personnel, parents and their attorneys, Guardians ad Litem and CASAs, and all parties and participants to child welfare proceedings, which ensures due process and equal protection of law for all.
- Actively engage in state and local Court Improvement Program (CIP) Initiatives.
- Develop clear and consistent standards for judicial decision-making, especially reunification, which relies upon a review and analysis of the underlying safety issues, the safety plan, the protective capacities of the caregiver, and the child’s vulnerability. Ensure adequate time is set aside to fully explore these issues in judicial reviews.
- Structure judicial orders to clearly identify evidence from the record that supports judicial findings on safety issues. Analyze the key prospective safety factors that form the basis of the courts’ decisions.

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<sup>1</sup>Consulting the AFCARS-based Fostering Court Improvement (<http://fosteringcourtimprovement.org>) or the Center for State Foster Care and Adoption Data (<http://csfcad.chapinhall.org>) may be useful for this purpose.

- Consider a structured reunification support plan that gradually allows for decreased agency supervision to allow child welfare professionals and other stakeholders to better observe and report on the parent's protective capacities when under the stress of daily parenting.
- Become knowledgeable about the differences between safety and risk and base case decisions on an appropriate application of these concepts.
- Require proof of the efficacy of any intervention prior to sanctioning or ordering its use.<sup>1</sup>
- Seek out judicial education opportunities and activities that promote knowledge and understanding of child protective and child welfare issues, practice and terminology.
- Be willing to participate in joint training with child welfare personnel, and in meetings and activities designed to strengthen collaboration with the local child welfare agency. Encourage court personnel to participate in such training and activities.

Judges in civil and criminal courts must also be aware of the relationship of family circumstances and criminal charges to the safety of the children in the household, especially in cases involving allegations of domestic violence. These judges have a responsibility to explore concerns about child safety and to initiate activities to include child protective involvement.

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<sup>1</sup>The California Evidence Based Clearinghouse for Child Welfare Practice may be helpful for this purpose.  
<http://www.cachildwelfareclearinghouse.org>





# CONCLUSION

Children have the right to permanent homes with caregivers who have the protective capacities to keep them safe. Families have the responsibility to keep children safe. When families are unwilling or unable to keep their children safe, it is the mandated responsibility of state public child welfare agencies to take action in the least intrusive and most family-centered manner to secure the child's safety.

Public child welfare agencies have the dual responsibility for both protecting children and fostering critical partnerships to ensure their ability to do so. These partnerships include, but are not limited to, other service-providing agencies, schools, health care providers, law enforcement officers, the courts, religious institutions and, most important, the family itself, extended family and communities of friends and neighbors.

Strengthening families and developing and sustaining strategic partnerships are essential to protecting children. Together as public and private institutions and public and private individuals, we share a common, evidence-based theory of change: that well-designed and executed programs that emphasize the transformative nature of caring relationships will galvanize individuals and communities to keep children safe and improve the lives of families and children. Safety and the successful delivery of needed services is not a formula but a process.





# GLOSSARY

To establish “standardization” for child welfare terminology, wherever possible, definitions were taken from the Children’s Bureau web site or other federal documents.

**Alternative hypotheses testing** is a term that, when used in child welfare, refers to deliberate steps taken to rule out any preconceptions that may undermine an accurate assessment of safety and risk by anyone assessing for or helping to decide about child maltreatment. It is imperative to practice alternative hypothesis testing throughout the life of the case.

**Alternative response** is an approach used by some state child welfare agencies to address reports of child maltreatment that meet the agency’s criteria for acceptance but, at the initial screening, do not meet the agency’s requirements for a mandated investigation. This approach may involve an agency assessment process or system for providing services to eliminate or lessen concerns about a child’s safety or risk of maltreatment without opening a child protection case. <http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

A **caregiver** is any adult who resides with the child; lives in the same household and has responsibility to provide care and supervision for the child. The primary caregiver is the adult who assumes the most responsibility for the child’s care. The secondary caregiver is an adult who has routine responsibility for care of the child, even when the responsibility is minimal. This includes the parent and any person or persons who provide alternative 24-hour care as a result of the state’s intervention. A caregiver may be a non relative resource home provider, a relative resource home provider, or a residential/staff of a congregate care facility. Child day care staff is not included for our purposes although some states do consider that day care staff are caregivers. (New Jersey Structured Decision Making, 2004. Children’s Research Center NJ Policy and Procedures Manual, page 17, retrieved from training materials 2004. *Caregiver Protective Capacities and Family Protective Resources*, July 2008)

**Caregiver protective capacities** are individual cognitive, behavioral and emotional characteristics and traits of the primary and secondary caregiver that specifically and directly contribute to vigilant child protection and safety. (*Caregiver Protective Capacities and Family Protective Resources*, July 2008, page 2)

A **case plan** is the proposed activities and services that are intended to resolve both the contributing and underlying factors that brought the child/family to the attention of the protective services agency and/or meet the specific needs of the child, family, and/or relevant substitute caregivers to ensure long-term safety, permanency and well-being for the child.

A **child(ren)** is defined as a person or persons less than 18 years of age or considered to be a minor under state law. <http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm> Generally this is a person under the age of 18 but in a few jurisdictions the age is 21. Also the state has the responsibility to protect persons beyond 18 and up to 21 years of age if they have developmental disabilities. It is important to note that child(ren) refers to all minors, including older teens.

A **child day care provider** is a person with a temporary caregiver responsibility, but who is not related to the child, such as a day care center staff member, a family day care provider, or a baby-sitter.  
<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

The **child protective services (CPS) workforce** is defined as the CPS supervisors and workers assigned to handle a child maltreatment report. Other administrative staff, as defined by the state agency, may be included. <http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Confirmation bias** is a tendency to search for and interpret information in a way that confirms one's preconception and avoids exploration or consideration of information or possible interpretations that contradict prior beliefs. It must be avoided in child welfare cases as it can lead to inaccurate assessments of safety and risk.

**Contributing factors** are issues that are part of the cause for a situation in protective services. These are observable environmental conditions and maladaptive/dysfunctional behaviors that present safety threats. Examples are precipitating causes (one or more events triggering a violent episode) and situational factors (such as the combination of alcohol abuse, unemployment and welfare dependency). <http://www.aifs.gov.au/nch/pubs/issues/issues19/issues19.html> Janet Stanley, Adam M. Tomison, and Julian Pocock, *Child abuse and neglect in Indigenous Australian communities*, Child Abuse Prevention Issues, no. 19 (Spring 2003).

**Emerging danger** is a safety consideration that arises when the underlying conditions and contributing factors associated with dynamic danger related risk elements in the family are escalating and/or protective capacities are diminished. (Morton, Thomas D. and Salovitz, Barry, February 2005. *Emerging Danger. Ideas in Action*. Child Welfare Institute, Duluth, Georgia)

**Entry into foster care** is the removal of a child from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the state or local Title IV-E/IV-B agency (*On-site Review Instrument*, page 20)

A **family** is a group of two or more persons related by birth, marriage, adoption or emotional ties—parents, adults fulfilling the parental role, guardians, children and others related by ancestry, adoption or marriage; or as defined by the group.  
<http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Family protective resources** are personal, tangible and intangible assets that exist within the family network that are available and accessible for the use within a safety plan that contribute to controlling threats and managing child's safety which child protective service intervention continues (*Caregiver Protective Capacities and Family Protective Resources*, July 2008, page 5)

**Foster care** is 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, family foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes regardless of whether the facility is licensed and whether payments are made by the state or local agency for the care of the child, or whether there is federal matching of any payments made.  
<http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Foster parents** are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parent if the adoption has not been finalized. (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 52)  
<http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Group home or residential care** is a non-familial 24-hour care facility where the child has multiple caregivers. The facility may be supervised by the state agency or governed privately.  
<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Household** is defined as all persons who have significant in-home contact with the child(ren), including those who have a familial or intimate relationship with any person in the home.  
[http://www.childsworld.ca.gov/res/pdf/2002\\_12\\_10\\_PP2Manual.pdf](http://www.childsworld.ca.gov/res/pdf/2002_12_10_PP2Manual.pdf)

**Impending threat of serious harm** means that safety threats are present that are highly likely to cause serious harm to a child if not immediately controlled. A safety/protective intervention action plan is required.

**Indicated or reason to suspect** is an investigation disposition that concludes that the instigation resulted in a reason to suspect maltreatment, but there was insufficient evidence to substantiate the report under state law or policy (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 7). <http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Kinship care** is the placement of children with members of their extended family or other adults with whom they have a family-like bond. <http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Life of the case** is the entire time that a case is known to a state child welfare agency. The life of the case begins with the first recorded maltreatment report received by the agency on any child in the family, even if the report was screened out (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 4)

**Maltreatment** is an act, failure to act or a pattern of behavior by an adult responsible for care of the child as defined under state law, which results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse and/or presents an imminent risk of serious harm to a child. <http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>. An act, failure to act or pattern of behavior on the part of the caregiver that results in death or physical, medical, sexual or emotional harm or presents imminent threat of harm to a person under the age of 18. (APHSA/NAPCWA, *A Framework for Safety in Child Welfare*, March 2009)

**Managing a safety plan** are the ongoing monitoring process and activities by which the child welfare worker and collaborating partners (supervisors and professional staff from private partner agencies) evaluate whether the plan is effective to ensure that the child is safe.

**Non-caregiver** is a person who is not responsible for the care and supervision of the child, including school personnel, friends and neighbors. <http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Parent** is an adult fulfilling the parental role in the child's normal place of residence from which the child was removed or the adults with whom reunification is the goal. For in-home services cases, parents are defined as the children's primary caregivers with whom the children live (for example, biological parents, relatives, guardians, adopted parents, etc.) or a non-custodial parent who is involved, or has indicated a desire to be involved, in the child's life. (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 52) [http://www.childsworld.ca.gov/res/pdf/2002\\_12\\_10\\_PP2Manual.pdf](http://www.childsworld.ca.gov/res/pdf/2002_12_10_PP2Manual.pdf)  
<http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Placement setting** refers to a physical setting in which a child resides while in foster care under the care and placement of the state agency, including the home of a fit and willing relative, shelter care, treatment facilities, and juvenile justice placements. (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 22)

**Practice fidelity** is the extent to which practice-level implementation conforms to a program's specified conceptual framework, assessment criteria, decision support rules, and practice guidelines.

**Pre-adoptive home** is a foster care setting in which a child is placed for the purpose of being adopted when the foster parents have stated their intention to adopt the child.

<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Present danger** is a clearly observable behavior or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and cause serious harm.

**Prospective safety** is the extent to which safety threats have been resolved or diminished to a level that accessible family protective capacities assure the future safety of the child. The question is, "Can any threats of serious harm be managed within the family?" (Morton and Salovitz, 2006.)

**Referral** is notification to the child protective services agency of suspected child maltreatment. This can include one or more children. <http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Residential facility staff** refers to employees of a public or private group residential facility, including emergency shelters, group homes and institutions. <http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Response time with respect to initial referrals** is defined as the time from the log-in of a call to the agency from a reporter alleging child maltreatment to the face-to-face contact with the alleged victim, where this is appropriate, or to contact with another person who can provide information.

<http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Risk** is defined as the likelihood that a child will be maltreated in the future. (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 14)

**Safe** is when a child is in an environment without any safety threats, or if there are immediate and/or impending threats of serious harm, a responsible adult in a caregiver role demonstrates sufficient capacity to protect the child. (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 15). A condition in which the protective capacities of the family are sufficient to protect the child from the presence or imminent threat of serious harm. (APHSA/NAPCWA, *A Framework for Safety in Child Welfare*, March 2009)

**Safety factors** are signs of present danger, critical conditions and/or behaviors that are associated with a child being in immediate and/or impending danger of serious harm. ([http://www.childsworld.ca.gov/res/pdf/2002\\_12\\_10\\_PP2Manual.pdf](http://www.childsworld.ca.gov/res/pdf/2002_12_10_PP2Manual.pdf), page 27)

**Safety interventions** are immediate protective actions taken to secure the safety of the child. Safety actions are not intended to "solve" household's problems or provide long-term answers.

<http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Safety plan/protective services** action plan are safety intervention actions required to resolve factors/conditions, which if they continue to exist, would render a child in danger of ongoing or immediate serious harm. The safety plan describes strategies and services developed by the agency and family with the explicit goal of ensuring the child's immediate safety. It controls for safety threats; describes how the plan will be implemented and monitored by the agency and assesses the designated caregiver's capacity and family involvement and reliability in implementation of the plan. If the child entered placement, the substitute caregiver's capacity must be assessed (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, pp. 11, 15).

**Safety reviews** provide a formal structure for monitoring and evaluating all the safety issues in a case. Minimally, this should occur at six-month intervals and should be part of the overall review of the case plan. All relevant parties, such as the child welfare worker, those responsible for implementing and monitoring the safety plan and the interventions, and for providing services, the caregivers, and any other family members, should participate in the review of the case plan and safety issues.

A **safety threat** is defined as a specific family situation, behavior, emotion, motive, perception, or capacity of a family member that is out of control, imminent, and likely to have severe effects on a vulnerable child.

<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Screened-in reports** are referrals of child maltreatment that met the state's standards for acceptance.

<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Screened-out referrals** are allegations of child maltreatment that did not meet the state's standards for acceptance.

<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Screening** is the process by which the CPS agency makes a decision about whether or not to accept a referral of child maltreatment.

<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

The **state agency** is the agency in a state that is responsible for child protection and child welfare.

<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Stepparent** refers to the husband or wife, by a subsequent marriage, of the child's mother or father.

<http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Substantiated** is a type of investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded according to state law or policy. (Children's Bureau, Child and Family Services Reviews, *On-site Review Instrument*, January 2007, page 7).

<http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Substitute care** is a temporary foster care placement setting for children, such as a foster family home, group home or emergency shelter, where they reside after being removed from their homes by a state child welfare agency.

**Substitute care provider** refers to a person providing out-of-home care to children, such as a foster parent or residential facility staff. <http://www.acf.hhs.gov/programs/cb/systems/ncands/ncands98/glossary/glossary.htm>

**Trial home visit** is the return of a child in foster care to their home on a trial basis before officially discharging the child from foster care. For purposes of Title IV-E eligibility, the period of a trial home visit may not exceed 6 months unless ordered by a court. <http://www.acf.hhs.gov/programs/cb/pubs/cm03/appendb.htm>

**Underlying factors** are the causes or reasons that lay beneath the surface. In child protective services these are the root causes of safety threats that may not be readily observable, but must be addressed to sustain change. Examples are historical circumstances such as unresolved grief associated with multiple layers of trauma and depression. <http://www.aifs.gov.au/nch/pubs/issues/issues19/issues19.html> (Janet Stanley, Adam M. Tomison and Julian Pocock, *Child abuse and neglect in Indigenous Australian communities*. Child Abuse Prevention Issues, no. 19, Spring 2003)

**Unfounded** describes a disposition assigned to an investigation of a child maltreatment report in which the state lacks credible evidence, according to state law or policy, to support the allegation of child abuse or neglect.

**Unsafe** is a condition in which the protective capacities of the family are not sufficient to protect the child from the presence or imminent threat of serious harm (APHSA/NAPCWA, *A Framework for Safety in Child Welfare*, March 2009)





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Melissa Baker is director of Strategic Consulting in Casey Family Programs' New York Office. In this role, she works with states and local jurisdictions, including New York State, New York City and Pennsylvania, to support them in their efforts to improve their child welfare systems, improve outcomes for children and families, and safely reduce the number of children in foster care by preventing entries, increasing permanency and shortening lengths of stay.

Prior to joining Casey, Baker served in a variety of senior positions with the New York City Administration for Children's Services (ACS), most recently as Senior Program Advisor to the Executive Deputy Commissioner. In this role, she managed critical high-priority, cross-divisional programmatic and policy initiatives such as Family to Family, improving safety decision making, and development and implementation of a new Family Team Conferencing model. Within ACS, Baker also served previously as Executive Director of Strategic Planning and Organizational Development, Executive Director of the Commissioner's Office and as Special Assistant to the Deputy Commissioner for Management and Planning.

Prior to joining ACS, Baker was a Senior Policy Associate at the American Public Human Services Association (APHSA), working on child welfare policy and legislation, and representing the interests of public child welfare agencies before Congress and the administration.

Baker has also worked for the New York State Office of Federal Affairs under Governor Mario Cuomo, advocating for the governor and state agencies on health and human services issues, and also served as a Legislative Aide to U.S. Senator Alan Cranston.

Baker holds a B.A. degree in American Studies from Stanford University with a concentration in Policy and Institutions.

## ***James Beougher***

*Director, Office of Child and Family Services  
Maine Department of Health and Human Services*

James Beougher is currently the Director of Office of Child and Family Services at the Maine Department of Health and Human Services. He is currently focusing on the integration of the Divisions of Child Welfare, Children's Behavioral Health and Early Childhood. Prior to that he managed Child Protection Services in several counties in Michigan and served as that state's Child, Adult and Family Services Administrator. He has successfully implemented various systems of care, including wrap-around, and intensive family preservation and reunification projects. In recent years, he has focused on methods to include communities in efforts to assure children are living in a family and connected to a community.

A focus on managing to values, developing a new model of practice, and measuring outcomes in the child welfare system have combined to result in a 33 percent reduction in out of home care, a 60 percent increase in the use of relative care, and a 65 percent reduction in the use of group care in the state within four years. He has also focused efforts on assuring that there is a single system of behavioral health services in the state leading to the right service in the appropriate intensity and for the needed duration.

***Zeinab Chahine***

***Managing Director, Strategic Consulting Services, Casey Family Programs***

Zeinab Chahine is a Managing Director for Strategic Consulting and head of Casey Family Programs' New York City office. A national foundation established by United Parcel Services founder Jim Casey in 1966, Casey Family Programs' mission is to provide and improve — and ultimately to prevent the need for — foster care. Through the support of a multi-billion dollar endowment, Casey has committed to work with states and jurisdictions across the country to safely reduce by 50 percent the numbers of children in the nation's foster care system by the year 2020 and to improve outcomes for youth in foster care.

Prior to joining Casey Family Programs, Chahine served as the Administration for Children's Services Executive Deputy Commissioner for Child Welfare Programs. She was responsible for the operation of all direct and contracted New York City child welfare service programs. She has spent the past 22 years working in the field of child welfare. She has previously held front-line casework, supervisory and managerial positions. She has had a significant role in the design, development and implementation of major innovative child welfare reform initiatives. These reforms have led to significant improvements in case practice, and resulted in better outcomes for the families and children of New York City.

Chahine serves on various national and local panels aimed at improving services to families and children. She is the current co-chair of the American Humane Association and Casey Family Programs' Breakthrough Series Collaborative on Child Safety and Risk. She is a member of the Child Welfare League of America Advisory Committee on Child Protection and Family Preservation. She most recently served on the Philadelphia transition team for Mayor Michael Nutter. She previously co-chaired the National Association of Child Welfare Administrators Safety Committee and as was a member of the Executive Committee.

Chahine holds a B.A. in Psychology from Hunter College and an M.S.W. from Columbia University. She is currently a doctoral candidate at City University of New York, Hunter College School of Social Work.

***Theresa E. Costello***

***Director, National Resource Center for Child Protective Services***

***Deputy Director, Action for Child Protection***

Theresa E. Costello is the Deputy Director of Action for Child Protection and the Director of the National Resource Center for Child Protective Services (NRCCPS). Costello has more than 20 years of experience in the field of child welfare and is a nationally recognized expert on safety and risk decision-making approaches for Child Protective Services. She played a key role in the research, development and pilot testing of the first safety decision-making model, the Action Safe Model. She also was the key researcher and author of a risk and safety decision-making model for youth services, the Youth Assessment and Treatment System. Costello currently provides technical assistance and training to numerous states and tribes as well as to international audiences.

Costello received her M.A. in Public Affairs from the Hubert H. Humphrey Institute of Public Affairs at the University of Minnesota. Her background reflects experience in quantitative and policy analysis. She served previously as a Staff Associate in the Children's Division of the American Humane Association, working primarily on the National Study on Child Abuse and Neglect Reporting and an analysis of the Family Advocacy



Program for the Department of the Navy. She also held a Senior Research Analyst position in the Children and Youth Program at the National Conference of State Legislatures, performing research and providing technical assistance to state legislators, primarily on child welfare.

***Caren Kaplan***  
***Director, Child Protection Reform, American Humane Association***

Caren Kaplan has more than 25 years of experience in child welfare policy and practice, with a goal of implementing and sustaining systemic change through family and community engagement and investments. She joined the staff of the Children's Division of the American Humane Association as the Director of Child Protection Reform in June 2007.

In November 2007, at American Humane's Second National Conference on Differential Response, Kaplan launched AHA's national initiative on chronic neglect, which she is currently leading. Kaplan is expanding the scope of AHA's special initiative in differential response and is Project Director of the National Quality Improvement Center on Differential Response in Child Protective Services, a five-year, \$10 million cooperative agreement with the U.S. Children's Bureau. The purpose of the new quality improvement center is to generate knowledge about effective practice models of differential response in child protective services, and to incorporate community and prevention approaches to serve families who are involved with the child protective services system.

Kaplan also manages several efforts that examine and refine the assessment of child safety, risk, and comprehensive family functioning by child protection agencies. She also participates in national coalitions and allied organizations that are committed to strengthening the federal response to the protection of children and the prevention of child abuse and neglect.

***Ramona Foley***  
***Child Welfare Consultant***

Ramona Foley is currently a consultant in the area of child welfare. Prior to her January 2008 retirement, she directed the Children, Adults and Families Division of the Oregon Department of Human Services. Prior to her appointment in Oregon, Ramona served as the Director of Child Welfare and Family Preservation in South Carolina's Department of Social Services. She was also an Adjunct Faculty member at the University of South Carolina's Graduate School of Social Work for 10 years. With more than 30 years of experience in social services, Foley has been active in child welfare at the national level for the past two decades and is a past president of the National Association of Public Child Welfare Administrators.

***Wayne Holder***  
***Executive Director, Action for Child Protection***

Wayne Holder is the founder and Executive Director of Action for Child Protection. He is the Project Advisor to the National Resource Center for Child Protective Services, which is operated by Action under a cooperative agreement with the Children's Bureau/ACYF. Holder has 41 years of experience in child welfare, ranging from caseworker to the executive management level. He was the past Director of the Children's Division of The American Humane Association and began his career in the New Mexico Department of Health and Social Services.

In addition to directing Action, he provides technical assistance and consultation to varied professional groups and organizations throughout the United States. He continues to develop practice models and training curricula for state and local agencies and routinely is called upon as an expert witness. He is the author and editor of a number of books and articles, including, since January 2003, monthly articles concerned with child safety intervention which are posted on Action's web site.

**Kathleen A. Kearney**  
*Visiting Clinical Professor, Children and Family Research Center*  
*University of Illinois School of Social Work*

Kathleen A. Kearney is a Visiting Clinical Professor with the Children and Family Research Center (CFRC) of the University of Illinois Urbana–Champaign and a child welfare consultant in Tallahassee, Florida. She is the principal investigator for the evaluation of the expansion of performance-based contracting to residential, independent and transitional living programs in Illinois funded by the National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW). She served for three years as a member of the faculty of the Florida State University College of Social Work where she taught doctoral and masters' level courses in social welfare policy, advanced social services administration, legislative advocacy, child welfare practice, legal aspects of social welfare policy, and a seminar in advanced social work practice. She was named the college's "Professor of the Year" for each of the academic years in which she served.

Prior to joining the faculty at Florida State in 2002, she served as the Secretary of Florida's Department of Children and Families. Appointed in January 1999, after serving more than 10 years as a county and circuit court judge in Fort Lauderdale, she was the first woman and the first judge to hold the position of secretary. The Department of Children and Families (DCF), with more than 25,000 employees at that time, is the agency responsible for the oversight and management of the child welfare system, aging and adult services, child care licensing, economic self-sufficiency (TANF, Food Stamps, and Medicaid eligibility), refugee services, domestic violence (VAWA), and mental health and substance abuse services. During her tenure as secretary, DCF also was responsible for the developmental disabilities program.

Kearney served as the primary consultant for the U.S. Department of Defense Task Force in Care for Victims of Sexual Assault. She lectures nationally on child welfare, sexual assault, social services leadership and professional development. She has testified before Congress, at their request, on six occasions concerning critical human service policy issues.

Kearney earned her J.D. from the University of Notre Dame in 1980. She graduated magna cum laude in 1977 from Saint Mary's College with a B.A. in both history and political science, and holds a Certificate in Soviet and Eastern European Studies from the University of Notre Dame, which was conferred that same year. She received an Honorary Doctor of Laws degree from Saint Thomas University, Miami in 1998 for her work on behalf of Florida's children and families.

**Theresa Roe Lund**  
*Director of Program and Staff Development, Action for Child Protection*  
*Deputy Director, Action for Child Protection*

Theresa Roe Lund is Director of Program and Staff Development with Action for Child Protection. She is Associate Director of the National Resource Center for Child Protective Services, which is operated by Action under a cooperative agreement with the Children's Bureau/ACYF. Lund's 30-year career in Child Protective Services includes casework, supervisory, administrative and state planning experience.

Before coming to Action, Lund was the Director of the Bureau of Milwaukee Child Welfare where she directed the unparalleled task of transforming the large urban county-administered agency to a state-administered program. Currently Lund trains, consults and provides technical assistance nationally to states, counties and tribes. She has written several articles and training curricula related to child safety decision-making.

**Paul Martin**  
*Child Protection Program Specialist II, Office of Child and Family Services*  
*Maine Department of Health and Human Services*

Paul Martin has worked as a child protective services caseworker for nearly 10 years and has been a child protective services program specialist II for the past 21 years. His main duties have included policy writing, program development and consultation, providing staff training related to legally sound interviewing of children and adults, completing risk and safety assessments and providing effective child welfare supervision.

Martin is currently responsible for reviewing the first stage paper review of parent/caregiver finding appeals and works closely with some district child protective management teams to help them improve their CPS-related outcomes and the quality of their assessments. He is also a faculty member for the New England Breakthrough Series on safety and risk.

**Janice Mickens**  
*Child Welfare Administrator, Division of Children, Youth and Families*  
*Arizona Department of Economic Security*

Janice Mickens has more than 25 years of child welfare experience and worked in Oklahoma and Colorado before coming to Arizona. She has been in the field as an investigator, ongoing case manager, supervisor and has also held managerial positions. Mickens was one of three field representatives in the development of the Arizona SACWIS system and was responsible for the implementation of Arizona's statewide Child Abuse Hotline which operates 24-7.

In her current role as Child Welfare Program Administrator, Mickens oversees the Child Abuse Hotline, field operations which include Investigations, In-Home Services, Out of Home Care, Adoption and Young Adult Services. In addition, she oversees the Child Welfare Training Institute and implementation of the Family to Family program in Phoenix. Under her leadership, the other counties in Arizona were designated Family to Family network sites.

**Thomas D. Morton**  
*Director, Clark County (Nevada) Department of Family Services*

Thomas Morton is the Director of the Department of Family Services in Clark County, Nevada. He was appointed Director in July 2006 following a series of child deaths and external reviews criticizing the agency's quality, performance and competence. Within two months of his appointment, Morton created "Safe Futures," a plan of comprised of 109 system improvement strategies. Approximately 85 of these strategies have received resource allocation, and more than 85 percent of the strategies have been fully implemented during the two years since his appointment.

Included in the positive outcomes of these strategies are the elimination of the severe overcrowding of the County Children's Shelter; a reduction in backlogged investigations; increased foster home resources; a complete redesign of all policies and procedures; and the implementation of new approaches to safety and family assessment. The agency has also completed a comprehensive redesign of independent living services and now has more than 100 youth actively involved in youth counsels.

For 22 years Morton served as President of the Child Welfare Institute (CWI), a national non-profit organization providing child welfare agencies with assistance in system and child welfare practice improvement. Among other things, CWI is recognized for developing the Model Approach to Partnerships in Parenting and for its critical role in practice redesign supporting the successful reform efforts in Alabama and Illinois.

Morton has a B.A. in Psychology and an M.S.W. from the University of Michigan.

**Mary J. Nelson**

*Administrator, Division of Child and Family Services, Iowa Department of Human Services*

Mary Nelson serves as Administrator of the Division of Child and Family Services for the Iowa Department of Human Services. Her areas of responsibility are program and policy in the following major areas: child care regulation and quality; child protection, child welfare services, permanency and adoptions; juvenile institutions and delinquency programs; dependent adult protection; family support programs for children with disabilities; family planning and teen pregnancy prevention. The division is also responsible for the Interstate Compact on the Placement of Children, the Interstate Compact on Juveniles, and the Interstate Compact on Adoption and Medical Assistance. The division also administers the state's Safe Haven program and represents the department on the Iowa Early Access Counsel.

Nelson has 34 years of experience with the Iowa Department of Human Services, beginning as a child welfare caseworker. She has worked in the Division for the last 24 years. She has served as President of the National Association of Public Child Welfare Administrators (NAPCWA), has served on the NAPCWA Board for the last 10 years, and is currently serving as Past President of the Board. She also serves on the Child Welfare League of America's National Advisory Committee on Public Policy. In 2004, Nelson received the Betsey R. Rosenbaum Award for Excellence in Public Child Welfare Administration from NAPCWA.

Nelson received her undergraduate in social work from the University of Wisconsin – Whitewater, and her graduate degree in social work from the University of Iowa. She is a Licensed Independent Social Worker.

**Denise Revels Robinson**

*Director, Milwaukee Bureau of Child Welfare, Wisconsin Department of Children and Families*

Denise Revels Robinson works for the Wisconsin Department of Children and Families, where she has been the Director of the Bureau of Milwaukee Child Welfare since March 31, 1997. The bureau was created to implement the state's assumption of the Milwaukee County Child Welfare System on January 1, 1998.

Revels Robinson earned a M.S.W. from Howard University and an undergraduate degree in Sociology from West Virginia State College. Prior to coming to Wisconsin, Revels Robinson served as the Director of Child Welfare at the Minnesota Department of Human Services. She was an adjunct faculty member of the University of Minnesota School of Social Work, where she co-wrote and taught a child welfare policy course to second-year graduate students.

Revels Robinson has 38 years of experience in child welfare. She began her career as a foster care caseworker in New York City. She has held a variety of direct services, supervisory, management, and administrative positions in the public and private sectors. She is committed to the continuous quality improvement of the child welfare system in Milwaukee County, and to a partnership approach that ensures high quality child welfare services.

Revels Robinson is on the Board of Directors for the Black Administrators in Child Welfare, she is the Chair of Wisconsin's State Child Welfare Training Council, she is a member of the Wisconsin Commission on Children, Families and the Courts; a member of the Milwaukee Homicide Review Commission, and on the Executive Committee of the National Association of Public Child Welfare Administrators (NAPCWA).

**Barry Salovitz**

*Senior Director, Strategic Consulting Services, Casey Family Programs*

Barry Salovitz has 33 years of private and public sector experience in child welfare. His consultation experiences include work with federal, state, county, tribal and private child welfare organizations in the United States and internationally. He was formerly director of the National Resource Center on Child Maltreatment, managing a

team of nationwide consultants and delivering consultation services to states and tribes in support of Child and Family Services Reviews and Program Implementation Plans. Salovitz was the lead author of the seminal New York State safety, risk assessment and services planning model. The safety assessment component, first embedded in the model, has become the nationwide standard for initial safety assessment protocols. He has helped several states and counties design and implement child safety and risk-related protocols, applicable throughout the case continuum. His most recent work has focused on child safety beyond intake, including reunification decision-making and the judicial and child welfare agency inter-relationship. In 2006, the International Journal of Child Abuse and Neglect published Salovitz's co-written article: Evolving a theoretical model of child safety in maltreating families. Presently, Salovitz is a faculty member for the national Breakthrough Series Collaborative on Safety and Risk Assessment.

### ***Tammy Sandoval***

*Director, Office of Children's Services, Alaska Department of Health and Social Services*

Tammy Sandoval has been the Director for the State Office of Children's Services in Alaska since June 2005. She has overall responsibility for the administration of the agency, including field operations, policy and programs, and prevention. Previously she served as the Systems Reform Administrator for the state.

Before coming to Alaska, Sandoval also served as the Senior Program Specialist for ACTION for Child Protection and the National Resource Center on Child Maltreatment in 2003. She managed programs related to organizational and program improvement and professional development for child protective services agency staff.

Sandoval served in various other positions before becoming the Chief Manager in the Child Protective Services office with the Children, Youth and Families Department in Albuquerque, New Mexico.

She received her undergraduate training at the University of Wisconsin-Madison, graduate training at New Mexico Highlands University and has more than 20 years of experience in the field of child welfare.

### ***Sarah Webster***

*Child Welfare Consultant*

Sarah Webster was a former Child Welfare Director in Texas. She holds a B.A. in Social Work from Georgetown College in Georgetown, Kentucky and an M.S.W. from Our Lady of the Lake University in San Antonio, Texas. She has been in social work for more than 36 years with 27 years in public child welfare.

Webster was the state child welfare director in Texas prior to her retirement. Since leaving the public child welfare system in 2002 she has been working as a consultant with the National Resource Center for Organizational Improvement, National Resource Center for Adoption and the National Resource Center for Recruitment of Foster and Adoptive Families at AdoptUsKids. She has also worked with Caliber Associates where she was involved as a reviewer of the User Manual Series and did a synthesis of decision-making in child welfare investigations. She also works with ICF International with the National Survey of Child and Adolescent Well-Being.

Webster was the recipient of the APHSA award for Public Child Welfare Administrator of the Year in 2002 and received special recognition from Texas CASA in 2003.

She is a member of the Academy of Certified Social Workers and is a Licensed Master of Social Work—Advanced Practitioner in Texas.