



# QUARTER 4

## PIP 1.1.2

### Washoe

## **Supervisory Safety Management Tool**

### **How do I judge if a Safety Plan is sufficient?**

This tool provides Consultative Supervisors and ongoing CPS staff a way to evaluate the sufficiency of safety plans. Addressing the question of sufficiency of safety plans is something that should occur when a case is transferred to ongoing CPS, routinely as a part of ongoing safety management, at any time changes occur within a family where safety issues may be raised, during official case evaluations, and reunification.

Four main evaluation questions can be posed to judge the sufficiency of safety plans. Those questions are identified here and are elaborated upon by a number of sub-questions.

---

---

#### **First Evaluation Question:**

##### ***How did safety threats occur in the family?***

###### Sub Questions:

1. How long have conditions in the family posed a safety threat?
  2. How frequent or often has the family condition posed a safety threat?
  3. How predictable is the safety threat? Were there occasions when the safety threat was more likely to be an active influence?
  4. Were there specific times during the day, evening, night, etc. that required "special attention" due to the way in which the safety threat was occurring?
  5. Have safety threats prevented a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)?
- ☐ In order to evaluate whether a safety plan is sufficient, it is very helpful to have some knowledge and understanding about how family conditions or threats that resulted in the safety plan were occurring.
- ☐ If indications are that safety threats were constantly and totally overwhelming a caregiver and that continues to be true, then an out-of-home safety plan would be justified.

### **Second Evaluation Question:**

***Can the family adequately manage and control for the child's safety without direct assistance from CPS?***

#### Sub Questions

1. Since the safety plan was established, is there now a non-maltreating caregiver in the home that has sufficient protective capacities (strengths) and demonstrates a willingness to protect?
    - ☐ Has demonstrated ability to protect in the past?
    - ☐ Has a specific plan for protection?
    - ☐ Physically and emotionally able to intervene and protect?
    - ☐ Clearly understands specific threats to safety?
    - ☐ Properly attached?
    - ☐ Empathetic and believes the child?
    - ☐ Cooperating and properly aligned with CPS?
  2. Since the safety plan was established, will the maltreating/threatening caregiver leave the home and remain absent from the home while ongoing CPS continues?
    - ☐ Who initiated this option?
    - ☐ How reasonable and practical is this option?
    - ☐ Where will the maltreating caregiver reside?
    - ☐ How manipulative and/or impulsive is the person?
    - ☐ Are legal safeguards necessary?
    - ☐ How can the plan be formalized with sufficient oversight?
- ☐ If it is determined that the maltreating caregiver will leave the home, it is necessary to consider the capacity and willingness of the non-maltreating caregiver to keep the maltreating caregiver out of the home. Has the non maltreating caregiver achieved sufficient progress regarding enhanced protective capacities?
- ☐ If it is determined that the non-maltreating caregiver can and will protect the child without the need of CPS safety intervention, then a safety plan is not needed at this point.
- ☐ If it is determined that the non-maltreating caregiver cannot or will not protect the child, then consider continuing or modifying the current safety plan. Continue the evaluation.



**Third Evaluation Question:**

***If the established safety plan is primarily an out-of-home safety plan, can consideration be given to increasing in-home options or modifying to an in-home safety plan? If not, proceed to the 4<sup>th</sup> Evaluation Question.***

Sub Questions

1. Are caregivers residing in the home?
2. Is the home environment calm and consistent enough at a minimal level in order to assure that a sufficient CPS managed safety response can be provided in the home?
3. Are the caregiver(s) willing to accept and cooperate with an in-home safety plan response?
4. Can an in-home safety intervention be put into place without the results of any scheduled professional evaluations (mental health, substances)?
5. Have conditions for return been adequately met?

☐ **If the answer to any of the questions listed above is NO:** Continue with an out-of-home safety plan.

☐ **If the answer to all of the questions above is YES:** Proceed to the next safety evaluation question.

#### **Fourth Evaluation Question:**

***If the established safety plan is primarily an in-home safety plan or if an in-home safety plan is being considered, what safety responses; services; actions; and providers are necessary to control and manage safety threats?***

##### Sub Questions

1. Considering how safety threats were and are occurring, what specific safety responses/ services are necessary (an effective match) for controlling threats?
2. How are the selected in-home safety actions intended to control the identified safety threats? How are safety responses/ services going to work? Have they been working?
3. What's the level of effort needed now from safety service providers to adequately control and manage safety threats?
  - a. How much of a response seems reasonable in order to assure child safety?
  - b. How often during the week will the family require assistance and supervision in order to assure child safety?
  - c. How long and in what intervals seem necessary?
  - d. Are there special periods of time that require specific attention?
4. Who can and will assure effective implementation of the in-home safety plan?
  - a. What natural supports and/or community resources has the family identified as being able to potentially assist in the safety response?
  - b. What community/service oriented resources are known to the agency that could potentially be used as an in-home safety response?
5. Are current providers suitable to participate in the in-home safety plan?
  - a. Protective Capacities
  - b. Trustworthy
  - c. Committed
  - d. Properly aligned with CPS
  - e. Supportive and Encouraging
  - f. Flexible access
  - g. Promptly available
6. Have necessary safety planning resources been, and continue to be, available and accessible to the family at the level of effort, frequency and amount required to assure child protection? If not, consider an out-of-home safety plan if one does not exist or modify the current in-home safety plan to emphasize out-of-home protection.

# Nevada Initial Assessment Supervisory Quality Assurance Tool

## Protocol and Interviews

Child victim(s) interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine

Other children in household interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Non maltreating caregiver interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Alleged Maltreating caregiver interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Other family members interviewed.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Other sources were included in information collection appropriately.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

## Information Collection

### *Sufficient Information Re: Extent of Maltreatment*

Identification of type of maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Details about symptoms and severity of effects of maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Details about severity of maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Identification of the person responsible for the maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

### *Sufficient Information Re: Nature of Maltreatment.*

Description of the circumstances and events associated with maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A

Identification of duration; progress; pattern of maltreatment.

\_\_\_\_yes                      \_\_\_\_no                      \_\_\_\_cannot determine                      \_\_\_\_N/A



Description of response of non maltreating caregiver.

☐yes ☐no ☐cannot determine ☐N/A

Documentation of caregiver(s) explanation of maltreatment; child's conditions and/or family situation.

☐yes ☐no ☐cannot determine ☐N/A

Description of caregiver(s) attitudes about family circumstances; alleged maltreatment; and CPS intervention.

☐yes ☐no ☐cannot determine ☐N/A

### *Child Functioning*

Sufficient information re: child functioning/condition. ☐yes ☐no

*Sufficient refers to physical, emotional and social development; predominant behavior; peer and school behavior; mood and temperament; speech and communication; vulnerability; general behavior; daily routines and habits; ability to self-protect; child's age; child's emotional and social functioning in the family, school and/or community.*

### *Adult Functioning*

Sufficient information re: adult functioning. ☐yes ☐no

*Sufficient refers to general behavior; daily routine and habits; communication; emotional control and presentation; social relationships; problem solving; stress management; mental health; substance use; attitude and recognition of problems/maltreatment; criminal history; CPS history; support systems; history of victimization and family violence.*

### *Parenting*

Sufficient information re: general parenting. ☐yes ☐no

*Sufficient refers to parenting style and approach; knowledge of child development and parenting; parenting skill; parenting satisfaction; sensitivity to child's limits; realistic expectations; willingness and capacity to protect.*

Sufficient information re: parenting disciplinary practices. ☐yes ☐no

*Sufficient refers to intent, attitudes and expectations about discipline; purposes for discipline; creativity and versatility; age appropriateness; varied methods.*

### Information Analysis

(This is a reviewer judgment based on information available. Indicate "Cannot Determine" if insufficient information exists to draw conclusions.)

#### Child Level of Functioning

- ☐ Generally Appropriate
- ☐ Often Appropriate
- ☐ Sometimes Appropriate
- ☐ Occasionally Appropriate
- ☐ Rarely Appropriate
- ☐ Cannot determine

#### Primary Caregiver Level of Functioning

- ☐ Generally Appropriate
- ☐ Often Appropriate
- ☐ Sometimes Appropriate
- ☐ Occasionally Appropriate
- ☐ Rarely Appropriate
- ☐ Cannot determine

#### Secondary Caregiver Level of Functioning

- ☐ Generally Appropriate
- ☐ Often Appropriate
- ☐ Sometimes Appropriate
- ☐ Occasionally Appropriate
- ☐ Rarely Appropriate
- ☐ Cannot determine
- ☐ N/A

#### Level of Family Functioning

- ☐ Generally Appropriate/productive/calm
- ☐ Often Appropriate/productive/calm
- ☐ Sometimes Appropriate/productive/calm
- ☐ Usually inappropriate/unproductive/chaotic
- ☐ Generally inappropriate/unproductive/chaotic
- ☐ Cannot determine



## Level of Effort

The record provides evidence of reasonable worker diligence and effort to collect information in all areas.

\_\_\_\_yes

\_\_\_\_no

\_\_\_\_cannot determine

\_\_\_\_N/A

*Reasonable diligence and effort refers to behavior that demonstrates thoroughness, conscientiousness, specific care to seeking detail, repetitive attempts and exertion to get information and to include relevant people in the information gathering process. Think of it as going the extra step; clearing up confusion; filling in the gaps; reconciling differences; qualifying facts and data. Reasonable is a subjective standard but can be qualified by what seems sensible and logical; the level headed thing to do; influenced by what is known; what is not known; what is important to know; what good practice and decision making depends on.*

Reviewer qualitative judgment re: quality and adequacy of information was sufficient to support effective investigation and safety decision making.

\_\_\_\_yes

\_\_\_\_no

*Quality and adequacy refer to enough depth and breadth in all information collection a) to provide a reasonable understanding of family members and their functioning and b) to support and justify decision making. For safety intervention decisions, the information must be enough to identify, support, reconcile and justify the presence of threats to safety and to inform and justify the kind of safety plan/safety management that occurs.*