

STANDARD FOR COMPREHENSIVE SAFETY, ONGOING, and RE-ASSESSMENT

PURPOSE

The purpose of this standard is to provide direction and guidance to Child and Family Services (CFS) programs regarding Comprehensive Safety Assessment, Reassessment, and ongoing assessment services. This standard is intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all-applicable laws, rules and policies. This standard will also provide a measurement for program accountability.

INTRODUCTION

Child Safety is the central concern and function of CFS. The role of CFS is to intervene with only those families where a dangerous family condition is present and clearly threatens the safety of the child in the home. A Comprehensive Safety Assessment is completed for all child protection referrals that meet CFS Priority Response Guidelines for assessment. The Comprehensive Safety Assessment includes a robust information collection process, standardized criteria for differentiation between safe and unsafe children, and the social worker's critical analysis and conclusion regarding the family conditions contributing to the safety of the child in the home. Child safety is assessed on an on-going basis by the social worker during each contact with the child, family, and other case relevant individuals. The Reassessment of Safety is a continuation of the initial Comprehensive Safety Assessment which reviews and updates the assessment areas at critical decision points in a case, to determine if safety threats to a child including parents/caregivers' protective capacity, have changed warranting a decision to increase or decrease CFS intervention with a family.

This standard will direct CFS social workers in child safety decision making through use of the formal Comprehensive Safety Assessment, informal on-going assessment, and the formal Reassessment of Safety.

TERMS

Caregiver/Caretaker

A caregiver is an adult responsible for the child's care, supervision, and welfare. Caregivers can include the child's parent, guardian, custodian, relative, foster parent, or other adult who provides care to the child.

CFS Social Worker

Child and Family Services (CFS) social workers are direct service personnel in the regional CFS offices including central intake workers, safety assessors, case managers, permanency/adoption workers, and licensing staff. CFS staff also includes individuals with whom the regional CFS programs have contracts to provide services.

Child(ren) of Concern

A child(ren) of concern is the child(ren) identified in the referral as the victim of abuse, neglect, or abandonment.

Child(ren) Participants on a Presenting Issue

Child(ren) Participants on a presenting issue (PI) are all other children who are not identified as the victim(s) of abuse or abandonment which reside in or visit the home.

Comprehensive Safety Assessment

A formal comprehensive safety assessment tool which includes robust information collection within the 6 Domains, identification of Safety Factors and application of the Safety Threshold, a child safety determination, and Safety Plan and Safety Plan Analysis, if required. The Comprehensive Safety Assessment must be completed no later than thirty (30) calendar days after first seeing the child.

Emerging Danger

This refers to a family circumstance where a child is living in a state of danger, a position of continual danger. Danger may not exist at a particular moment or be an immediate concern (like in present danger), but a state of danger exists. Emerging danger to child safety or this state of danger is not always obvious or occurring at the onset of CFS intervention or in a present context, but these can be identified and understood upon more fully evaluating individual and family conditions and functioning.

Ongoing Assessment

An ongoing formulation process conducted by the social worker throughout the life of a case. Working with families is a constantly changing process that calls for frequent and flexible decision-making as new information becomes available. Each time a social worker meets with a family or child, he/she is gathering and evaluating information to determine the child's current safety and the family's progress in enhancing their protective capacities and/or reducing safety threats. Assessment begins with the first contact with a family and does not end until a case is closed. Safety is assessed continuously throughout the life of the case.

Present Danger

Immediate, significant and clearly observable severe harm or threat of severe harm is occurring to a child in the present requiring immediate CPS protective response.

Protective Capacities

Personal and caregiving, behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective to one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

Reassessment of Safety

The Reassessment of Safety is a formal assessment tool which is a continuation of the initial Comprehensive Safety Assessment. The Reassessment of Safety reassesses the

last four (4) Domains in information collection; the Safety Threats and Safety Threshold initially identified, the Safety Plan and Safety Plan Analysis, and include an assessment of the parent/caregiver's protective capacities for service planning. The Reassessment of Safety is to be completed by the social worker at key decision points in a case to guide and document case decisions. The reassessment tool must be completed prior to service planning, reunification, termination of parental rights, and case closure. Social workers may also use the reassessment tool to assess a family's progress when there have been significant changes in the family's circumstances or dynamics.

Risk of Maltreatment

The likelihood (chance, potential, prospect) for parenting behavior that is harmful and destructive to a child's cognitive, social, emotional and/or physical development, and those with parenting responsibility are unwilling or unable to behave differently. Risk occurs along a continuum from low to high. All safety threats are risks, but not all risks are safety threats.

Safe

Children are considered safe when there are no present or emerging danger threats, or the caregivers' protective capacities control existing threats.

Safety Plan

When a child is found to be unsafe a Safety Plan is required. Safety Plans are actions taken that control present or emerging danger rather than changing the conditions that cause it. A safety plan must control or manage the present or emerging danger, have an immediate effect, be immediately accessible and available and contain safety services and actions only, not services designed to effect long-term change. It must be sufficient to ensure safety. Safety Plans may be done **in the home** or may include **out of home plans** when child safety can only be assured through temporary placement with relatives or in substitute care.

Safety Threats

Safety threats are risk factors that have crossed the safety threshold to become present or emerging danger(s). When safety threats are identified within a family, the children are living in a state of danger

Safety Threshold

This refers to the point at which a family condition (or risk factor) reaches the level of a safety threat. The safety threshold is met when the following 5 criteria are assessed to apply.

1. **Severity:** Harm that can result in significant pain, serious injury, disablement, grave or debilitating physical health or physical conditions, acute or grievous suffering, terror, impairment, death.
2. **Immediate to Near Future:** A belief that threats to child safety are likely to become active without delay; a certainty about an occurrence within the immediate to near future that could have severe effects.
3. **Out-of-Control:** Family conditions which can affect a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence,

manipulation or internal power; are out of the family's control. No responsible adult in the home can prevent the emerging danger from happening even if they want to do so.

4. **Observable/Describable:** Danger is real; can be seen or understood and can be reported; is evidenced in explicit, unambiguous ways.
5. **A Vulnerable Child:** Dependence on others for protection

The Six Domains

Emerging danger is more elusive than present danger and requires focused professional information gathering and assessment. The areas of focus are:

1. Extent of Maltreatment: Straightforward information concerned with the facts and evidence which supports the presence of maltreatment, summarizes the allegations and documents all the evidence/facts supporting a worker's determination as to whether or not maltreatment occurred.
2. Nature of Maltreatment and History: What is occurring in the family that impacts or influences the maltreatment or causes maltreatment? An examination of any past involvement with child protection and how past reports may influence the current report.
3. Adult Functioning: The overall daily functioning of the adults in the home without regard to the reported event. Adult functioning is also separate from parenting and discipline.
4. Parenting Practices: The overall parenting styles, perception of the child, tolerant as a parent, interactions patterns with the child, ability to meet the child's basic needs, ability to put the child's needs before their own, parenting knowledge and skills, support and concern for the child, ability to protect, etc...
5. Disciplinary Practices: Worker's analysis of discipline in the home. Disciplinary Methods, concept and purpose of discipline, context when discipline occurs, cultural practices, child's description of discipline. Includes all caregivers in the home.
6. Child Functioning: Each child's daily functioning separate from the report. Every child in the home will be assessed.

Unsafe

Children are considered unsafe when there are present or emerging danger threats, and caregivers are unable or unwilling to provide protection.

IMPLEMENTING THE STANDARD

Child safety decision making occurs at every step of CFS involvement with children and families. At the point of Centralized Intake, a report is assessed based on CFS Priority Response Guidelines. During initial assessment, the social worker identifies present and/or emerging danger and creates a safety plan based on identified safety threats, if required. During on-going case management through permanency the social worker continuously reassesses child safety, both formally and informally to determine when it is safe for the child to return to the home or to identify other permanency options if returning home is not possible. If a child is placed in alternate care, the social worker also assesses the child's safety within the alternate care setting. Child safety decision making and Family Centered Practice, in the context of child protection, are dependent on each other; you cannot have one without the other. CFS social workers must utilize the Six Principles of Partnership when conducting safety assessment: everyone deserves respect, everyone deserves to be heard, everyone has strengths, judgments can wait, partners share power, and partnership is process.

I. Procedure for Comprehensive Safety Assessment

A. Assigning Jurisdiction

When a Child Protection referral involves alleged abuse, neglect, or abandonment occurring within the geographic boundaries of one Region and the child is living or physically located in another Region, the Region where the alleged abuse, neglect, or abandonment allegedly occurred will be assigned the referral and is responsible for the completion of the safety assessment. The Region in which the child is physically located may be asked to see the child, interview the child, gather information, and report back to the Region responsible for completing the safety assessment. When a Region is assisting with collecting information they must comply with required assessment timeframes in responding to the request by the Region with primary responsibility. The primary Region must give the assisting Region as much notice as possible to allow that Region adequate time to respond.

After completion of the safety assessment, it may be most appropriate to transfer the case to the Region in which the child resides or has primary residence.

CFS field program managers from different regions may agree to modify the aforementioned process especially when regional offices are in close proximity with offices in another Region.

B. Seeing the Child(ren)

Contact with the child(ren) by the assigned CFS social worker must be face-to-face, and may occur in the family home or in another location. Timeframes for seeing the child(ren) of concern and all other child(ren) participants on a PI, begins upon receipt of referral information by any CFS social worker. A child(ren) of concern shall be seen within timeframes established by the priority response guidelines. All other child(ren) participants on a PI should be seen in a reasonable amount of time as your safety assessment would indicate, but must be seen within fourteen (14) calendar days.

C. Working with Law Enforcement

(1) Law enforcement must be contacted on all referrals prioritized as I and II according to CFS Priority Guidelines. This provides an opportunity for law enforcement to accompany the social worker or intervene if a family member(s) is part of an on-going criminal investigation. Law enforcement officers may also have knowledge of dangerous home environments that may compromise a social worker's safety.

(2) The social worker will involve law enforcement in the safety assessment process according to local multidisciplinary team protocols.

(3) At all times safety of the social worker is a top priority. If there is reason to believe that worker safety is an issue, the social worker should contact law enforcement and enlist their help in assessing the safety of the child. If a social worker discovers the safety issues while he/she is already in the home (such as a meth lab), the social worker should leave the area as soon as possible, immediately staff the case with his/her supervisor, and contact law enforcement.

D. Information Collection

Sufficient information collection is essential in making a child safety decision. The 6 Domains provide social workers with a standardized format to ensure they collect and analyze information.. Information within the 6 Domains is collected by the social worker through interviews with the child, the parents/caregivers, and relevant collateral contacts such as extended family members, law enforcement, school staff, medical professionals, and service providers. Social workers must seek to gather information which conflicts with their initial or first impression of the family or situation leading to a more comprehensive assessment of the family conditions surrounding the circumstances which brought the family to the attention of CFS. The Comprehensive Safety Assessment cannot be completed without sufficient information in the 6 Domains.

(1) Extent of Maltreatment

Straightforward information concerned with the facts and evidence which supports the presence of maltreatment, summarizes the allegations and documents all the evidence/facts supporting a worker's determination as to whether or not maltreatment occurred.

(2) Nature of Maltreatment and History

What is occurring in the family that impacts or influences the maltreatment or causes maltreatment? An examination of any past involvement with child protection and how past reports may influence the current report.

(3) Adult Functioning

The overall daily functioning of the adults in the home without regard to the reported event. Adult functioning is also separate from parenting and discipline.

(4) Parenting Practices

The overall parenting styles, perception of the child, tolerant as a parent, interactions patterns with the child, ability to meet the child's basic needs, ability to put the child's needs before their own, parenting knowledge and skills, support and concern for the child, ability to protect, etc.

(5) Disciplinary Practices

The worker's analysis of discipline in the home. Disciplinary methods, concept and purpose of discipline, context when discipline occurs, cultural practices, child's description of discipline. Includes all caregivers in the home.

(6) Child Functioning

Each child's daily functioning separate from the report. Every child in the home will be assessed.

II. Conducting a Comprehensive Safety Assessment

The Comprehensive Safety Assessment tool includes: information collection within the 6 Domains, identification of Safety Factors and application of the Safety Threshold, a child Safety Determination, and a Safety Plan and Safety Plan Analysis, if required. The Comprehensive Safety Assessment must be completed and documented in iCARE no later than thirty (30) calendar days after first seeing the child.

A. Beginning the Response

- A referral is assigned to a social worker.
- The social worker reviews prior history and other case records for relevant information to determine how the severity and type of current allegations compares to those in prior reports as well as the results of previous safety assessments and interventions.
- If there is information that the family has been involved with child protection in another state, the social worker should contact the child welfare agency in that state to obtain the prior history.
- The social worker should re-contact the referring party if they have questions or need additional information about the referral.
- The worker should also seek any information regarding possible worker safety concerns and staff those concerns with a supervisor for a solution.

B. Contacting the Family

After reading through the referral and reviewing the family's history, if any, the worker must review the Unannounced Contact with Families Practice Guidance and make a determination as to if unannounced contact is warranted. The worker will contact the parent or caregiver and schedule a home visit requesting all children and adults in the

household be present to participate in required interviews. If the worker determines unannounced contact is warranted the worker can locate the child and parent or caregiver and proceed with conducting interviews. A parent or caregiver should be contacted as soon as possible after interviewing a child.

- If the contact must be made with the parent at his/her work, protect the family's confidentiality by identifying yourself only to the parent. If a receptionist asks who is calling, give your name and state you are calling about the employee's child. Give as little information as necessary to anyone except the child's parent.
- Upon the first contact with the family, federal and state rules mandate the social worker explain the purpose and nature of the assessment, including the allegations or concerns that have been made regarding the family. The explanation must include the general nature of the referral rather than specific details that could supply information to the alleged offender and impede any criminal investigation. If a criminal investigation is pending, disclosure of any details should be coordinated with law enforcement.
- During the course of the assessment, the name of the person making the referral must not be disclosed.
- During the initial contact the social worker assigned the referral must give the family their name, work phone number and the name of their supervisor.
- To maintain confidentiality, **business cards or notes must not be left on the door** of a residence unless they are secured in an envelope, addressed to the parent(s). Do not use an envelope with the IDHW return address.
- When assessing the home environment, social workers must consider the information in the report and their observations in the home. The following may be considered when assessing the home environment:
 - Utilities are turned on and functioning;
 - Adequate and functioning plumbing;
 - Adequate supply of food;
 - Adequate sleeping arrangements;
 - Unsanitary conditions such as rotting food or feces, drugs, caustic cleaning supplies or hypodermic needles within a child's reach;
 - Firearms which may be within the reach of young children;
 - Exposed electrical wires;
 - Leaking gas;
 - Broken windows or glass;
 - Peeling paint;
 - Fire hazards such as cardboard boxes or other flammable materials next to a furnace; and
 - Presence of functioning smoke alarms.

- Local offices may access qualified professionals in private or governmental organizations with specific knowledge of home hazards such as mold removal and pest abatement or disaster clean-up, to assist in evaluating a home environment.

C. Conducting Interviews

The purpose of interviewing the child, parents or caregivers, and case relevant collaterals is to obtain sufficient information within the 6 Domains of which the safety assessment is dependent on. Social workers must use a family-centered approach with each interview, this builds rapport and strengthens the information the worker is able to obtain.

(1) Interviewing the Child

- The social worker must interview all children of concern, all child participants on a PI, and any child who falls under the Temporary Child Resident Standard, unless the child is not developmentally able to participate in an interview. Unique circumstances may apply to certain children as outlined in this Standard under, Special Circumstances: Interviewing Child Participants on a PI and/or Temporary Child Residents on New Presenting Issues on the Same Family.
- The social worker must interview each child separate from one another and separate from the parent or caregiver to obtain the child's account and explanation of the reported maltreatment and the child's perspective of how the family functions in the family home.
- If a parent requests to be present during the child's interview the worker will first explain to the parent the importance of interviewing the child alone. If the parent continues to request to be present the worker will assess how the parent's presence would impact the information collected. If the worker determines the parent's presence is not detrimental to the child the worker can proceed with the interview with the parent present and will document the parent was permitted to be present. If the worker determines the parent's presence would negatively impact the child, the worker will immediately staff the situation with a supervisor to determine how to proceed with the child interview.
- If a parent or caregiver denies access to a child the social worker should leave the family home and staff the situation immediately with their supervisor. Law enforcement assistance or a court order may be obtained to ensure the social worker has access to interview the child.
- If a social worker goes to the child's home to see the child but no adult is present, the social worker must not enter the residence. The social worker should talk to the child outside the home or through the door. If very young children are home alone, call law enforcement and wait outside the residence for law enforcement to arrive to assist in obtaining access to the child(ren).

- According to Idaho Code 16-1618 "Unless otherwise demonstrated by good cause, all investigative or risk assessment interviews of alleged victims of child abuse will be documented by audio or video taping whether conducted by personnel of law enforcement entities or the department of health and welfare. The absence of such audio or video taping shall not limit the admissibility of such evidence in any related court proceeding." The rationale for not recording an interview must be documented in those cases where no recording is made.
- Unless law enforcement declares the child in imminent danger or the parent or caregiver give permission and accompany the child, **do not transport** the child to another location or take custody of the child in any manner.
- The social worker must consider the possibility that the parent or caregiver may retaliate against the child who may have provided information during the interview process. In cases where parents may retaliate, protective measures must be put in place timely. For example, the social worker may need to contact the school the next day and/or see the child again to assess and ensure his/her safety. In some cases, the child may not be safe at home after making a disclosure and efforts must be taken to remove the child under a declaration of imminent danger by law enforcement.
- If the child has injuries at the time of the interview, take pictures of any injuries on areas of a child's body that are normally unclothed. Whenever possible, have another adult present when taking photographs of a child's injuries. Documentation should include who was present at the time the pictures were taken. Although it is permissible to photograph the buttocks of young children, respect should be shown to the child in all cases. Do not photograph "private parts" of latency age or adolescent children. Enlist the assistance of a school nurse or physician to document any injuries. Document a description of the size, shape, type and location of all injuries.
- If it is determined that a child needs to see a doctor due to serious injuries or medical condition, and the child has not been declared in imminent danger, the social worker will arrange for immediate medical assistance for the child by having the parent or caregiver take the child to a doctor. The social worker must either accompany the child for medical treatment or follow-up with the medical provider to assure that the child received treatment.
- If it is determined that a child needs to see a doctor due to serious injuries or medical condition and the child has been declared in imminent danger but a shelter care hearing has not occurred the social worker or resource parent can take the child to receive emergency medical care but cannot authorize consent for emergency medical treatment. The parent should accompany the child and social worker to the hospital and sign all consent forms for emergency medical treatment. If the parent is unable or unwilling to sign consent for emergency medical

treatment, the hospital must initiate the process for court authorized medical treatment as found at Idaho Code §16-1627.

- If it is determined that a child needs to see a doctor due to serious injuries or medical condition and the child has been placed in the legal custody of the department at a shelter care hearing, a CFS representative may authorize consent for emergency medical treatment if the parent is unable or unwilling to provide consent.
- If a child has been declared in imminent danger and a parent has signed the medical consent form the social worker can provide consent for basic medical care, if a parent is unable to do so. If the parent is unable or unwilling to sign the medical consent form or provide consent for basic medical care the social worker must wait until after the shelter care hearing to provide consent for basic medical treatment.
- In many cases, a medical professional's findings concerning the most likely cause of the injury will be needed to confirm whether the injury is consistent with the explanation provided by the parent or caregiver.
- In cases that are likely to involve a criminal investigation, such as sexual abuse, serious physical abuse, or severe neglect, law enforcement may take the lead in interviewing the child. The social worker must collaborate with law enforcement throughout the forensic interview process according to local multidisciplinary protocols.
- In cases of sexual abuse, a forensic interview is often the foundation of the case. Therefore, child sexual abuse interviews should be conducted by a person who has been trained to ask questions objectively to determine the child's safety while preserving evidence for potential criminal charges. It is important to interview the child separately from the parent or caregiver and other siblings. Make certain the interview with the child is recorded.
- If a child discloses sexual abuse occurred within the last 48 hours, contact law enforcement and/or the prosecutor to determine if the child should be seen by a medical professional to gather physical evidence. The interview may also contain information that would prompt law enforcement to seek a search warrant.

(2) Interviews with Parents or Caregivers

- The social worker is required to interview all parents or caregivers in the child's home.
- In general, parents or caregivers should be interviewed separately so information can be provided to the worker more freely; however if separate interviews are not possible or if the parent or caregiver refuses to be interviewed separately workers should conduct the interview with both parents or caregivers and document the reason for not conducting separate interviews in the safety assessment.

- Interviews should gather the family's perspective on the reported maltreatment, the adult functioning, parenting style, disciplinary practices, and information from the parent or caregiver about the child's daily functioning.
- Social workers should also be able to gather information leading them to assessment of the parent or caregiver's protective capacities in protecting their child.
- In allegations of child sexual abuse, the social worker will interview the non-offending parent or caregiver unless otherwise directed by law enforcement.
- In allegations of child sexual abuse, law enforcement will conduct the interview with the alleged perpetrator and the social worker will obtain the interview information from law enforcement.

(3) Interviews with Collateral Contacts

- A Comprehensive Safety Assessment will include at least one collateral interview with a person who is familiar with the circumstances of the child or children involved and who has knowledge of the family's functioning.
- Collateral interviews will be conducted with discretion and preferably with the parent or caregiver's permission. Collateral contacts must be relevant to the reported maltreatment or safety concerns and may include relatives, neighbors, family friends, doctors, school personnel, day care providers, service providers or others who may clarify and supplement information about the child's condition and family functioning.
- A collateral contact should be an individual who is not the referent of the child protection concern. Although law enforcement officers may provide important information regarding the family's criminal history, any criminal history should be considered a safety assessment factor rather than a collateral contact.
- Collateral contacts may be made through phone calls, face-to-face interviews, and through written correspondence. Information from collateral contacts should include a description of how long each collateral contact has known the child and/or family, their assessment of the child's behavior and well-being, family functioning, and the family's interaction with the child. If the collateral contact is aware of the allegations involving abuse or neglect, ask the collateral contact for their understanding and explanation of the incident or allegations.

(4) Collaboration with Other Community Providers

- In the course of a safety assessment the assigned safety assessor will re-contact the community partner referent and provide them with information related to the status of the case on a need to know basis. For example, a school partner may be re-contacted and informed a safety assessment was completed and the family is

being open for services and we request their assistance with safety monitoring for the family.

- Whenever possible, CFS will collaborate with domestic violence, substance abuse, and other community service agencies working with a family in intake, assessment and service delivery.

D. Applying the Safety Threshold to the 14 Safety Factors

Safety threats are risk factors that have crossed the Safety Threshold to become present or emerging danger(s). When safety threats are identified within a family, the children are living in a state of danger. The Safety Threshold refers to the point at which a family condition (or risk factor) reaches the level of a safety threat. The Safety Threshold is met when the following 5 criteria are assessed to apply:

(1) **Severity:** is consistent with harm that can result in significant pain, serious injury, disablement, grave or debilitating physical health or physical conditions, acute or grievous suffering, terror, impairment, death.

(2) **Immediate to Near Future:** A belief that threats to child safety are likely to become active without delay; a certainty about an occurrence within the immediate to near future that could have severe effects.

(3) **Out-of-Control:** Family conditions which can affect a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family's control. No responsible adult in the home can prevent the emerging danger from happening even if they want to do so.

(4) **Observable/Describable:** Danger is real; can be seen or understood and can be reported; is evidenced in explicit, unambiguous ways.

(5) **A Vulnerable Child:** Dependence on others for protection. While age is a factor in determining the vulnerability of a child, the worker should consider any developmental delays, mental/physical health conditions, trauma history, previous out of home placements, power differentials, and any behavioral issues the child may have.

After the social worker has collected sufficient information within the 6 Domains the worker uses the information collected to consider which of the 14 Idaho Safety Factors may be in operation for each child and then applies the Safety Threshold to the Safety Factor(s) to determine if the Safety Threshold is met. If the threshold is met a Safety Threat is in operation and the child is in danger. The social worker cannot use the exact same threshold criteria on more than one Safety Factor. Each threshold criteria must be written in a brief sentence or two to describe how the information meets, or does not meet, the criteria.

E. Safety Decision

It is the application of the Safety Threshold to the 14 Safety Factors which determines the safety decision for a child. If the Safety Threshold criteria are met, then the child is unsafe. If the threshold is not met then the child is safe.

(1) Safe

Children are considered safe when there are no present or emerging danger threats, or the caregivers' protective capacities control existing threats.

(2) Unsafe

Children are considered unsafe when there are present or emerging danger threats, and caregivers are unable or unwilling to provide protection.

NOTE: If a child is determined to be unsafe a Safety Plan is **required**.

F. Safety Plan Analysis and Safety Planning

Safety Plans are actions taken that control present or emerging danger rather than changing the conditions that cause it. A safety plan must control or manage the present or emerging danger, have an immediate effect, be immediately accessible and available and contain safety services and actions only, not services designed to effect long-term change. It must be sufficient to ensure safety. Safety Plans may be done in the home or may include out of home plans when child safety can only be assured through temporary placement with relatives or in substitute care. Social workers must document the Safety Plan on the Safety Plan document, provide a copy to participants and scan the form into iCARE on the PI.

(1) Safety Plan Analysis

There are two parts to conducting a safety plan analysis:

- First, the social worker must understand how safety threats operate in the family. What is being done and to whom? When it is occurring? What precipitates the threat? How often does it occur? How long has it been going on? How pervasive is it? Who is creating and allowing the threat to continue?
- Second, the worker must determine if an in-home or out-of-home safety plan is needed by answering these four questions:
 - There is at least one parent/caregiver in the home;
 - The home is calm enough to allow safety provider to function in the home;
 - The adult(s) in the home are willing to cooperate with and allow an in-home safety plan; and
 - There are sufficient, reliable, appropriate resources to provide the available and necessary safety services.

If a social worker can answer "yes" to all four of these questions, then an in-home safety plan should be developed. If any of the questions are answered "no" then an out-of-home safety plan must be developed.

G. Criteria for a Sufficient Safety Plan

(1) A Safety Plan must:

- Use a well-thought out approach;
- Use the most suitable people;
- Provide the right safety actions at the right times;
- Control and manage the safety threats;
- Remain in effect as long as safety threats exist;
- Control and manage present or emerging danger;
- Have an immediate effect;
- Be immediately accessible and available;
- Contain safety services and actions only; and
- **Not** contain promissory commitments.

(2) Supervisory Review and Monitoring the Safety Plan

Safety Plans must be reviewed and monitored by the social worker and the supervisor on an on-going basis. At no time will a Safety Plan be put into place without a plan for continued review and modification by the social worker. When reviewing the safety plan the social worker uses the additional information gathered during on-going assessment of the family to review the Safety Plan Analysis and adjust the safety plan as necessary. A Safety Plan must be in place as long as there are safety threats to the child.

H. Dispositioning the Referral

According to IDAPA 16.06.01.560, within five (5) days following completion of the Comprehensive Safety Assessment the Department will determine whether a report is substantiated or unsubstantiated.

(1) Substantiated Reports

Child abuse, neglect, or abandonment reports are confirmed by one (1) or more of the following:

- Witnessed by a family services worker;
- Determined or evaluated by a court;
- A confession;
- Corroborated by physical or medical evidence; or
- Established by evidence that it is more likely than not that abuse, neglect, or abandonment occurred.

(2) Unsubstantiated Reports

Child abuse, neglect, or abandonment reports are unsubstantiated when they are not found to be substantiated. For intradepartmental statistical purposes, the Department will indicate whether the unsubstantiated disposition of the safety assessment was due to:

- Insufficient evidence; or
- An erroneous report.

(3) Notification

According to IDAPA 16.06.01.560, all persons who are subject of a child protection safety assessment will be notified of the disposition of the assessment.

- **Notification of a Substantiated Incident:** The Department will notify by certified mail, return receipt requested, each individual for whom an incident of abuse, neglect, or abandonment has been substantiated.
- **Notification of an Unsubstantiated Incident:** The Department will notify each individual whom an incident of abuse, neglect, of abandonment has been unsubstantiated by letter.

(4) Child Protection Central Registry

The names of individuals who have been substantiated on a report of abuse, neglect, or abandonment are placed on the Idaho Child Protection Central Registry in accordance with the Adam Walsh Child Protection and Safety Act of, 2006, twenty-eight (28) days from the notice date.

I. Notify the Referent When the Comprehensive Safety Assessment is Complete

According to IDAPA 16.16.01.559.06, the referent (person who made the report) will be notified when the assessment has been completed. Notification should protect the confidentiality of the family and will not include details regarding the assessment or disposition of the referral. Notification can be made by letter. (A sample letter is attached as an addendum to this Standard).

III. Procedure for Conducting a Re-Assessment of Safety

The Reassessment of Safety is a continuation of the initial Comprehensive Safety Assessment. The Reassessment of Safety reassesses the last four (4) Domains in information collection; the Safety Threats and Safety Threshold initially identified, the Safety Plan and Safety Plan Analysis, and includes an assessment of the parent/caregiver's protective capacities. The Reassessment of Safety is to be completed by the social worker at key decision points in a case to guide and document case decisions. The results of the reassessment should be compared with previous assessments to assess the family's progress toward protecting and meeting the child's needs. It will indicate whether the family's situation has improved, worsened, or has remained the same.

A. Service/Case Planning

A reassessment must be completed prior to service/case planning. The reassessment directs the service/case plan to ensure tasks are focused on increasing the parents/caregivers' protective capacities which are directly related to the safety threats impacting the child. ICARE requires a reassessment be completed prior to opening a service/case plan.

B. Reunification or Case Closure

A reassessment must be conducted in all cases in which a social worker is deciding whether to reunify children or close a case that has been opened for services. If a case has been opened for services, iCARE will not allow the case to be closed without a reassessment being completed within 30 days of the closure date.

C. Termination of Parental Rights

A reassessment must also be completed to assist in decision making around termination of parental rights or to gauge the progress or lack of progress in a case over time

D. Changes in the Family.

A reassessment may also be completed if there are any significant changes in the family's situation or circumstances. The reassessment can help direct the worker in making decisions regarding any changes to the family service plan.

IV. Case Consultation and Staffing

Early and periodic structured case consultation and staffing is a necessary part of decision making to ensure child safety, well-being, and timely permanency.

A. Forty-Eight Hour Supervisory Review

In all Priority I and II cases where the alleged victim of abuse, neglect or abandonment is six years old or under, a review of the case by a supervisor will be conducted within forty-eight (48) hours of initiation of the Safety Assessment. The purpose of the review is to ensure the child was seen, gain an understanding of the safety factors, and consider options for the safety decision and planning if the child is found to be "unsafe". The supervisor will sign off on the 48 hour review in iCARE. A brief narrative, documented by the social worker or the supervisor must accompany the supervisor's signature to document considerations for the child's safety and that the supervisor concurs with the proposed safety plan, if needed.

B. Periodic Review of All Cases Open for Services

All cases open for services must be reviewed at key decision making points throughout the lifetime of a case. The reviews must be structured and documented in the case file. At a minimum, all cases will receive an early case staffing and cases open for services must be reviewed with a supervisor or team within 6 months after the case opened, prior to case closure, reunification, or prior to a decision regarding termination of parental rights or change in legal status.

V. Special Circumstances

A. Allegations Involving Indian Children

When a referral of possible abuse, neglect, or abandonment involves a child who is known or believed to be an Indian child and living on a reservation within the boundaries of Idaho, the referral must be reported to that tribe's law enforcement authorities by the region accepting the referral for assessment from central intake. Additionally, the allegations must be reported to the tribal social services director and the Indian Child Welfare Designated Agent. A state social worker will assist the tribe, if requested, or follow a written protocol established between the tribe and the state child welfare agency.

If the alleged abuse or neglect occurs to a child known or believed to be an Indian child living off a reservation, the Department will perform the immediate safety assessment. Part of that assessment will be to contact tribal social services to determine if the child is known

to the tribe, if the family is currently receiving services, or if the child is a ward of the tribal court. If the child lives on a reservation outside of Idaho, the referral will be forwarded to the out of state tribe as well as that state's CPS program or law enforcement. A record of any communication will be maintained in the case record.

Whenever a child who is known to be or believed to be an Indian child is removed from his/her home, the child's tribe must be notified according to the Indian Child Welfare Act and IDAPA 16.06.01.051.

B. Allegations Involving Military Personnel

In accordance with the provisions of Section 811 of Public Law 99-145, all reports of possible child abuse, neglect, or abandonment involving an Armed Forces member or member's spouse whether located on or off a military base, will be reported by the local field office responsible for conducting the assessment, to the Mountain Home Air Force Base Family Advocacy Program representative. An Armed Forces member includes individuals who are active duty, guard, reserve, or retirees from any of the five military branches: Air Force, Army, Coast Guard, Marine Corps, and Navy. Child abuse, neglect, or abandonment of a child which occurs on a military base falls under federal jurisdiction and therefore the military representative will lead the assessment. However, in most instances the IDHW social worker and the military representative will work together during the assessment, IDAPA 16.06.01.557.

C. Court Ordered Child Protection Assessment

During the course of a court hearing involving issues other than child protection; i.e. child custody, the court may order CFS to assess the circumstances of a child and his/her family and submit a report to the court. Upon being assigned an order for a child protective assessment, the social worker will respond according to Priority Guidelines. The assessment must be documented on the Comprehensive Safety Assessment instrument within thirty (30) days unless the court has specified a shorter time frame. Upon completion, a written report or the assessment tool with a cover sheet should be filed with the court.

D. Rule 16. Expanding a Juvenile Corrections Act proceeding to a Child Protective Act Proceeding (Juvenile Correction Act)

If at any stage of a Juvenile Correction Act proceeding, the court has reasonable cause to believe that a juvenile living or found within the state is neglected, abused, abandoned, homeless, or whose parent(s) or other legal custodian fails or is unable to provide a stable home environment, as set forth in I.C. Section 16-1603, the court may order the proceeding expanded to a proceeding under the Child Protective Act or direct CFS of Health and Welfare to investigate the circumstances of the juvenile and his or her family and report to the court as provided in I.C. 16-1609. Any order expanding the proceeding to a CPA proceeding must be in writing and contain the factual basis found by the court to support its order. The order will direct that copies of all court documents, studies, reports, evaluations, and other records in the court files, probation files and juvenile correction files relating to the juvenile be made available to IDHW upon request. The Comprehensive Safety Assessment must be used to conduct the assessment. Prompt initiation of the

assessment process may assist in identifying a safety plan that could offer alternatives to foster care.

E. Safe Haven Referrals

A Comprehensive Safety Assessment is not conducted or a disposition made when a parent relinquishes their infant within the first thirty (30) days following birth according to the Safe Haven Act, Idaho Code 39-82. However, a judge may order a child protection assessment if a parent comes forth to reclaim the child.

F. Infants Who Are Born Drug or Alcohol Exposed

CFS will assess the immediate safety of the infant and the family's ability to care for the needs of the infant. Response should be an assessment process that will identify and address the threats of serious harm by creating a safety plan with the family, making appropriate referrals, and assessing the health and safety of the child.

G. New Presenting Issues on the Same Family

Prioritization of referrals may be adjusted when a referral has been prioritized with a designation other than Information & Referral and additional identical referrals are received on the same family within 30 days.

Presenting issues that are reported by different referents which contain identical referral information within 30 days of the original presenting issue will be documented in a new presenting issue and will be prioritized according to priority guidelines. If the regional supervisor believes the issue in the new referral should be included in the initial open presenting issue they may contact a central intake supervisor or lead worker and request the new presenting issue priority be changed to Information & Referral.

If a subsequent presenting issue contains new information, not originally recorded in the existing presenting issue, a new presenting issue will be entered into iCARE and the social worker will respond according to the Department's Priority Response Guidelines.

G. Unable To Locate A Family

Diligent efforts must be made to locate a family. Those efforts include the following:

- Re-contacting the referral source to verify the address;
- Contacting the family after regular office hours either by a contact from the assigned social worker or through the assistance of an on-call social worker ;
and
- Checking with landlords and/or neighbors, known relatives, utility companies, a family's Self Reliance Specialist, local schools and law enforcement for a current address or any information as to the family's whereabouts.

If a family cannot be located, the case must be reviewed by the social worker's supervisor prior to closing the presenting issue. If the family and/or child cannot be located, click on the "unable to contact" indicator on the Presenting Issue program screen in iCARE.

NOTE: When you click on the "unable to contact" indicator, you will no longer have the

option of conducting a Comprehensive Safety Assessment in iCARE.

The supervisor will determine when the presenting issue can be closed. If the “unable to contact” indicator is checked, with agreement from the supervisor, the presenting issue can be dispositioned as “unsubstantiated, insufficient evidence” and closed.

H. Variances.

A child of concern and a child participant on a PI may not be seen within designated response timeframes due to circumstances that warrant a variance. A variance allows for a delay in seeing the child, it does not allow for a delay in responding to the referral. **The rationale behind the delay must be thoroughly documented in the case record and approved by the supervisor.** Supervisors will review the variance and check the variance approval checkbox on the safety assessment profile screen in iCARE if the variance is warranted. Variances are not warranted if the delay is due to high workload or insufficient CFS capacity. While a variance allows for a CFS worker to respond outside the required timeframe for a specific priority level, it does not warrant an indefinite delayed response. The child must be seen as soon as possible given the specific circumstances of the case.

Circumstances that may warrant a variance include:

- Geographical constraints;
- Weather hazard;
- Good practice decisions or professional judgment;
- Law enforcement has already declared the child in imminent danger;
- Worker safety;
- Law enforcement is unable to accompany the CFS social worker and worker safety issues are identified in the referral; and
- Due to insufficient information needed to respond
- Other (child has left the area, unable to locate, etc.)

NOTE: Under unique circumstances outlined in Section G, a variance in iCARE may be used to not re-interview certain children in specific cases.

G. Interviewing Child Participants on a PI and/or Temporary Child Residents on New Presenting Issues on the Same Family

When responding to additional PIs on the same family within 30 days, there may be unique circumstances which would not warrant additional interviews of Child Participants on a PI or Temporary Child Residents. These circumstances would include situations where re-interviewing a child may result in undo harm to the child or when information thoroughly assessed in a previous interview indicates the child is not or will not be impacted by information contained in the new PI nor would the child have new information to offer regarding the assessment of the new report. This decision must be made in consultation with a supervisor and requires supervisor approval of a variance not to re-interview the child. The rationale behind the decision must be thoroughly documented in the variance comments section on the child date/time seen screen in iCARE.

NOTE: This does not apply to Children of Concern. All Children of Concern on new PIs must be interviewed in accordance with this Standard.

V. Role of Supervisors in Assessment

The supervisory review represents the supervisor's participation in the decision-making process and his/her acknowledgment that the decisions and assessment documentation meets supervisory expectations and CFS practice standards.

Supervisors are required to monitor the following criteria in reviewing the Comprehensive Safety and Reassessment of Safety tools:

- Was the assessment completed in a timely manner?
- Does the assessment provide a thorough description of the family's situation so it can be used to support decision making in the case?
- Were CFS standards, policies, and rules adhered to regarding the assessment process?
- Was the assessment documented in iCARE, using the best practice standard for documentation?

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.

Social Worker References

Practice Guidance: Unannounced Contact with Families

http://hwteamsites/facs/cw/Social_Worker_Resources/Unannounced%20Contact%20Guidance.pdf

Practice Guidance: Allegations of Maltreatment Involving Military Families

http://sharepoint/sites/facs/cw/Social_Worker_Resources/GuidanceToWorkersMilitaryFamilies.pdf

ADDENDUM

SAMPLE REFFERANT LETTER FOLLOWING THE COMPREHENSIVE SAFETY ASSESSMENT

[Date]

[Referent Full Name]

[Referent Address]

[Referent City, State, Zip Code]

Dear _____:

Thank you for reporting your concerns regarding the safety/well-being of a child.

The information you provided has been assessed and action has been taken consistent with Department of Health and Welfare policy and rule.

Under Idaho law, any actions taken by Child and Family Services must be kept confidential. Therefore we are not able to discuss our assessment or any measures taken.

Please contact us if you have new information regarding suspected child abuse or neglect.

Sincerely,

[Worker's Name], [Worker's Title]
Child and Family Services