

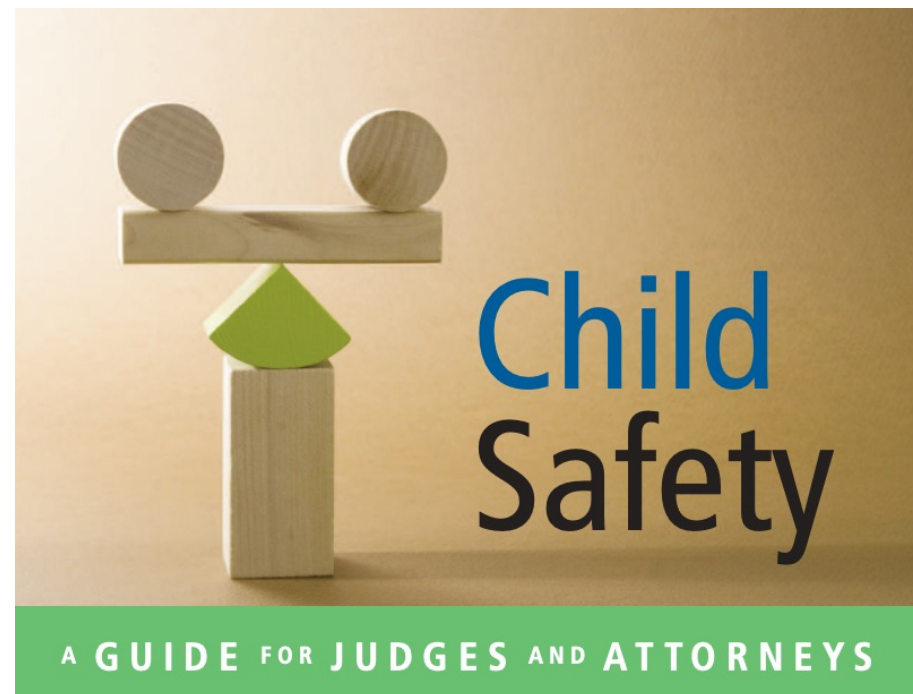
Assessing child safety

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

The ABA Safety Framework

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

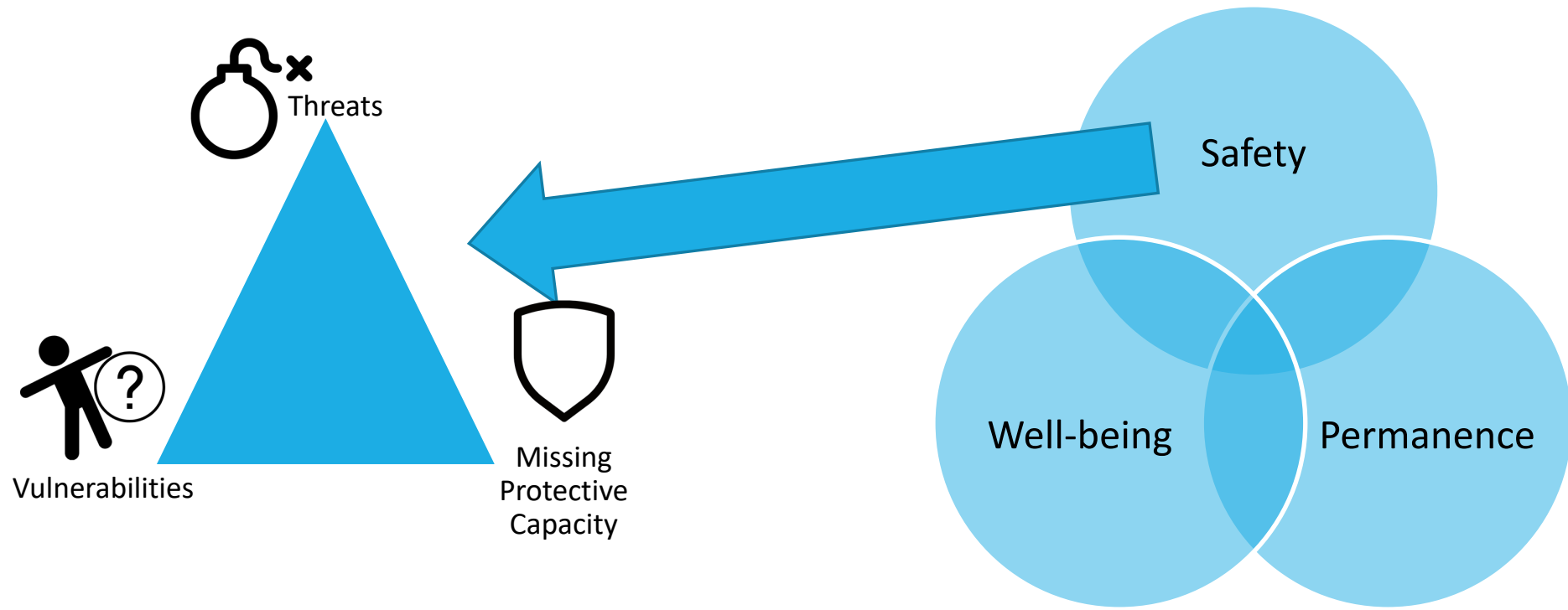
https://www.americanbar.org/content/dam/aba/administrative/child_law/ChildSafetyGuide.authcheckdam.pdf



Child Safety Framework

Safety Planning

Case Planning



Safety Planning vs. Case Planning

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.

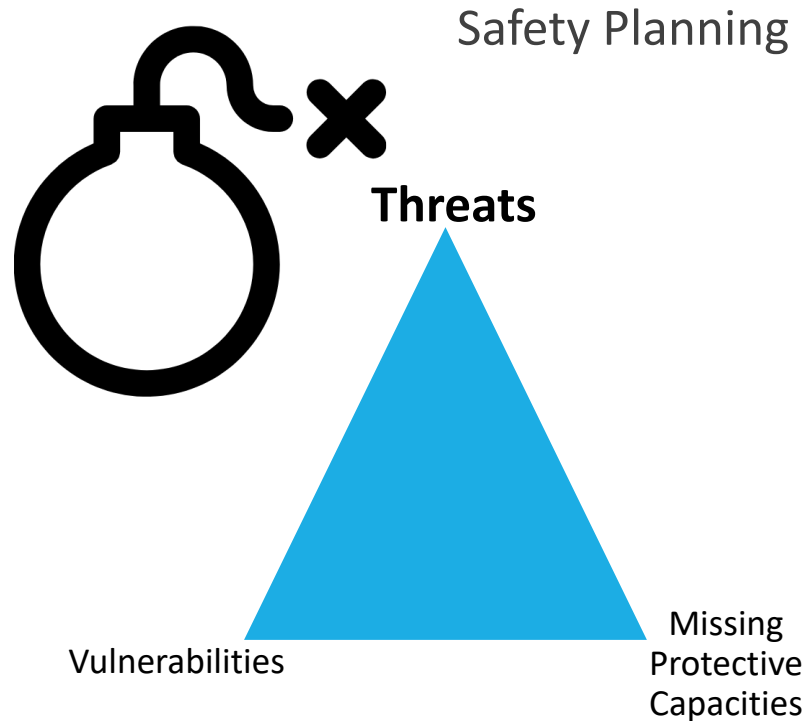
It is a technical solution.

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.

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)?

THREATS

Take a few moments
and find all the
possible THREATS in
this room!

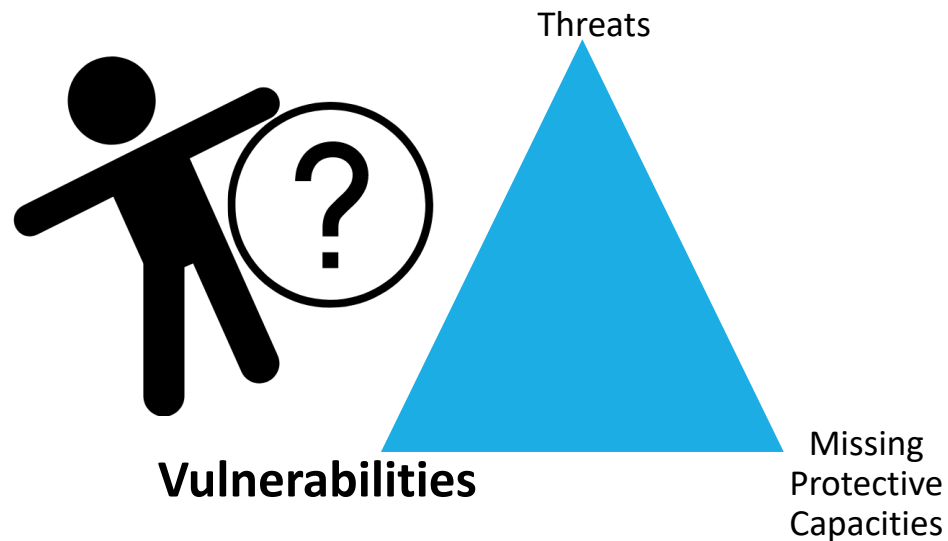
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Child Safety Framework

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?

Introducing our children....

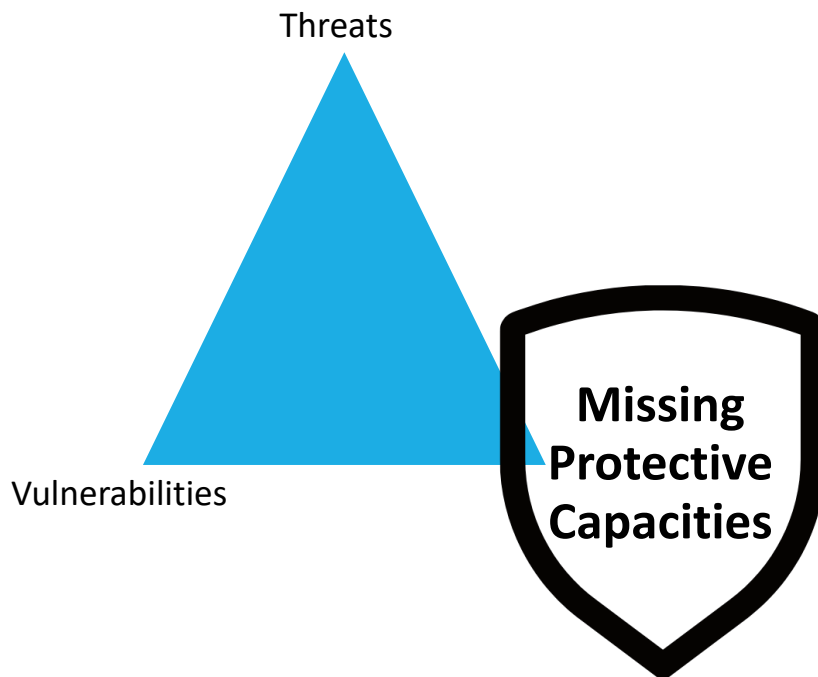
Daisy: Six-month old baby girl. Breast fed. 8th percentile for weight. Unplanned pregnancy. Currently in foster care with a nurse who expresses concerns about the child's weight.

Trevor: 6 year old boy. In kindergarten. Inquisitive and full of energy. Constant motion. Asks questions, but doesn't stick around for the answer. Frequently ignores mom and dad. Currently placed in foster care with a family that has two other children near the same age.

Jelly: 14 years old. Strongly protective of her two younger siblings; primary caretaker for both (brings Daisy to mom for feeding; prepares meals for herself and Trevor most of the time. Gets Trevor ready for school every morning, etc.) Currently placed with a nearby cousin in a different school district. Doesn't mind staying there as long as she doesn't have to go to school. Is annoyed that she hasn't seen her siblings since the fire. Always on her phone and group texting with several of her friends; easily wound up by what she reads. Has headphones in and never takes them out. Barely remembers dad.

Child Safety Framework

Safety Planning



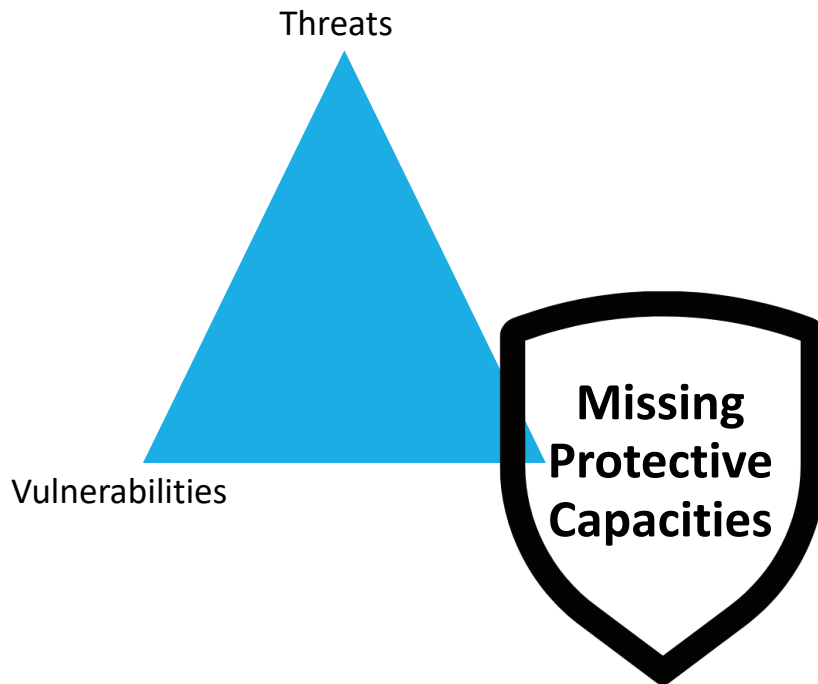
Protective Capacities are displayed by the **caregiver** and are:

- 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

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:

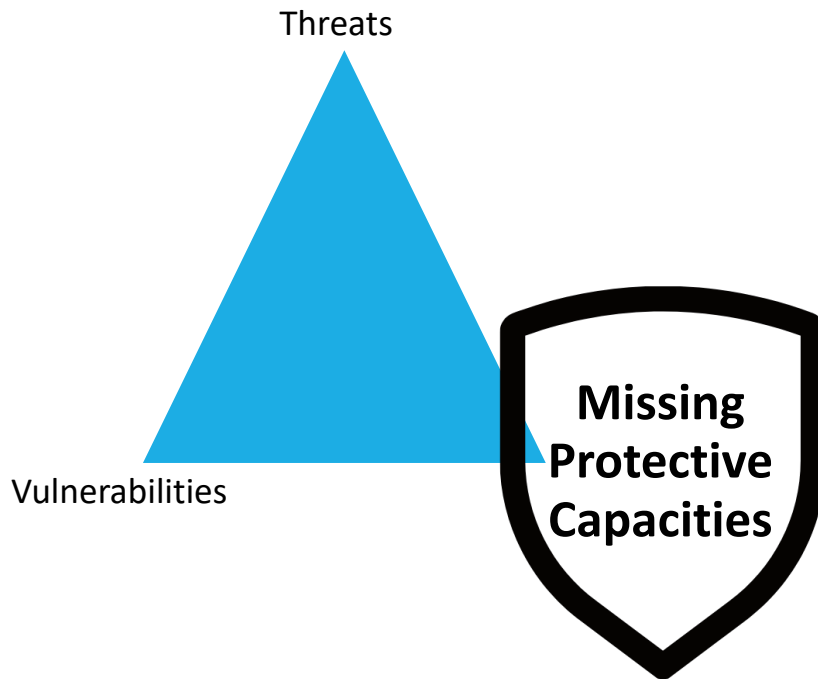
- I am the parent/caregiver
- I am the one responsible for this child
- I have to look out for danger
- I know and recognize cues that alert me that danger is impending

Let's meet Dad!

Jacob (Dad): Has recently began dabbling with fentanyl (formerly used pills.) Mom reports he's been getting worse when it comes to parenting any of the children. Recently lost his part-time job as a Jiffy Lube tech. Dad of two younger children. Married for 3 years.

Child Safety Framework

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

Let's meet Mom!

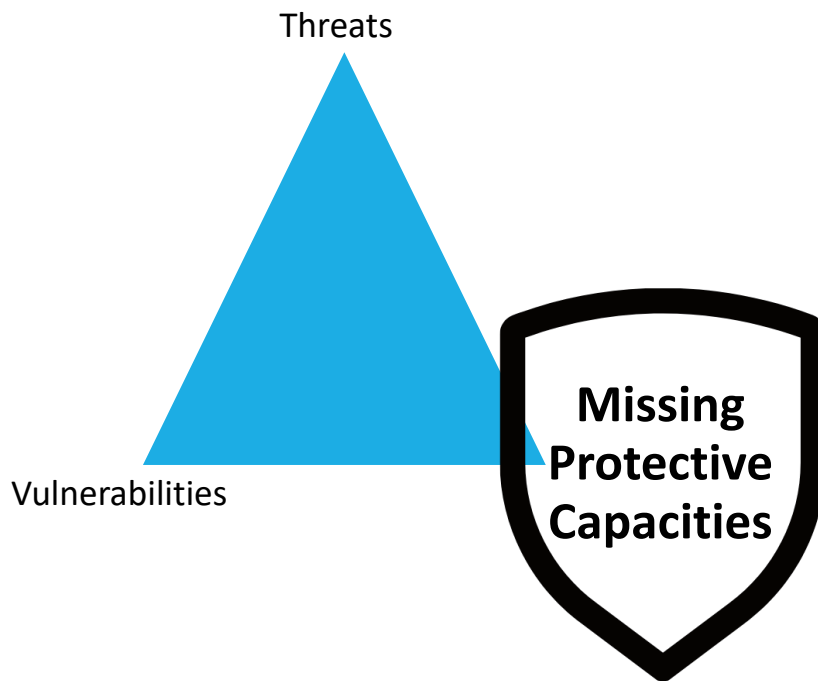
Jasmine (mom): Suffering from undiagnosed post-partum depression; this did not happen previously with her other two children. Sleeps a lot; mostly stays in bed. Mother of all three children. Jelly's dad lives in Idaho, but neither Jelly or Jasmine have had any contact with him for almost 5 years.

INTRODUCING...THE “WHAT-IF?” MONSTER



Child Safety Framework

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

Reintroducing Jelly!

Jelly: 14 years old. Strongly protective of her two younger siblings; primary caretaker for both (brings Daisy to mom for feeding; prepares meals for herself and Trevor most of the time. Gets Trevor ready for school every morning, etc.) Currently placed with a nearby cousin in a different school district. Doesn't mind staying there as long as she doesn't have to go to school. Is annoyed that she hasn't seen her siblings since the fire. Always on her phone and group texting with several of her friends; easily wound up by what she reads. Has headphones in and never takes them out. Barely remembers dad.

Wait...kids can be safety factors?!?

Child Safety Framework

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

Child Safety Framework

What are the threats?

Is this child vulnerable to this specific threat?

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

What are NOT safety threats for visits?

Parent showing up late

Parent missing visits

Undocumented/Unassessed “emotional” harm

Lack of parent-child interaction

Cranky kids after visit

Chronic Neglect

Lack of sobriety

Incomplete services

The unknown

Parent not knowing how to parent

**REMEMBER: Identifying a
threat is only 1/3 of the process...**

you also have to determine if/how the child is vulnerable AND any potential offsets.

What are NOT safety threats for visits?

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**CASE PLANNING
ISSUES!!!**

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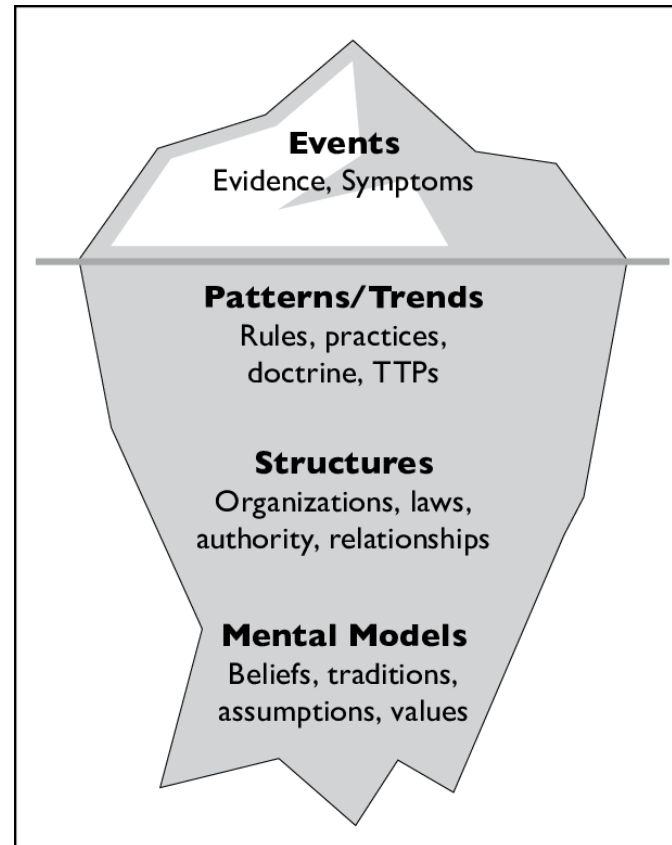
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SAFETY PLANNING



CASE PLANNING

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SAFETY CONCERNS AND VISITATION ANALYSIS

Child's Name: _____

Date: _____

Threat (specific, observable, out of control, immediate or liable to happen soon, & severe consequences)	Is this child vulnerable to this threat? (yes or no; why?)	Missing Parental Protective Capacity (understanding of threat, can physically protect and/or wants to)	Possible Short-Term Offset(s) (safety plan elements needed; include recommendation(s))	Possible Long-Term Solutions (case plan elements needed)

<p>Level of Visit Supervision Recommended</p> <p> <input type="checkbox"/> Unmonitored <input type="checkbox"/> <u>In</u> the community <input type="checkbox"/> Monitored <input type="checkbox"/> Supervised </p> <p>Who can monitor/supervise visits:</p> <p>Any restrictions on virtual/telephone visits?</p> <p>Any restrictions on co-parenting (parent-caregiver) opportunities?</p>	<p>How/when will we know it is safe to reduce restrictions to visits?</p> <hr/> <p>Approved Location(s):</p>
<p>Recommended In-Person Frequency (per week)</p> <p> <input type="checkbox"/> X2 <input checked="" type="checkbox"/> X3 <input type="checkbox"/> Daily <input type="checkbox"/> Weekends </p> <p>Recommended Duration</p> <p> <input checked="" type="checkbox"/> 2 hrs <input type="checkbox"/> 4 hrs <input type="checkbox"/> 8 hrs <input type="checkbox"/> Other: </p>	<p>Overnights Permitted?</p> <p>Anything else:</p>
<p>How will we know when the child can safely return home?</p>	

Parent-Child Visitation

Regular visits between children and their parents are one of the strongest predictors of a successful reunification.

For every additional day per week that family time takes place, reunification is 3X more likely

Parent-Child Visitation

Parent-child visitation is not
a parental reward.

It is a right of the child.

Supervision Levels

Unsupervised

Require the parent to be the primary caregiver and able to demonstrate the willingness and ability to **safely care for the child for the duration of the visit and protect the child from any safety threats.**

“In the community”

Require the parent to be the primary caregiver during the visit. The parent must demonstrate the willingness and ability to manage any safety threats and safely care for the child during the visit. Does not to be supervised/monitored by a specific person, but needs to be in a public setting where the community could intervene (restaurant, park, shopping mall, Drs office, school event.)

Monitored

Require the parent to be the primary caregiver during the visit, while an approved adult is available to **periodically observe and intervene** if needed. The parent must demonstrate the willingness and ability to manage any safety threats and safely care for the child during the visit.

Supervised

Require an approved adult to maintain constant **line of sight and sound supervision** and intervene if needed.

Therapeutic

A professional with clinical or therapeutic skills supervises the visit, which usually has a clinical purpose such as play therapy, parent/child counseling sessions, or monitoring a parent with severe mental illness.

Parent-Child Visitation

Location

- In the **least restrictive setting** with consideration given to the family's culture.
- In the **child's community** whenever possible.
- In an **age appropriate setting** that supports safety of the child.

<https://www.dcyf.wa.gov/4250-placement-out-home-and-conditions-return-home/4254-parent-child-sibling-and-relative-visits>

Parenting Time /
Visitation
is NOT where we assess
a parent's ability to
parent!

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

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.