

Safety Intervention Policy Standards and Agency Self-Assessment

Developed and disseminated by:
National Resource Center for Child Protective Services



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<p style="text-align: center;">POLICY STANDARDS</p> <p>These safety intervention policy standards are designed to assist your agency in assessing the quality, precision and clarity of policy in relationship to its relevance to the line worker and front line supervisors. How well does policy articulate the exact purpose, nature and scope of safety intervention as it is to operate in your organization? Review and evaluate the meaning of each policy standard before conducting the agency self-assessment.</p>	<p style="text-align: center;">AGENCY SELF-ASSESSMENT</p> <p>Assess agency policy relative to each standard. Comment on each standard needing change, including responsible party and time frame.</p>
<p>Section I: Philosophy and Foundation</p>	<p>Section I: Philosophy and Foundation</p>
<p>A. Policy establishes a philosophical base and foundation for safety intervention procedure and practice that:</p> <ul style="list-style-type: none"> • Clarifies the role and responsibility of CPS in relationship to safety intervention. • Describes the nature of the CPS-client relationship, including a policy statement about who the client is. • Differentiates between safety, maltreatment, and risk of maltreatment in a way that provides clarity for worker decision making and establishes priorities about who is served. • Is designed to proceed in a methodical, unified, consistent, and interconnected manner from intake through case closure. • Is balanced and fairly implemented across all cases through well established, standardized, acceptable practices and decision-making processes. • Is adaptable to accommodate individual and family uniqueness, cultural and ethnic diversity, and family centeredness without compromising equity in application. • Is systematic rather than individually applied or applied in a piecemeal fashion. • Is managed to assure it is well regulated and responsive; manages and controls for bias; reinforces consistency and fairness in application; effectively directs and focuses work activity, practice methods, and decision making. • Relies on a least intrusive approach to safety intervention that matches the nature, intensity, frequency, duration of the identified safety threats; considers child vulnerability and parental capacity to be protective. • Acknowledges parents’ rights and the importance of individualization and respect. 	<p>A. Policy establishes a philosophical base and foundation for safety intervention procedure and practice.</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>

<p>B. Theoretical Foundation: Policy is based on sound, respected theories related to individual and child and family functioning.</p> <ul style="list-style-type: none"> • Policy incorporates family systems theory and principles, delineating how safety threats emerge based on family inability to meet the maintenance function: the protection of the child. • Policy recognizes that CPS and safety intervention functions are “substitute” or “provisional” actions necessary until the parents can be restored to their executive role/maintenance function. • Policy delineates other theories that support agency practice related to individual and family functioning, self-determination, change, and clarifies how these theories relate to safety intervention. • Policy ensures that all other policy and practice methods (family team meetings, team decision making, time frames) support and are integrated with safety intervention. 	<p>B. Theoretical Foundation</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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<p>C. Conceptual Framework: Policy specifies a framework that identifies, defines, and establishes standardized concepts that are required for use in safety intervention. These concepts are articulated in a way to ensure that they are distinguishable from each other and include:</p> <ul style="list-style-type: none"> • Safe and unsafe child. • Differences between safety threats, maltreatment, and risk of maltreatment. • A structured, methodical safety assessment based on standardized information collection that transcends information solely on the reported incident and provides an understanding of child and adult functioning; parenting beliefs, attitudes, and functioning; and beliefs, attitudes, and methods of discipline. (See Section III, C. The Initial Assessment.) • States of danger or safety threats to be addressed by safety intervention (danger in the here and now, danger in the immediate to near future). • Standardized, nationally recognized safety factors with definitions and examples. • Standardized Information Collection Requirements for Assessment and Case Planning. • Clarification of how a family condition is qualified as a safety threat. For example, how do staff know if a family condition is likely to have severe effects in the near future to a vulnerable child and it is beyond the control of any caregiver in the home to prevent such effects? • A process for taking protective action for safety threats operating in the here and now considered from a least intrusive perspective. • Definitions and process for safety planning that require analysis of least intrusive options first. • Definitions for caregivers' diminished and enhanced protective capacities that can be associated with what is influencing or creating safety threats or function to help control and manage the threats. • Definition of who is suitable and qualified to provide safety management. • Definitions of safety services differentiated from treatment or case plan services. • Methods for identifying and assessing caregiver protective capacities or those specific and explicit strengths that help a parent control and manage safety threats (differentiated from strengths or protective factors that may be apparent in a family). • Concepts that define how safety intervention and safety decision making are applied at Intake, Initial Assessment (Investigation), Case Assessment and Case Planning, Case Evaluation, Reunification, Case Closure, and Safety in Placement. • Concepts that clarify that safety and sustainability of a safe home are the benchmarks for considering reunification rather than complete case plan attainment. • Definitions of safety management and associated tasks/actions required of the worker throughout CPS involvement. 	<p>C. Conceptual Framework</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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Section II: Intake	Section II: Intake
<p>A. Receiving the Call</p> <ul style="list-style-type: none"> • Policy provides for 24 hour availability for receiving and responding to reports of child maltreatment. • Policy specifies the nature, breadth and depth of information to be collected from the referral source. Information to be collected includes: <ul style="list-style-type: none"> ▶ Client Demographics, including information to assist in locating client. ▶ Caller relationship to family/contact information. ▶ Extent of maltreatment (specific caregiver behavior that is indicative of reported maltreatment). ▶ Circumstances surrounding maltreatment (caregiver behavior associated with the maltreatment: substance use, domestic violence, stressors, effects of maltreatment/caregiver behavior on child, events leading up to or following the incident, previous history of maltreatment). ▶ Child functioning including vulnerability (age, special needs or circumstances, location of child, general condition and functioning, emotional/behavioral responses and functioning, proximity to threat, access to help). ▶ Adult functioning including domestic violence, substance abuse, and mental health status (general functioning, current location, employment, habits, routine, coping styles). ▶ General parenting approaches (attitudes/perception of child, view of parent role and responsibilities). ▶ Disciplinary practices (usual methods). ▶ Other relevant family information (unusual stressors, household composition, living arrangements, conditions of home, family supports). ▶ Collateral information sources. ▶ Identification of likely response of caregivers to the report/worker. ▶ Identification of possible threats to worker. ▶ Caller’s perception of severity of current situation. • Policy specifies the level of effort the staff person taking the call will exert to gather the above information, including expectations re: contacting other available information sources. 	<p>A. Receiving the Call</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>

B. Screening the Report

- Policy specifies precise criteria to determine if a report rises to the level required to be accepted. Criteria considers the following:
 - ▶ Indication that child is unsafe.
 - ▶ Identification of possible safety threats.
 - ▶ Identification of possible danger now.
 - ▶ Identification of possible danger in the immediate to near future.
 - ▶ Information regarding severity of circumstances.
 - ▶ Information on child vulnerability.
 - ▶ Information on location of child and imminence of threat.
 - ▶ Information on current functioning of caregivers (including diminished caregiver protective capacity, current substance use, domestic violence, current mental health issues that may compromise safety).
- Policy specifies what response, if any, is required for reports not rising to the level of acceptance for an initial assessment (differential response, referral, and so forth).
- Policy specifies the level of supervisory oversight required for the final screening decision, including time frames.

B. Screening the Report

Agency policy is:

Consistent with Standard_____

Not Consistent with Standard_____

Comments:

C. Determining Response Time

- Policy specifies the required response times for **face to face** response with the identified child, with the alleged maltreating caregiver, with a non maltreating caregiver, with other children in the home, with other family members and other parties to the referral such as the reporter or collateral sources. Time frames consider urgency of response required:
 - ▶ Situation requires an emergency medical or law enforcement response.
 - ▶ Is child maltreatment occurring now, but circumstances allow a response within 0-2 hours by CPS?
 - ▶ Is child maltreatment likely to occur in the near future, but is not occurring now, allowing a CPS response within 24 hours?
- Safety-based rationale is evident within policy which supports and guides response time.

C. Determining Response Time

Agency policy is:

Consistent with Standard_____

Not Consistent with Standard_____

Comments:

Section III: Initial Assessment	Section III: Initial Assessment
<p>A. Preparation for Initial Contact</p> <ul style="list-style-type: none"> • Policy establishes an expectation that staff will prepare for initial assessments prior to initial contact. Preparation includes: <ul style="list-style-type: none"> ▶ Reviewing the report, previous CPS history. ▶ Determining if law enforcement involvement is needed, based on statute and/or established protocols (involve when child maltreatment is occurring now, when worker safety may be in jeopardy, when information indicates a crime is being committed). ▶ Complying with response time frames, if not possible, consulting with supervisor who considers possible reasons for exception: <ul style="list-style-type: none"> ○ specific compelling circumstances included in the report preclude following the mandated response time. ○ capacity related to initiating and carrying through with intervention as required based on what is discovered at initial contact. ○ balancing the severity of competing assignments, needed time and demand for planning logistics of intervention. ○ location and access issues related to the child. ○ identification of case circumstances and responsible adults that alters immediate need to respond. ▶ Consulting with supervisor about initial contact. 	<p>A. Preparation for Initial Contact</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>

<p>B. Assessing Danger Occurring Now at Initial Contact or for New Danger Threats Reported/Observed</p> <ul style="list-style-type: none"> • Policy establishes the way danger which is occurring or in process at the initial contact is assessed and responded to. <ul style="list-style-type: none"> ▶ There is defined process for identifying and actively responding to danger occurring at the time of initial contact or anytime when new danger threats occurring now are identified. ▶ Policy clarifies what constitutes a sufficient protective action to control the danger and any legal actions needed, if required. ▶ Policy clarifies that the purpose of the initial response to danger occurring now is short-term, immediate and temporary in nature, ensuring that danger is controlled and managed in order to allow completion of the full initial assessment. ▶ The short-term protective action and the danger that required it are documented in the record within 24 hours. ▶ Policy clarifies a range of options for such protective actions which include the threatening person leaving the home; a responsible adult moving into the home full time; others assuming responsibility for partial or total responsibility for child supervision; a child is cared for out of the home by a member of the family network, and so forth. These options include a requirement to justify their sustainability. ▶ Policy establishes that emergency removal of the child is appropriate when all other less intrusive options have been ruled out and specifies the circumstances in which emergency removal of the child may be required as the protective action. Circumstances that require emergency removal are explained or clarified such as the following: there is no suitable family network or other resources that are available; caregivers are unable or unwilling to allow a protective action; there is reason to believe that the caregiver will sabotage or interfere with the protective action; circumstances are too volatile. ▶ If emergency removal is required, policy states the legal actions that must occur. ▶ Policy establishes written criteria for how the suitability of the person carrying out the protective action is assessed and how the protective action is based on a high degree of confidence that it will be sustained. ▶ Policy clarifies that the role/responsibility of the person providing protection is clearly described, discussed with the person, and documented in the record. ▶ Policy clarifies that parent/caregiver may participate in the development of the protective action but cannot be responsible for protection or for implementation of the action. ▶ Policy requires a safety assessment of the setting (home) where a child is placed as part of a protective action. This applies at the time of placement, whether the placement is voluntary or ordered; whether the placement is with relatives, foster parents, or an institution. Policy 	<p>B. Assessing Danger Now at Initial Contact or for New Danger Threats Reported/Observed</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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requires that the safety assessment of placement settings be documented within 24 hours of the placement.

- ▶ Policy directs that caregiver-child contact will be maintained if the protective action requires formal or informal placement of the child out of the home and requires that the type of contact and frequency of contact be established. Unless geographical obstacles or justifiable danger concerns preclude it, contact is frequent, but not less than once per week.
- ▶ Policy states how caregiver civil rights are assured and protected.
- ▶ Policy states that the continuing initial assessment will be expedited due to the implementation of an immediate protective action. (See C. below.)
- ▶ Policy states when supervisory consultation and approval of all protective actions must occur and be documented in the case record.

<p>C. The Initial Assessment</p> <ul style="list-style-type: none"> • Policy defines the purpose and scope of the initial assessment (investigation, alternative response, initial family assessment, and so forth) related to determining who the department will serve and the safety of children reported to the department. • Policy articulates a structured, methodical approach to conducting initial assessments and clarifies that each step in the process is required and essential to reaching a determination regarding child safety. • Policy articulates that initial assessments are information and family based rather than incident based. <ul style="list-style-type: none"> ▶ Require standardized information collection that transcends information on the reported incident alone. Information is collected to guide and support a decision about who to serve, whether a child is safe or unsafe, and also is essential in safety planning. Information collected is associated with what can be known about the family in relation to: <ul style="list-style-type: none"> ○ Extent of maltreatment. ○ Circumstances/Conditions Surrounding Maltreatment. ○ Child Functioning. ○ Adult Functioning. ○ General Parenting, including an assessment of enhanced and diminished protective capacities. ○ Parenting Discipline Methods/Approaches. ▶ Collect and assess information to assist in understanding the family conditions, if safety threats are in operation and, if so, how. Relevant, sufficient information guides decision making that allows a worker to make prudent and reasonable judgments about the threats in terms of severity of potential effects, the likelihood of those threats occurring in the immediate to near future, whether the threats are beyond the control of any adult in the home to impact or manage, if they affect a vulnerable child. ▶ Identify safety threats present in the family based on a standardized set of safety threats identified by the agency that are recognized in the field. Agency safety threats are well defined in behaviorally-specific, observable, clear, and precise ways and are descriptive of specific behavior, emotion, attitude, perception, situation, motivation, or characteristics. ▶ Require that safety threats are justified by describing how the threat(s) specifically occur in each family. ▶ Require that conclusions about a child’s safety are based exclusively on circumstances within the child’s home and caregiver protective capacities. 	<p>C. The Initial Assessment</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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| <ul style="list-style-type: none">▶ Require a clear and conclusive safety decision, that is, the child is safe or unsafe without regard to mitigating factors, identified strengths, or conditional terms.▶ Require timely supervisory review and sign off indicating that the safety decision is justified based upon sufficient information and assessment. | |
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Section IV: Safety Analysis and Safety Planning	Section IV: Safety Analysis and Safety Planning
<p>A. Policy states that safety analysis and safety planning are the methods by which CPS fulfills its substitute or provisional role for ensuring safety of children and that this role cannot be brokered to family or other providers, although they may assist in safety planning.</p>	<p>A. The method by which CPS fulfills its role and cannot be brokered to family or other providers</p> <p>Agency policy is:</p> <p>Consistent with Standard _____</p> <p>Not Consistent with Standard _____</p> <p>Comments:</p>

<p>B. Policy states that safety planning occurs from a least intrusive perspective based on a well thought-through analysis of in-home options, combinations of in-home and out-of-home options, and formal placement in out-of-home care. Safety analysis from a least intrusive perspective requires:</p> <ul style="list-style-type: none"> • A thorough understanding of the safety threats and how they are operating within the family, including the intensity, frequency, duration, times they occur, prevalence, associated stressors, and precipitants. • An analysis for relying on an in-home safety plan including analysis of the reliability of the home, the calmness of the home, caregiver willingness and true acceptance and capacity to work with an in-home plan, and consideration of the availability of sufficient and suitable safety management services and resources. When any <i>one</i> of these criteria is not met, does policy provide specific directions about alternatives to in-home, such as placement and the procedures concerned with those options? 	<p>B. Safety planning as a least intrusive perspective</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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<p>C. Policy establishes the requirements for the process of safety planning, delineates specific safety planning tasks required of the worker, and defines what constitutes a sufficient safety plan. Policy on safety planning includes:</p> <ul style="list-style-type: none"> • Safety planning is a rigorous, creative process that occurs with the family and may include the family’s selected support network. • Safety planning and oversight continue throughout CPS involvement with the family as long as threats are present. • Safety plan initiation and oversight are the responsibility of CPS and cannot be delegated to the family, supports, or treatment providers. • Policy establishes written criteria for how the suitability of the person(s) carrying out the safety services or actions within safety plans is assessed: <ul style="list-style-type: none"> ▶ Fully informed about the threats and associated concerns. ▶ Understands and accepts their responsibility to protect the child. ▶ Accepts and believes the threats exist. ▶ Understands and accepts need for safety intervention. ▶ Is available in terms of time and accessibility. ▶ Is immediately available. ▶ Is aligned with and responsive to CPS. ▶ Is trustworthy, dependable, and has no substance use, mental health issues, or other major life issues that may prevent them from being protective. ▶ Home is suitable and safe if the child will be staying there for periods of time. • Policy states that the safety plan must be sufficient to manage and control safety threats, based on a high degree of confidence that it can be implemented and sustained. Sufficiency determination is based on a prudent judgment that the plan will keep the child safe and is based on these criteria: <ul style="list-style-type: none"> ▶ Plan does not rely on promissory commitments from caregivers or court orders prohibiting behaviors. ▶ Safety Services have an immediate impact on controlling safety threats. ▶ Includes safety actions only. ▶ Matches the safety threats as they occur in the family. ▶ Has a mechanism for ongoing oversight by the worker. ▶ Has a contingency plan for safety providers if they are unable to fulfill their commitment to be protective. ▶ Has a communication plan for monitoring, feedback, and problem solving. • Policy clarifies that the role/responsibility of the person providing safety services is clearly described, discussed with the person, and documented in the record. 	<p>C. Requirements for the process of safety planning</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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- Policy directs that caregiver-child contact be maintained if the safety plan requires formal or informal placement of the child out of the home and requires that the type (supervised and by whom for example) of contact and frequency of contact be established. Unless geographical obstacles or justifiable danger concerns preclude it, contact is frequent, but not less than once per week.
- Policy states that a safety assessment of a placement setting or home occurs at the time of placement and is reassessed at least every six months. Policy establishes requirements for how and when these safety assessments are to be documented.
- Policy requires the establishment of a written statement of conditions for return; policy requires communication and transmission of a written statement of conditions for return to caregivers; policy establishes the conditions for return as the criteria to be applied when considering reunification of children with their families.
- Policy states how caregiver civil rights are assured and protected.
- Policy clarifies the difference between safety plans and case plans and requires the use of safety actions or services only in safety plans.
- Safety Plans are written agreements, and a copy is provided to the caregiver and to other members participating in the plan with appropriate consent of the caregiver.
- Out-of-Home placement is one type of a safety plan and, as such, is utilized only as long as safety threats cannot be managed and controlled within the home. Once safety threats can be managed in the home and there is a judgment that safety is sustainable in the home, efforts are initiated toward reunification.
- Policy requires timely consultation with the supervisor on all safety plans, and supervisory sign off represents endorsement of sufficiency of the safety plan.

Section V: Case Transfer/Initiating Ongoing Services	Section V: Case Transfer/ Initiating Ongoing Services
<p>These standards generally apply regardless of transfer to a new ongoing worker or any transfer from one worker to another.</p> <p>A. Policy provides for seamless continuation of safety intervention between Initial Assessment and Ongoing. Policy requires:</p> <ul style="list-style-type: none"> • Personal contact between transferring and receiving worker as soon as possible but no later than one work week, strongly encouraging supervisory involvement with respective supervisors and the workers, and occurring face to face in a conference format. • Evaluation of the sufficiency of the safety plan as soon as possible, but no later than one work week, with an immediate check for face validity of the plan. • Uninterrupted oversight of the safety plan that includes phone or face to face contact with all safety plan participants to confirm their continued involvement and ability to meet expectations. • The receiving worker to have face to face contact with caregivers and all children in the home within one week (or sooner if review of the case circumstances warrants it) and defines the purpose of this meeting to include review of the safety threats and safety plan, modification of the safety plan as indicated, introducing the purpose and process of ongoing services, and identifying next steps. Visitation is also planned for if the children are in an informal or formal placement. 	<p>A. Seamless continuation of safety intervention between Initial Assessment and Ongoing</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>

<p>Section VI: Case Plan Assessment Policy requires a case plan assessment which provides for engagement of caregivers and family members in a process of change, identifies what must change, and identifies specifically what will be addressed within the case plan.</p>	<p>Section VI: Case Plan Assessment</p>
<p>A. Preparation for Initiating the Case Plan Assessment Policy requires that workers prepare for the case plan assessment so that the first contact the ongoing worker has with the family is meaningful and to ensure that the worker has a good initial understanding of available information up to this point. This includes:</p> <ul style="list-style-type: none"> • A review of previous history with CPS. • A review of any evaluations conducted (mental health, substance abuse, physical exams, and so forth). • A review of the initial assessment and identified safety threats. • A review of the safety plan. • A review of identified enhanced or diminished protective capacities identified in initial assessment. • Development of a step by step approach to conduct the case plan assessment in order to engage the caregivers in the process and plan for future contacts/visits. • Consultation with the supervisor. 	<p>A. Preparation for Initiating the Case Plan Assessment</p> <p>Agency policy is:</p> <p>Consistent with Standard _____</p> <p>Not Consistent with Standard _____</p> <p>Comments:</p>

<p>B. Conducting the Case Plan Assessment Policy establishes a structure that provides guidance and clear expectations for workers who conduct Case Plan Assessments. This structure includes:</p> <ul style="list-style-type: none"> • A conceptual and theoretical framework that describes the nature, purpose and objectives, and methods of assessment in relation to case planning and the change process and is in compliance with AFSA requirements that safety concerns be integrated into case plans. Minimally this includes: <ul style="list-style-type: none"> ▶ An expectation that this is a collaborative process between the worker and the family, recognizes and respects clients’ rights to self-determination, and encourages and supports the family in understanding the threats to their child’s safety and what must change. ▶ An expectation that the worker will fully re-assess with the family safety threats and caregiver protective capacities, determine how the identified safety threats and diminished caregiver protective capacities will be integrated into a case plan and targeted for change. ▶ Assessment of enhanced caregiver protective capacities that can support the case plan to improve opportunities for success. ▶ An exploration of other child and family needs that can be addressed in the case plan. ▶ An expectation that the worker will assess readiness and motivation for change. ▶ Any other areas of study to be assessed. ▶ The nature of the worker-client interaction and relationship, including how clients are engaged and involved in the assessment and planning. ▶ How client commitment to the process and plan is sought. ▶ The minimum number, duration, and frequency of contacts required to sufficiently engage the family in the process, develop the case plan, and seek and obtain client commitment. ▶ An expectation that the case plan assessment will be initiated within 10 days after receiving the case and be completed within 30 to 45 days after the date of transfer (or upon completion of the initial assessment if no change in worker). When court or other requirements compromise an allowance for sufficient time to complete a case plan assessment, policy should provide direction about exceptions and alternatives which are supportive of effective and diligent deliberation with respect to this function. ▶ An expectation that the worker will discuss the reasons and need for the case plan assessment and the case plan, implications for caregiver participation and commitment, the consequences of successful or unsuccessful case plans, and specifically what must change. ▶ Requires supervisory consultation and direction. 	<p>B. Conducting the Case Plan Assessment</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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<p>C. Develop the Case Plan by Integrating Safety Concerns. Policy establishes that the case plan is a written document that is designed to delineate the change process required to eliminate or reduce safety threats, generally through identification and enhancement of diminished caregiver protective capacities, in order to restore caregivers to their role and responsibilities for independently protecting their children. Case Plan development and documentation requires:</p> <ul style="list-style-type: none"> • The reason for ongoing CPS involvement, identified as the safety threats and diminished caregiver protective capacities. • The desired outcome, that is a safe home (as identified within ASFA). • Identification of what must change, including diminished caregiver protective capacities stated as behaviorally-specific and describable change goals that are measurable and provide the benchmarks for measuring progress. • Identification of case plan services to meet other child or family members' needs. • Identification of the approach to change—identification of services, providers, time frames, use of enhanced caregiver protective capacities. • Indication of how caregiver progress will be measured based on descriptions of desired (demonstrated) enhanced caregiver protective capacity, behavior, other successful need meeting. • Identification of Case Management Tasks, including methods for overseeing and facilitating case plan: arranging services; ensuring provider suitability; communicating with providers in terms of the case plan expectations and progress and barriers to implementation; establishing routine communication plans with providers; and establishing provider-reporting requirements about caregiver participation, progress, and change. • Inclusion of previously stated conditions for return required to consider reunification if the child is out of the home with the focus of those being the ability to safely manage the threats with a sustainable in-home safety plan rather than attainment of all case plan goals. • Supervisory sign off and approval of the case plan. 	<p>C. Develop the Case Plan by Integrating Safety Concerns.</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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Section VII: Safety Management/Case Management during Ongoing CPS	Section VII: Safety Management/Case Management during Ongoing CPS
<p>A. Policy directs the work related to management of safety and the case plan and:</p> <ul style="list-style-type: none"> • Requires continuing safety plans as long as safety threats are present. • Requires, at the minimum, weekly rigorous oversight of the sufficiency of the safety plan and adjustment of the safety plan as new threats emerge or as the caregiver/family capacity increases to manage threats. • Requires that the review include a personal contact with a person involved in the continuing safety plan who has had face to face contact with a child and caregivers in in-home continuing safety plan and with the substitute care provider in out-of-home continuing safety plans. The review includes verification that all activities and time frames are being met; that the condition of the child is satisfactory; that commitments remain in tact; that no indication of maltreatment exists; and that safety threats are being managed. • Requires a formal review of the adequacy of a continuing safety plan once a month. The review includes face to face contact with the child, with caregivers, with out-of-home care providers (if such are part of the safety plan). The review includes a personal contact with all other people who participate in the continuing safety plan. The review verifies that all parties remain informed, active, and committed. The review concludes whether the safety plan is effectively managing safety threats and if less intrusive methods are possible and feasible. If modification is required, all standards relating to safety planning apply. • Requires that the worker personally communicates by telephone or electronically with those who are party to court involvement (attorneys, CASA, GAL, the court) when modifications are necessary but do not require a court hearing. In the event court authority is required to modify the safety plan, an ongoing CPS worker consults with a supervisor and an agency attorney to invoke a court hearing. • If child is in out-of-home care, with informal or formal providers, a visitation plan is established within the safety plan for face to face caregiver and child visits at least once per week unless case circumstances require otherwise. The visitation plan designates the location, arrangements, scheduling, length of visit, and whether the visit is to be supervised and by whom. The worker informs caregivers, children, and the placement provider of any variation to the visitation plan in a timely manner. The amount and degree of phone contact is also specified. • Requires that caregivers are well informed, guided, and supported in the case plan implementation, are regularly updated on changes in safety plans, and on any other decisions made affecting themselves or their children. 	<p>A. Policy directs the work related to management of safety and the case plan.</p> <p>Agency policy is:</p> <p>Consistent with Standard _____</p> <p>Not Consistent with Standard _____</p> <p>Comments:</p>

- Requires that the worker facilitate and manage the case plan and associated service delivery. This includes:
 - ▶ Being aware of and responsive to case developments on a routine basis, resolving issues within one week of their identification.
 - ▶ Personal communication by the worker with case plan providers once a month.
 - ▶ Face to face contact with caregivers and children once a month or more often if required to manage safety.
 - ▶ Face to face contact with out-of-home care providers once a month.
 - ▶ During contacts, the worker assessing participation of all parties, assessing satisfaction of all parties with services, and determining if the plan is working to reach the outcome of a safe home.
 - ▶ Performing reasonable efforts to reduce the length of stay in out-of-home placement by continually assessing safety, case progress with enhancing protective capacities, and considering and facilitating reunification when conditions for return are met.
 - ▶ Requiring supervisory sign off and approval.

<p>B. Safety Management in Out-of-Home Care Policy establishes expectations and directs the work associated with safety management in out-of-home care, including placement with relatives, other natural supports, foster homes, and institutions and:</p> <ul style="list-style-type: none"> • Policy establishes that CPS, functioning provisionally for caregivers, has an obligation to assure safety in out-of-home placement, and that no maltreatment of any kind, regardless of the level of severity, is acceptable in placement. • Policy establishes a structured, standardized approach to assessing safety in out-of-home care prior to and throughout placement. The approach includes identification of indicators of safety, child functioning, adult functioning, family functioning, community indicators, safety threats, capacity for protection, and so forth. • Policy differentiates methods of assessing safety in family type placements versus institutional placements. • Prior to placement, a formal, documented safety assessment is conducted (according to the structured, standardized approach established) on the placement, including appropriate record checks. • During placement, the worker evaluates safety in placement at each contact and conducts a formal safety review, preferably every three months, but not to exceed six months. • Routinely, but no less than monthly, the worker elicits and analyzes information from all other agency staff who regularly have contact with the placement provider. • Supervisory consultation is required for the formal safety review and at any other time safety concerns in placement emerge. 	<p>B. Safety Management in Out-of-Home Care</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>
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VIII. Case Plan Evaluation (See Section VII A. for standards related to Safety Plan Re- Evaluation in Ongoing Services)	VIII. Case Plan Evaluation
<p>A. Policy establishes a process and time frames for evaluating case plan progress and change consistent with AFSA requirements. Change is measured according to the behaviorally-specific change required that is described in the case plan. Policy requires:</p> <ul style="list-style-type: none"> • Worker to measure progress and change through an official case (progress) evaluation every 90 days from the initiation of the first case plan. • Worker to gather information from caregivers and case plan providers for the purpose of evaluating the effectiveness of the case plan and to measure progress and change. • Worker to meet face to face with caregivers and children to discuss progress and change and to gather information from them about their perceptions of change and the case plan effectiveness. • Worker to personally gather information from service providers within the case plan in person, by telephone, electronically, or by written report according to agreed expectations set forth during case planning. • Worker to evaluate the case plan to determine if participation is occurring according to case plan that service providers are suitable and that services and time frames are appropriate. • Worker to use the behavioral benchmarks contained within the case plan as the basis for judging progress and change related to enhancing diminished caregiver protective capacities. • Worker to consider the extent to which conditions for return have been met when children remain in placement. • Worker to modify, revise, or create a new case plan in collaboration with caregivers and through supervisory consultation. • Case Plan re-evaluation supervisory sign off and approval. 	<p>A. Process and time frames</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>

Section IX: Reunification as a Safety Intervention	Section IX. Reunification as a Safety Intervention
<p>A. Policy establishes a standardized approach to considering and facilitating reunification with a focus on safety. Policy requires:</p> <ul style="list-style-type: none"> • Conditions for return are met and established at the time of placement without an expectation that caregivers have achieved total attainment of the case plan goals. That is, reunification is considered when safety can be managed with an in-home safety plan, and there is a reasonable and justifiable basis to assume that safety can be sustained over time with the in-home plan based on the case plan evaluation. Conditions for return are based on what circumstances must be apparent within the home in order for an in-home safety plan to be installed and sustained. • An in-home safety assessment is conducted prior to reunification. • An in-home continuing safety plan is developed with the family involvement prior to reunification and meets all criteria established in policy for safety plans, and another is conducted the day after reunification. • Parents are fully informed of the expectations for safety. Child has supports and resources to contact easily if required and appropriate to the child’s age and development. • Safety management tasks are instituted per policy. • Frequency of face to face contact with the child and caregivers is increased, based on supervisory input to assist with the transition. • Frequency of contact with safety and case plan providers is sufficient to monitor the transition period. • Case management services continue as described in policy. • Required legal actions are initiated. • Supervisory sign off and approval is required for reunification. 	<p>A. Policy establishes a standardized approach.</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>

Section X. Case Closure	Section X. Case Closure
<p>A. Policy directs that CPS intervention is complete when the outcome of a safe home is achieved. A safe home is defined as the absence of safety threats or presence of sufficient caregiver protective capacities. Closure may consider the role the family network will play in assuring safety. A safe home also means that the child perceives and experiences the situation as safe. Policy requires:</p> <ul style="list-style-type: none"> • Prior to closure, a safety assessment is completed that determines the child is safe. • Prior to closure, a plan is developed with the family on actions needed to sustain safety and resources/actions to take if circumstances develop in the future that require assistance. The family is prepared for case closure. • Prior to closure, the child is interviewed to assess their perception of safety and security in the home. • If the child is placed with a relative or other informal placement to ensure safety, the caregivers and relative/informal placement are notified in writing about their precise obligations to maintain custody and ensure safety and what actions must occur if they can no longer do so. • Procedures for Court notification or authorization are followed. • Supervisory consultation and approval is required. 	<p>A. Outcome of a safe home</p> <p>Agency policy is:</p> <p>Consistent with Standard_____</p> <p>Not Consistent with Standard_____</p> <p>Comments:</p>