

# Reminder!

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Parent-Child reunification should  
always be the goal

(absent clearly awful, horrible and unchangeable circumstances.)

# Reminder!

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There is a HUGE difference between  
parenting (or being safe) for 2 hours  
vs parenting 24/7.

# 2021 change in visitation statute

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## **All visits are presumed to be unsupervised.**

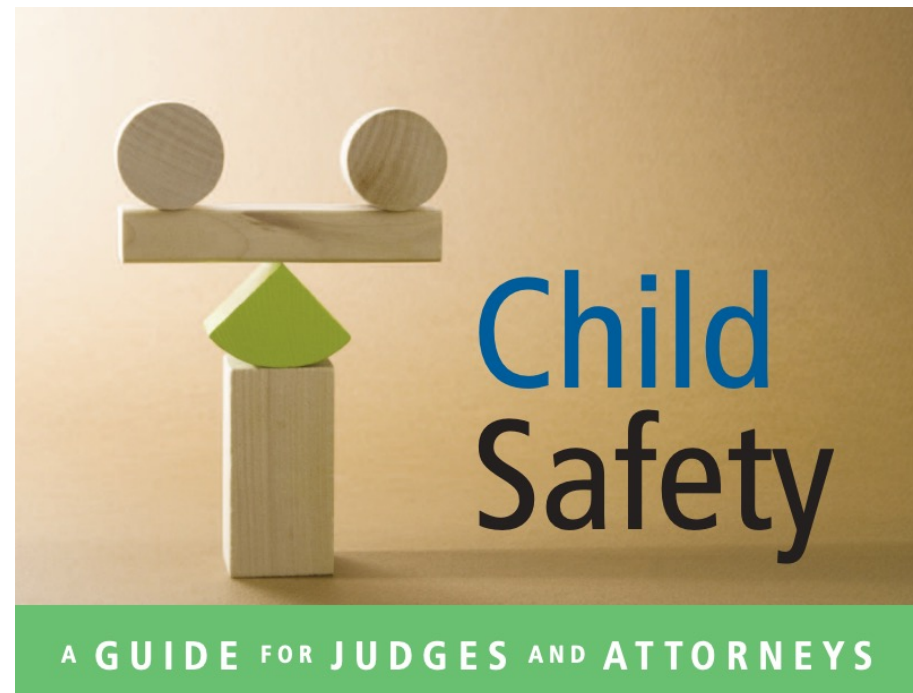
- In order for the court to order supervised visitation, one of the parties has to provide “a report to the court including evidence establishing that removing supervision or monitoring would create a risk to the child’s safety.”
- If visits were previously monitored or supervised, these **revert back to unsupervised at the next review hearing**...so additional evidence would need to be provided in order to continue supervised or monitored visitation.
- The first visit must occur within 72 hours and must be supervised. Next review will be at the 30 day shelter care review.

# The ABA Safety Framework

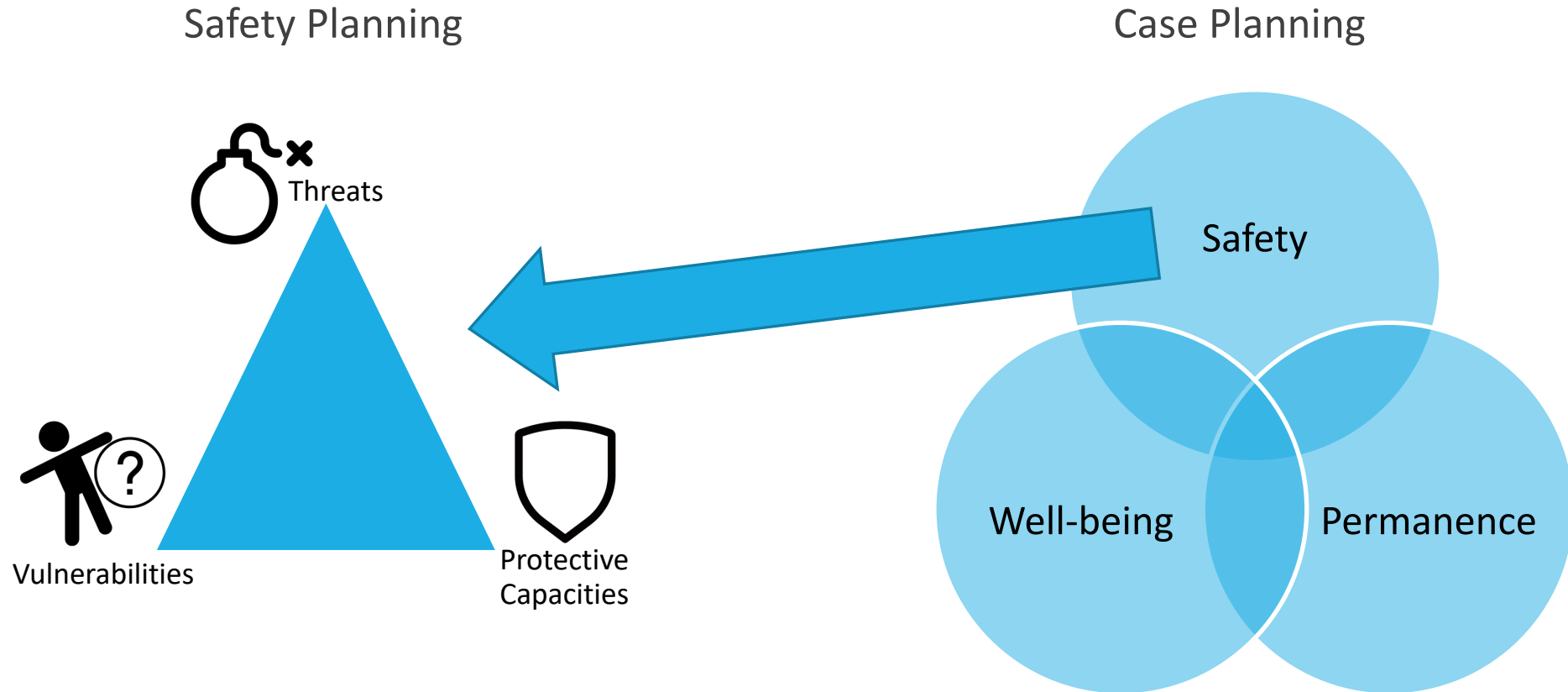
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For a more detailed guide of the Safety Planning Framework, visit:

[https://www.americanbar.org/content/dam/aba/administrative/child\\_law/ChildSafetyGuide.aucthcheckdam.pdf](https://www.americanbar.org/content/dam/aba/administrative/child_law/ChildSafetyGuide.aucthcheckdam.pdf)



# Child Safety Framework



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# Safety Planning vs. Case Planning

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**Safety planning** is an attempt to protect a child from harm by specifying threats and vulnerabilities and offsetting those by increasing protective factors.

Safety planning is short term, specific and narrow in scope, and generally non-transferable to other problems.

It is a technical solution.

Fish.

**Case planning** is an attempt to modify behaviors, build understanding, and requires an increase in self-efficacy and self-awareness of the parent(s).

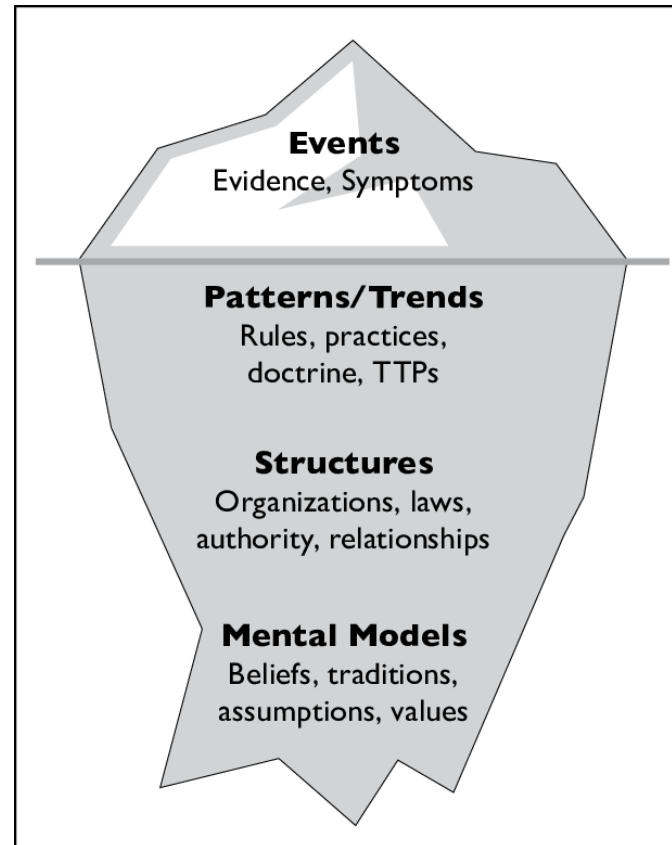
Case planning is generally long-term, generative and broad in scope, and the knowledge gained can be transferrable to other problems.

It's an adaptive solution.

Fishing.

# Safety Planning vs. Case Planning

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SAFETY PLANNING

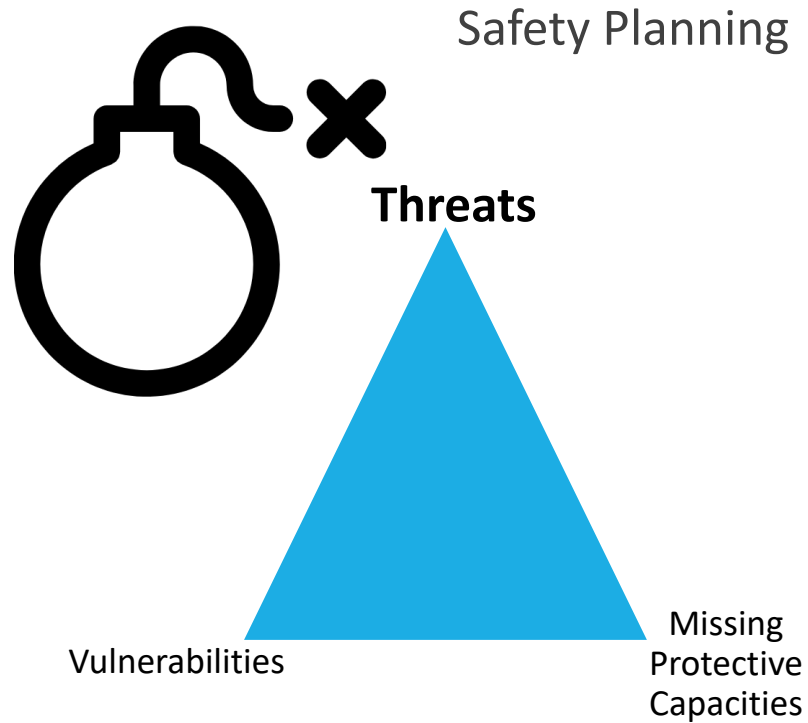


CASE PLANNING

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# Child Safety Framework



Threats are...

- Specific and Observable
- Out of our Control
- Immediate or liable to happen soon
- Severe Consequences
- Everywhere!



**What is/are the threat(s)?**

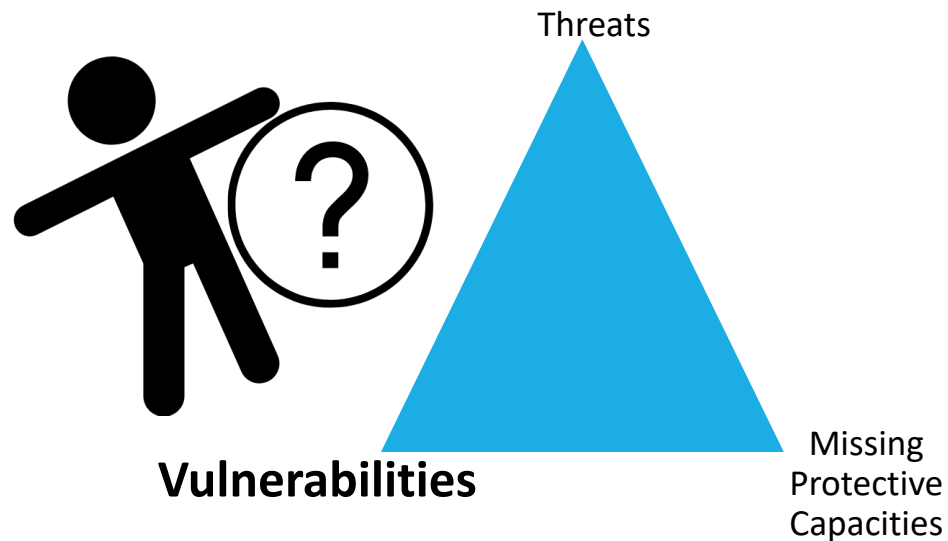


# Child Safety Framework

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Safety Planning

Vulnerabilities are...



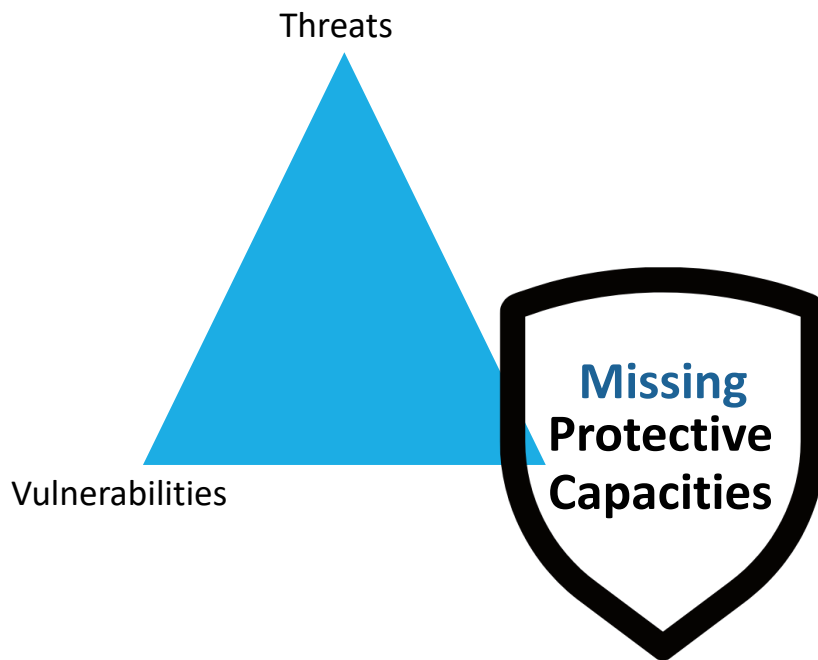
- Child Specific
- Either are or are not – not judged in degrees
- If a threat exists, presume vulnerability

**Is the child vulnerable to the specific threat?**

# Child Safety Framework

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## Safety Planning



Protective Capacities are displayed by the **caregiver** and are:

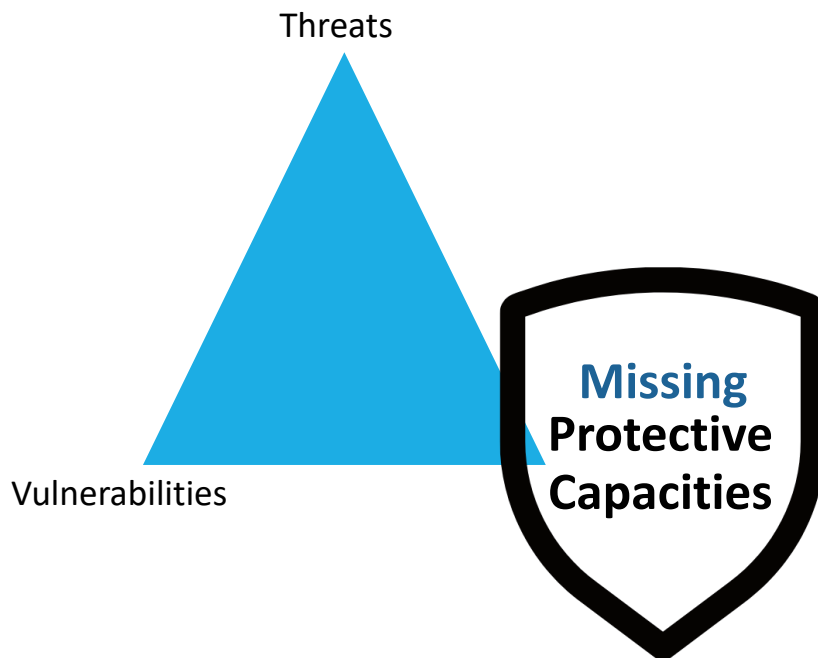
- Cognitive: I **know** I'm responsible
- Behavioral: I can **physically** protect
- Emotional: I **want** to protect

**Are there protective capacities to mitigate the threat or reduce vulnerability?**

# Child Safety Framework

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## Safety Planning



## Cognitive Capacity

Cognitive protective capacity refers to specific **knowledge, understanding and perceptions** that contribute to protective vigilance.

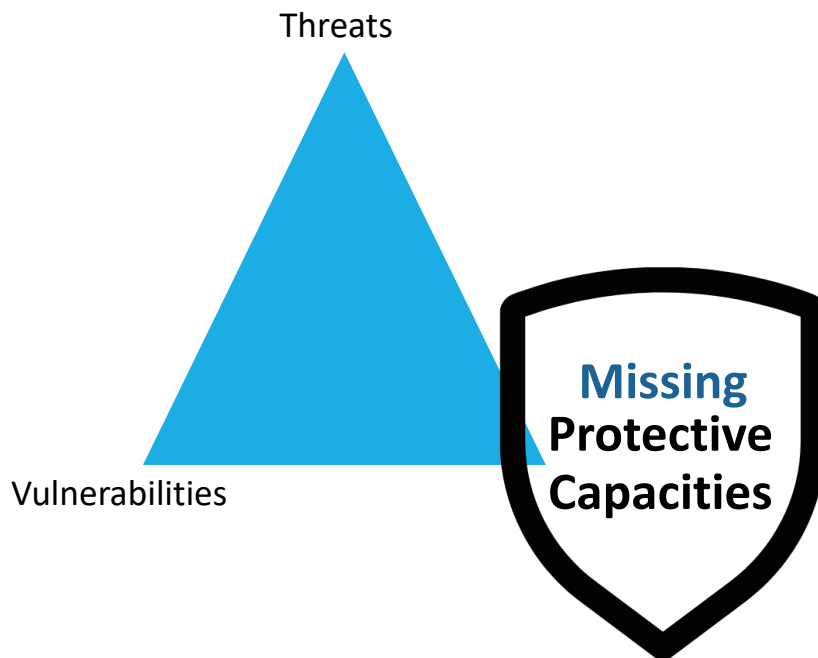
This aspect has to do with the caregiver's recognition/awareness that:

- I am the parent/caregiver
- I am the one responsible for this child
- I have to look out for danger
- I know and recognize cues that alert me that danger is impending

# Child Safety Framework

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## Safety Planning



## Behavioral Capacity

Behavioral protective capacity refers to **specific action, activity and performance** that is consistent with and results in parenting and protective vigilance.

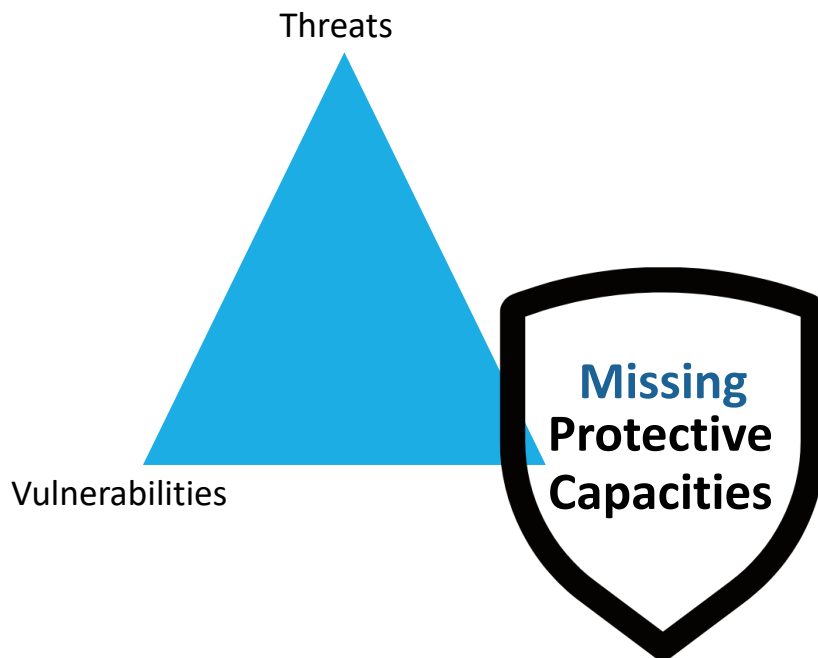
Cognitive capacity contemplates knowing; behavioral capacity contemplates action:

- The physical ability to act in ways to protect
- The ability/willingness to stop what the caregiver wants to do (defer needs) in order to meet the child's basic needs
- The energy to do what must be done
- The skills that will help the caregiver effectively carry out what he/she intends

# Child Safety Framework

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## Safety Planning



## Emotional Capacity

Emotional protective capacity involves the specific **feelings, attitude, identification with the child and motivation** that result in parenting and protective vigilance.

Two critical issues influence the strength of emotional protective capacity:

- The nature of the attachment between caregiver and child
- The caregiver's own emotional strength

# Child Safety Framework

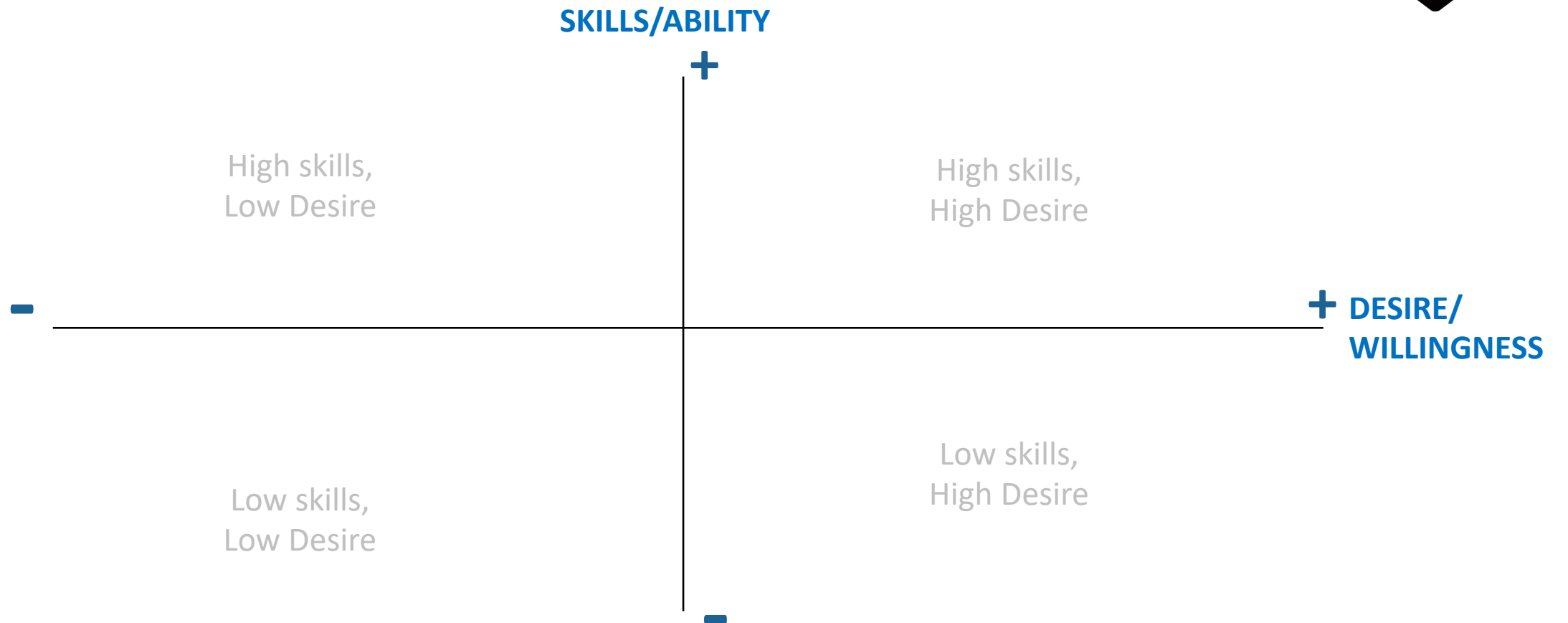
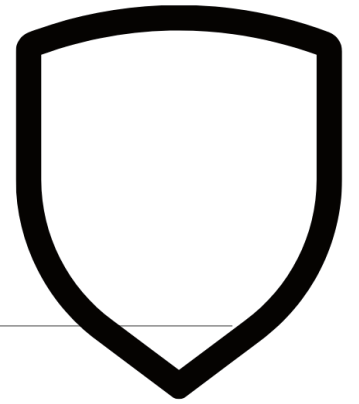
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**What are the threats?**

**Is this child vulnerable to this specific threat?**

**Are there protective capacities to mitigate the threat or reduce vulnerability?**

# Protective Capacities



# Child Safety Framework

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It's **SAFE** if...

No threats, child is not vulnerable to threat, or there is sufficient protective capacity to control threats

It's **Not Safe** if...

Threats exists to which child is vulnerable and parents have insufficient protective capacity to control threats



# Using the Safety Planning Model...

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	<b>Threat?</b>	<b>Vulnerable?</b>	<b>Parental Protective Capacities?</b>
3 mo. old (Corey)			
3 year old			
7 year old (Chris)			
15 year old			

# Using the Safety Planning Model...



	Threat?	Vulnerable?	Parental Protective Capacities?
3 mo. old (Corey)			
3 year old			
7 year old (Chris)			
15 year old?			

# INTRODUCING...THE “WHAT-IF?” MONSTER

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# Putting the Safety Framework to use

## SAFETY CONCERNS ANALYSIS

Child's Name:

Date:

Threat	Is this child vulnerable to this threat? (yes or no; assume yes)	Missing Parental Protective Capacity (understanding of threat, can physically protect and/or wants to)	Possible Short-Term Offset(s) (safety plan elements needed)	Possible Long-Term Solutions (case plan elements needed)

Which of these threats is causing the child to remain out of home?	How will we know when it is safe return home?
Which of these threats necessitates supervised or monitored family time?	How when we know it is safe to reduce restrictions to visits?

# Using the Safety Planning Model...

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## Case Participants

- Mother: Brenda Wright
- Alleged Father and Brenda's paramour: Joseph Paul
- Child: 3-month-old Amber Wright

DCYF is recommending supervised visitation for Brenda Wright and Joseph Paul. At the first visit, on June 1st, 2021, Brenda and Joseph had a supervised visit with Amber. During the visit, Brenda and Joseph's eyes were dilated, their speech was slurred and their movements were sluggish. Brenda and Joseph were both sitting on the couch and started to nod off and leaned up against each other. Joseph was holding Amber and she began to slide off his lap. Amber rolled onto the cushion beside Joseph and almost fell on the

floor before the visit supervisor came in and repositioned the baby. Joseph and Brenda both made an excuse that the room was too warm. As the visitation supervisor was leaving Brenda made a comment "What a drama queen. Amber was fine."

Amber is a vulnerable 3-month-old with an inability to protect herself. If she had fallen off the couch, onto the cement floor, she could have been seriously hurt. Brenda and Joseph have a history of heroin use resulting in multiple referrals of physical neglect including leaving Amber in the home alone for 3 hours while they went to pick up heroin. Even in a short family time visit, Brenda and Joseph have demonstrated that they cannot control their drug use impacting their ability to care for Amber's safety.

# Using the Safety Planning Model...

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DCYF is recommending supervised visitation for Brenda Wright and Joseph Paul. DCYF is recommending three visits a week at Lithia park when the weather permits and at the office when weather does not. This park is a 3-minute walk from the DCYF office. DCYF has contacted the placement, Brenda's paternal aunt and uncle, and Joseph's father to request family time in their home. Due to the history of stealing from the family, all of these family members have declined to supervise the visits at their homes.

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# DCYF's 17 Safety Threats

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1. No adults in the home performing parenting duties that assure the child's safety
2. Family situation seriously endangers child's physical health
3. Caregivers acting violently or dangerously impacting child safety
4. DV incident that impacts child safety
  - a. Abuser has caused serious harm or threats against child's care giver
  - b. Abuser has seriously harmed or threatened the child
  - c. Escalating violence or threats
  - d. Indications of increased danger from perp (eg., suicide threats, substance abuse or threats with weapons)
5. Caregivers can't control their behavior which impacts child safety

# DCYF's 17 Safety Threats

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6. Caregivers perceive child in *extremely* negative terms
7. Caregiver don't have or use resources to meet child's immediate needs which present an immediate threat of serious harm
8. Caregiver's attitudes, emotions and behaviors threaten severe harm OR caregivers feel they will harm the child themselves
9. Caregiver intended to seriously hurt the child
10. Caregivers lack the parenting knowledge skills or motivation to assure safety
11. Caregivers overtly rejects DCYF intervention (access, flight risk)
12. Caregivers aren't/can't/won't meet the child's exceptional physical, emotional, medical or behavioral needs.

# DCYF's 17 Safety Threats

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13. Caregivers can't/won't explain child's injuries or conditions or explanation not consistent with the facts
14. Child has serious physical injuries/conditions resulting from maltreatment
15. Child demonstrates serious emotional symptoms, self-destructive behavior, lack of control that results in dangerous reactions from caregivers
16. Child is extremely fearful of home or people in home
17. Child sexual abuse is suspected, occurred or likely to occur.

# In-home vs out-of-home Safety Plans

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If any of these four questions are answered “no,” then it’s out-of- home:

- There is a parent/caregiver in the home
- The home is calm enough to allow safety providers to function in the home
- The adults in the home agree to cooperate with and allow an In-Home Safety Plan
- Sufficient, appropriate, reliable resources are available and willing to provide safety services/tasks

# How you can be an AMAZING family time advocate for your child

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## Review the visitation plan with the SW every 30 days.

- How can we reduce the supervision level? What's the current safety threat?
- Have any family members stepped up to supervise/monitor? Provide transportation? Host at their home?
- How can we add another day? How can we increase the amount of time spent?
- Have virtual methods (phone/Facetime) been contemplated? Can we add more?
- Remember – it's okay for some parents to safely spend two (or more) hours with their child – and not be in a position to care for them 24/7.

## Seek creative opportunities for parent-child engagement.

- Any family events coming up that all can attend?
- School/Daycare activities? Doctor appointments?
- Engage the foster parent?
- Church/Cultural/Community Events?

**And remember – you CANNOT supervise/monitor a visit. Even a little bit.**

**Only observe. And that should be brief.**

## Demand Sibling Visits.

- Ideally, with parents, but make sure they happen, too, even w/o a parent available.

# Parenting and visiting

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With so many more of our visits moving toward monitored or supervised, it does give many of our parents the opportunity to further engage in parenting:

- Use of virtual platforms to increase and enhance parenting time
- No reason for parents not to be present in “community” engagements with the child:
  - Drs, dentist, well child visits
  - School functions
  - Extra-curricular events
  - Parent teacher conferences
  - Babysitting/respice care