

INDIAN TRIBAL CPS SAFETY INTERVENTION: SAFETY ASSESSMENT, ANALYSIS AND PLANNING WORKSHOP

Prepared for:
TRIBAL CPS

By:
THE NATIONAL RESOURCE CENTER ON CHILD MALTREATMENT

Through a cooperative agreement with the:
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The vision for the *Indian Tribal CPS Safety Intervention Curriculum* was to create a resource for professional development that would serve as a foundation for child welfare staff members in Tribal CPS who endeavor daily to help improve the lives of Indian children and families. The purpose of the curriculum is to provide a learning experience related to safety assessment and safety planning that introduces to Tribal CPS staff, supervisors and administrators the necessary knowledge and skill for performing child safety intervention. It is NRCCM's expectation that the curriculum contains useful information that can be adapted to fit the specific needs of Tribal CPS agencies; can be applied in practice when working within Indian communities; and will stimulate continued professional development in this area.

The curriculum emphasizes key definitions, concepts, standards and criteria that are considered important for enhancing safety decisions. The framework for safety decision-making is considered and discussed with respect to its unique application in Tribal CPS. Careful consideration occurred during the development of the curriculum to fully take into account historical and cultural contextual issues that have meaning for safety intervention and case practice in an Indian community. The curriculum is based on a decision-making and practice foundation that has been established during the past 20 years and now exists as the current "mainstream" state-of-the-art related to child safety intervention. However and importantly, the curriculum includes insight and expertise from several Native American professionals working directly in or with Tribal CPS programs. Without the involvement of these individuals, the curriculum may have been possible, but would not have been as relevant to the Indian audience it is designed to serve.

The National Resource Center on Child Maltreatment recognizes and thanks the following special consultants for their participation in the development of the curriculum.

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GENERAL INTRODUCTION TO TRAINER

AUDIENCE

The concepts and content within this curriculum are the state-of-the-art in child safety intervention as represented in literature, research and practice supporting mainstream Child Protective Services (CPS) in America. However, the curriculum has been designed for a specific target audience. This curriculum is a professional staff development resource for tribal child welfare agencies. The curriculum can be useful to CPS workers who are involved with Native American families off of the reservation. However, it is intended for delivery to tribal CPS staff members that are responsible for working with Native American children and families on the reservation. It is anticipated that participants in any training event may bring a wide variation in child welfare education and experience. Therefore, it is the responsibility of the trainer to acknowledge and be respectful of the variations and to proactively assimilate learners into the learning experience.

EXPECTATIONS FOR THE TRAINER

General

This is a state-of-the-art child safety intervention curriculum; however, its value and effectiveness will likely be achieved in relation to the proficiency of the person who teaches it. The curriculum is designed to provide a trainer with the basic information necessary to train tribal CPS workers in the fundamentals of safety intervention. Nevertheless, it will be advantageous to the learning experience if trainers possess knowledge and understanding of child safety intervention which goes beyond what can reasonably be contained within the limits of this curriculum.

Specific

- The trainer possesses expertise and experience in child safety intervention and in training CPS professionals.
- The trainer “brings the material within the curriculum to life” by making it real and relevant to the learner within a Native American context.
- The trainer communicates training content and exercises in ways that motivate participants to use the concepts and skills to enhance their practice with Native American children and families.
- The trainer is aware of and responds to variation in knowledge, experience and learning styles that may exist among participants.

- The trainer teaches the terminology and concepts within the curriculum through:
 - the use of his/her own presentation style;
 - including his/her own child welfare experience that is relevant to the Native American experience;
 - the provision of practical, real life Native American illustrations and examples; and
 - the application of language that fits and feels comfortable for participants.

CURRICULUM FORMAT

The curriculum is divided into sessions that are devoted to specific aspects of child safety intervention. Each session has its own learning objectives; each session is designed to build on former sessions. Adult learning principles serve as the foundation for each session. Various learning methods are employed throughout the curriculum with a major emphasis on personal application. Trainer presentations are expected to be brief and used as a means for setting up hands-on experiences for participants.

Each session begins with general information for the trainer that provides an overview description of the session. The overview includes:

- Anticipated time scheduled for the session;
- Resources (i.e., slides, handouts, videos, etc.) required for the session;
- Equipment required for the session;
- A listing of the activities for the session; and
- Session objectives.

Within each session, activities are titled and the expected time for the activity is identified.

Throughout activities, guidance is given to trainers in bold print under “Note to Trainer.” These notes offer to the trainer directions about the activity; clarification of concepts and positions set forth in the activity; and identification of possible responses from participants during the activity. Notes to the trainer are for the trainer only; it is the trainer’s choice about how he or she makes use of the information contained within these notes.

“Facilitation Points” are provided throughout sessions. Facilitation Points appear in bold type face. Facilitation Points emphasize ideas, concepts, principles, practice considerations, qualification about intervention, clarification of content, elaboration related to decision-making, etc. related to the activity within a session. The information within Facilitation Points represents what participants need to know. This is essential information. It should be considered foundational but not all inclusive. In other words, trainers can feel free to amplify and build on what is expressed and stimulated by the Facilitation Points. Trainers need not present the information within Facilitation Points verbatim. In fact to do so is discouraged. Certainly trainers should avoid reading from any part of the curriculum, but should be sufficiently prepared to use the Facilitation Points or other curriculum content as reference. Facilitation Points contain information to be shared with/presented to the group.

Within “Facilitation Points,” designation is given to when slides and handouts are to be introduced. Those designations are in bold print. Here’s an example:

Slide

Workshop Objectives

When a slide is designated, the content of the slide is provided and followed by commentary to guide what should be said in relation to the slide.

PRACTICE TEAMS AND THE PHYSICAL SETTING

The primary learning method within the curriculum is small group experience. This occurs through exercises and discussions. Participants should be teamed together into practice groups. Practice groups should include 3 to 4 participants. Training rooms will be most effective when they are arranged to support the small group activity. Each practice group should be seated together at the same table. Circular tables are preferable. Tables should be arranged to make the most use of the space available; tables do not need to be in any specific arrangement, but consideration can be given to placement with visual access to the trainer in mind.

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*

Session 1

Workshop Introduction

Estimated Time 75 Minutes (9:00 - 10:15)

Resources

- Handout Child Safety In Your Indian Community: Considering Your Perception
- Slide/Handout Safety Intervention: Professional Conduct
- Slide/Handout Safety Intervention: Influence of Clients' Perception of CPS
- Slide/Handout Context Determines Meaning
- Slide/Handout Culturally Responsive Safety Intervention: Finding an Appropriate Fit
- Slide/Handout Indian Tribal CPS Safety Intervention: Workshop Objectives
- Handout Workshop Agenda

Equipment

- Name cards
- Flip chart and markers
- LCD projector or overhead projector and screen

Order/overview

1. Discussion: Workshop Introduction (20 minutes)
2. Practice Group Discussion: Child Safety in Your Indian Community (30 minutes)

3. Presentation/ Discussion: Safety Intervention within Indian Communities (20 minutes)
4. Review: Workshop Overview (5 minutes)

Objectives

- ◆ To set up the workshop: introductions and logistics.
- ◆ To establish a foundation for the workshop.
- ◆ To explain the objectives of the workshop.

DISCUSSION (estimated time 20 minutes)

Workshop Introduction

OPENING COMMENTS

Facilitation Points:

- Greeting and welcome.
- The knowledge and skill addressed in this workshop is essential to being effective in Child Protective Services (CPS) and safety intervention.
- Child safety is the most important responsibility in CPS.
- The ideal mission of an Indian child welfare agency can be to assist the community in assuring the safety, permanency and well-being of children on the reservation. This is a most important value for the tribal community.
- For such an important responsibility, it is vital that Indian CPS staff be well versed and capable in child safety intervention. That is why this workshop is being provided.

INTRODUCTIONS

[Note to Trainer

- **The goal for the introduction is to encourage a safe, empathetic and supportive learning environment.**

- **It is important to use the introduction to begin motivating participants to invest in learning and thinking critically about the workshop content.**

- **Begin the workshop by welcoming participants and introducing yourself.**

- **Trainer Introduction:**
 - ▶ **Personal information (as appropriate);**
 - ▶ **Professional experience;**
 - ▶ **Background and experience related to safety decision-making.**

- **Participant Introductions:**
 - ▶ **Participants introduce themselves.**
 - ▶ **Participants identify their positions.**
 - ▶ **Ask participants to share what they see as their role in assuring child safety.**

- Depending on the needs of participants, it may be necessary to spend additional time with the introductions.
- The importance of the introductions as a means for preparing participants for the learning experience should not be underestimated. Use discretion about the amount of time that may be needed.
- If additional time is allowed for participant introductions, adjust the time allocation for sessions and activities within sessions as you proceed through the curriculum.]

WORKSHOP LOGISTICS AND PRACTICE TEAMS

[Note to Trainer

- Inform participants of necessary logistics such as restroom location; meeting/room protocol that may be required; parking arrangements; and so forth.
- Since the room arrangement may seem unusual to participants, it is important to explain to them the reason for the arrangement and its importance to the learning experience.
- The arrangement of the room is by design. The workshop is designed to take advantage of participant interaction. The

best opportunity for learning will often result from participants talking and interacting with each other.

- **Participants have been grouped in “practice teams.” The workshop relies on the practice teams to enhance discussion and exercise.**
- **The expectation is for participants to take responsibility for their own learning as well as contributing to the learning of others. This can be done in the practice teams.]**

PRACTICE GROUP DISCUSSION (estimated time 30 minutes)

Child Safety in Your Indian Community: Implications for Tribal CPS

SET-UP DISCUSSION

Facilitation Points:

- This practice group discussion continues the process of getting acquainted with one another and reinforces the foundation for the safety workshop.
- Working separately, practice groups consider critical thinking questions related to safety intervention on the reservation.
- While child safety, permanency and well-being in Indian country is a CPS concern, it is first and foremost a tribal community concern.
- A beginning discussion of child safety intervention in Indian country starts by considering how CPS and the community are integrated.

DISCUSSION

[Note to Trainer

- **Handout Child Safety in Your Indian Community:
 Considering Your Perception**
- **Review the handout instructions with the group.**
- **Clarify instructions as needed and have the practice groups begin their discussion.**
- **Practice teams have 25 minutes to complete their discussions.]**

DISCUSSION DEBRIEFING

[Note to Trainer:

- **The debriefing can take 20 minutes.**
- **Prepare for the debriefing by formulating some additional follow-up/clarification questions that relate to the issues addressed in the assignment.**
- **Focus on one question at a time. Ask all practice teams to share their perceptions of each question as you proceed.**

- **Seek rationale and clarifications for the answers each team provides.**
- **Compare and contrast any differences in perception and response among the teams and seek the meaning of the differences.**
- **Once all the groups have shared their responses, ask the following question:**

Are there any lessons and/or implications that can be taken from this discussion with respect to how tribal CPS works to promote and assure safety, permanency and well-being?

Responses may include: working in collaboration with the community and families, engaging families in the process, understanding community perception of the agency and seeking to address and overcome issues that create division, etc.]

PRESENTATION/DISCUSSION (estimated time 20 minutes)

Safety Intervention within Indian Communities

PRESENTATION

Facilitation Points: Introduction to Presentation

- The previous discussion provides a body of ideas about child safety from the perspective of participants but also from the perspective of the community as well.

- The discussion results in the need to consider:
 - ▶ how child safety is determined;
 - ▶ whether an acceptable range of opinions about judging child safety is okay;
 - ▶ if there can be many definitions for child safety and whether that matters;
 - ▶ how consistency in safety decision-making can be obtained;
 - ▶ if it is acceptable for child safety intervention to be different based on who receives the case assignment;
 - ▶ if a person's perception of his or her role is a determining factor in how safety decisions are made.

- Participants may have a reaction to these issues.
- What seems evident is there are a number of factors that may contribute to the safety decision.
- How a person defines or understands the concept of safety will influence the decision.
- How a person perceives their role will influence the decision.
- How a person perceives the family or the community's capacity to contribute to assuring safety will influence the safety decision.
- This workshop is intended to bring definition, clarity and increased consistency to safety intervention and safety decision-making.

Facilitation Points: Presentation

- **Professional Conduct**

Slide/Handout Safety Intervention: Professional Conduct

As a professional conducting safety intervention, it is important to:

- ▶ *Have a clear way of understanding and expressing what child safety intervention is.*
- ▶ *Have understanding and structure that guide child safety intervention.*
- ▶ *Have confidence in the accuracy of safety judgments.*
- ▶ *Respect differences in how other CPS workers perceive their role and apply their skill and knowledge while having assurance in the common way all CPS workers understand child safety intervention.*

- **Indian Families' Perception of CPS**

- ▶ The earlier discussion considered the community/client perception of tribal CPS.
- ▶ The issue regarding client perception is probably not considered in enough detail or viewed as seriously as it probably should be when thinking about how CPS should intervene with families.

Slide/Handout Safety Intervention: Influence of Clients' Perception of CPS

- ▶ *Is it important to consider the client's perspective regarding your role in CPS? Why?*
- ▶ *How might client perception of your role in CPS influence your safety intervention?*

[Note to Trainer

Understanding the perspective of our clients can help CPS workers reflect on how current methods of practice and intervention either reduce or reinforce those negative perceptions.]

- **Slide/Handout** **Context Determines Meaning**

A concept of safety, the use of safety criteria and an approach to safety intervention with Indian families should be considered within a cultural and historical context.

- ▶ The concept of safety and the specific criteria used to make safety decisions are understood and applied within a specific cultural context.
- ▶ When using criteria to determine if a child is safe or unsafe, the cultural context or cultural implications must be understood.
- ▶ Effective responses to children that are determined to be unsafe must take into account cultural contextual issues. Cultural considerations are highly significant in safety decision-making.
- ▶ Similarly, a historical context must be recognized, understood and applied by tribal CPS when making safety decisions.

- ▶ The notion that “*context determines meaning*” is of paramount importance as related to historical implications.

The historical context influences the way that Indian families perceive CPS and, specifically, the role of the CPS worker. This, of course, influences how Indian families might respond to intervention.

[Note to Trainer

The origin of the perceptions toward CPS may have already been discussed during the exercise debrief. If not, you may wish to have the group share some examples of historical influences that could explain current day perceptions about CPS.]

- CPS must be sensitive to the historical context when intervening with an Indian family. CPS may need to consider adjusting the approach to safety intervention to be sensitive to the historical influences. Certainly, awareness of and respect for historical influences is crucial.
- Importantly, CPS can avoid overreacting during safety intervention because of an Indian family’s defensive response to CPS intrusion that may very well be associated with historical influences.

- An understanding and appreciation for historical context and cultural context should have implications for tribal CPS with respect to how child safety intervention occurs.
- **Slide/Handout Culturally Responsive Safety Intervention:
Finding an Appropriate Fit**

Outcome Oriented

- Outcome has to do with the question of whether a child's basic and safety needs are being met.
- Rather than focusing exclusively on a child's household and on parental caregiver role performance, which is often characteristic of safety assessment, further consideration should be given to finding out if the child's needs are being met by other various sources beyond the parents (i.e., relatives, clan, tribe, etc.).
- There may be situations where parents are inconsistent in providing basic/safety needs but there are other resources available to assist and ensure that the child is safe. What is most important is that a child receives what he/she needs and is protected within a culturally appropriate context.

Self-Determination

- While CPS has an obligation to assure that a child is safe, it remains critical to include parents, caregivers, and extended family, etc. in the safety decision-making process.
- This includes identifying the existing strengths and protective capacities within parents and the family tribal network that can be used, reinforced and/or developed for the sake of a child's safety.
- *Identifying strengths and protective capacities is one way of respecting self-determination.*

What are some other ways that self-determination can be promoted with families when making safety decisions?

[Note to Trainer

Other ways of promoting self-determination with families may simply involve the way CPS behaves with families. Keeping families fully informed about what is occurring in the case not only empowers family members but also reinforces a family's ability to remain actively involved in decision-making. Asking families about what they think needs to occur and being prepared to listen to a family's point of view while attempting to accommodate their perceptions and ideas contributes to self- determination.]

Least Intrusive

- Intrusion is a concept or term often used in CPS. It refers to how far or how much CPS interferes in family life. Regarding safety, it relates to such issues as parent power and autonomy; imposition in terms of time and convenience; latitude of parent and family authority and decision-making; and the level of involvement of outsiders in family life.
- The approach to safety should be flexible, individualized and always consider the potential to minimize the degree of intrusion into families' lives.
- Promoting self-determination often results in safety responses that are less intrusive for the family.
- By first considering what can be done in the home, with relatives, with friends, within the community to meet a child's safety needs, the need for placement outside of a child's familiar support system may not be an automatic, immediate, necessary or, in some cases, only response considered.

Family and Social Structure

- In safety intervention, the use of family, community and tribe (cultural social structure) is essential. This must always be emphasized.
- This is true in relation to preserving families through kinship placements and preserving families by enabling children to remain in their homes.
- This mentality reinforces self-determination and helps to limit the amount of interference by CPS necessary to assure safety (as noted above).
- Fundamentally, child safety in Indian country is a concern not only for the family but also for the community and tribe at large. The philosophy whereby a child's safety is a larger cultural consideration and interest within Indian communities should be reinforced and supported by tribal CPS.

Alliance

- Collaboration between CPS and families is necessary for several reasons.
- An alliance with the family results in better information sharing about current issues, problems and potential strengths or resources.
- An alliance between CPS and a family is helpful for breaking down distrust, resistance and misconceptions between all involved.
- By reducing the adversarial “we vs. you” confrontational approach, CPS can achieve better results in terms of safety assessments and more effective, individualized and less intrusive safety plans.

Functional/Practical Intervention

- The role of the extended family and other supports and resources within the tribal community can be reinforced by how CPS structures its involvement when assessing and addressing child safety, permanency and well-being.
- CPS should seek to provide families with practical assistance and service that will help make sure that the family and child's basic and safety needs are met.

[Note to Trainer

The training deals in detail with the perspective of family/tribal involvement and practical/functional safety intervention throughout the training. The importance of standardizing how CPS thinks and what CPS does in child safety intervention within a particular cultural framework is emphasized repeatedly during the sessions.]

REVIEW (estimated time 5 minutes)

Workshop Overview

REVIEW

Facilitation Points:

- **Slide/Handout** **Indian Tribal CPS Safety Intervention:
Workshop Objectives**

Participants will be able to:

Identify Differences between Maltreatment, Risk & Safety

Describe Essential Safety Concepts

Employ Safety Assessment Criteria

Demonstrate Effective Safety Planning

- **Handout** **Workshop Agenda**
- There are a lot of concepts, decision-making criteria and issues that are being introduced in this workshop.
- Some of the information will be familiar. It can be anticipated that fundamental safety concepts and some of the terminology may be new. It is not reasonable to expect that there will be a mastery of the material in a two-day session.

- This workshop is intended to provide participants with a foundation about safety intervention that can be built upon as participants return to the field.
- The agenda shows that the training has been designed to move from understanding key definitions and concepts to applying them within the process of safety intervention.
- The curriculum uses a number of methods to teach the material including presentation, small group exercises and discussion, video demonstration, etc.
- Participants are encouraged to get involved; to pose questions; to express differences, ideas and practices; to seek clarification; and to make the content and concepts their own.

CLOSE SESSION

Session 1

Slides and Handouts

Child Safety in Your Indian Community: Considering Your Perception

Instructions:

Working with your practice team, review each of the critical thinking questions below. Discuss your perceptions (answers) for each of the questions. There is not necessarily any one “right answer,” nor is your practice team looking for a consensus response to the questions. The purpose of this exercise is to discuss your points of view and to begin thinking about issues related to child safety as they pertain to your Indian community.

You will have 25 minutes to review and discuss the questions. There will be a general debrief with the larger group following your discussion of the questions. You may want to make some brief notes of your discussion related to the questions.

1. How can you tell when a child is unsafe?

2. Is what the general tribal community believes about child safety similar to what you believe and/or the standard for child safety used by the tribal CPS agency?

3. What currently exists within the tribe, community, family, etc. that naturally helps to assure child safety?

4. Under what circumstances does it become necessary for tribal CPS to become involved to assure child safety?

5. What is the community’s perception of and level of support of the tribal CPS office?

6. Is child safety any different in Indian country than it is in the mainstream culture? If so, in what ways?

7. When considering the families that are involved with your Tribal child welfare agency, what is their general perception regarding CPS? Do you believe their perception is different from families in other communities? Why?

THE NATIONAL RESOURCE CENTER ON CHILD MALTREATMENT

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*
AGENDA

DAY 1

9:00 – 10:15	Session 1: Workshop Introduction
10:15 – 10:30	Break
10:30 – 11:30	Session 2: Effective Information Collection
11:30 – 12:00	Session 3: A Conceptual Framework for Child Safety Intervention
12:00 – 1:00	Lunch
1:00 – 1:45	Session 3: A Conceptual Framework for Child Safety Intervention Continues
1:45 – 3:00	Session 4: Child Safety Decision-Making Throughout the CPS Assessment Process
3:00 – 3:15	Break
3:15 – 4:30	Session 5: Safety Assessment Following the Investigation
4:30	Adjourn

DAY 2

9:00 – 10:00	Session 5 Safety Assessment Following the Investigation Continues
10:00 – 10:15	Break
10:15 – 12:00	Session 6: Safety Analysis: Determining the Level of Sufficiency
12:00 – 1:00	Lunch
1:00 – 2:30	Session 7: Family Centered Practice and Safety Planning
2:30 – 2:45	Break
2:45 – 5:00	Session 8: Safety Planning for the Cheromiah Family: Identifying and Implementing In-Home Safety Actions

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*

Session 2

Effective Information Collection

Estimated Time

60 Minutes (10:30 - 11:30)

Resources

- Slide *Session 2: Effective Information Collection*
- Slide *Session Objectives*
- Slide/Handout *Conducting Safety Assessments:
The Way of Becoming Informed*
- Slide/Handout *Safety Assessment Information
Standard*
- Loose Handout *Seven Fundamental Questions
That Inform Safety Assessment*
- Slide/Handout *Principles for Effective Information
Gathering*
- Slide/Handout *Observe Cultural Norms when
Gathering Information*

Equipment

- Name cards
- Flip chart and markers
- LCD projector and screen

Order/overview

- | | | |
|----|---------------------------|------------------------------------------------------------|
| 1. | Practice Team Discussion: | The Oral Tradition: Ask, Listen and Learn (45 minutes) |
| 2. | Presentation: | Principles of Effective Information Gathering (15 minutes) |

Objectives

Participants will be able to:

- ◆ Describe what information is necessary for effectively assessing child safety.
- ◆ Apply a practice approach for sufficient information gathering.
- ◆ Identify principles for conducting CPS assessments that will increase potential for gathering sufficient information that can be used for decision-making related to safety, permanency and well-being.

PRACTICE TEAM DISCUSSION (estimated time 45 minutes)

The Oral Tradition: Ask, Listen and Learn

INTRODUCTION (5 minutes)

Facilitation Points:

- **Slide Session 2 Effective Information Collection**
- **Slide Session Objectives**

Participants will be able to:

Describe what information is necessary for effectively assessing child safety.

Apply a practice approach for sufficient information gathering.

Identify principles for conducting CPS assessments that will increase potential for gathering sufficient information.

- Effective safety assessment begins and ends with the quality of the information gathered.
- A safety assessment is only as good as the ability of a CPS worker to engage a family in gathering sufficient relevant information about how a family is functioning.
- To a large extent, the quality of information gathered during an investigation is the determining factor in making an accurate safety assessment as well as providing the foundation for continued ongoing CPS service provision.

- In the absence of sufficient information gathering, a formalized/standardized approach to safety intervention will not improve practice/safety decision-making.

[Note to Trainer

- **Formalized safety intervention (state-of-the-art) includes concepts and definitions that serve as the foundation; criteria for assessing safety; an analytical approach for considering safety threats and implications for safety management; a safety planning structure; a process; instruments or forms.**
- **The point here is that the best designed approach to safety intervention remains dependent on the information that goes into it, the information that is collected by the CPS worker.]**
- **Slide/Handout Conducting Assessment: The Way of Becoming Informed**

The Oral Tradition:

Listen first...

Ask in order to understand...

Be open and prepared to hear... and

Learn what is needed to know.

- Sometimes the difficulty in gathering information is that questions are asked but families are not listened to or they are not given the opportunity to respond.

- To know if a child is safe, CPS must first know a family's "story" regarding who they are: their strengths, needs, concerns.

Often because of preconceptions, feeling overwhelmed, insecurity or a lack of confidence, CPS staff does not hear or understand a family is communicating.

- Sometimes the difficulty CPS staff experience in gathering pertinent, relevant information is a result of not knowing what information should be gathered to assess child safety, which may eventually contribute to the planning process associated with the delivery of appropriate treatment interventions.

EXERCISE (15 minutes)

[Note to Trainer

- **The purpose of this practice team discussion and exercise is to identify what information is necessary to collect in order to assess child safety and determine appropriate safety/treatment response(s).**
- **Practice teams should consider the following discussion questions on the slide:**
- **Slide/Handout Safety Assessment Information Standard**
 1. *When conducting an investigation/assessment, what information must you know about a family to assess child safety and determine appropriate responses?*
 2. *What are common barriers to gathering information from families?*
- **Challenge the groups to be precise when identifying what they believe to be critical case information.**
- **Allow 15 minutes for brainstorming and discussion.**
- **Make sure that someone in the group records the responses for debriefing purposes.]**

DEBRIEF DISCUSSION (10 minutes)

[Note to Trainer

- **Each team shares its responses.**
- **Qualify whether the information teams identify is what they collect on a consistent basis or whether it is information that they believe is necessary but are not always able to access.**
- **Ask teams what barriers and challenges they experience when trying to gather sufficient information.**
- **How do team members address issues/barriers when working with families (i.e., method, strategies, approach, etc.)?]**

SUMMARY: INFORMATION STANDARD (15 minutes)

Facilitation Points:

[Note to trainer:

- **This adds to the practice team discussion.]**
- There are seven general assessment questions that will provide CPS staff with the pertinent, relevant, necessary information for assessing child safety.
- These seven questions represent the information standard for safety intervention.
- As emphasized before, safety assessment depends on sufficient information to effectively identify danger to a child.
- The seven questions (some of which may have been identified during the practice team discussion) represent the foundation of information required for judging child safety.
- The seven questions provide guidance and structure to the CPS safety assessment with families.
- By getting information related to these 7 questions, CPS is able to form a more complete picture of how a family is getting along; how

interaction occurs among family members; and how the family relates to the larger community (environment).

[Note to Trainer

- **Give out the Loose Handout, “Seven Fundamental Questions.”**
- **Review the seven questions and briefly discuss and explain the kind of content for each question.**
- **The seven fundamental questions associated with safety assessment should be viewed as a general framework for the quality of information that workers should seek to gather during their meetings with family members.**
- **In no way should these seven questions be used in a rigid linear interviewing format. These questions are not to be asked of a family verbatim nor is it necessary to consider the seven questions in numerical order. Rather they represent seven “categories of study” for CPS.]**

- *Which of the seven questions has CPS tended to focus on when conducting investigations and making judgment regarding safety?*

[Note to Trainer

Most often the focus of investigations has been on the first two questions: Extent of Maltreatment and Surrounding Circumstances.]

- *How accurate is an evaluation of safety that is based primarily on maltreatment information?*

[Note to Trainer

- **When CPS focuses information collection on maltreatment and the events related to maltreatment, there may be major gaps of important information about the family that would be useful for assessing child safety.**
- **A narrow focused assessment tends to produce limited information. In other words, the result is insufficient information to effectively assess for child safety.**
- **It is important to remember that relying on maltreatment information as a primary basis for determining that a child is unsafe does not account for the possibility that a child's safety may be associated with other than a specific maltreatment.**

- **In fact, all safety assessment models in the country today predominantly are concerned with neglect, caregiver functioning or family functioning that places a child in danger. It will be possible later to bring this point out as related to the differences between maltreatment, risk of maltreatment, and safety.]**

PRESENTATION (estimated time 15 minutes)

Principles of Effective Information Gathering

REVIEW OF PRINCIPLES

Facilitation Points:

- There are fundamental principles for conducting CPS assessments/investigations that will help you in gathering sufficient information from families.
- Part of the difficulty in gathering good information during CPS interviews is that historical and contemporary experiences of many Indian families cause individuals to be understandably guarded and closed.
- A family may feel like CPS intervention is digging up past traumatic experiences or stories from relatives reminiscent of former CPS involvement or some other government intrusion. This can result in a family “shutting down.” Families may find it difficult to hear or understand what a CPS worker is asking or is interested in.
- People bring all that they are and have been to such experiences. In all circumstances, the process is felt as a disempowering one. A major responsibility a CPS worker has in information collection is to reduce the extent to which the family-worker communication

feels disempowering. Recognizing historical and cultural contextual influences begins that process.

- *How can CPS staff address family reaction, as has been discussed, when it is encountered in the field while conducting assessments?*
- There are basic principles that can support necessary information collection for assessing child safety.

Slide/Handout Principles for Effective Information Gathering

Neutral and objective

- This refers to self-control; being self-aware; managing one's values and preconceptions.
- While there may be common experiences (cultural/history) shared by a CPS worker and a family, it is important to appreciate the family's perception of those experiences and their particular world view.
- The objective for effective information gathering is to remain neutral with an interest to discover what is occurring in a family. The 7 questions previously introduced are open-ended and neutral.

- Each question seeks to understand a specific aspect of the current status of the family situation, whether positive and/or negative.
- It is important to again emphasize that the seven questions represent seven categories of study or areas of study. The challenge when conducting interviews is to determine the best way for talking with families that will most likely enable you to access information associated with the seven areas of study.
- Having neutral yet focused and guided conversations with family members increases the likelihood of gathering information associated with the seven questions that will be helpful for safety assessment, decision-making and continued intervention.

Elevate the caregivers/family

- Recognize that caregivers and/or parents are often doing the best that they can given their circumstances.
- *Who are the “experts” when it comes to “knowing” the family?*
- Since CPS does not and cannot alone know what is best for a family, it is reasonable and right to respect, support and involve family members extensively to contribute to concluding what is best. This is what “elevating” means.
- *How can this be accomplished when starting a CPS assessment?*

[Note to Trainer

CPS staff can attempt to recognize caregiver feelings; CPS can empower caregivers by providing information; CPS can anticipate a caregiver's perceptions about CPS involvement and respond by reducing the use of power and authority; CPS staff can demonstrate empathy, respect and be genuine; CPS can and should seek to include additional family members in the discussion/information gathering.]

Avoid the confrontation-denial trap

- CPS staff should guard against becoming preoccupied with focusing on the allegation of maltreatment and determining whether someone did something wrong. Such behavior can result in not being able to gather other relevant information pertaining to how the family is functioning generally.
- Remember there are 7 questions (areas of study) and all seven questions are equally relevant to decision-making and intervention. The more CPS staff focus on maltreatment, the more likely parents are to become resistant and less likely to engage.

Avoid the question and answer trap

- Listen. Active listening leads to hearing. This may be the one interviewing technique that can be relied on most.

- CPS staff may become obsessed with asking the “right” questions. The obsession can result in failure to listen and hear information that may be important.
- Interviews should have a quality that is more like a conversation than an interrogation.
- Families should be allowed to tell their stories; allow silence and reflection. The more families are bombarded with questions, the more likely they will be to close down.
- And as mentioned earlier, depending on a family member’s state of mind at the point of intervention, the questions a CPS worker asks may not be processed accurately and understood.

Build trust

- CPS workers may need to follow a family’s line of thought and allow a family to come around to discussing pertinent issues as they become comfortable to do so. Safety assessment (information gathering) should be viewed as an interpersonal process and not a rigid point in time.
- Given the historical and contemporary experiences of many Indian families, this is easier said than done.

- Justifiably, many Indian families are going to be distrustful. Frankly, the nature of many CPS interventions has only perpetuated distrust.
- *How can trust building occur in the context of what is an intrusion into the family's life?*

[Note to trainer

Consider your own life experiences...what helps you to trust another person? Dependability; candor and honesty; appropriate personal self-disclosure; genuine interest in understanding problem and issues, recognition of strengths.]

Defined purpose

- Know the purpose of the interviews!
- *Consider law enforcement. What is the purpose for the law enforcement interviews/investigations?*

[Note to Trainer

- **Comparing law enforcement to CPS is an effective way to emphasize the importance of “purpose.” Law enforcement is concerned with whether a crime has been committed.**

- **That purpose influences what information law enforcement collects and how they collect it.]**
- Compared to law enforcement, CPS has a larger purpose for assessing families in order to deliver services that enhance strengths and address needs.
- While CPS determines if maltreatment exists, workers must also evaluate the effects of maltreatment and other family functioning that have a bearing on child safety and must understand families in ways that contribute to helping the family regain autonomy and control of their lives.

Interview protocol and strategy

- Effective information collection depends on interviews that are conducted according to a plan and structure.
- CPS staff will be most effective when they employ a method and style to conducting interviews. While any worker's approach should be genuinely their own, it can be based on the principles that are provided here.
- CPS staff can create a general interviewing agenda (an approach to how they will conduct an interview) developed around the seven questions necessary for assessment of child safety and determining an appropriate response as needed.

INFORMATION COLLECTION AND CULTURE

Facilitation Points:

- **Slide/Handout Observe Cultural Norms when Gathering Information**

Family Structure and Family Roles

- Who in the family is responsible for what? It is important to recognize the various family roles.
- Further it is important to consider how family members will react to each other.

Identify Cultural Nuances

- Cultural nuances may be specifically associated with a particular family or perhaps more generally with an aspect of the tribal culture.
- *Are there cultural nuances that you've encountered when working with families that influence how you intervene? How so?*
- Not recognizing the cultural nuances apparent in an Indian family can result in CPS misinterpreting the meaning of behavior and/or responses among family members.

Channels of Communication: Key Spokesperson(s) for the Family?

- It is important to adapt approach and protocol for gathering information around the lines or patterns of communication within the family.
- Information collectors should seek to understand who is primarily responsible for providing information about the family.
- It is useful to consider strategies that might be used to help draw family members into the assessment process that might not otherwise overtly seek to participate.
- *What are some specific ways that family members can be drawn into the safety assessment process?*

[Note to Trainer

Provide a brief period at this juncture to consider comments and questions.]

CLOSE SESSION

Session 2
Slides and Handouts

Seven Fundamental Questions That Inform the Safety Assessment

Certain information is required in order to make critical judgments about child safety. The following seven questions provide a necessary information foundation that can reveal sufficient *systemic data* to support decision-making regarding the presence of threats to child safety.

What is the extent of child maltreatment?

This question addresses:

- The kind and specific description of the maltreatment
- The severity of the maltreatment
- The specifics of the events, injuries and conditions present
- The conclusion reached by the worker confirming the maltreatment

What are the circumstances surrounding the child maltreatment?

This question addresses:

- The caretakers' response to CPS
- The caretakers' explanation of what happened, the injuries and related conditions including the child's condition
- History and duration of the situation
- Co-existing factors and conditions such as substance abuse or mental health
- Contextual issues such as use of instruments, acts of discipline, threats, caretaker intentions, etc.

How do the children function on a daily basis?

This question relates to all the children in the family and addresses:

- Behavior
- Intelligence/cognitive functioning
- Social relations
- Emotions
- Physical
- Temperament
- Development
- Vulnerability

How do the adults (primary caretakers) function on a daily basis?

This question is concerned with primary caretakers and addresses:

- Behavioral, emotional, physical, social and cognitive functioning
- Reality orientation
- Life management
- Problem solving
- Communication
- Social support and relations
- Role performance
- Mental health
- Substance use

What are the general parenting practices in this family?

This question is concerned with overall parenting practices and what influences them and addresses:

- Age and child appropriate
- Sensitive to child's needs and limitations
- Realistic parenting in view of circumstances and intentions
- Creative parenting
- Satisfaction and motivation in parenting
- Reasonable expectations of a child
- Parenting style
- Parenting history

What are the disciplinary practices in this family?

This question focuses specifically on the socialization, direction giving, guidance, punishment & reward and teaching practices apparent in the family and addresses:

- Caretaker intention
- Caretaker self-control
- Purpose of disciplinary action
- Relationship to child's needs or caretaker's needs
- Methods
- Flexibility
- Appropriateness

What is the extent and nature of family connections and support?

The question is concerned with identifying crucial family connections and family resources that

might be utilized to help address potential CPS issues:

- Family capacity
- Family structure
- Family roles and responsibilities
- Degree of involvement with parents/caregivers and children
- Accessibility
- Flexibility
- Nature of the relationship

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*

Session 3

A Conceptual Framework for Child Safety Intervention

Estimated Time 75 Minutes (11:30 - 1:45)

Resources

- Slide *Session 3: A Conceptual Framework for Child Safety Intervention*
- Slide *Session Objectives*
- Handout *Family Case Narrative*
- Handout *Exercise: Differentiating Family Conditions*
- Slide/Handout *The Definition of Child Maltreatment*
- Slide/Handout *Definition of Family Conditions*
- Slide/Handout *Defining "Family"*
- Slide/Handout *Definition of Safety*
- Slide/Handout *How to Judge When a Family Condition Is a Threat to Child Safety*
- Slide/Handout *Imminence*
- Slide/Handout *Judging Out-of-Control*
- Slide/Handout *Summary: Unsafe Family Conditions*
- Handout *Key Definitions Associated with the Concept of Safety*

Equipment

- Flip chart and markers
- LCD projector and screen

Order/overview

1. Exercise: *Differentiating Family Conditions* (45 minutes)
2. Presentation: *Terms, Concepts and Definitions* (30 minutes)

Objectives

Participants will be able to:

- ◆ Define terms and concepts related to child safety that form a basis of decision-making criteria.
- ◆ Describe the threshold at which threats to safety exist.

EXERCISE (estimated time 30 minutes)

Differentiating Family Conditions

EXERCISE SET-UP (5 minutes)

Facilitation Points:

- **Slide** **Session 3 A Conceptual Framework for Child Safety Intervention**

This session lays out the conceptual foundation from which safety intervention is established.

- **Slide** **Session Objectives**

Participants will be able to:

Define terms and concepts related to child safety that form a basis of decision-making criteria.

Describe the threshold at which threats to safety exist.

- When assessing child safety, it is crucial to be really clear regarding the application of the concept of safety.
- Safety intervention (as represented in decision-making criteria, the decision-making process and forms that record judgments) depends entirely on concepts and terms. Concepts and defined terms are that important.

- This exercise provides a beginning for the discussion on what participants need to know regarding the concept of safety.
- The best way to start thinking about the concept of safety is to consider a case situation.

[Note to Trainer

- **This is a practice team exercise.**
- **The exercise involves two parts.**
- **For the first part of the exercise, participants will read a case narrative involving a family where there are allegations of child maltreatment.**
- **The second part of the exercise involves the practice teams answering questions associated with the case narrative. The questions can be located on the exercise handout sheet.**

Handout Family Case Narrative

Handout Exercise: Differentiating Family Conditions

- **Review exercise instructions with the group.**
- **Have practice teams write down their responses to their questions on newsprint and post them.]**

EXERCISE (estimated time 25 minutes)

Practice teams have 25 minutes to read the case narrative and answer the critical thinking questions.

DEBRIEFING (estimated time 15 minutes)

[Note to Trainer

- **Practice teams post their responses.**
- **Practice teams discuss what they identified for the first question.**
- **Consider whether there are differences in responses. Are the differences acceptable professional practices?**
- **Proceed by having each team share their responses to the second question. Again consider whether differences exist and are acceptable. Are the similarities and differences among the teams between the first question and second question within the range of acceptability? What is the meaning of the differences? What is the rationale for similarities and differences?**
- **Proceed to review team answers for the last question.**

- **Comment generally and seek clarification and rationale, but avoid making a lot of teaching points. Those will be covered during the presentation on concepts.**
- **Be prepared to use the teams' responses from this exercise to help illustrate the definitions and concepts that follow.]**

PRESENTATION (estimated time 30 minutes)

Terms, Concepts and Definitions

INTRODUCTION

Facilitation Points:

- The exercise provides an example of thinking about, “What is the concept of safety and how does it apply in practice?”
- The exercise is referred to as *Differentiating Family Conditions*.
- Differentiating family conditions is essentially what is done when assessing families.
- The intention is to make a distinction between those aspects of a family that are positive; those aspects of a family that are negative but not necessarily dangerous; and those aspects of a family that pose a specific danger to a child.
- To differentiate family conditions is to recognize that all of what one assesses in a family is not the same with respect to meaning or effect. That leads to the need to fully understand concepts, terms and definitions that promote safety assessment and decision-making.

DEFINITIONS

Facilitation Points:

- Child Maltreatment

Slide/Handout

Definition of Child Maltreatment

A caregiver's physical, emotional or sexual behavior (actions or inactions) toward a child that is harmful to a child's cognitive, social, emotional and/or physical development.

This is a definition that describes the dynamic or phenomenon of child maltreatment.

The important things to note in this definition are:

- ▶ There is emphasis on parenting behavior and parent-child interaction, both resulting in harm to a child.
- ▶ Child maltreatment refers to parent behavior that has occurred or is currently harmful.
- ▶ This definition does not distinguish whether the caregiver behavior that caused the harm is routine and typical or uncharacteristic.
- ▶ Nor does the definition qualify whether the harm caused to the child is mild to severe.

Every child that is maltreated is not unsafe!

The definition for maltreatment makes no distinction about the type of maltreatment or the severity of the maltreatment. To fit the definition, parental behavior could be mildly harmful to seriously harmful.

Children are only unsafe when the harm they are experiencing or might experience is severe. This will become clearer as additional definitions and ideas are reviewed.

Safety assessment qualifies the extent of harm apparent and associated with maltreating behavior.

- Family Conditions

Slide/Handout

Definition of Family Conditions

Caregiver behaviors, emotions, perceptions, capacities and/or family characteristics, interactions and/or family circumstances that form a picture of how a family system is functioning on a range of positive to negative.

The term “family conditions” was used in the exercise title to describe important qualities and characteristics of a family (positive and negative) that are considered for assessment and decision-making.

Family conditions occur as a daily representation of how a family operates.

Family conditions can be positive or negative and therefore are important for CPS decision-making.

Some family conditions (i.e., behaviors or emotions) are negative but are not necessarily alarming or out-of-control.

- Some family conditions are extremely negative; of immediate concern; and apt to have serious effects.
- Family conditions can be understood in such a way as to help inform CPS about whether a child's family, household, living circumstances are dangerous.
- In other words, negative family conditions that are extreme, severe and out-of-control are indicative of a dangerous environment, an environment in which a child is unsafe.

[Note to Trainer

- **It may be helpful for participants to understand the ideas expressed here by relating back to the differentiating family conditions exercise. What were the family conditions in the exercise case that were strengths or negative but not**

immediately concerning or negative and apparently threatening to a child's safety?

- **The use of the concept of family conditions is considered rather broadly here with respect to the family network; however, when speaking of threats of child safety, CPS focuses on dangerous family conditions that are apparent within a household where a child resides and are typically associated with caregivers and the child rather than the larger family network.]**
- Family

Slide/Handout Defining “Family”

An interdependent, intergenerational social unit comprised of a child's biological parents; siblings; grandparents; aunts; uncles; cousins; tribal clan and/or band network; and other tribal community supports.

As noted in a previous session, child safety is a family issue.

Focusing exclusively on the performance of a biological parent/primary caregiver is too limited a way to approach child safety assessment.

Understanding whether a child is unsafe requires CPS to consider the extent to which the “family” as defined is able to assure a child’s basic and safety needs are adequately met.

Since the family (as defined) serves the fundamental purpose of assuring that a child’s needs (basic and safety) are met, then safety assessment must involve a consideration for the family’s capacity to achieve this purpose.

Perhaps the initial focus of a CPS safety assessment may emphasize consideration of the immediate family and primary caregivers, but, ultimately, decisions regarding child safety and future case planning must take into account real and potential contributions of extended family, friends, clan, community, etc. in the care of the child.

Conceiving of the family in these broader terms is necessary for safety assessment and critical for safety planning.

- Child Safety

Slide/Handout Definition of Safety

Children are considered safe when there are no dangerous negative family conditions present that affect child safety.

Or

Children are considered safe when dangerous conditions are present that threaten the child, BUT the family has adequate capacity to manage the threats.

Note the definition for family provided earlier for application within this safety definition.

[Note to Trainer

- **Consider what participants think about this definition.**
Do you have any comments or thoughts about this definition?
How does it fit with what you know and believe?
- **Comment on how this definition fits with what practice teams came up with during the exercise in session 1: Child Safety in Your Indian Community...? - “How can you tell when a child is unsafe?”]**

- Family Conditions as Safety Threats

**Slide/Handout How to Judge When a Family Condition Is
a Threat to Child Safety**

Criteria for Threats to Child Safety:

Severity

A Vulnerable Child

Out-of-Control

A Specific Time Frame

*Observable, Specific Behavior, Emotion, Perception,
Attitude, Situation, etc.*

The child safety definition provides a foundation for understanding when children are safe.

Other ideas help to understand how to judge when children are not safe.

All negative family conditions occurring where a child lives do not threaten the safety of a child.

Only the negative family conditions associated with a child that meet the criteria set forth in this slide threaten the safety of a child.

These are the basic...sort of bottom line criteria...that must exist for a family condition to be considered a threat to child safety.

Severity is a necessary requirement for a family condition to represent a threat to child safety. The family condition occurs in a manner that will result in a severe effect on a child.

- Severity has to do with how badly a child has been harmed (the infliction of an injury – i.e., burn marks, scalding, etc.) as well as how badly a child might be harmed without intervention into family life.
- Severity is consistent with effects such as serious injury; serious illness; physical and emotional trauma; terror; disability; disfigurement; death.
- Of course, it is important to remember that how severe the effects of threatening family conditions are likely to be cannot be known for certain and cannot be predicted. CPS can only make a reasonable judgment about how severe an outcome might be.
- The reasonable judgment about how severe effects might be is based on the nature of the danger or threat and the vulnerability of the child. For example, a simple way to think of this is to consider how severe an effect might be given how a violent, aggressive and threatening person is toward a fragile, dependent child.

Vulnerability

- Child safety is never an issue unless a vulnerable child is involved!
- *What does that mean to participants?*

[Note to Trainer

- **Infants, small children...physical dependence**
- **Situational dependence...a child is not able to adequately deal with the situation he or she is in, e.g., too young to be left alone.**
- **Illness, medical needs**
- **Intellectual/mental disabilities**
- **A child who cannot protect self...cannot make needs known to others.**
- **“Vulnerable” does not exclude older children who, for whatever reason, are not able to protect themselves or seek help from protective others. Often older children are highly susceptible and defenseless to family members, sometimes more so than they are to strangers.]**

Out-of-Control

Out-of-control as a concept in understanding family conditions that are a threat to child safety is primarily concerned with parent/caregiver functioning.

Safety assessment considers the amount of control that a caregiver has over his/her behavior, emotions, etc. Additionally, safety assessment may focus on the amount of control a caregiver has over circumstances and situations within a family.

Child safety is an issue only when it is determined that behaviors, emotions, situations are “out-of-control.” This means that family conditions associated with a child (behaviors, emotions, attitudes, intent, living situations, other threatening individuals, etc.) have gotten to the point where there is a lack of restraint; an inability to direct or redirect one’s actions; an inability to bring under control things that are going on in family life or the home.

Effective safety assessment involves judging whether there are specific family conditions (i.e., behaviors, emotions, perceptions toward a child) that if allowed to continue unchecked by CPS will likely remain out of a caregiver’s control and could actually worsen without outside intervention.

[Note to Trainer

- **Participants are likely to understand this criterion when applied to a violent parent for instance.**
- **It is important for participants to understand that a child's immediate living/family situation may also be out-of-control (e.g., home or living arrangements, lack of emergency health care, community resources, relationships, social/emotional climate, chaotic life style, etc.).**
- **And yet, the question of control even when it involves a family situation returns to the capacity of the adults within the family to manage, organize and keep family conditions under control.**
- **Examples of control issues with adult caregivers include: violent, depressed, impulsive emotions and/or behavior, substance use.**
- **A child may be out-of-control and a threat to themselves or others. A child may provoke actions against themselves, may hurt themselves, may place themselves in dangerous situations. Parents/caregivers may not be able to control a child, resulting in a child not being safe.]**

A Specific Time Frame

A time element qualifies when a family condition is a threat to safety.

For a family condition to present a threat to a child, it must be active, happening now or soon.

The threat must be immediate.

Slide/ Handout Imminence

A family condition that is actively threatening to child safety or a compelling belief that threats to child safety are likely to become active without delay; a certainty about occurrence within the immediate to near future.

Imminence refers to the “present” and/or “near future.” Present means today, concurrent with the point of CPS contact with a family. Near future means that threats to child safety are likely to become active from tomorrow through the next several days.

While it may not be possible to know exactly when a family condition will become active and have effect, such a judgment can be made based on what seems reasonable or prudent.

“Reasonable” means: given the facts and what is known, a person believes that something could happen in the immediate future.

“Prudent” refers to the ability to make a sound and cautious judgment based on an interpretation of circumstance.

A family condition as a threat must be imminent. This concept reinforces the idea that a severe effect can be anticipated for certain and soon.

Observable, Specific Behavior, Emotion, Perception, Attitude, Situation, etc.

- Family conditions that pose a safety threat must be present, observable and it is clearly and reasonably explained how the negative family condition is out-of-control and has immediate implications for severe harm to a child.
 - ✓ Cannot be based on an intuitive or gut feeling.
 - ✓ Cannot be based on issues of caregiver – CPS worker agreement; acceptance; cooperation that are reflective of the worker-family relationship.
 - ✓ Cannot be based on injury or even severity of injury alone.
- Making sure that safety threats are clearly justified and understood helps CPS staff control bias and preconceptions.

JUDGING OUT-OF-CONTROL

Facilitation Points:

- **Slide/Handout** **Judging Out-of-Control**
 - duration*
 - consistency*
 - pervasiveness*
 - influence*
 - continuance*
- The objective of safety assessment is to make clear distinctions between negative family conditions that are concerning but not dangerous (refer to the criteria for judging family conditions) and family conditions that are out-of-control and represent a threat to a child's safety.
- How can participants know how to judge whether a family condition is out-of-control?

- When judging whether family conditions are out-of-control, consider the characteristics as listed on the slide.
 - ▶ Duration: It has been occurring for an established period of time.
 - ▶ Consistency: It occurs routinely.
 - ▶ Pervasiveness: It is widespread within overall family functioning and its effect is widespread too.
 - ▶ Influence: It is associated, stimulated, aroused by, induced or complicated by a distinct behavioral, social or emotional problem (e.g., addiction, mental disturbance, etc.).
 - ▶ Continuance: Without CPS intervention, the condition will continue to occur within an individual/family.

- Consider how these characteristics apply to any particular family condition that appears to be out-of-control. The confidence in judging whether a family condition is out-of-control increases or decreases with respect to how these characteristics are attributable to the family condition.

- Can the participants describe two case scenarios in which alcohol is used in two families, one where the family condition (substance use) is in-control and one where it is out-of-control? Can participants apply these characteristics to make the distinction between the two?

[Note to Trainer

- **The judgment that a family condition like caregiver alcohol use is out-of-control becomes much clearer if one can conclude that the drinking has been happening for a very long time; that it happens frequently every week; that it affects all aspects of individual and family life; that it is influenced by a person's despair or unhappiness; and that there is absolutely no indication that it will not continue.**
- **The judgment that a family condition like caregiver alcohol use is not out-of-control is also made easier by applying the characteristics. For instance, a person may have used alcohol for years but only infrequently and under certain circumstances; the alcohol use may not have affected the general performance of roles and responsibilities; may not have affected relationships; the alcohol use may be strictly for recreation; social interaction; or controlled diversion; while the alcohol use may continue, there may be no indication that it will change or worsen.]**

SUMMARY

- **Slide/Handout Summary: Unsafe Family Conditions**
 - ▶ *Safety is concerned with dangerous family conditions.*
 - ▶ *Safety is associated with severe maltreatment and extremely negative family conditions.*
 - ▶ *Severity is consistent with extreme harm or effects.*
 - ▶ *Safety is judged by family conditions that are out-of-control.*
 - ▶ *Because of the element of danger, safety concerns require an immediate response by CPS.*

- While effective safety intervention requires a clear distinction between risk and safety, it is important to emphasize that CPS maintains a responsibility for identifying and addressing maltreatment and risk as well as safety.

- The importance of being able to distinguish between maltreatment, risk and safety is related to decision-making that informs subsequent CPS intervention.

- *Can you see how understanding the definitions of maltreatment, risk and safety can make a huge difference in decision-making?*

[Note to Trainer

- **Intervention must proceed differently according to how a family condition is manifested (risk or safety threat). Therefore the purpose for intervention is different depending on whether the family issue is risk or safety.**
- **Understanding the two concepts of risk and safety help CPS know when and how to intervene.]**
- You recall from the previous slide “risk vs. safety” that risk applies to a well-being standard while safety, as again noted in this slide, relates only to those family conditions that are severe and the implications for intervention are immediate. This is fundamentally what drives the difference between safety intervention and treatment intervention.
- CPS addresses both risk influence and safety threats, but the nature of the intervention varies depending whether the family issue is risk or safety. Essentially, safety interventions are put into place to control and manage threats, while treatment interventions are intended to help produce change.
- **Handout Key Definitions Associated with the Concept of Safety**

[Note to trainer

- **The handout provides participants with the key definitions covered in session 3.**
- **Briefly review the definitions and provide clarifications as needed.**
- **Consider questions and participants' observations on any part of this session.]**

CLOSE SESSION

Session 3

Slides and Handouts

Fighting Bear Family Case Narrative

Mother: Charlene Fighting Bear
Father: Thomas Eagle Feather (mother's boyfriend)
Children: Elise, age 6
Jeremiah, age 4
Jasmine, age 3

1. What is the extent of the maltreatment?

- Lack of Supervision and Emotional Maltreatment.
- The initial family assessment revealed that the children (ages 6, 4 and 3) have been left home alone on at least two different occasions.

On one occasion, the children were left home alone for several hours before Tribal police eventually located the parents at the Casino. According to the parents, they believed that a cousin was going to be watching the children.

- In the latest incident, which occurred this past Saturday night, the children were left alone following a violent altercation between the mother and boyfriend.
- According to the children, Elise and Jeremiah, they observed the fight between their parents. At one point, it appears that Jeremiah attempted to try to intervene to stop the fighting. It also was suggested that Elise attempted to go get help from a neighbor but was unsuccessful.
- This domestic violence incident is not isolated as the children and extended family report that fighting between the parents has been an ongoing problem.

(Interviews with the children, parents, maternal GM, paternal aunt)

2. What are the circumstances surrounding the maltreatment?

- Last Saturday night, Charlene was entertaining a male friend at home. When Thomas left the bar at approximately midnight, he drove by her house and noticed the strange car parked in front of the house. He had been in the bar for several hours and was quite intoxicated at this point. He entered the house to confront Charlene and her company. Charlene's male friend quickly left the premises. Although Thomas had stated that Charlene was also drunk, she denied alcohol use, and there was no sign of any empty cans or bottles found by law enforcement on the premises except one Mike's Hard Lemonade bottle in the kitchen garbage.
- Thomas believed that Charlene was "having an affair" behind his back. Quickly his confrontation with Charlene became physically threatening. According to the children, Thomas threw Charlene onto the couch at which point it appears that Jeremiah attempted to stop the fighting.
- Both Thomas and Charlene denied that the fight became physical. Charlene stated that she left the home to avoid the threat of violence. She said that she did not want to wake up the children in the middle of the night, so she left them at home after Thomas promised he would stay at the home until she returned the next day.
- Thomas indicated that he took a brief "nap" on the couch and woke up around 1 AM. He left the house because he said that Charlene promised she would be back shortly so he assumed she was upstairs in her room and, besides that, since she got to live in the house with the children, it wasn't his place to stay there and be responsible for the children.
- Law enforcement and child protection were notified by a neighbor around 11 AM Sunday morning that the 3 children were outside crying in the yard and there didn't appear to be any adults at the house. While the children were being taken into custody, the children's auntie drove by and offered to be a placement resource for the children.
- Child protection had received two previous referrals regarding the neglect of the children, both of which were not assigned for an investigation.

3. How do the children function on a daily basis?

- Elise reportedly does fairly well in school. She is well liked by teachers and peers. She indicates that she enjoys going to school. Elise's teacher reports that she sometimes comes to school dirty and she will occasionally complain of being hungry.
- The children indicate that they do not always get to eat as much as they want but that their mom "usually gives them something."
- Elise states that she is "afraid" for mom and that she does "not want her to get hurt."
- Relatives indicate that the children are often dirty when they see them but otherwise they generally appear to be cared for.
- None of the children have any apparent delays and, for the most part, they seem well adjusted and appropriately able to express themselves.
- Jeremiah is sometimes excessively physically aggressive toward Jasmine.
- The children deny any abuse or neglect. They appear very much attached to both parents, but, as previously mentioned, the children are concerned about the fighting. When the children came into care, they were dirty and hungry but otherwise appeared in good health.

4. How do the adults in the home function on a daily basis?

Charlene Fighting Bear:

- Charlene is an enrolled member of the tribe.
- She works full-time as a secretary with Tribal Government.
- She is articulate and able to communicate her feelings, needs and concerns.
- Charlene describes herself as "hyper" and often "very anxious." She indicates that she is "always worried about what's going to happen next." When she gets "wound up," she has a hard time calming down. Along this same line, she reports that she frequently has difficulty sleeping.

- She says that she tries to stay positive but sometimes feels annoyed with everyone.
- It appears that Charlene can make friends very easily, but she admits that she has difficulty holding onto them.
- Charlene and Thomas were living together in a home up until a few months ago when they separated due to an incident of domestic violence where Charlene received a black eye after being struck by Thomas. However, it appears that Thomas continues to reside in the home as often as not.
- She minimizes the domestic violence and believes that "things have been blown out of proportion."
- On one hand, she suggests that she can take care of herself but immediately acknowledges that she needs to "be careful" how she says things to Thomas.
- On the surface, Charlene presents as overly excitable and energetic, but it appears that she may question her own self-worth. She indicates that she has always had problems with relationships and that that the difficulty was usually her fault.
- Charlene denies having a substance abuse problem but does admit that she occasionally will have a drink "socially."

Thomas Eagle Feather:

- Thomas is an enrolled member of the Tribe.
- Thomas was not particularly open to talking with CPS. While he was not closed or overtly resistant, he was apprehensive.
- Thomas is currently unemployed but he believes that he can get a job at any time working as a cook in the community. He states that he "works when he has to."
- Although verbally assertive and articulate, Thomas appears to have difficulty communicating and expressing feelings and concerns.
- Although somewhat difficult to assess, it appears that he tends to be somewhat rigid in his thinking. He seems to have difficulty empathizing with others.
- He cannot appropriately manage his emotions and tends to be reactive.
- He can be threatening and physically aggressive (i.e., domestic violence).
- Thomas has no criminal record.
- He admits that he can become angry easily but denies any violence toward Charlene.
- Thomas denies substance usage, although reports from other family members seem to suggest that he does use alcohol and,

on occasion, possibly marijuana. While it is unclear whether his substance usage is excessive, it has been suggested that he may become more volatile when using.

5. What are the general parenting practices?

- Charlene is the primary caregiver in the home.
- Reportedly, Thomas is not residing with Charlene and the children (at least not full-time).
- Both parents appear attached to the children.
- Generally there is good interaction between the children and the parents.
- The mother does admit that she sometimes feels “annoyed” and “frustrated” with the kids.
- She states that it has been more difficult managing the household since Thomas moved out. She says it is hard working all day and then trying to get dinner ready and then get the children to bed.
- There is some indication of inconsistency in parenting. Basic needs appear to be met at a minimal level but meals are occasionally skipped or the children will fend for themselves. Further, there appears to be occasional lapses with maintaining the children’s personal hygiene and laundry.
- When asked about the children’s fear related to the violence in the home and Jeremiah attempting to stop the fighting, neither the mother nor father seemed overly concerned. The parents did not seem particularly sensitive to the fact that the children were being directly exposed to the family violence.

6. What are the disciplinary practices?

- Generally the disciplinary approaches seem appropriate.
- The mother describes the children as being “very good”- suggesting that she hardly ever has to “redirect” them.
- She reports that often the children learn “their lessons on their own.”
- The only concern noted is that the mother will sometime fail to step in and prevent the 4 year-old from being excessively aggressive with the 3 year-old.
- Both parents deny using any physical discipline with the children.

7. What is the extent and nature of family connections and supports?

- There are family members on both sides of the family that are traditional. They indicate that they are very willing to be involved and help but only if it is requested by Charlene and Thomas.
- Charlene currently relies heavily on family members to help with the children while she is at work (i.e., daycare, transportation, etc.).
- The extended family was initially reluctant to discuss the situation but, eventually, it became clear that they are concerned about the welfare of the children and are frustrated.
- Both Thomas and Charlene are very good at accessing community resources.

Differentiating Family Conditions:
The Concept of Safety

Instructions:

The Fighting Bear case narrative will be used for this exercise. Read the narrative and answer the questions with respect to the case information.

Purpose:

The purpose of this exercise is to examine family conditions associated with the basic concept of safety. In your practice teams, please consider and discuss your perceptions regarding issues 1 – 3 below.

Please write your team's observations on newsprint and post. Be prepared to provide a brief rationale for your answers.

Issue 1:

- Identify any qualities, characteristics, behaviors, emotions, etc. within the Fighting Bear family that appear to be extremely negative, out-of-control and reasonably could be a threat to child safety in the near future (i.e., now through the next several days).

Issue 2:

- Identify negative conditions and/or characteristics in the Fighting Bear family that are concerning and CPS related BUT NOT likely to pose an immediate or severe threat to the children's safety.

Issue 3:

- Identify strengths that you observe in the Fighting Bear family that might be used/supported in future CPS intervention.

Key Definitions Associated with the Concept of Safety

Definition of Child Maltreatment

A caregiver's physical, emotional or sexual behavior (actions or inactions) toward a child that is harmful to a child's cognitive, social, emotional and/or physical development.

Risk of Maltreatment

The likelihood (chance, potential, prospect) for parenting behavior that is harmful to a child's development and those with caregiver responsibility are unwilling or unable to behave differently.

Definition of Family Conditions

Caregiver behaviors, emotions, perceptions, capacities and/or family characteristics, interactions and/or family circumstances that form a picture of how a family system is functioning on a range of positive to negative.

Defining "Family"

An interdependent, intergenerational social unit comprised of a child's biological parents; siblings; grandparents; aunts; uncles; cousins; tribal clan and/or band network; and other tribal community supports.

Definition of Safety

Children are considered safe when there are no dangerous negative family conditions present that affect child safety.

Or

Children are considered safe when dangerous conditions are present that threaten the child, BUT the family has adequate capacity to manage the threats.

Imminence

A family condition that is actively threatening to child safety or a compelling belief that threats to child safety are likely to become active without delay; a certainty about occurrence within the immediate to near future.

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*

Session 4

***Child Safety Decision-Making Throughout
the CPS Investigation***

Estimated Time 75 Minutes (1:45 – 3:00)

Resources

- Slide *Session 4: Child Safety Decision-Making Throughout the CPS Investigation Process*
- Slide *Session Objectives*
- Handout *The Investigation Process and Child Safety Decision-Making Points*
- Slide/Handout *Present Danger: Evaluating Child Safety at Initial Contact*
- Slide/Handout *Safety Decision-Making Process: Compare and Contrast*
- Slide/Handout *Definition of Safety Threat*
- Loose Handout *Safety Threats*
- Slide *Defining Family*
- Slide/Handout *Determining Family Role, Capacity and Willingness to Protect*
- Slide *Determining Family Capacity/ Willingness: Areas of Consideration*

Equipment

- Flip chart and markers
- LCD projector and screen

Order/overview

1. Discussion: Key Safety Decision-Making Points (25 minutes)
2. Review: Safety Threats (15 minutes)
3. Brainstorm: Safety Assessment: Evaluating Family Capacity and Willingness (35 minutes)

Objectives

Participants will be able to:

- ◆ Describe the intervention process for safety evaluation and planning.
- ◆ Define key safety decision-making points.
- ◆ Identify and describe standardized safety threats.

DISCUSSION (estimated time 25 minutes)

The CPS Investigation Process and Safety Decision-Making

INTRODUCTION

- **Slide** **Session 4: Child Safety Decision-Making Throughout the CPS Investigation Process**
- **Slide** **Session Objectives**

Participants will be able to:

Describe the intervention process for safety evaluation and planning.

Define key safety decision-making points.

Identify and describe standardized safety threats.

CPS INVESTIGATION PROCESS & CHILD SAFETY

DECISION-MAKING (20 minutes)

Facilitation Points:

- **Handout** **The CPS Investigation Process and Child Safety Decision-Making Points**
- This case process provides a procedural view of the initial assessment with a family and emphasizes the safety decision points.

- Discussion points:
 - ▶ *Is it important to have uniformity among CPS workers when assessing safety?*
 - ▶ *Can uniformity exist in practice (safety assessment) while still promoting the important value of individualization?*
 - ▶ *Should there be a structured process for making safety decisions? If so, why should there be a process...an orderly way of intervening?*
 - ▶ *Does a defined concept for safety and the use of standardized decision-making criteria increase consistency and fairness?*

[Note to Trainer

- **Fairness and equity require that all families referred to CPS be provided a response by CPS that is the same - a standardized professional approach to intervention. Professionalism demands that families do not experience differences in how they are treated based on who might be assigned a case; what the nature of the maltreatment is that is alleged against them; history with the agency; reputation in the community; what is reported in a referral; the time of day**

or week a referral is received; how a family's situation compares to other families; and so forth.

- **A standardized professional intervention approach refers to expectations and procedures that assure that CPS staff members apply themselves in the same manner in every case. This includes uniform practices related to worker-family interaction, information gathering, decision-making and action taken.**
- **A standardized professional approach as suggested by the handout process chart improves consistency among staff in how they intervene.**
- **A standardized professional approach provides specific guidance concerning activities included in intervention and decision-making that supports intervention. The process chart demonstrates a visual of how stability and uniformity can be achieved.**
- **A standardized professional approach governed by the CPS process can make life for a worker easier and result in fairer handling of cases and families.]**

- The CPS Investigation Process includes safety intervention to help to assure that there is a rational, logical, progressive and sequential approach to making decisions.
- The CPS Investigation Process includes a safety intervention process as a component to increase thoroughness and rigor in safety assessment and safety planning. It provides structure and guards against shortcutting critical decisions.
- Without the CPS Investigation Process, which requires the application of safety concept and safety decision-making criteria, safety decision-making can be inconsistent and incorrect among cases and workers.

[Note to Trainer

- **Thoroughly review the CPS Investigation Process.**
- **While reviewing the investigation process, emphasize the relevant safety intervention decision-making points and safety response requirements.]**

- **Intake**

Within the CPS Investigation Process, the first safety decision is concerned with how quickly tribal CPS must respond on a referral of child maltreatment. How soon must CPS meet with the family?

The *urgency for the response* decision is based on indications that there is reported information about the family suggesting the presence of immediate danger to a child.

For examples:

- A report indicates that a child is seriously injured and in need of immediate medical care.
- A report indicates a family has no heat in the home and the temperature is going to be 10 below tonight.
- A child reports to her teacher that the mother's boyfriend is sexually abusing her and she is afraid to go home.

It is evident that that these case examples would require an urgent response.

- **Initial Contact with the Family**

At the point of initial contact with the family, CPS should seek to determine whether any immediate safety threats described in the referral are accurate (i.e., does the child need immediate medical care, is there no method for keep the family/children warm, etc.)?

Beyond the specific concerns noted in the referral information, CPS must determine if there are any other threats to child safety that are immediately apparent at the point of contact or emerge during the course of the interview(s) with family members.

The primary focus for considering child safety at initial contact with the child is present danger.

Slide/Handout Definition of Present Danger

An immediate, significant and clearly observable dangerous condition occurring in the present tense, immediately (currently) threatening to endanger a child, and therefore, requiring an immediate CPS safety action.

There are some key words in the definition:

Immediate

- ▶ What is threatening to a child is happening now before the worker's eyes. CPS is in the midst of danger. Now!

Significant and clearly observable

- ▶ The condition that is immediately threatening is quite vivid and notable. These are threats to safety that are transparent. Present danger does not require interpretation. It's obvious.

What are some examples of present danger that you might experience on cases--particularly at the point of initial contact with a family?

[Note to Trainer

- **A vulnerable child is unsupervised at the point of contact.**
- **Caregivers are incoherent or intoxicated during the initial contact.**
- **A child has severe injuries or multiple injuries.**
- **A caregiver is acting bizarre; is totally disoriented; is out of touch with reality.]**

The handout indicates that, when present danger is observed during an initial contact with the family, immediate protective action must be taken to assure child safety.

When present danger exists, the immediate focus of intervention must be what can be done the same day to secure the safety of the child so that the investigation can proceed.

Immediate protective action may involve:

1. Placing the child with kin or in foster care.
2. Having a reliable caregiver move into the home
Immediately.

Can participants identify other actions that can be taken within your tribal community to control present danger?

Whatever the action taken, it must occur the same day as present danger is identified.

[Note to Trainer

- **It is absolutely important to emphasize that any safety action taken during the initial contact to protect a child from present danger is strictly temporary.**
- **Immediate safety action to protect against present danger is done to assure the child is safe while allowing for the continuation of a thorough, comprehensive investigation.**
- **This immediate safety action is ONLY intended: 1) to keep a child safe through temporary means, thus enabling CPS to gather sufficient information; 2) to complete the investigation; 3) to fully understand the family; 4) to assess for the presence of threats to child safety; and, then, 5) to consider the need for modifying or eliminating the immediate protective action at the conclusion of the investigation, based on the sufficiency of information obtained about the family.]**

Continued Information Gathering

While the CPS Investigation Process chart (handout) does not indicate level of effort, the work necessary to complete a thorough safety assessment can require multiple visits with the family (parents, caregivers, relatives, etc.).

Once present danger has been addressed, CPS can proceed in gathering sufficient information about the family circumstances to gain a full understanding of what is happening in the family, including questions of child safety.

Do participants remember the 7 fundamental questions for safety assessment and planning?

Information collection during investigation, in all interviews, in all related collateral contacts is guided by the 7 questions.

The 7 questions provide the “data base” from which investigation conclusions are made; additionally this is the “data base” from which safety assessment and future case planning is accomplished.

Conclusion of Investigation Information Gathering

Safety assessment concludes with the identification of dangerous negative conditions that represent safety threats.

Do participants recall the criteria for an unsafe child that was introduced in session 3, page 14, “Criteria for Threats to Child Safety”?

The necessary ingredients for a negative condition to be considered a safety threat are that the condition is:

- Severe,
- Out-of-control,
- Directed at a vulnerable child,
- Imminent (reasonably certain to have serious effects on a child soon), and
- Observable and specific (in the form of behavior, emotion, perception, attitude, situation, etc.).

When you have gathered sufficient information to answer the 7 assessment questions, you can develop a more comprehensive understanding regarding whether safety threats exist within the day-to-day functioning of a family.

By identifying one of the 10 standardized safety threats you can reach a conclusion that a child is unsafe. The conclusion about whether threats to child safety exist and the selection of safety threats

from the list are based on understanding of the negative conditions identified with the answers to the 7 assessment questions.

Again, a conclusion about whether a child is unsafe is based on 1) the identification of the presence of threats to child safety; 2) a judgment about the family's capacity to protect a child from the threats to child safety; and 3) a judgment about the willingness of the family to assure the protection of a child from threats to safety.

[Note to Trainer

- **These last two facilitation points emphasize how the definition for safety serves as the ultimate anchor for understanding, explaining, judging when a child is safe. *A child is safe when there are no threats or when there are threats but there are sufficient protective capacities in the family to mitigate against the threats.***
- **Identifying safety threats on a standardized list (or what has become accepted as safety assessment criteria) does not result in a conclusion that a child is unsafe. It makes a record of the conclusion that threats to a child's safety exist. The existence of threats is only one aspect of the definition for an unsafe child; the other has to do with capacity to protect; capacity to protect must always be qualified by "willingness" to apply the capacity too.]**

If it is judged that no threat to child safety exists (e.g., none of the 10 safety threats apply), the next step in the process is to disengage any protective action that has been taken and proceed with closing the case or opening for continuing services.

If it is judged that threats to child safety exist (e.g., one or more of the 10 safety threats are indicated), the next step is to judge the ability and willingness of a responsible caregiver or family members to protect the child against threats to safety.

If CPS judges that there is capacity and willingness within the family to protect against threats to child safety, then, there is no requirement for a CPS managed safety plan. Normally one would expect that, if threats to safety exist, the case will remain open to CPS for the purpose of providing services to reduce the threats. Such service proceeds while the family assures the child is protected.

If CPS judges that there is insufficient capacity within a family to protect against threats to child safety or those within the family are unwilling or unable to perform that responsibility, then, the child is judged to be unsafe and the next step is to conduct a safety analysis which considers the quality and nature of how safety threats are manifested and what is required to provide a sufficient safety plan to protect the child.

Safety Analysis and Planning

There are critical thinking questions to be asked and decisions that must be made during safety analysis that lead to the development of a response sufficient to address identified threats to child safety.

Essentially, safety analysis and safety planning involves determining the most appropriate safety plan for a family and includes the specific development of that plan.

[Note to Trainer

Inform the group that safety analysis and planning will be addressed in detail in a later session.]

COMPARISON TO PARTICIPANTS' CURRENT APPROACH

(5 minutes)

[Note to Trainer

- **Conduct a brief discussion of how what has been considered related to the CPS Investigation Process and, in particular, that which applied to safety assessment and decision-making compares to participants' experience and the current approach to safety intervention.**
- **Slide/Handout Safety Decision-Making Process: Compare and Contrast**
- **How does this process differ from how participants currently approach safety intervention; safety decision; responding to threats to safety?**
- **Do participants follow a process now?**
- **Do participants employ standard information collection and application?**
- **What benefits or challenges do participants see related to their way of approaching the job; to safety decision-making guided by a process with specific expectations?]**

DISCUSSION AND REVIEW (estimated length 15 minutes)

The 10 Standardized Safety Threats

[Note to Trainer

Inform participants that the 10 standardized safety threats are to be applied during the CPS Investigation Process at the “Conclusion of the CPS Investigation Information Gathering.”]

Facilitation Points:

- The remainder of this session is devoted to the standard for judging child safety at the conclusion of the investigation.
- The standard for judging child safety also can be thought of as the criteria for judging child safety – the means by which child safety is measured.
- **Slide/ Handout Definition of Safety Threat**

Behaviors, emotions, motives, attitudes, thoughts, perceptions, capacities or situations that are out-of-control and exposing a vulnerable child to imminent severe harm

- The definition for safety threat is related to the definition for child safety and the necessary criteria for safety introduced in the previous session. In particular, “dangerous conditions” identified in the child safety definition is synonymous with “safety threat.” All the qualifications provided for in Session 3 concerned with dangerous conditions apply to safety threats.
- Notice that the concern here is for behaviors and emotions, etc. that are out-of-control.
- Safety threats are revealed and understood as a result of gaining adequate information related to the 7 assessment questions that support a safety assessment.
- **There are 10 standardized safety threats.**
- These 10 safety threats are adapted from standardized safety threats that are common among all safety decision-making models nationally.
- These have been adapted specifically for use by Tribal CPS with Indian families.
- **Loose Handout Safety Threats**

[Note to Trainer

- **Review the handout in detail.**
- **Suggest examples and ask participants if they can come up with additional ones.**
- **Respond to questions.**
- **Clarify as needed.**
- **Reinforce that these safety threats only refer to a threshold consistent with “extreme, severe, significant.” For example, one safety threat says that a parent lacks sufficient knowledge. This does not apply in general terms but only to knowledge required to protect or assure safety.**
- **Again point out that clarity regarding what constitutes a safety threat vs. risk will help to inform decision-making associated with subsequent intervention.**
- **The ten standardized safety factors provide guidance regarding negative family conditions that are consistent with the safety threshold. Each factor relates only to effects on child safety which will have implications for immediate CPS intervention: safety planning.**

- **This cannot be emphasized enough because workers have the tendency to judge these with respect to problems in the family that may be of concern but do not rise to the safety threshold. It is important to remember that the safety threshold is concerned with safety threats that are likely to produce severe effects such as serious injury, trauma, terror, disablement, disfigurement, death.**
- **Determine to what extent participants seem to get a grasp of the safety threats and know from this session when they are applied in safety assessment.]**

PRACTICE TEAM DISCUSSION (estimated length 35 minutes)

Safety Assessment:

Determining the Family Capacity and Willingness to Protect

DISCUSSION SET-UP

[Note to Trainer

- **As part of the safety assessment, it is vital to consider and determine the role and capacity of the “larger” tribal family system (the family resources beyond primary caregiver and parents) to make sure that a child is safe. That is the purpose of this experience.**
- **This discussion provides an opportunity for practice teams to consider the point in the CPS Assessment/Safety Intervention Process concerned with caregiver and family capacity and willingness to protect a child from threats to child safety.**
- **The matter of concern is whether a family on its own, without assistance from CPS, can assure that a child is protected from threats to child safety as identified in a safety assessment.**
- **When safety threats exist, can a family manage them?**

- **This discussion should be considerate of how “family” has been defined.**

Remind participants of the definition for “family.”]

***Slide Only* Defining “Family”**

An interdependent, intergenerational social unit comprised of a child’s biological parents; siblings; grandparents; aunts; uncles; cousins; tribal clan and/or band network; and other tribal community supports.

Facilitation Points:

- This is not a definition of mainstream American families. Do participants believe there is a need for a broader definition for “family” when providing CPS in an Indian Community? Why?
- Within an Indian community, what role does the family network or “family” have in terms of assisting with the protection of children?
- Unlike the mainstream culture where families tend to be more isolated and cut off from natural resources and supports, many Native families rely a great deal on a network of caregivers, relatives and other tribal supports to assist in the role of child protection.
- Effective safety assessment with Indian families takes into account this important cultural characteristic. This improves confidence in

the safety decision and acknowledges the importance of Tribal CPS being involved with a family.

- There is a lot at stake with the decision about a family's capacity and willingness to protect a child from threats to safety. This judgment involves whether a family as defined can independently manage any safety concerns that have been identified during the course of a CPS assessment.
- This discussion focuses on this important aspect of safety assessment.

DISCUSSION

[Note to Trainer

- **Practice teams participate in a 20 minute discussion.**
- **Practice teams consider the questions set forth on the slide.]**
- **Slide/Handout Determining the Family Role, Capacity and Willingness to Protect**
- *What information would one need to know in order to make an informed decision regarding a family's ability to assure child safety?*
- *What steps should be taken to get this information?*

DEBRIEFING

[Note to Trainer

- **Each team can share one of their responses to the first question.**
- **Write the responses down on newsprint.**
- **Go around the room and have each team share a response until you have a completed list. Post the responses upon the wall.**
- **Proceed to the 2nd question. Ask the teams to share the steps they would take for accessing this information.**
- **It is the trainer's option to decide about whether or not to write their responses down on newsprint or simply to further the discussion highlighting ideas, strategies and steps.]**

Facilitation Points:

- The following slide provides items concerned with information that is needed to judge capacity and willingness; the items on the slide can be considered along with the lists generated by teams.

Slide Only Determining Family Capacity and Willingness: Areas of Consideration

- ❖ *Availability of family supports and resources*
(That can be applied directly to being protective.)
- ❖ *Specific roles and responsibilities that can be related to protection*
(That are identified, understood, known by everyone, have been in place and active or are now established in response to the threats.)
- ❖ *Physical, behavioral, emotional and cognitive capacity to protect*
- ❖ *Recognition of safety threats by family*
- ❖ *Likely to respond to safety threats by family*
(Upon recognizing threats to child safety, the family mobilizes itself to take action immediately of its own initiative.)

- ❖ *History of protective behavior among parents, caregivers, other family members*
(Refers to specific evidence of having been protective, having acted, or routinely being in a protective role.)

- ❖ *Relationship of family members with child*
(Refers to a supportive, caring relationship with the child; an identification of the importance of the child; connection to the child.)

- ❖ *Family member's empathy for the child*
(Specific sensitivity and compassion for the child's situation and experience and need to remain with family members.)

- ❖ *Strengths in the parents, caregivers, child, grandparents, aunts/uncles, etc.*
(Generally with respect to functioning, but specific to being protective as well.)

- ❖ *Family relationship with parents*
(Satisfactory; loving or at least accepting of the person; understanding but not accepting of safety threats; firm about protectiveness; involved.)

- ❖ *Family viewpoint of the parents*
(Accurate with respect to safety threats; parenting capacity; failure to protect; strengths and limitations.)

- ❖ *Family reliability and motivation*
(Totally dependable; internally motivated to take care of its members.)
 - ❖ *Family's continued commitment to protective role*
(Evidence and believability of commitment.)
 - ❖ *Reasonableness of family response*
(CPS believes it will work; it is logical; do-able; makes sense.)
 - ❖ *Sufficient response by the family*
(What the family can and will do adequately address the safety threats and how they are manifested.)
 - ❖ *Family is not prevented by caregivers from protecting*
 - ❖ *The family's plan to protect is reasonable and acceptable*
(Refers to a plan that has been in existence; a plan that the family comes up with given the onset of safety threats.)
- A significant amount of information is necessary to have confidence in a family's capacity and willingness to assure protection for a child from threats to safety.
 - Understandably, it can take multiple visits and meetings with family members during an investigation in order to reach a conclusion

about a child' safety when considering the responsibility of a family to protect.

- Assessment includes parents and/or immediate caregivers, all those who comprise the family, and tribal supports.

CLOSE SESSION

Session 4
Slides and Handouts

The CPS Investigation Process and Child Safety Decision-Making Points

Intake
Are there indications of present danger identified in the referral?
Urgency: How quickly does an initial contact with the family need to be made?



Initial Contact
Do observable family conditions indicate that a child is in present danger?

Yes



Take immediate protective action.

No



Proceed with Investigation Information Gathering.



Continued Information Gathering:
Seven Questions Fundamental to Evaluating Child Safety

1. What is the extent of the maltreatment?
2. What are the surrounding circumstances of the maltreatment?
3. How does the child function?
4. How do adult caregivers function?
5. What are the general parenting practices?
6. What are the disciplinary practices?
7. What is the extent and nature of family connections and support?



**Conclusion of the CPS Investigation Information Gathering
Safety Assessment**

- Is there an indication of extremely negative family conditions that are out-of-control?
- What is your judgment regarding the family's role, capacity and willingness to alleviate concerning issues?
- Based on the 10 standardized safety factors, is the child safe? (Impending Danger)?

Yes

No



Child is Safe

- Dismiss the immediate protection plan - (If placement occurred, return child home).
- Refer for community services and close case **or**
- Proceed with ongoing CPS.

Child is Unsafe

- Proceed to safety analysis and safety planning.



Safety Analysis and Planning

- How are safety threats manifested in the family?
- What is the most appropriate and least restrictive approach for assuring child safety?
- What type of safety plan is indicated?
- What specific actions must be taken to control and manage safety threats?
- What is the judgment regarding the sufficiency of the identified safety plan?



Conclusion of CPS Investigation Process

Assure Effective Implementation of Safety Plan and Proceed with Ongoing CPS

Tribal CPS Safety Threats Definitions and Examples

“Safety Threat” is defined as:

Behaviors, emotions, motives, attitudes, thoughts, perceptions, capacities or situations that are out-of-control and exposing a vulnerable child to imminent severe harm.

There are ten Safety Threats provided for completing a safety assessment. These 10 Safety Threats meet the threshold for danger. In order for one of these 10 Safety Threats to be ascribed to a family, there must be a vulnerable child present within the family. A vulnerable child is a child that is unable to protect themselves due to size, age, cognitive capacities, emotional status, medical disability, etc.

In order for one of these 10 Safety Threats to be ascribed to a child’s caregivers or home, the negative conditions and concerns identified as a result of your investigation must be out-of-control and, therefore, the prudent judgment is that a vulnerable child is endangered given the current status of the home environment. To justify that a negative condition is “out-of-control,” the concerning behaviors, emotions, perceptions, etc. should be habitual and routinely evident and reasonably expected to significantly affect an adult’s general functioning and specific caregiver role performance.

The 10 Standardized Safety Threats and Related Examples

1. A person in a direct caregiver role is ***violent***.
 - A tendency toward violence;
 - No ability to effectively manage stress and no impulse control;
 - Extreme intolerance toward others and frequent explosive reaction and outbursts as a way of dealing with situations;
 - Indications of routine physical aggression;
 - Indications of impulsive and extreme harsh physical discipline;
 - Indications that there was an intent to inflict pain on a child, not necessarily associated with discipline;
 - Described by others as a dangerous person;
 - Domestic violence;
 - Known violence within the community, against others;
 - Reacts through physical aggression including hitting, throwing things, intimidation, threatening physical behavior, etc.

2. A person in a direct caregiver role ***cannot control substance usage.***
 - Extreme use of drugs, alcohol or other illegal substances that seriously impair primary role performance as an adult and/or caregiver;
 - The use of substances has a pervasive impact on the overall family dynamics in such a way as to affect child safety;
 - A primary caregiver is drunk, stoned or passed out a significant amount of time;
 - Substance use reduces family resources in ways that affect child safety;
 - The substance usage significantly negatively impacts the interaction between the user and others;
 - Drug exposed child;
 - Substance abuse lifestyle including involvement with dangerous people.

3. A person in a direct caregiver role has ***significant mental health issues*** which are not under control.
 - Severe depression, anxiety and/or other mental health conditions that are immobilizing (i.e., cannot get out of bed, not feeding self or children, cannot leave the home, etc.);
 - Distorted perception of reality;
 - Inability to manage emotions and/or perceptions negatively impacts general functioning and influences the care of a child;
 - Caregiver(s) whose mental health status significantly impacts their ability to control their behavior in ways that threaten child safety.

4. A person in a direct caregiver role ***fails to provide minimal basic care including food; clothing; medical care; adequate safe shelter and supervision.***
 - A physically or mentally disabled/incapacitated caregiver is unable to adequately assure that a child's basic/safety needs are met;
 - No food is provided or maintained in household;
 - Family resources are being used elsewhere and, therefore, basic needs of the children are not been met (i.e., impulsive spending, gambling, substance usage, etc.);
 - Children are purposefully being deprived food for extended periods;
 - Indication of significant role reversal and the responsibility placed on the child to care for themselves is extreme and unreasonable given the child's capacity;

- Caregiver(s) are absent from the home for lengthy periods of time;
- Caregiver does not adequately oversee and manage a child while in the home (i.e., allows child to get into dangerous situations that are inconsistent with cultural norm);
- Caregiver(s) makes inadequate or inappropriate child care arrangements;
- Child abandonment;
- The home (dwelling) is a physical or health hazard;
- Caregiver(s) do not assure that a child receives medical care necessary for essential and immediate health and well-being (related to acute needs and serious medical conditions).

5. A person in a direct caregiver role ***lacks essential knowledge and skill for providing basic needs and supervision.***

- A caregiver'(s) intellectual or cognitive capacity prevents their ability to adequately assure that basic and safety needs are met;
- A young caregiver does not have adequate knowledge regarding caring for child's immediate and protective needs, which influences caregiver role performance;
- Expectations of child are unreasonable and inconsistent with child's capacity;
- Caregiver does not appropriately recognize what is essential basic care or does not understand how to provide it.

6. A person in a direct caregiver role has an ***extremely distorted and/or harmful perception of a child.***

- Caregiver has an extreme aversion to caring for a child;
- Views the child as punishing them or torturing them;
- Describes child in extremely negative terms;
- Views the child as being different and undesirable;
- The child has taken on the same identity as someone who the parent hates or is hostile toward;
- Emotionally abusive and demeaning to the point of terrorizing a child;
- Perceives child in pseudo-sexual terms;
- Has acted out sexually toward a child;
- Caregiver demonstrates extreme emotional dependency on a child that influences their interactions;
- Caregiver(s) blames child for their personal problems.

7. A person in a direct caregiver role has *caused serious physical harm to a child and the caregiver is not remorseful.*
- Has caused severe physical injuries (i.e., injuries to face and head, multiple injuries, burns, fractures, etc.) which may require continued medical treatment, **and:**
 - Caregiver's expression of regard is not believable or is self-serving;
 - Caregiver(s) justify their actions;
 - Blaming the child or believe that the child got what he/she deserved;
 - Do not or are unable to demonstrate empathy for the injured child;
 - Does not acknowledge any guilt or wrong-doing;
 - Show no empathy for the child's suffering, insensitive to the child's condition;
 - Denies the seriousness of the injury and the child's condition;
 - Does not view the seriousness of the injury as dangerous.
8. A child has an *injury that appears to be non-accidental in nature and is unexplained* by the caregivers.
- A reasonable and prudent judgment by CPS and/or law enforcement and/or medical staff that an injury is non-accidental **and:**
 - Caregiver(s) are unable to explain the origin of the injury;
 - There may be an expression of concern but no explanation;
 - Explanations are inconsistent or unreasonable given the nature of the injury.
9. A child has *significant and exceptional* needs that the immediate caregivers cannot or will not adequately meet.
- Child has a severe mental health or medical condition that is not being addressed;
 - Child has a significant physical disability that is not adequately being addressed;
 - Caregiver'(s) lack of follow-through in providing necessary medication poses a threat to a child's safety;
 - Caregiver(s) do not recognize or fully appreciate a child's exceptional condition, which results in the child being placed in situations where there is potential for the child to be in danger.

10. A child has had a significant number of *home disruptions* and there are possible indications that *caregivers will flee*, and/or the child expresses specific and reasonable *fear of the current home situation*.

- Indications that a child has been moved repeatedly from home to home;
- Child has been moved back and forth repeatedly from caregiver to caregiver;
- The family has moved repeatedly from one geographic location to another;
- There is a precedence for avoidance and flight, **and/or:**
- The child indicates specific fear of people and circumstances in his or her current living situation that is reasonably threatening;
- The child's fear is specific and the description of the threats against him or her seems reasonable.

Objectives

Participants will be able to:

- ◆ Complete a safety assessment.
- ◆ Determine if a child is safe.

VIDEO DEMONSTRATION (estimated length 75 minutes)

Cheromiah Family

INTRODUCTION (5 minutes)

Facilitation Points:

- **Slide Session 5: Safety Assessment Following the Investigation**
- **Slide Session Objectives**

This session provides an opportunity for observing and critiquing safety assessment interviews, determining if safety threats exist and documenting applicable safety threats.

The session involves observing interviews with members of the Cheromiah family.

[Note to Trainer

- **Handout The Cheromiah Family Referral Information**
- **The practice teams review the referral information prior to watching the video.**
- **Following the reading of the referral, determine if there are any questions or a need for clarification.**

- **This is a video demonstration of interviews occurring during a tribal CPS assessment/investigation. The video demonstration includes 6 CPS assessment interviews with family members.**
- **The video demonstrations do not show “complete” interviews (in their entirety) in the interest of workshop time.**
- **Participants will see portions of each interview, which provide necessary information about the Cheromiah family to complete the exercise.**
- **The exercise requires practice teams to complete a safety assessment of the Cheromiah family.**
- **The interviews are:**
 1. **Maternal aunt and cousin approximately 10 minutes.**
 2. **A child, Jimmy, approximately 5 minutes.**
 3. **A child, Collin, approximately 8 minutes.**
 4. **An initial interview with father, Benny, approximately 5 minutes.**
 5. **Mother, Mary, approximately 15 minutes.**
 6. **A second interview with father, Benny, approximately 20 minutes.]**

VIDEO (63 minutes running time)

[Note to Trainer

- **If a break is to be given during the video demonstration, the preferred time is up to the interview with the mother.**

- **If a break is given, it is recommended that it be brief given the time demands within the session.]**

DEBRIEFING OF VIDEO DEMONSTRATION (5 minutes)

[Note to Trainer

- **Conduct a brief discussion concerning the quality of the interviews including worker style and interaction with family members.**
 - ▶ **Did the worker gather important information for assessing child safety?**
 - ▶ **How did the process and interview structure fit with how you would have conducted these interviews?**
 - ▶ **What would you have done differently?**
 - ▶ **Are there cultural adjustments that you would have made when conducting this assessment?**

- **After discussing the video demonstration, adjourn the group for the day.**
- **Participants will complete safety assessments on the Cheromiah case at the beginning of the second day.]**

EXERCISE (estimated length 60 minutes)

Completed Safety Assessment on the Cheromiah Family

EXERCISE SET-UP (15 minutes)

[Note to Trainer

- **Determine if there are any questions regarding material covered in the first day's sessions.**
- **The beginning activity is to complete a safety assessment on the Cheromiah family.**
- **Participants are encouraged to refer to the loose handout from session 4, *Tribal CPS Safety Threats*, when considering and justifying their safety decisions.**
- **Handout Blank Safety Assessment Training Form**
- **Quickly review the handout.]**

Facilitation Points:

- This is a “generic” safety assessment format that we are using specifically for this workshop. Its use or adaptation for use in the field is strictly optional.
- The first section on this training safety assessment asks about the vulnerability of children. What is a vulnerable child?
- The second section: Safety Threat Identification is where you consider whether any of the 10 standardized safety threats are indicated in the Cheremiah case.

You can check these safety threats only if you have information from the assessment interviews that is consistent with the safety threshold for one of these factors.

1. Go through the list and check any of the safety threats that you believe may be supported by case information.
2. For those safety threats that you identify, provide a specific description of how the safety threats that you check exist within or apply to the Cheremiah family.
3. Your description of the safety threats must clearly justify your judgment that it exists.

- Checking any one of these 10 safety threats is an indication that a threat to child safety exists. When a safety threat is indicated, always complete Section III.
- When no safety threat is indicated, the child is safe; proceed to Section IV and indicate the child is safe.
- Section III Safety Assessment of the Family's Capacity to Protect asks you to consider 16 necessary requirements to qualify that a family can and will protect against the threats that have been identified in Section II.
- Section III is to be completed only if one or more safety threats have been identified.
- A "yes" answer means that a family possesses that particular characteristic; a "no" answer means they do not. If you are unsure about how to answer the item, it should be answered "no."
- A family must possess all the characteristics in order to be considered protective of a child, to be judged that they can manage and control threats that have been identified.

[Note to Trainer

- **It is crucial to understand that the assessment done on the capacities of the family to protect is concerned with absolutes. The judgment results in a reliance on a child being safe. The assessment must leave no question about a family's capacity, intention and sufficiency. That is why a single indication of "no" suggests that a child is unsafe, the family cannot assure the protection of the child on it's own and CPS must remain involved.**
- **It is important to again emphasize that this is not to suggest that if a child is safe but at risk that CPS will not or should remain involved. CPS may continue to have involvement with a family to help address risk but the nature of the intervention will focus more on case planning and treatment vs. immediate safety planning and control of threats.]**
- Section IV is concerned with a conclusion about whether the child is safe. This is the purpose of this form: to reach a decision about child safety which is predicated on whether there are threats and family protectiveness.
- Children are judged to be unsafe if one or more safety threats have been identified and one or more family capacities have been identified as "no." This means child safety is threatened and the family is not being considered for protecting the child.

- Children are considered safe when there are no safety threats or when there are safety threats, but all family capacities were identified as “yes.” This is consistent with the definition for child safety.
- This form has been designed for use in this workshop for participants to document a safety assessment.
- Remember the safety assessment is based on the information obtained from the interviews that were observed yesterday afternoon.
- Before getting started with the exercise, are there any questions regarding the interviews yesterday with the Cheremiah family?

EXERCISE (25 minutes)

- In this exercise, participants can choose to work individually at completing a safety assessment on the Cheremiah family or work as a team.
- The exercise takes 25 minutes which includes assessing safety and documenting conclusions.

DEBRIEFING (20 minutes)

[Note to Trainer:

- Teams or individuals share what they concluded for the first section concerned with vulnerability.
 - ▶ *Is there a vulnerable child in this case?*
 - ▶ *Who?*
 - ▶ *Rationale?*
- Everyone participates in considering safety threats that should have been identified.
 - ▶ Review each safety threat.
 - ▶ Going down the list of the 10 safety threats one by one, determine how participants answered each safety factor.
 - ▶ Seek rationale and inquire about differences in opinion.

- **Loose Handout** **Completed Example: Cheromiah Safety Assessment**

- **Briefly review the completed example.**
- **Provide the rationale for the “correct” safety threats, those that should have been selected.**
- **Provide the rationale for the “correct” protective capacities.**
 - ▶ **Item 2 is checked “no” because there is no indication that the aunt and cousin have had or now have any designated role or responsibility for caregiving.**
 - ▶ **Item 10 is checked “no” because the father’s relationship with the aunt and cousin is strained; the family is supportive of the mother but blames the father for her problems, which he is aware of.**
 - ▶ **Item 15 is checked “no” because there are only two family members we can use to be resources; they have not been involved as caregivers before; while they could be helpful to take responsibility for child safety, it is too large a leap in the current circumstances; they do not live close by.**
 - ▶ **Item 16 is checked “no” because of the strained relationship between family members and the father and his reluctance to have them involved. The father has not sought help from family members.**
 - ▶ **Item 17 is checked “no” because the family (aunt and cousin) have no plan. They have general ideas but not a cohesive, specific plan of how to protect the children.]**

CLOSE SESSION

Session 5
Slides and Handouts

Tribal CPS: Referral for Services

Family Name: Cheromiah **Date:** Today

Family Demographics:

Mother: Mary Cheromiah **Age:** 31

Father: Benny Cheromiah **Age:** 36

Children: Lucus Whitehorse **Age:** 14
(Lucus is currently at boarding school in California.)

Collin Cheromiah **Age:** 12

Jimmy Cheromiah **Age:** 10

Christine Cheromiah **Age:** 2

Other Family Members:

Maternal Aunt: Delores Whitehorse

Maternal Cousin: Verlanda Whitehorse

Referral Information

Tribal law enforcement was contacted by the Fire Department regarding three children, ages 12, 10, and 2 who were home alone when their trailer caught fire. The fire started in the kitchen as a result of cooking grease igniting from the stove. The fire ended up burning the kitchen countertop and a small section of the back porch. The children, Collin and Jimmy, and a neighbor (who happened to be driving by the home when he saw the smoke) had extinguished the fire by the time the fire department arrived.

According to the children, the parents Mary and Benny Cheromiah, were “at a party” when the house caught fire. The neighbor, who helped put out the fire, reported that it was his understanding that the parents may have been gone for several hours before the fire started. The neighbor stated that he does not know much about the family, but his wife has told him that she thinks that the children are frequently left home alone.

There have been three previous reports to CPS on the Cheromiah family. One report was for Lucus (the oldest child) not going to school and some delinquency issues. The two other reports were for neglect and lack of supervision.

According to relatives, CPS was involved with Mary when she was a child due to allegations of physical abuse. It was also reported that the maternal grandmother (Mary’s mother) was killed in a car accident when Mary was 10 years old.

Current Whereabouts of the Children

Arrangements were made with Tribal law enforcement for the children to be transported to the home of the Maternal Aunt. The parents could not be located prior to the children being placed with their aunt.

Video

Cheromiah Family

Safety Assessment Worksheet

(Use for training purposes.)

Section I.

- Is there a vulnerable child in the home?
 Yes (Proceed to Safety Factor Identification.)
 No (The child is considered safe.)

Explain:

Section II. Safety Threat Identification

1. A person in a direct caregiver role is **violent**. (i.e., immediate, extended and/or tribal clan or band)

- Yes
- No

Describe:

2. A person in a direct caregiver role **cannot control substance usage** which affects the safety of the child(ren).

- Yes
- No

Describe:

3. A person in a direct caregiver role has **significant mental health issues** which they cannot control and affects the safety of the child(ren).

Yes

No

Describe:

4. A person in a direct caregiver role **fails to provide minimal basic care including food, clothing, shelter and supervision**, which affects the safety of the child(ren).

Yes

No

Describe:

5. A person in a direct caregiver role **lacks essential knowledge and skill for providing basic needs and supervision**, which affects the safety of the child(ren).

Yes

No

Describe:

6. A person in a direct caregiver role has an ***extremely distorted and/or harmful perception of a child***, which affects the safety of the child(ren).

Yes

No

Describe:

7. A person in a direct caregiver role has ***caused physical harm to a child and the caregiver is not remorseful***.

Yes

No

Describe:

8. A child has an ***injury that appears to be non-accidental in nature and is unexplained*** by the caregivers.

Yes

No

Describe:

9. A child has ***significant and exceptional needs that family members in a direct caregiver role cannot or will not adequately meet*** which affects child safety.

Yes

No

Describe:

10. A child has had a significant number of ***home disruptions*** and there are possible indications that ***family members in a direct caregiver role will flee, and/or*** the child expresses specific and reasonable ***fear of the current home situation.***

Yes

No

Describe:

(If no safety threats exist, proceed to Section IV.)

Section III. Safety Assessment of the Family's Capacity to Protect

1. The family possesses availability supports and resources to protect. Yes No
2. Specific roles and responsibilities in the family can be related to protection. Yes No
3. The family possesses sufficient physical, behavioral, emotional and cognitive capacity to protect. Yes No
4. The family recognizes the dangerous safety threats. Yes No
5. The likely response of the family to danger is to be protective. Yes No
6. The family has a history of protective behavior. Yes No
7. The family's relationship with child is caring. Yes No
8. The family demonstrates empathy for the child. Yes No
9. Family strengths that can be applied for protection are apparent. Yes No
10. The family's relationship with primary caregivers is appropriate while supportive of the child. Yes No
11. The family views the primary caregivers accurately. Yes No
12. The family is reliable and motivated to provide protection. Yes No
13. The family is committed to its protective role. Yes No
14. The family's response to the safety threats and CPS involvement is reasonable. Yes No

15. What the family can do and is willing to do is sufficient to protect the child. Yes No

16. The family is allowed by caregivers or others to provide protection. Yes No

17. The family's plan to protect is reasonable/acceptable. Yes No

Section IV. Safety Assessment Conclusion

- Safe: No safety threats were identified.
- Safe: Safety threats are identified, but all family capacities were identified as "Yes."
- Unsafe: One or more safety threats were identified, and one or more family capacities were identified as "No."

Safety Assessment Worksheet
Cheromiah Family
(Use for training purposes.)

Section I.

- Is there a vulnerable child in the home?
 - Yes** (Proceed to Safety threat Identification.)
 - No** (The child is considered safe.)

Explain:

The youngest child, Christine, is 2 years old and cannot protect herself. While the older children are less vulnerable due to their age, the fact that they are left to fend for themselves and their sister for extended periods of time has increased their vulnerability. The circumstance that resulted in the latest referral (the house fire) is but one example where the children's vulnerability in the home is evidenced.

Section II. Safety Threat Identification

1. A person in a direct caregiver role is **violent**. (i.e., immediate, extended and/or tribal clan or band)

- Yes
- No**

Describe:

2. A person in a direct caregiver role **cannot control substance usage** which affects the safety of the child(ren).

- Yes**
- No**

Describe:

Both Benny and Mary's substance usage is resulting in them abdicating their parental role. The parents appear to excessively binge drink alcohol for days at a time. The drinking usually appears to occur outside of the home--at friends' homes or, as Mary indicates, "drinking parties." It is when the parents leave for these parties that the children are left to care for themselves. Benny may occasionally leave the home by himself during the week; however, most weekends Mary tends to go with him. It appears that while gone from the home, Benny and Mary consume alcohol to the point of intoxication. Both Mary and Benny tend to minimize the significance of their substance usage in terms of the influence it has on family functioning.

3. A person in a direct caregiver role has **significant mental health issues** which they cannot control and affects the safety of the child(ren).

Yes

No

Describe:

4. A person in a direct caregiver role **fails to provide minimal basic care including food, clothing, shelter and supervision**, which affects the safety of the child(ren).

Yes

No

Describe:

The children are frequently left home alone for extended periods of time. The mother indicated that on one occasion the children were left home alone for approximately 3 to 4 days straight. More often it appears that the children may be left unsupervised, with no adult in the home, at least once a week. This is more likely to occur on weekends and often the parents may stay out all night, not returning home until the next day or the day after that. The older children are often expected to care for their little sister while the parents are gone. This includes responsibility not only for supervising their sister but also feeding her. It was further suggested that even when the mother is in the home, Jimmy will stay home from school to help out around the house and watch after his sister.

5. A person in a direct caregiver role **lacks essential knowledge and skill for providing basic needs and supervision**, which affects the safety of the child(ren).

Yes

No

Describe:

6. A person in a direct caregiver role has an ***extremely distorted and/or harmful perception of a child***, which affects the safety of the child(ren).

Yes

No

Describe:

7. A person in a direct caregiver role has ***caused physical harm to a child and the caregiver is not remorseful***.

Yes

No

Describe:

8. A child has an ***injury that appears to be non-accidental in nature and is unexplained*** by the caregivers.

Yes

No

Describe:

9. A child has ***significant and exceptional needs that family members in a direct caregiver role cannot or will not adequately meet*** which affects child safety.

Yes

No

Describe:

10. A child has had a significant number of ***home disruptions*** and there are possible indications that ***family members in a direct caregiver role will flee, and/or*** the child expresses specific and reasonable ***fear of the current home situation.***

Yes

No

Describe:

(If no safety threats exist, proceed to Section IV.)

Section III. Safety Assessment of the Family's Capacity to Protect

1. The family possesses availability supports and resources to protect. Yes No
2. Specific roles and responsibilities in the family can be related to protection. Yes No
3. The family possesses sufficient physical, behavioral, emotional and cognitive capacity to protect. Yes No
4. The family recognizes the dangerous safety threats. Yes No
5. The likely response of the family to danger is to be protective. Yes No
6. The family has a history of protective behavior. Yes No
7. The family's relationship with child is caring. Yes No
8. The family demonstrates empathy for the child. Yes No
9. Family strengths that can be applied for protection are apparent. Yes No
10. The family's relationship with primary caregivers is appropriate while supportive of the child. Yes No
11. The family views the primary caregivers accurately. Yes No
12. The family is reliable and motivated to provide protection. Yes No
13. The family is committed to its protective role. Yes No
14. The family's response to the safety threats and CPS involvement is reasonable. Yes No

15. What the family can do and is willing to do is sufficient to protect the child. Yes **No**

16. The family is allowed by caregivers or others to provide protection. Yes **No**

17. The family's plan to protect is reasonable/acceptable. Yes **No**

Section IV. Safety Assessment Conclusion

- Safe:** No safety threats were identified.
- Safe:** Safety threats are identified, but all family capacities were identified as "Yes."
- Unsafe:** One or more safety threats were identified and one or more family capacities identified as "No."

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*

Session 6

Safety Analysis: Determining the Level of Sufficiency

Estimated Time 100 Minutes (10:15 – 12:00)

Resources

- Slide *Session 6: Safety Analysis: Determining the Level of Sufficiency*
- Slide *Session Objectives*
- Slide/Handout *Definition of Safety Analysis*
- Slide/Handout *Safety Analysis: Determining Sufficiency*
- Slide/Handout *Continuum for Safety Planning*
- Slide/Handout *Considering the Potential for an In-Home Safety Plan: What Must Be Analyzed?*
- Video *Cheremiah Family Initial Assessment: Safety Analysis Interview*
- Handout *Cheremiah Family: Determining Safety Plan Sufficiency*

Equipment

- LCD projector and screen
- Flip chart and markers
- TV and VCR

Order/overview

- | | | |
|----|--------------------------|-----------------------------------------------|
| 1. | Presentation/Discussion: | Safety Analysis (20 minutes) |
| 2. | Video: Cheromiah Family: | Safety Analysis (20 minutes) |
| 3. | Exercise: | Cheromiah Family Safety Analysis (60 minutes) |

Objectives

Participants will be able to:

- ◆ Explain sufficiency as it relates to managing safety in-home plans.
- ◆ Describe a step-by-step analysis for determining that a safety plan is sufficient.
- ◆ Identify the worker-caregiver interaction necessary for making judgments regarding sufficiency of a safety plan.

PRESENTATION/DISCUSSION (estimated time 20 minutes)

Safety Analysis

INTRODUCTION (2 – 3 minutes)

- **Slide** **Session 6: Safety Analysis: Determining the Level of Sufficiency**
- **Slide** **Session Objectives**

Participants will be able to:

Explain sufficiency as it relates to managing safety in safety plans.

Describe a step-by-step analysis for determining that a safety plan is sufficient.

Identify the worker-caregiver interaction necessary for making judgments regarding sufficiency of a safety plan.

[Note to Trainer

- **Begin the session by quickly referring the group back to the handout “CPS Investigation Process and Child Safety Decision-Making Points.” This handout was introduced in Session 4.**
- **Review the second page of the handout to provide a context for the discussion with respect to where safety analysis is in the CPS assessment process.]**

Facilitation Points:

- At the conclusion of the CPS investigation, when a child is judged to be unsafe (i.e., 1 of the 10 safety threats has been selected; no protective family), then you proceed with safety analysis and planning.
- When any of the 10 safety threats are identified and a judgment is made that a family cannot or will not protect a child, a safety plan must be established. But what kind of safety plan is most appropriate? How does a person know what kind of safety plan is indicated?
- This session addresses how to create the correct safety plan.

SAFETY ANALYSIS (8 – 9 minutes)

Facilitation Points:

- Safety analysis is the critical step that immediately follows the judgment that a child is unsafe.
- Definition of safety analysis

Slide/Handout Definition of Safety Analysis

Safety analysis is the methodical process that a worker goes through in order to determine the type of safety plan necessary for a family and to begin considering what that plan will look like.

[Note to Trainer

- **Conduct a discussion. Use the following question to stimulate thought and interest.**
 - ▶ *Let's say you have concerns about a child that is unsafe...how do you decide what to do when establishing a safety plan? Challenge as you see fit around detail and process for making decisions.*
 - ▶ *How do you know when a safety plan is effective?*
 - ▶ *How do you make a decision regarding whether to remove a child or try and keep a child in his or her home?*

- **Seek responses from a number of people in the group. Consider how consistent participants are in their opinions. Consider the meaning and implications of participants' opinions.]**
- Defining Sufficiency

This discussion has to do with the issue of determining the sufficiency of a safety plan.

The issue of sufficiency, to a large extent, is concerned with the degree of confidence a worker has in a safety plan being effective.

Slide Safety Analysis: Determining Sufficiency

A cautious and practical judgment by a worker and a supervisor regarding the degree of outside involvement and the level of effort necessary for assuring that a CPS safety plan will be reasonably effective in protecting a child.

There are a few key points that need to be emphasized in this definition.

Degree of outside involvement:

- Regarding the “degree of outside involvement,” a thorough safety analysis assures that extensive efforts are made to prevent the removal of a child from his/her home.
- The analysis is concerned with arriving at the appropriate level of CPS involvement necessary for helping a family assure child safety.
- The efforts taken by Tribal CPS to prevent the automatic removal of children are not about giving families chances; it is about best practice; it about what is fair and respectful.
- Safety analysis is essentially about carefully evaluating the feasibility of utilizing a safety plan other than out-of-home care!

Level of effort:

- The level of effort represents the analysis related to understanding what family network and/or community resources are available to assist with a CPS managed safety plan.
- The level of effort also has to do with judging the extent of family and CPS assistance that would be required to keep a child safely in the home.

- This has to do with the level of response, service or activity within a safety plan in order to keep a kid safely in the home/prevent removal—that is, the tasks, steps and/or types of safety services required, and also the allotment of time necessary to control safety concerns.

Individualization of CPS Responses

- Safety analysis emphasizes **individualization**. This values the importance of fitting safety intervention to the uniqueness of the family.
- Professional safety intervention and practice requires a recognition that not all families where children are unsafe require the same degree of outside involvement from CPS (i.e., placement) when it comes to safety planning.

Slide/Handout Continuum for Safety Planning

- ▶ *A CPS managed in-home safety plan*
- ▶ *A combination in-home and out-of-home safety plan (Kinship Placement)*
- ▶ *A kinship placement*
- ▶ *A licensed foster care placement*

The options for safety plans exist along a continuum from least to most intrusive.

These various safety plans are on a continuum from least restrictive to most restrictive.

CPS Managed In-Home Safety Plans

- The CPS managed in-home safety plan is formally developed with the inclusion of the parents/caregiver and family network's participation and is overseen by CPS.
- While CPS maintains the responsibility for implementation and oversight, the actual safety intervention involves informal and/or formal providers, extended family and other caregivers.
- The in-home safety plan occurs with the children remaining in the home; some or all of the safety services comprising the safety plan may occur within the caregivers' home.

Combination of In-Home and Out-of-Home Safety Plans

- The nature of how safety threats occur may require a safety plan that combines in-home and out-of-home options. The out-of-home option may be necessary because a safety threat is active in a certain defined way and time which demands a child be out of the home.

Out-of-Home Placement

- The CPS managed out-of-home safety plan (kinship and then licensed foster care) is the most restrictive option.
- The remainder of this session will focus on how you go about determining which safety plan is most appropriate.

DETERMINING THE RIGHT SAFETY PLAN (8 – 9 minutes)

- **Slide/Handout Considering the Potential for an In-Home Safety Plan: What Must Be Analyzed?**
- With respect to determining the sufficiency of a safety plan and specifically, whether an in-home safety plan is an appropriate option for a family, a worker must analyze the relationship between a number of pieces of information including:
 - ▶ *Parent/ Caregiver Protective Capacities*
 - ▶ *Stability of the Home Environment*
 - ▶ *Caregiver Reaction and Willingness*
 - ▶ *How Safety Threats Are Manifested*
 - ▶ *Level of Effort and Resource Availability*
 - ▶ *Family Network Protective Capacities*

Parent/Caregiver Protective Capacities

- Even when a parent may not be able to take care of safety on their own, they may possess protective capacities that contribute to or are supportive of a successful in-home safety plan.
- Protective capacities are strengths that are specifically associated with the caregiver role. In other words, these are qualities and characteristics that are necessary for effective parenting.

- Protective capacities/strengths are important when thinking about developing an in-home safety plan.
- For instance, physical ability to support the in-home safety plan, being reality-oriented, a parent who is attached to her child are examples of protective capacities that are relevant to supporting an in-home safety plan.

Stability of Home Environment

- To have confidence in the effectiveness of an in-home safety plan, the home environment must be calm and stable enough (at least at a minimal level) so that safety interventions can be coordinated within the home.
- There should be at least some semblance of structure; consistency in daily life and those who frequent the home and a family routine.
- For instance, think about whether an in-home safety plan is feasible if the family and household are chaotic or there is a presence of gang activity or the home is a crack house or a drug deal is happening.

Willingness

- This analysis question can be very difficult because parental/caregiver reaction to Tribal CPS may vary significantly due to historical and personal issues.
- The difficulty with this analysis question goes back to the earlier discussion regarding the absolute need to be aware of potential “historical trauma” when dealing with families and how these experiences might influence their perception and reaction to CPS.
- It is important that it is very clear what is being meant here by the use of the term “caregiver willingness.”
- The question concerned with caregiver willingness does not have to do with them acknowledging threats to child safety; agreeing that there is a need for a safety plan; or being open to changing their lives.
- The term “willingness” refers to caregivers being cooperative and accepting of the implementation of a safety plan in their home.

- The “willingness” question is perhaps the most difficult to analyze because it requires consideration of caregiver responses such as manipulation; fake cooperation; passive aggressiveness; fatalism; and genuine commitment to allow an in-home safety plan to be implemented with a supportive or, at a minimum, non interfering attitude.
- When considering what “willingness looks like,” it is worth repeating that caution needs to be taken not to misinterpret behaviors and reactions to CPS as an automatic indication that a parent is “uncooperative.”
- Make the effort to try and empathize and understand why a parent or caregiver might be reacting a certain way.
- A parent who presents as angry, distrustful, passive, unable to recognize problems or disagrees with your assessment of the extent of family problems is not necessarily unwilling to cooperate and support an in-home plan.

As safety analysis considers parental reaction, judgment about willingness should be balanced. Effective safety analysis discerns between how a person may react specifically with CPS and considers if there are deeper implications regarding parental/ caregiver reaction and their commitment to a safety plan.

How Are Threats Manifested?

- *It is necessary to have a specific understanding with respect to how safety threats are manifested.*
- *Why is this important when considering the potential for an in-home safety plan?*

[Note to Trainer

The better one understands how threats are manifested, the more individualized, the more comprehensive and focused the safety plan will be. Better understanding of safety threats results in more effective safety plans as well as case plans.]

- Understanding how safety threats are manifested requires that you have information regarding the duration of threats; when and how likely threats occur; under what circumstances threats are more likely to exist, etc.
- Understanding when a safety threat occurs or is active is critical. Families do not operate on a work week schedule.
- A safety plan must take into account the family's routine and safety threat activity throughout the week – every day; any day; all day long; weekends and so forth.

- Safety plans are only effective if they are flexible and capable of being comprehensive. Flexible and comprehensive means safety management coverage that is available based on how safety threats are operating. In some cases, this may mean that safety management coverage may need to be available 24 hours, 7 days/week.

[Note to Trainer

- **The notion of flexibility and comprehensiveness should not confuse the participant to think this refers to having safety services in the home every day, all day long or around the clock.**
- **The point is that safety management must occur at any time a safety threat is active and threatening to a child's safety.**
- **Safety plans cannot be based on the convenience of the work week, work schedules or when providers say they can be available.]**

Level of Effort and Resources

- This question is concerned with exactly what must be done to assure that safety threats are controlled.
- The requirement is to match and assure that safety services or actions within a safety plan reasonably can be judged to directly relate to the safety threats.
- In preparing to put a plan together, one analyzes to determine the level of effort needed to control for safety threats.
- Given how safety threats are manifested, what will it take in terms of necessary in-home safety services/actions to keep the children safe in the home?
- Once the required level of effort to manage safety has been determined, a judgment must be made about potential resources that can be deployed.
 - ▶ What resources are immediately available to be applied in the safety plan?
 - ▶ How accessible are those resources to the family?

Family Network Protective Capacities

- Protective capacities were discussed in an earlier session.
- As a result of the safety assessment, there will probably already be some information related to strengths in the family network that can be used for safety planning and further reinforced and enhanced as part of CPS case planning efforts.
- This analysis question also requires CPS to reconsider the appropriateness of potential in-home safety service providers.
- Questions or Clarifications:
 - ▶ *Is the purpose for safety analysis clear?*
 - ▶ *Are the analysis questions/issues clear?*
- The result of the safety analysis
 - ▶ The safety analysis results in decisions to implement an in-home safety plan or implement a combination of an in-home and out-of-home plan or rules out the use of any in-home options and confirms the need for an out-of-home plan.
 - ▶ Without a high degree of confidence that the safety analysis supports an in-home safety plan, then the decision should be that placement (kinship or foster care) is the most appropriate safety plan (at least for the present).

VIDEO (estimated time 20 minutes)

Cheromiah Family: Safety Analysis

VIDEO SET-UP (5 minutes)

Facilitation Points:

- The purpose of this video is to provide a demonstration of a brief safety analysis interview.
- The interview again involves the Cheromiah family.
- The video provides information that will be used in the exercise that follows.
- The video provides a brief portion of the actual interview (which normally one would expect to be much longer and more comprehensive in nature).
- This interview is occurring at the conclusion of the CPS investigation following the collection of sufficient information (as per the 7 questions).

- This safety analysis interview is occurring approximately a week or so following the last interview with the father that was observed earlier. The children continue to reside with the maternal aunt. The parents have had a few visits with the child at the aunt's home.
- The worker has returned to the parents' home to determine what safety plan is sufficient for the children. During the interview, the worker will begin exploring the safety analysis questions discussed a moment ago.
- While watching the video, participants should consider in general terms the potential for an in-home safety plan with the Cheromiah family.

VIDEO (15 minutes)

- The video takes 15 minutes.

EXERCISE (estimated length 60 minutes)

Cheromiah Family Safety Analysis

EXERCISE SET-UP (5 minutes)

[Note to Trainer

- **Handout** **Cheromiah Family: Determining Safety Plan Sufficiency**
- **This is a practice team exercise.**
- **Review exercise instructions in the handout.**
- **Instruct the teams to answer the questions in the exercise handout by considering what they already know about this family coupled with their initial impressions from the safety analysis vignette that they just finished viewing.**
- **When meeting in their practice teams, instruct them to consider, discuss and comment on the analysis questions listed in the exercise handout.**
- **It is possible that there may be some unanswered questions that have not been fully explored. That's fine! Encourage groups to brainstorm about what additional information they would want to know and how precisely they would go about accessing that information.]**

EXERCISE (25 minutes)

- **Teams have 25 minutes to complete the exercise.**

DEBRIEFING (30 minutes)

[Note to Trainer

- **Facilitate an open discussion with all teams regarding their answers and perspectives related to the safety analysis questions.**
- **Begin the discussion by asking each team to share their perceptions regarding caregiver protective capacities.**
- **Proceed through each analysis question one at a time eliciting feedback from each practice team. Seek rationale for opinions.**
- **As teams begin sharing what other additional information they would want and need to know in order to heighten their confidence, you may want to consider jotting their responses down on flip chart paper.**
- **Do the teams believe that the home environment is stable enough to implement an in-home safety plan?**

- **Regarding caregiver reaction and willingness, what were the teams' initial impressions? Do the parents seem to be willing to accept and cooperate with an in-home safety plan? What rationale do teams provide?**

- **Proceed to the question(s) regarding how threats are manifested and family network resources.**

- **Conclude the debriefing by asking the teams what their decision might be regarding the use of an in-home safety plan with the Cheromiah family.**
 - ▶ *Based on your safety analysis, what is your group's opinion regarding the potential for a CPS managed in-home safety plan? Rationale?*

 - ▶ *What other observations do you have about the safety analysis process?*

 - ▶ *What is the group's perception regarding the level of rigor that is required to make an informed judgment regarding the most appropriate safety plan?*

- **Emphasize that effective safety decision-making that includes safety assessment or safety analysis and planning as well as ongoing treatment intervention relies on purposeful meetings and/or interactions with family members to gather necessary information for making informed judgments.**
- **It is critical that that safety analysis occurs. There must be a methodical process one uses to rule in or rule out an in-home safety plan and determine that an out-of-home placement is necessary. It is critical to always begin from a mentality of least intrusive and work from there.]**

CLOSE SESSION

Session 6
Slides and Handouts

Video

Cheromiah Family

PRACTICE TEAM EXERCISE

CHEROMIAH FAMILY: DETERMINING SAFETY PLAN SUFFICIENCY

EXERCISE INSTRUCTIONS:

Based on all the case information gathered up to this point (all previous investigation interviews) and including the safety analysis interview that you just observed, discuss and answer each of the following key safety analysis questions.

KEY SAFETY ANALYSIS ISSUES

Protective Capacities

What caregiver protective capacities do Benny and Mary demonstrate?
(Caregiver protective capacities are specific strengths associated with the caregiver role. These strengths represent qualities and characteristics associated with effective parenting practice {i.e., recognition of child's needs, age and culturally appropriate expectations of a child, etc.}.)

Does the home environment appear minimally stable? Provide rationale for your group's judgment.

Caregiver Reaction and Willingness

What is your impression regarding Mary and Benny's reaction to the worker and to CPS involvement?

What is your impression regarding Mary and Benny's perception and attitude regarding the identified safety factors?

What are Mary and Benny's willingness to accept and be involved with continued safety intervention and possibly the use of an in-home safety plan?

Committed? _____

Trustworthy? _____

Genuine Cooperation? _____

It is likely that the brief segment from the safety analysis interview did not reveal adequate information to have confidence in the willingness decision.

What additional information would you want to know from Mary and Benny to have confidence? What additional questions might you ask in order to gauge Mary and Benny's willingness to support an in-home safety plan?

Manifestation of Safety Factors

What circumstances influence safety factors?

What impact do the safety factors have on the children?

How predictable and how frequently are the safety factors an issue?

Resources

What resources are available to assist with an in-home safety plan? What are the protective capacities (strengths) of the family network?

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*

Session 7

Family Centered Practice and Child Safety Planning

Estimated Time

90 Minutes (1:00 – 2:30)

Resources

- Slide *Session 7: Family Centered Practice And Child Safety Planning*
- Slide *Session Objectives*
- Slide/Handout *The Tribal CPS Worker-Family Partnership*
- Slide/Handout *Purposes of Family Partnership for Safety Planning*
- Slide/Handout *Balancing Family Involvement and CPS Accountability*
- Slide/Handout *Areas Where There Must Be No Compromise and Negotiation*
- Slide/Handout *Defining Family Group Conferencing*
- Slide *Preparing for a Family Group Conference*
- Handout *Family Group Conferencing and Safety Planning*
- Video *Cheremiah Family: Family Group Conference*

Equipment

- LCD projector and screen
- Flip chart and markers
- TV/VCR

Order/overview

1. Discussion: Building Family Partnerships for Safety Sake (20 minutes)
2. Discussion/
Presentation: Balancing Family Involvement and CPS Accountability (25 minutes)
3. Video Demo: Developing Safety Plans through Family Group Conferencing (45 minutes)

Objectives

Participants will be able to:

- ◆ Explain the importance of family partnerships as a resource for creating and implementing safety plans.
- ◆ Describe how the family partnership supports a family's capacity to assure child safety, permanency and well-being.
- ◆ Explain the strategy of family conferencing as a partnership method for developing safety plans.

DISCUSSION (estimated time 20 minutes)

Building Family Partnerships for Safety Sake

Facilitation Points:

- **Slide Session 7: Family Centered Practice and Safety Planning**

This session emphasizes the importance and usefulness of a collaborative process when developing safety plans.

- **Slide Session Objectives**

Participants will be able to:

Explain the importance of family partnerships as a resource for creating and implementing safety plans.

Describe how the family partnership supports a family's capacity to assure child safety, permanency and well-being.

Explain the strategy of family conferencing as a partnership method for developing safety plans.

- What is partnership? How would you define it? What are the qualities and characteristics of an effective partnership?

- **Slide/Handout The Tribal CPS Worker-Family Partnership**

An affiliation between the Tribal CPS worker and the family connected by:

- 1) *A mutually vested interest in the welfare a child within the tribal community,*
- 2) *A professional working relationship and*
- 3) *An agreement about the work to be done to address safety issues.*

- There are a number of characteristics of a partnership inherent in this definition:

- Relationship is defined by respect and trust.

- Within a collaborative partnership, there is a commitment and vested interest among all parties involved to assure child safety, permanency and well-being. Responsibility is shared and roles are defined:

- 1) The family maintains the lead role for the welfare of family members.
- 2) The Tribal CPS worker must take a proactive role in facilitating, supporting and encouraging the family's role achievement.

- The nature of this partnership requires that CPS stimulate family involvement and commitment rather than minimize their role.
- This is about empowering the natural family network to determine effective strategies for the protection of the child while promoting permanency and child well-being.
- **Slide/Handout Purposes of Family Partnership for Safety Planning**

There is a cultural and practical need for partnering with families for assuring child safety.

Ownership

- Ownership results in more effective safety plans.
- Families that are included in the safety planning process tend to be more invested. It stands to reason that these safety plans tend to stand a better chance of being effective because families are more motivated and involved. The same principle of family participation and ownership applies to case planning.

Cultural Connectedness

- Promoting family involvement is consistent with cultural expectations. CPS should not eliminate family authority but should contribute (as an entity of the tribal community) to the purpose of helping to assure child safety.

Utilize and Support family capacities.

Help to create balance within the family dynamics.

- When developing safety plans, seek to utilize family protective capacities that already exist. More effective safety plans effectively use what is already working well in a family.
- In many cases, children come to the attention of CPS only after the family's attempts at assuring safety are no longer working.
- It could be that problems have become too much for the family to manage; parents may stop allowing the family members necessary access; relatives may have become frustrated and fed up.
- Whatever the reason, when it comes to safety planning, CPS is in an ideal position to intervene, engage in efforts to develop partnerships in order to support and/or re-build a family's capacity to protect.
- CPS should seek to make attempts to recreate balance and stability so that treatment intervention can progress and children can be safely maintained in their homes.

Establish specific services associated with the provision of safety plans.

- Often there are limited community/professional/formal resources that are available for use when developing in-home safety plans.
- Effective in-home safety planning frequently requires a lot of creativity and the help of the natural family supports.
- Often it is the availability of appropriate natural supports that determines the nature of safety intervention.

DISCUSSION (estimated time 25 minutes)

Balancing Family Involvement and CPS Accountability

Facilitation Points:

- Now that the importance of creating partnerships for safety sake has been emphasized, there is a need to consider how to balance client self-determination (family involvement) and CPS accountability for safety management.
- Is family centered practice concerned with family involvement inconsistent with safety planning in which CPS has the ultimate responsibility?
- Family involvement is critical to effective safety plans but when a child is judged to be unsafe, CPS must ultimately establish responsibility for that child's safety.
- This may feel like a dilemma. It can become even more challenging when a family is overtly resistant and does not want CPS involved or feels that CPS intervention is an overreaction.
- Where is the balance?

[Note to Trainer

- **Prepare two pieces of newsprint. At the top of one of the pages write: “Safety planning issues that are negotiable.” At the top of the second page, write: “Safety planning Issues that cannot be compromised.”**
- **Have a discussion with the group regarding the following questions:**

Slide/ Handout

**Balancing Family Involvement and
CPS Accountability**

When developing a safety plan...

Are there certain decisions in which a compromise can be negotiated?

Are there certain things that simply cannot be negotiated or compromised?]

Facilitation Points:

- It's important to keep in mind that when CPS identifies that a child is unsafe, based on the 10 standardized safety threats, it becomes the responsibility of CPS to assure that nothing happens to the child.
- With this in mind, it must be recognized that there simply are some safety planning issues that cannot be compromised.
- This is the challenge for CPS! How does CPS promote family centered practice while making sure that its essential responsibility for child protection is not compromised?
- There may be things that parents, caregivers or families want to see happen, but, sometimes, what families want doesn't always fit with what must occur in order to control and manage safety threats.
- There can be no compromise regarding the sufficiency of a safety plan.
- **Slide/Handout Areas Where There Must Be No Compromise and Negotiation**
 1. *Identifying specific safety interventions*
 2. *Who is best suited to provide the safety service*

3. *Specific roles and expectations for the safety service*
4. *How those services will work*
5. *How safety services will be implemented*

VIDEO DEMONSTRATION AND

DISCUSSION (estimated time 45 minutes)

Developing Safety Plans through Family Group Conferencing

Facilitation Points: (20 minutes)

- How many participants attempt to use parents, caregivers, and the family network when developing safety plans and/or case plans?
- In what ways do they accomplish this?
- This session considers a family group conferencing (also called family group decision-making) as a method for including the family in the safety planning process.
- Family group conferencing is an excellent method for encouraging family participation when developing an in-home safety plan.
- Are participants familiar with family group conferencing? What is their understanding and experience with family group conferencing?
- In the context of safety planning, family group conferencing is a method used to include parents, caregiver and family network in a meeting for the purpose of coming up with a plan for addressing safety threats.

- Family group conferencing is an approach that is based on the belief that the family can provide and effectively create a strategy for supporting family life while controlling safety threats.
- Some family group conference models operate without or exclude the direct involvement of the CPS worker.
- Some family group conference models use a neutral third party facilitator whose purpose is to negotiate between the needs and wants of the family and the objective for CPS with respect to the implementation of a safety plan.
- Concerning experience in the use of family group conferencing in Tribal child welfare intervention, the responsibility for facilitating a family conference will often likely be a Tribal CPS worker's, unless there are specific community resources available to perform a 3rd party facilitation role.
- In any event, when child safety is the issue, it is suggested that Tribal CPS maintain some degree of visibility and input in the process and remain mindful of the responsibility CPS has to assure children are safe.

[Note to Trainer

- **The following slide on family group conferencing is adapted from the material provided by the *Denver Indian Family Resource Center*.**
- **This material has been selected because it is an excellent definition of the objectives of family group conferencing related to safety planning; the *Denver Indian Family Resource Center* has been developing and using this method for a number of years; they have used family conferencing with families from a number of different Native American Tribes; and they are currently using family group conferencing to bridge the gap between Indian families and State CPS systems and support culturally responsive decision-making.**
- **The mission for family group conferencing stated in the slide is one Tribal program's vision of how this approach can be helpful for meeting the needs of Indian families in their community.]**

Family Group Conferencing brings family members together to engage in a restorative and healing process aimed at building and increasing the family's capacities to meet current and future challenges and support its members, especially young persons...

Denver Indian Family Resource Center:

Mission for Family Group Conferencing

Facilitation Points:

- This mission statement/definition contains many themes that we have already discussed during the training related to the importance of including families in the safety planning process as well as helping to create permanency and well-being for children on the reservation.
- Family group conferencing is an excellent method for getting families together to create a network of support that can be implemented within an in-home safety plan.

This is particularly true for many Native American families where the cultural framework exists that reinforces an egalitarian approach to sharing responsibility for the maintenance and safety of family members.

- Meeting Preparation
 - ▶ Perhaps the most difficult part of family group conferencing is getting the meeting set up.
 - ▶ There are logistical issues that must be considered (i.e., when, where, etc.).
 - ▶ There are facilitation issues that should be anticipated.

[Note to Trainer

- **Conduct a brief discussion with the group regarding preparation for a family group conference. Use the following slide to frame your discussion.**

Slide Only Preparing for a Family Group Conference

What should be considered when preparing for a family group conference?

[Judgment regarding the suitability of participants

Determining the best location for the conference

Planning around how best to create an atmosphere for deliberation and discussion

The implication that family roles and family dynamics have for the group process

Levels of family conflict

How to address multi-generational issues (i.e., substance usage)

Family group conference participants should be adequately prepared to understand: the seriousness of the safety threats, the purpose for the conference, expectations for the meeting and their participation, their role in the conference and potential or eventual role and responsibility following the conference.

Handout Family Group Conferencing and Safety Planning

Review in Detail.]

VIDEO DEMONSTRATION (12 minutes)

- **Video The Cheromiah Family: Family Conference**
- This video demonstration continues the work with the Cheromiah family.
- This is a brief vignette of the Tribal CPS worker's attempts to facilitate a family group conference with the Cheromiah family.

[Note to Trainer

- **Set up the context for the vignette prior to showing the video.**
- **This meeting occurs after the safety assessment and safety analysis have been completed. It has been determined that an in-home safety plan is a feasible option for the Cheromiah family.**
- **The worker has arranged a family conference between Mary, Benny and the maternal aunt and cousin.**
- **Show the Video. The conference running time is 10 minutes.]**

DEBRIEFING (10 minutes)

- Are there general comments from the group?
- How would this approach work in participant's agency; in their community?
- What concerns or hesitations do participants have about this approach?
- What did participants observe that impressed them personally about challenges they could face when using family group conferencing and what demands it would place on them?

[Note to Trainer

- **Reliability of family network;**
- **Group attacks;**
- **People alienated in the process;**
- **Family dynamics and process begins to minimize the seriousness of the safety threats;**
- **The family staying on track and focused;**
- **The family does not understand or appreciate its charge;**
- **The safety plan developed by the family is insufficient;**
- **The safety plan developed by the family is not reasonable.**

- **What are the positive features of family group conferencing?**
- **Following the demonstration and from the discussion, can participants see how the role of the Tribal CPS worker during a family group conference can be quite varied?**
- **Recall the different roles for the Tribal CPS worker that are identified in the handout reviewed earlier. [Facilitator, mediator]**
- **Even within the short demonstration, it is evident how important these different worker roles are to the effectiveness of the conference.**
- **These various roles help to guide the process without making it too restrictive; direct discussion and focus attention without cutting people off or discounting their opinions; mediate issues and dynamics; interpret meaning and positions; and reinforce purpose and objectives.**
- **Obviously it takes effort to develop the skill necessary to facilitate family group conferences. This session does not contain the time necessary to master the necessary skills such as facilitation, mediation and brokering. However, this should not in any minimize how critical it is for CPS staff to develop themselves professionally in all that is necessary to assure effective family group conferencing.]**

CLOSE SESSION

Session 7

Slides and Handouts

Family Group Conferencing: Developing Safety Plans through Family Collaboration

Primary Objectives:

1. To assist the family system in maintaining its own protective responsibility and purpose.
 2. To promote self-determination of the family.
 3. To enlist the family in creating its own plan for assuring child safety.
-

Family Group Conference Logistics and Issues:

- When preparing for the conference, it is important to identify with the primary caregivers individuals who they feel comfortable being involved and contributing to the process. There may be occasions where there are other family members or resources that you believe would be beneficial to the process, but the parents/caregivers are reluctant to invite. In those situations, you want to be careful to respect the parent and caregiver feelings while making some attempt to negotiate the attendance of key resources.
- Identify a location for the conference that is first and foremost comfortable and convenient for conference participants. Secondly, the location should contribute to the accomplishment of the tasks set forth for the conference. The meeting can occur in home, home of relatives, the CPS office, another agency or office, a church, etc.
- It is important to focus the discussion on areas where there is flexibility for negotiation and compromise (i.e., creating solutions, identifying providers, etc.). The meeting will not be useful if the discussion results in a family decision that a safety plan is not needed, which is non-negotiable.
- It is crucial that participants are adequately prepared. Preparing participants about the need for the conference, the objectives of the conference, and their role and responsibilities for the conference will result in more productive and successful outcomes.

The Role of the Tribal CPS Worker:

- **Facilitator:** Stimulate and guide group discussion and promote the exchange of ideas and points of view.
- **Mediator:** Help articulate alternative positions; resolve conflict and seek to bring about conciliation and consensus.
- **Encourager:** Support, give hope and assurance, and instill confidence.
- **Broker:** Negotiate for specific safety planning outcomes.
- **Advocate:** Assure child protection; assure safety-planning objectives are achieved.

Family Group Conference Order:

The following order should be viewed as a general guide for the meeting. It is important that the family group conference order or agenda does not become so rigid that family members are discouraged from being open and sharing. While it is important to facilitate the discussion and maintain focus on the conference objectives, it is important to remember that this is the family's meeting. The family has the most at stake and therefore their involvement must be encouraged. The order for the conference provides a framework for the discussion but should not eliminate spontaneity or discourage participation. Balance is everything! Achieve safety planning objectives by facilitating family decision-making.

1. Participant Introductions
2. General purpose of the conference: Delineation of Objectives and Roles
3. Assurances of confidentiality
4. Brief status of case and description of safety issues and needs and family strengths
5. Parents'/Caregiver perceptions regarding safety concerns
6. Family group members raise questions and concerns.
7. Family group members generate ideas of the safety plan.
8. Provision of safety plan is identified and responsibilities are set forth.
9. Commitments from family group members are expressed; this may include some type of memorandum of understanding and commitment.

Video

Cheromiah Family

*Indian Tribal CPS Safety Intervention:
Safety Assessment, Analysis and Planning*

Session 8

***Safety Planning for the Cheromiah Family:
Identifying and Implementing In-Home Safety Actions***

Estimated Time 140 Minutes (2:45 – 5:00)

Resources

- Slide *Session 8: Safety Planning for the Cheromiah Family: Identifying and Implementing In-Home Safety Actions*
- Slide *Session Objectives*
- Slide/Handout *Definition of a Safety Plan*
- Slide/ Handout *Is this an appropriate safety action?*
- Handout *Actions within Safety Plans*
- Exercise Handout *Critiquing Safety Plan Appropriateness*
- Slide/Handout *It's All About Detail: The 4 W's and Big H*
- Handout *Completed Safety Plan for Fighting Bear Family*
- Loose Handout *Cheromiah Safety Assessment (from previous session 5)*
- Handout *Cheromiah Analysis Worksheet (from previous session 6)*
- Handout *Generic Blank Safety Plan (training only)*
- Loose Handout *Completed Cheromiah Safety Plan*
- Slide/Handout *Workshop Objectives*
- Handout *Training Evaluation*

Equipment

- LCD projector and screen
- Flip chart and markers

Order/overview

1. Presentation/Discussion: The Safety Plan: Taking Action (30 minutes)
2. Individual Exercise: Critiquing Safety Plan Appropriateness (30 minutes)
3. Practice Team Exercise: Cheromiah Case Application (75 minutes)
4. Workshop Closing: (5 minutes)

Objectives

Participants will be able to:

- ◆ Define and describe the concept of safety planning.
- ◆ Identify in-home safety actions.
- ◆ Identify necessary and appropriate safety actions that form an effective in-home safety plan.
- ◆ Develop a sufficient in-home safety plan.

PRESENTATION/DISCUSSION (estimated time 30 minutes)

The Safety Plan: Taking Action

DEFINITION OF A SAFETY PLAN (10 minutes)

Facilitation Points:

- **Slide** **Session 8: Safety Planning for the Cheromiah Family: Identifying and Implementing In-Home Safety Actions**

This session gives instruction on the concept of safety planning and considers the various safety actions that can be taken when developing in-home safety plans.

- **Slide** **Session Objectives**

Participants will be able to:

Define and describe the concept of safety planning.

Identify in-home safety actions.

Identify necessary and appropriate safety actions that form an effective in-home safety plan.

Develop a sufficient in-home safety plan.

- This session builds upon the discussion in Session 7 concerned with family involvement in safety planning by considering the specific actions/responses that can be implemented to control and assure child safety in a child's own home.

- **Slide/Handout Definition of a Safety Plan**

Safety Plans represent an active, intentional, collaborative effort between child welfare and the family to use informal and/or formal actions and resources that control safety threats.

- The words “active” and “intentional” are being used purposefully to emphasize that safety services are not passive activities. This is focused, purposeful work.
- Informal and formal actions and resources can be considered synonymous with safety services.
- Safety services can be thought of as the actions, responses, activities and resource applications that CPS and the family do to assure a child is safe.
- Unlike treatment services, safety services are focused specifically on assuring child protection and no other purpose.
- What is planned in a safety plan is implemented to achieve the purpose of protection.

- Analysis, calculation, coordination and articulation come together to form a safety plan.
- Safety actions are well-defined within a safety plan in terms of how they are intended to control and manage child safety.
- For the purpose of illustration, consider for a moment safety plans that involve the placement of children. What does CPS expect from kinship placements or foster parents?

[Note to Trainer

- **Out-of-home safety plans assure that a child's basic needs are taken care of--food, clothing, shelter, supervision, etc.**
- **Out-of-home placements represent 1) a substitution for protective care a child is not receiving and 2) a separation because parents are unwilling or unable to care for a child's basic/safety needs within the child's home.]**
- Placement (substitute care) is a very practical service.
- The mentality that supports the use of an out-of-home safety plan is the same for in-home safety plans.
- The primary difference between an in-home safety plan and an out-of-home safety plan is an in-home safety plan brings resources

and supports into the parents' or caregivers' home to help them assure basic/safety needs are met.

- The definition of a safety plan also encourages collaboration with the family. This training has continued to emphasize the importance of family network involvement and partnerships to assure safety plan effectiveness.
- Note the phrase “controlling safety threats.” Controlling safety threats is the essential purpose for the safety plan.
- The actions/services identified in safety plans are NOT intended to facilitate or achieve “change.”
- Actions and services identified in treatment or continuing service or case plans are intended to facilitate and achieve “change.”
- Safety actions/services are intended to control safety threats so that the child is protected while treatment is occurring.

CRITERIA THAT QUALIFY SAFETY ACTIONS (10 minutes)

Facilitation Points:

- What CPS does – the actions CPS takes – to assure a child is safe must meet specific criteria.
- Do participants know how to determine or judge that an action taken to assure child safety qualifies as a safety action?
- **Slide/Handout** **Is this an appropriate safety action?**

1. Immediate Effect

- ▶ The safety action must have an immediate effect on the functioning of the family. *What does that mean?*
- ▶ It must work as soon as it is instituted. Effective safety actions are ***immediately*** able to control the conditions that cause children to be unsafe.
- ▶ Safety actions or safety services manage family interactions; monitor situations; supply crucial resources; substitute for diminished capacities; control threatening behavior.
- ▶ Safety actions do not eliminate, treat, remove, reduce, enhance, and so on as these are effects associated with treatment.

2. Immediate Availability

- ▶ Safety actions, safety services and safety related resources must be immediately available. When safety is a concern, there is not an opportunity to wait a lengthy period of time for an action to begin. Availability means that safety actions and services can be applied and be working the very day for which they are planned.
- ▶ Because safety threats are of immediate concern, the actions taken to control threats must be immediately available.

3. Flexible Access

- ▶ Safety actions must match up with the way in which safety threats are manifested. As an example, if the greatest concern for a child's safety is on the weekends (every Friday night, etc.), action taken to assure child safety must correspond with the periods of greatest concern.
- ▶ Safety actions should also be flexible enough to accommodate change in family circumstances and functioning.
- ▶ Effective in-home safety plans are those in which safety actions can promptly shift and alter as family conditions do.

4. No Promissory Caregiver Commitments

- ▶ When a child is unsafe and the intention is to try and keep a child in his/her home, it is necessary for CPS to go beyond demanding or expecting caregivers to inhibit, avoid, or demonstrate certain behavior.
- ▶ Where child safety is concerned, it will do no good to ask or expect caregivers to commit themselves to “not drinking” or “not getting abusive with their children.”
- ▶ When CPS judges that a caregiver’s behavior and/or emotions are out-of-control, it is not reasonable or logical to expect that person to demonstrate sufficient self-control to assure a child is protected.
- ▶ A safety plan that relies on instructing caregivers to be responsible for protection; to monitor themselves; and to promise to control themselves is akin to CPS negligence and poor practice. Self-monitoring and commitments from caregivers whose behavior is determined to be out-of-control and threatens a child’s safety do not represent acceptable in-home safety management. It is a dangerous gamble to expect caregivers will be able to hold themselves to their word even if they wish to.

perform the safety action than it is to have confidence in whomever is vested with the responsibility to control the safety threats.

- Action suggests 1) a dynamic, constantly in operation kind of effort; 2) something that CPS is specifically responsible for; and 3) something that responsible persons involved can commit to.

[Note to Trainer

- **Review the handout in detail.**
- **Remind participants that it is easy to think of this only as “services.” Prior to reviewing the safety actions, remind participants of the purpose for safety plans and the definition for safety actions considered earlier.**
- **Consider each action area in detail and highlight activities or services and what they do with respect to achieving the intent of the action.**
- **Be prepared to provide examples for the safety actions.**
- **Encourage creative ideas about application and implementation.**

- **Consider with participants how the definition for safety plans, the concept of safety actions, and the actions and safety services within the handout are ideas similar or different to those they have been working with.]**

INDIVIDUAL EXERCISE (estimated time 30 minutes)

Critiquing Safety Plan Appropriateness

EXERCISE SET-UP: (5 minutes)

Facilitation Points:

- This exercise provides an opportunity to consider and apply criteria defining an effective safety action.
- This short exercise reinforces the teaching points just made regarding the criteria for safety plan services: immediately impact, are available, accessible and functional.

[Note to Trainer

- **Exercise Handout** **Critiquing Safety Plan
Appropriateness**
- **Review exercise instructions.**

- **Participants have 10 minutes to review and critique the safety plan.**
- **Refer back to the slide: *Is this an appropriate safety action?***
- **Participants are to apply the criteria on the slide when critiquing the safety plan.]**

EXERCISE (10 minutes)

- Participants are alone on this exercise.
- Practice teams have 10 minutes to complete the exercise.

DEBRIEFING (15 minutes)

[Note to Trainer

- **Conduct the debriefing by conducting a general discussion going safety action by safety action. Elicit from the group observations, opinions, points of view concerning each safety action; how it contributes to managing safety; whether it is evidence of action that produces an effective, appropriate safety plan.**

- **Encourage discussion concerning rationale for each safety action relying on reference to criteria.**
- **The essential question is whether the safety plan will keep the child safe and whether each safety action contributes to that objective.**
- **Refer to the criteria for safety actions (services) when debriefing.**
- **These are the critical teaching points from the critique of the safety plan:**
 - **The first 2 safety actions are appropriate and fit the criteria for an effective safety action.**
 - **The third safety action is problematic for two reasons: 1) A parent education class is more treatment/change oriented. The impact of this action is not immediate but contingent on the mother learning and adapting over time. 2) The service is not immediately available. It is reasonable to assume that parent education would have to be scheduled. Any delay in implementation of a safety action is too long to meet the criteria.**

- ▶ **The fourth safety action again is also treatment/change oriented. This addresses adult functioning; is process rather than action oriented; and will take time to successfully facilitate change.**

- ▶ **The manner in which the family preservation service is described in this safety plan does not correspond with managing and controlling safety threats. It can be noted that family preservation has come to mean many things. It is only a safety service when it meets the criteria being considered in this session for safety actions.**

- ▶ **The final safety action contains a behavioral expectation coupled with promissory caregiver commitment. While it is not necessarily problematic to have as a matter of communication and general expectation between CPS and parents to attempt to avoid certain behavior and attempt to do all possible to meet commitments, a safety plan cannot be based on these.**

- ▶ **Perhaps having someone else assigned to provide emotional support to the mother and assist directly with parenting is more active and intentional.]**

PRACTICE TEAM EXERCISE (estimated time 75 minutes)

Safety Planning: Cheromiah Case Application

EXERCISE SET-UP (10 minutes)

Facilitation Points:

- When documenting an in-home safety plan, it is imperative to provide detail about what will be done, by whom, when and how CPS will know that it is done.
- The more detailed the plan, the better informed safety services providers will be about the safety actions they are assigned, the better informed the caregivers will be regarding specific expectations and the better able CPS will be coordinating, implementing and overseeing the safety plan.
- **Slide/Handout It's All About Detail: The 4 W's and the Big H**
- The message in this slide is that CPS must get very specific about the details of a safety plan.

What?

(What specific safety action is needed?)

Who?

(Who is available and best suited to provide the safety action?)

When?

(When is this action going to be done?)

Where?

(Where will the plan and action take place?)

How?

(How is it all going to work--how are actions going to control safety threats?)

- This exercise requires teams to prepare a detailed safety plan for the Cheremiah family.
- Each team will document a safety plan for the Cheremiah family.
- It is expected that this exercise will address all that has been emphasized in this session.
- A general safety plan form will be used to document the safety plan for the Cheremiah family. This form was designed for this training. Its use or modification for use in the field is optional.
- **Handout Completed Safety Plan for Fighting Bear Family**

- In an earlier session, the Fighting Bear family was introduced. Here the family is used for an example of a completed safety plan.

[Note to Trainer

- **Allow participants to review the safety plan.**
- **Provide comments as needed and address participant questions.]**

[Note to Trainer

- **As a result of the safety analysis exercise in session 6, it is possible that some teams may have felt that an in-home safety plan was not appropriate for the Cheremiah family.**
- **Acknowledge that fact, but request that they push forward in trying to develop an in-home plan for the Cheremiah family.**
- **Point out that even though participants may feel that out-of-home is necessary, it is not necessarily uncommon for courts to deny a request for continued placement and therefore CPS is put in the position of trying to assure safety in the home anyway.]**

- In preparation for developing an in-home safety plan on the Cheremiah family, please refer to the following documents:
- *The Cheremiah Safety Assessment (session 5, loose handout)*
- *The Cheremiah Family Safety Analysis (safety analysis exercise worksheet from session 6)*
- **Handout Blank Generic Safety Plan**
- Participants/teams are to use the blank safety plan in the handout book to document the safety actions.
- The format of the general safety plan is designed with the *4w's of safety planning* in mind.
- This exercise involves two parts:
 1. Practice teams develop an in-home safety plan.
 2. After practice teams have completed an in-home safety plan, the safety plan will be exchanged between teams for a review of the safety actions identified.
- Once a practice team has received another team's completed safety plan, the safety plan should be reviewed by considering whether the safety actions seem reasonable based on the criteria for safety actions discussed early.

- While reviewing the safety plan, if a team has any questions regarding the safety actions taken, those should be written down and provided to the team that “authored” the plan.
- There will be a general debrief of the safety plans developed for the Cheremiah family after all teams’ safety plans have been returned and each team has had an opportunity to process and discuss any questions brought up by one of the other teams.

EXERCISE (45 minutes)

[Note to Trainer

Prior to exercise, write the following up on newsprint and be prepared to post it when providing instructions:

- ▶ **25 minutes to document the in-home safety plan**
- ▶ **10 minutes for another team to review the safety plan**
- ▶ **10 minutes to consider comments and questions from other team.]**

DEBRIEFING (15 minutes)

[Note to Trainer

- **Conduct exercise debrief like a meeting. Go around the room. Have practice teams share one of their safety actions. Seek rationale and clarification as needed.**
- **Continue to consider safety actions of teams until participants are beginning to repeat actions and provider qualifications. When this occurs, ask if anyone has something to add other than what has been provided so far.**

- **Did any of the teams make adjustment or just re-think some of the safety actions based on feedback or questions from one of the other groups?**
- **Provide comments, observations and emphasize teaching points as the debriefing continues.**
- **At the conclusion of the exercise debrief, inquire from participants whether they have any general questions or reactions.**
- **Loose Handout Completed Cheromiah Safety Plan
(Using Generic Safety Plan Document)**
- **Allow time for participants to review it.**
- **Comment on and explain any differences from what occurred through the teams' efforts.**
- **Continue to reinforce the significance of the criteria that applies to safety actions as a means for differentiating safety plans from other kinds of CPS intervention.]**

WORKSHOP CLOSING (estimated time 5 minutes)

[Note to Trainer

- **The workshop ending so suddenly may feel abrupt to participants; however, this second day is a long day and they should be ready for a brief conclusion. Trainers are advised to process the workshop closing according to their best judgment within the context of the particular training event they are leading.**
- **It is recommended that the workshop objectives be revisited as a means for summarizing the training.**
- **Slide/Handout Workshop Objectives**

Participants will be able to:

- ❖ *Identify Differences Between Maltreatment, Risk & Safety*
 - ❖ *Describe Essential Safety Concepts*
 - ❖ *Employ a Safety Assessment Criteria*
 - ❖ *Demonstrate Effective Safety Planning*
- **Review and Comment. The question is, to what extent do participants believe that they will be leaving the workshop having attained these objectives to some extent?**

- **It is probably unreasonable to think that participants will leave the workshop with mastery of the material and of safety intervention.**
- **It is probably a better expectation that this workshop has provided participants with the foundation needed to help enhance their safety decision-making and intervention.**
- **Encourage participants to keep and refer to the materials from this workshop as a resource for practice as well as to help continue professional learning in this area.**
- **Complete Training Evaluation.]**
- **Thank you for your kind participation!**

Workshop Adjourned.

Session 8
Slides and Handouts

Actions within Safety Plans

Safety Management

Safety management is the intervention used to control present danger and threat of danger to a child. Safety management includes in-home, out-of-home or a combination of in-home/out-of-home actions.

Safety management must be:

- 1. Capable of having an immediate effect;**
- 2. Immediately available;**
- 3. Always accessible; and**
- 4. Sufficient to control the danger or threat of danger.**

Safety management is concerned with *controlling* danger and threats of danger only – not changing.

Safety management includes five safety management actions that can be applied alone or in combination.

Safety Action

Safety action may include formal or informal services or activities and may be provided by professionals, non-professionals and the family network.

Behavioral Management

Behavior management is concerned with applying action (activities, arrangements, services, etc.) that controls caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child's safety. Activities or services that are consistent with this safety action include:

- Out-patient or in-patient medical treatment
- Substance abuse intervention – detoxification
- Emergency medical care
- Emergency mental health care
- In-home health care
- Supervision and monitoring
- Stress reduction
- Disincentives, negative/positive reinforcement, alternative behavior options

Crisis Management

Crisis management is specifically concerned with intervening to bring a halt to a crisis and to mobilize problem solving to return a family to a state of calm. For this action to apply, there must be a sudden precipitating event or onset of conditions that immobilize caregivers' ability to solve their problems and manage their lives thus reducing their protective capacities to provide protection and basic care. The purpose of crisis management is crisis resolution and immediate problem solving in order to control the threat to child safety. Activities or services that are consistent with this safety action must specifically address the crisis and may include:

- Crisis intervention & counseling
- Resource acquisition

It is likely that crisis management will be applied in conjunction with other safety actions.

Social Connection

Social connection is an action that reduces social isolation and seeks to provide social support. This action is versatile in the sense that it may be used alone or in combination with other actions in order to reinforce and support caregiver efforts. Keeping an eye on how the family is doing is a secondary value of social connection. Keeping the safety threshold in mind, this action may be useful with those who are failing to meet basic protective parenting responsibilities such as young, inexperienced parents; those who are anxious or immobilized emotionally; those who need encouragement and support; those who are overwhelmed with parenting responsibilities; and those who are developmentally disabled. Activities or services that are consistent with this safety action include:

- Friendly visitor
- Basic parenting assistance and teaching
- Homemaker services
- Home management
- Supervision and monitoring
- Social support
- In-home babysitting

Separation

Separation is a safety action concerned with threats related to stress, caregiver reactions, child-care responsibility and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand and daily pressure. Additionally, separation can have a supervisory – oversight function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action which can occur frequently during a

week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row. Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-home placement of a child or combinations. Activities and services that fit this action include:

- Planned absence of caregivers from the home
- Respite care
- Day care
- After school care
- Planned activities for the children
- Child placement: short-term; weekends; several days; few weeks

Resource Support

Resource support refers to safety action that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Activities and services that constitute resource support used to manage threats to child safety include:

- Resource acquisition
- Transportation services (particularly in reference to an issue associated with a safety threat)
- Employment assistance
- Housing assistance

Fighting Bear Safety Plan

(Use for training purposes)

Identification of Safety Service Responses

What is the safety service needed:

Respite care

Who will provide the safety service:

The maternal Grandmother, Charlotte Fighting Bear

When will the safety service be provided:

Respite care/"babysitting" will be provided during periods of time when the mother anticipates that she will be unavailable to watch the children. The mother should attempt to anticipate the need for respite, however this does not preclude the use of "emergency" situations (regardless of time).

Where will the safety service be provided:

This service will be provided in the grandmother's home when the mother's absence will be for a longer period of time (i.e., several hours) and in the mother's residence when the absence will be shorter (i.e., 1-2 hours).

How is the safety service intended to control safety factors:

This service is intended to assure that the children are not left home alone. Further it is intended to assure that the children are provided with responsible child-care for periods when the mother is not available.

What is the safety service needed:

Social Connection: Basic Parenting Assistance

Who will provide the safety service:

Maternal Grandmother, Charlotte Fighting Bear; Sister, Lydia Fighting Bear; and Maternal Aunt, Rosemary Fast Elk.

When will the safety service be provided:

3 x per week: Preferably Mondays, Thursdays and Saturdays. The relatives will come up with a schedule for who is responsible for which night.

Where will the safety service be provided:

Mother's residence

How is the safety service intended to control safety factors:

To assist the mother with the care of the children and assure that food, clothing and supervision are being attended to. The service is intended to help the mother with her feelings of anxiety, stress management, and isolation. This service will also provide a means for monitoring the family situation related to the potential for further domestic violence in the home.

What is the safety service needed:

Supervise and monitor situation and assist with stress reduction.

Who will provide the safety service:

Pamela Bennette - paraprofessional case aide from Pathways Resource Center

When will the safety service be provided:

1 x per week: Every Friday evening.

Where will the safety service be provided:

Mother's residence

How is the safety service intended to control safety factors:

Ms. Bennette will meet with the mother and children on a weekly basis to offer support encouragement to the family and offer practical assistance (i.e., referrals to other agencies, resource support) as needed. Ms. Bennette will also monitor the situation to determine if family violence is continuing to be a concern. She will assist in assuring that the children are being supervised and assisting CPS with the general oversight of the safety plan.

Safety Assessment Worksheet
Cheromiah Family
(Use for training purposes.)

Section I.

- Is there a vulnerable child in the home?
 - Yes** (Proceed to Safety threat Identification.)
 - No** (The child is considered safe.)

Explain:

The youngest child, Christine, is 2 years old and cannot protect herself. While the older children are less vulnerable due to their age, the fact that they are left to fend for themselves and their sister for extended periods of time has increased their vulnerability. The circumstance that resulted in the latest referral (the house fire) is but one example where the children's vulnerability in the home is evidenced.

Section II. Safety Threat Identification

1. A person in a direct caregiver role is **violent**. (i.e., immediate, extended and/or tribal clan or band)

- Yes
- No**

Describe:

2. A person in a direct caregiver role **cannot control substance usage** which affects the safety of the child(ren).

- Yes**
- No**

Describe:

Both Benny and Mary's substance usage is resulting in them abdicating their parental role. The parents appear to excessively binge drink alcohol for days at a time. The drinking usually appears to occur outside of the home--at friends' homes or, as Mary indicates, "drinking parties." It is when the parents leave for these parties that the children are left to care for themselves. Benny may occasionally leave the home by himself during the week; however, most weekends Mary tends to go with him. It appears that while gone from the home, Benny and Mary consume alcohol to the point of intoxication. Both Mary and Benny tend to minimize the significance of their substance usage in terms of the influence it has on family functioning.

3. A person in a direct caregiver role has **significant mental health issues** which they cannot control and affects the safety of the child(ren).

Yes

No

Describe:

4. A person in a direct caregiver role **fails to provide minimal basic care including food, clothing, shelter and supervision**, which affects the safety of the child(ren).

Yes

No

Describe:

The children are frequently left home alone for extended periods of time. The mother indicated that on one occasion the children were left home alone for approximately 3 to 4 days straight. More often it appears that the children may be left unsupervised, with no adult in the home, at least once a week. This is more likely to occur on weekends and often the parents may stay out all night, not returning home until the next day or the day after that. The older children are often expected to care for their little sister while the parents are gone. This includes responsibility not only for supervising their sister but also feeding her. It was further suggested that even when the mother is in the home, Jimmy will stay home from school to help out around the house and watch after his sister.

5. A person in a direct caregiver role **lacks essential knowledge and skill for providing basic needs and supervision**, which affects the safety of the child(ren).

Yes

No

Describe:

6. A person in a direct caregiver role has an ***extremely distorted and/or harmful perception of a child***, which affects the safety of the child(ren).

Yes

No

Describe:

7. A person in a direct caregiver role has ***caused physical harm to a child and the caregiver is not remorseful***.

Yes

No

Describe:

8. A child has an ***injury that appears to be non-accidental in nature and is unexplained*** by the caregivers.

Yes

No

Describe:

9. A child has ***significant and exceptional needs that family members in a direct caregiver role cannot or will not adequately meet*** which affects child safety.

Yes

No

Describe:

10. A child has had a significant number of ***home disruptions*** and there are possible indications that ***family members in a direct caregiver role will flee, and/or*** the child expresses specific and reasonable ***fear of the current home situation.***

Yes

No

Describe:

(If no safety threats exist, proceed to Section IV.)

Section III. Safety Assessment of the Family's Capacity to Protect

1. The family possesses availability supports and resources to protect. **Yes** No
2. Specific roles and responsibilities in the family can be related to protection. Yes **No**
3. The family possesses sufficient physical, behavioral, emotional and cognitive capacity to protect. **Yes** No
4. The family recognizes the dangerous safety threats. **Yes** No
5. The likely response of the family to danger is to be protective. **Yes** No
6. The family has a history of protective behavior. **Yes** No
7. The family's relationship with child is caring. **Yes** No
8. The family demonstrates empathy for the child. **Yes** No
9. Family strengths that can be applied for protection are apparent. **Yes** No
10. The family's relationship with primary caregivers is appropriate while supportive of the child. Yes **No**
11. The family views the primary caregivers accurately. **Yes** No
12. The family is reliable and motivated to provide protection. **Yes** No
13. The family is committed to its protective role. **Yes** No
14. The family's response to the safety threats and CPS involvement is reasonable. **Yes** No

15. What the family can do and is willing to do is sufficient to protect the child. Yes **No**

16. The family is allowed by caregivers or others to provide protection. Yes **No**

17. The family's plan to protect is reasonable/acceptable. Yes **No**

Section IV. Safety Assessment Conclusion

- Safe:** No safety threats were identified.
- Safe:** Safety threats are identified, but all family capacities were identified as "Yes."
- Unsafe:** One or more safety threats were identified and one or more family capacities identified as "No."

PRACTICE TEAM EXERCISE

CHEROMIAH FAMILY: DETERMINING SAFETY PLAN SUFFICIENCY

EXERCISE INSTRUCTIONS:

Based on all the case information gathered up to this point (all previous investigation interviews) and including the safety analysis interview that you just observed, discuss and answer each of the following key safety analysis questions.

KEY SAFETY ANALYSIS ISSUES

Protective Capacities

What caregiver protective capacities do Benny and Mary demonstrate?
(Caregiver protective capacities are specific strengths associated with the caregiver role. These strengths represent qualities and characteristics associated with effective parenting practice {i.e., recognition of child's needs, age and culturally appropriate expectations of a child, etc.}.)

Does the home environment appear minimally stable? Provide rationale for your group's judgment.

Caregiver Reaction and Willingness

What is your impression regarding Mary and Benny's reaction to the worker and to CPS involvement?

What is your impression regarding Mary and Benny's perception and attitude regarding the identified safety factors?

What are Mary and Benny's willingness to accept and be involved with continued safety intervention and possibly the use of an in-home safety plan?

Committed? _____

Trustworthy? _____

Genuine Cooperation? _____

It is likely that the brief segment from the safety analysis interview did not reveal adequate information to have confidence in the willingness decision.

What additional information would you want to know from Mary and Benny to have confidence? What additional questions might you ask in order to gauge Mary and Benny's willingness to support an in-home safety plan?

Manifestation of Safety Factors

What circumstances influence safety factors?

What impact do the safety factors have on the children?

How predictable and how frequently are the safety factors an issue?

Resources

What resources are available to assist with an in-home safety plan? What are the protective capacities (strengths) of the family network?

Safety Plan Worksheet:
Cheromiah Family
(Use for training purposes)

Identification of Safety Service Responses

- What is the safety service needed:**

- Who will provide the safety service:**

- When will the safety service be provided:**

- Where will the safety service be provided:**

- How is the safety service intended to control safety factors:**

- What is the safety service needed:**

- Who will provide the safety service:**

- When will the safety service be provided:**

- Where will the safety service be provided:**

- How is the safety service intended to control safety factors:**

- What is the safety service needed:**

- Who will provide the safety service:**

- When will the safety service be provided:**

- Where will the safety service be provided:**

- How is the safety service intended to control safety factors:**

- What is the safety service needed:**

- Who will provide the safety service:**

- When will the safety service be provided:**

- Where will the safety service be provided:**

- How is the safety service intended to control safety factors:**

Safety Plan Worksheet:
Cheromiah Family
(Use for training purposes)

Identification of Safety Service Responses

What is the safety service needed:

Behavioral management: Routinely scheduled meetings with Collin and Jimmy to monitor family situation.

Who will provide the safety service:

School Social Worker, Renee Shirley

When will the safety service be provided:

Ms. Shirley will meet with one of the children every Tuesday and one of the children every Thursday.

Where will the safety service be provided:

This service will be provided at Collin and Jimmy's respective schools.

How is the safety service intended to control safety factors:

This service is intended to help monitor the situation to assure that: 1) The children are not being left unsupervised, 2) the children are attending school on a routine basis and 3) consider any changes in family functioning that would require an immediate response by CPS. Ms. Shirley will contact CPS via email every Friday for a status report and will contact CPS immediately if there is information that suggests that the children are not being appropriately supervised.

What is the safety service needed:

Overnight Respite Care

Who will provide the safety service:

Maternal Aunt: Delores Whitehorse

When will the safety service be provided:

This safety service will be provided every weekend. Due to the parents' lack of transportation, a family friend, Therese Begay, has agreed to pick up Christine at home and transport her to the maternal aunt's home. The maternal aunt will pick up Collin and Jimmy after school every Friday afternoon. The parents will make arrangements to pick up the children on Sunday morning.

Where will the safety service be provided:

Maternal Aunt's residence

How is the safety service intended to control safety factors:

Given that the children have been most likely to be left home alone on the weekends, the children will stay with the maternal aunt every weekend to avoid future such occurrences. This level of respite care will continue until such time that the parents begin involvement with services to help alter and improve individual/family difficulties.

What is the safety service needed:

Day care

Who will provide the safety service:

Verlanda Whitehorse and Therese Begay (family friend and member of the same Tribal Clan as the father)

When will the safety service be provided:

4 x per week. Therese will watch Christine every Monday (9 am to 1pm) and Wednesday (9 am to 3pm). On Fridays, Therese has agreed that she can pick up Christine by 2 pm and transport her to the maternal aunts (see the plan for respite). Verlanda will care for Christine every Tuesday and Thursday from (12 pm to 3pm).

Where will the safety service be provided:

On Monday, Wednesday and Friday's, child care will be provided at Ms. Begay's residence, and on Tuesdays and Thursdays it will be provided at Ms. Whitehorse's residence. On days when Verlanda is responsible for providing the child care, there may be occasions when assistance is provided in the Cheremiah home. This decision will be based on the preference of Verlanda, Mary and Benny.

How is the safety service intended to control safety factors:

The need for this safety service is being prompted by the indication that Jimmy has not been consistently attending school because he is staying home to help take care of Christine.

Further the mother has acknowledged difficulty caring for the children when Benny is gone from the home during the week. The child care is intended to assist the family with the care of Christine during the periods of time when Collin and Jimmy are in school. The schedule for the child care is based on the availability of the providers, Therese and Verlanda.

❑ What is the safety service needed:

Social Connection and behavior management: Provide encouragement and emotional support to the parents, monitor the situation, and provide basic parenting assistance as needed.

❑ Who will provide the safety service:

CPS case aide, Marie Luna- Gorman

❑ When will the safety service be provided:

2 x per week: Monday evenings and Friday mornings

❑ Where will the safety service be provided:

Cheromiah family residence

❑ How is the safety service intended to control safety factors:

Ms. Luna-Gorman will meet with the parents to monitor the family situation and attempt to manage and control the parents' use of substances by offering encouragement and emotional support. This safety service is intended to provide another means of assuring that the children are being appropriately supervised. Ms. Luna-Gorman will also be available to assist with basic parenting including feeding and transportation.

**Indian Tribal CPS
Safety Intervention: Safety Assessment, Analysis and Planning
Training Evaluation**

Trainer _____ Training Date _____

Your County _____ Training Site Location _____

1. Rate the trainer.

Poor	Fair	Average	Good	Excellent
0	1	2	3	4

2. Rate the Content.

Poor	Fair	Average	Good	Excellent
0	1	2	3	4

3. Rate the training methods.

Poor	Fair	Average	Good	Excellent
0	1	2	3	4

4. Rate the location's contribution to the training experience.

Poor	Fair	Average	Good	Excellent
0	1	2	3	4

5. Rate the extent to which this workshop was pertinent to your job.

Poor	Fair	Average	Good	Excellent
0	1	2	3	4

6. Rate the training workshop/experience overall.

Poor	Fair	Average	Good	Excellent
0	1	2	3	4

What did you like best about the training?

What did you like least about the training?

ELABORATE ABOUT ANY OF THE EVALUATION ITEMS ON THE BACK OF THE PAGE AS DESIRED.

