

Thank you all for joining us for the impending danger safety planning analysis and conditions return for return.

This is the QA.

And so basically we're just going to make sure that we have covered all bases as in regards to questions that you all may have.

So if there's any questions that were not answered during the the training it the trainings themselves in the series.

You're more than welcome to put those in the chat window.

We do have some of the questions that were raised.

During those trainings that we weren't able to get to so we're also going to talk about those and I do believe that Karen is going to get us started with some of the training some of the questions that were submitted in the trainings that weren't answered.

So go ahead and I'm going to turn it over to you tearing.

All right, great.

Good afternoon.

So the first thing that I wanted to talk about is sort of lumping some questions together.

There were several questions that were pertaining to family made arrangements.

And so first and foremost family made arrangements is covered in the operating procedures of 170 - 7 in particular chapter 6. So the one of the questions that came up was around in terms of family made arrangements that the understanding of some was that I case or an investigation could not be

closed with the family made arrangements.

So some clarification around a family made Arrangement and the Up of an investigation in a case.

So an investigation is a piece of work that lives within a case she'll so if you think about the case in all the different components that go into a case you have placements you have case notes you have investigations intake so on and so forth and investigation can be completed the case cannot be closed with a family made Arrangement.

So there is a differentiation between case versus casework that occurs Within.

In the confines of the case shell itself.

And so you cannot close a case meaning end your intervention with the family with a family man arrangement in place.

You have to resolve the family made arrangements and what that means is that there are a variety of different ways to resolve it one is that the family made Arrangement is no longer needed because there is no impending danger and there's no need for further intervention to is that the family mean Arrangement has ended due to the establishment of some other legal relationship with the children and whoever the family made Arrangement was made with so this would be in cases where say the family has gone inside guardianship of the of the children and that has been completed and the legal relationship has been established if you have a family made Arrangement and you're not able to resolve it and then obviously You're moving the family on to case management and the same

would apply in case management in terms of ending a family made Arrangement is that you have to resolve what the conditions were that resulted in the need for the family made Arrangement, whether that be through working with the family in terms of reunification and closing the case or some of their alternate legal relationship that occurs between the children and either the people that the family name Arrangement was made with or someone else stay.

Another parent or caregiver that wasn't part of the original family made Arrangement.

If in doubt by any means, please please please always reference your operating procedures and then this case for family made arrangements. It's 170 - 7 chapter 6 that chapter also outlines the assessment process that the workers must conduct in order to support a family made Arrangement or establish a family made arrangements.

So keeping in mind that family made arrangements, maybe our ready in place prior to us arriving.

They may be developed in collaboration with the family through open-ended questions and good engagement on the part of the workers. Whoever those maybe they're the PIR the case manager.

And again, that's something that we would need to validate with them.

So again, 170 - 7 chapter 6, so we have a quick question it read.

Yes.

Because it's about what you're talking about currently.

So it's stating that regarding family made arrangements.

We're finding significant challenges with the child when the child is with a non-relative who is unable to get a 751 saying that cos will not shelter because they feel that there is no grounds and how can we better articulate a need for a more intrusive intervention?

So, alright.

So let me see if I can try to understand so the child was on a family made an arrangement with a non-relative and that person is trying to get a guardianship is that when I'm understanding is 751 to be and and I'm sure they'll let me know but yes, that's okay the 751.

I'm not excellent actually sure what that means myself and then it just ended feel less will not shelter because they feel like there's no grounds.

How can we better?

You anymore a need for a more intrusive intervention.

So at the point in time that have that you're looking to move and family made arrangement to a legal intervention means that at some point in time.

The parents are caregivers are no longer in agreement with the family made arrangements.

So keeping in mind, you know family made Arrangement is exactly that it's a family made Arrangement meaning that the parents legal Guardians of the kids collaborated with A department either post our intervention or pre they made this Arrangement prior to our involvement in regards to having their children

reside in some other location whether that be a family or a family member or close family friend neighbors.

So on and so forth parents have the right at any point in time to say I no longer want that family made Arrangement and at that point in time.

I'm with the worker needs to do is assess whether or not the conditions that necessitated the family made arrangement.

I either present danger or impending danger are still occurring within the household the parents household.

And if so how they are unable to do an in-home safety plan via the safety planning analysis if we're at impending danger and that would then be the reason of why you would need an increase level.

Level of intrusiveness and that would be the argument to CLS to say we have explored the home.

It's not common consistent for whatever reason or maybe they don't have a home or maybe there aren't the safety services at a sufficient level for an in-home safety plan.

Whatever the rationale around your CD cunning analysis is would be your grounds to say these are reasonable efforts to prevent the legal action and also that the parent and caregiver. Is no longer willing to engage in the sustainability of that family made Arrangement and we cannot safely do an in-home safety plan because of our safety planning and Analysis to be able to have the child go back home.

Therefore.

We need a higher level of intervention.

Sometimes what happens is we're seeking the higher level of intervention for the legal aspect when nothing has disrupted and so if nothing is disrupted in the parents and caregivers are still in agreement with the family made Arrangement, they're cooperating with the family meet Arrangement and it is it is still sufficient plan.

Then there wouldn't be the need for a legal intervention at that point in time.

So it's that discussion and that assessment around the safety planning analysis.

That should be part of the discussion with CLS about why there Need to increase the level of intrusiveness.

Okay, and yes, the 751 is exactly what you were what you stated. Right?

So so if you have a family made Arrangement and the the planning that's done with the family is that the persons that are on the fam that that are providing for the family made Arrangement are going to seek an alternate form of permanency IE a guardianship.

Is that that's not done external of the parents that that should be a discussion that is held with the folks that are in the family made Arrangement as well as the parents that this is what we believe is in the best interest of the kids right here in right now not to circumvent case management intervention, right?

So if parents and caregivers are needing and wanting to work a case plan and to have their children reunified with with them in the family main Arrangement is sufficient and sustainable

than it's incumbent upon us as an agency to provide the level of interventions needed for the family to be able to decrease that level of intrusiveness from a family made arrangement to an in-home safety plan again, and I can't emphasize enough this the family made Arrangement is not something we do to families. It's something that we are doing with families in collaboration with families as well.

The determination of when a family made Arrangement should end in some sort of alternate permanents IE guardianship.

Carolyn any other questions on family made arrangements.

Yes, we do have okay.

So we have this is most commonly an issue with the parents when the parents disappear or rarely in contact with the caregivers. So it's just a common and then it says but the family made Arrangement as to be done and planned by the parents themselves to understand.

That's the question.

Yeah.

So the thing on the family made Arrangement is you can't do a family made Arrangement without Parents.

So if so say for example on present danger, we get a report about the parents that have left the kids with caregivers and abandonment right would be a good and and we have not had any we're not able to have any communication with the parents or caregivers.

We can't call that a family made arrangements without having that information.

Formation from those parents and caregivers.

We can't continue a family made Arrangement.

If we can't validate that the parents and caregivers are still in agreement, but that family made Arrangement.

So if we have parents that are no longer participating with us, and we're not able to continually assess the level of intrusiveness and the appropriateness of the non-legal relationship.

Then we have to look at whether or not we To increase our level of intrusiveness to be able to provide permanency safety and well-being for the kids because the parents are no longer participating in that family made Arrangement agreement.

Okay, and then we also have a another statement that says in the previous question regarding CLS not agreeing with the legal action.

If their workers are seeking legal intervention, that means that the parents are not fully Cooperative with the safety plan. So which means that it really wasn't a family made Arrangement. Can we get some guidance on that?

Yeah, so, you know folks is level of agreement and cooperation can change right?

So at the beginning the family met Been completely in agreement with the family made Arrangement as time goes on they may change their perception and they're entitled to that.

That's their right.

And so if they've gotten to the point where they're no longer an agreement with the family made Arrangement and they are wanting their kids to come home and they are not willing

to participate in that the continuation of family made Arrangement, then it is a change in the safety planning analysis in terms.

Terms of the add home safety plan and the conversation should be around whether or not there is the viability for an in-home safety plan.

So just because I'm not agreeing any longer with the out-of-home plan doesn't necessarily mean that I'm not willing or haven't demonstrated cooperation with safety service providers.

It could simply be I want my kids home and I you know, How do I put this there should be conditions for return that were established and if those have been met in the parents and caregivers are then advocating for their kids to come home. Then we should be looking at that the the next sore lower level of intrusiveness in terms of an in-home safety plan. If it's a the parents or caregivers are disrupting that a home safety plan for the family made Arrangement such that they're going and trying to take the children absent the safety.

Actions that they are causing disruption and crisis for the family made arrangement in terms of this AP service providers, then that may be that they are no longer demonstrating their agreement with the add a home safety plan and that the safety planning analysis may not support an in-home safety climb.

So you may need to seek that that higher level of intrusiveness at that point in time.

So the other we had lots of questions about impending danger in particular.

Terms of the safety threshold criteria and so I just want to reiterate in terms of the safety threshold criteria all five of those criteria must be able to be supported in identifying an impending danger threat.

So when we talk about the danger statement or the Child Safety summary for the pies is that's where the workers are capturing how the family condition has resulted in.

In danger, so they're being very specific in outlining the threshold criteria because ultimately that threshold criteria and those descriptions is what's going to inform what is needed than in terms of a safety plan.

So if you think about, you know parents that are not providing for basic needs or children who have serious emotional symptoms and our behaviors.

We need to be clear on what those behaviors are.

Are and how its resulting in the parent or caregiver being unable or unwilling to manage those behaviors?

Because then that's going to be the basis of your safety actions. So whatever we said the parent or caregivers are unable or unwilling to do we need to then develop safety actions that articulate who is going to do the things that we just said the parent or carry about caregivers unable or unwilling to do so, you know, some folks have asked about not only the threshold criteria, but also So do we really need to articulate in the safety summary and the danger threat the threshold criteria and the answer is yes being descriptive about it lays the foundation for folks to understand the

need for the safety actions and specifically what behaviors
emotions reactions or inactions that the parents are demonstrating
that need to be then controlled for and also counted for
Via your safety actions.

In terms of the safety planning analysis.

It is also an all or nothing.

So either all of them are yes, which would result in at home
safety plan or if any of them are no then you're going to
be looking at a home safety plan in particular to whatever
the danger is that you've identified.

So it's being able to articulate how you've come to the conclusion
of the note is going to be the foundation then for your Options
for return so, you know just again reminder to folks that.

The safety planning analysis.

It is in all yes equals in home one no equals an ad of home
and would then necessitated condition for return safety our
impending danger threshold criteria again as qualifying all
five of those threshold criteria, the other thing that I
want to sort of emphasize in regards to impending danger
threats is that you want to identify all of the threats that
apply so sometimes folks, May I only identify one danger
threat and there are additional danger threats that are not
identified by the worker despite the information indicating
that it's there.

It's not a one is good enough.

We want to be able to identify all the danger that needs
to be managed and controlled and then ultimately treated

in terms of child safety.

So the question came up about one of the cases of we had identified. Violent impulsive and acting dangerously.

Why would we need the basic needs including supervision and

I believe that had to do with the landing case is because

yes, Mom had substance use that she was that was unknown managed uncontrolled, but she also was leaving her child

for significant periods of time with inappropriate caregivers.

And when she was there providing supervision, she wasn't meeting his basic needs.

So even if we controlled mom's some substance use that doesn't necessarily mean that it's going to control her actions and

reactions to miles in terms of parenting meeting.

His basic needs including supervision.

So we want to be really clear that we are addressing both

of those danger threats and controlling for both of those

dangerous threats to ensure that child safety via our safety

plan. Some other questions that came up about safety planning

analysis primarily had it there was to sort of areas that

came up one had to do with parent's willingness and demonstrated cooperation and the other one was around professional evaluations.

So I just want to take a moment and talk about the parent's willingness and demonstrated cooperation in particular.

So when we when we look at this willingness and demonstrated

cooperation, we have to be really clear that we are having

these discussions with families about the safety plan about

the need for a safety plan.

And so when we're discussing that cooperation we're looking at the most basic actions of the parent, right?

Are they returning phone calls?

Are they open to coming?

Are they open to the worker going to the home to make that assessment of a being common consistent have they participated?

Discussions with providers are they showing up to visits or other meetings?

If they're not doing these things then we would say that they're not demonstrating cooperation at the most basic level.

If they are doing these things.

Then we would say that they are they're cooperating again.

We're looking at the most basic level.

They do not have to say like this is the best thing in the world. I'm so excited about a safety plan.

They have to be willing to Dent or they have to be able to demonstrate the most basic level of cooperation.

Ian and verbalization of their willingness which brings up that second component of sometimes we have parents that will verbalize that they're willing but their actions are reactions are not demonstrative of them cooperating with the need for safety plan and safety service providers.

So we want to be sure that we're delivering a dating in terms of if I'm verbalizing it but my actions aren't supporting it then my justification of the know is going to be around.

Yes.

They said they're willing but here's all the things that

they've done that are demonstrative of them not cooperating with safety service providers or being willing to cooperate with safety service providers despite their verbalization.

And again, you know, a lot of this goes back to sort of that engagement not sort of it goes back to the engagement with parents and caregivers in terms of having the Stations about safety plans often times at least from when I seen cases we have workers that are utilizing old information to support willingness and demonstrated cooperation.

So if you came to my door today and you identified present danger and you ended up doing an ad of Home present danger safety plan, I may not be very kind to you.

I may not say very nice things and and I made actually be like hostile and I may even avoid you I may be very angry and disgruntled and rightfully, so despite how horrible Paradigm may have been or am being the engagement is incumbent upon the Phi or the case manager to re-engage the parent at a point in time where it is not crisis fueled anger fueled and to try to have meaningful conversations.

About why we are concerned with child safety and what specifically we want to do in collaboration with them to ensure child safety. And so often times when I read cases that piece of that engagement is missing and we are taking how a parent may have presented on day one and we are utilizing that information that's a day 15 or 20 or so on and so forth to justify that they're not not willing or demonstrated cooperation and sometimes that's not accurate or sometimes.

We haven't gone back and tried to re engage parents in order to have those conversations.

So This second one around safety coming analysis that came up. Lots of questions were in regards to the professional evaluations and somebody asked specifically if you know week if I could give examples of questions that that you could ask of the professional evaluation.

I'm going to reference you back to 170 - 7 appendix a and appendix e appendix a And this each planning analysis criteria and appendix C is on conditions for return the types of questions that you're going to be asking of the professional evaluator are going to be contingent upon the reason of why you are seeking that professional evaluation.

So for example, if you have a parent or caregiver who is cognitively delayed or impaired and you really cannot gauge whether or not if that parent or caregiver is understanding the complexity of safety planning the complexity of the safety threats that were concerned with you may want a professional evaluation specifically to inquire about the cognitive ability of the parent to comprehend information and process information in order to explore whether or not in home safety plan could be even viable.

So again, it's really going to be dependent upon your rationale for why you need that professional evaluation in particular to what is the barrier that you have identified in in your development or attempt to develop an in-home safety plan that the parent or caregiver is presenting that it that exceeds

our professional capacity to be able to understand.

So I'm going to again sort of emphasize this is where operating procedures is.

So beneficial to the worker to the supervisor in guiding them and in critically thinking about the need for that professional evaluation and what specifically case-specific you are seeking to gather from that professional valuation.

The other one that came up around professional valuations is around in regards to substance use and if there would ever be a need for a professional evaluation for substance use and there are there are situations.

And and if you as if you stay current on some of the research that's coming out in terms of the effects of chronic substance use in particular like methamphetamine and heroin on Brain functioning for adults you will find that the impact on the cognitive functioning of parents and caregivers that are chronic substance users is pretty profound.

And so you may find parents that are not currently using but where they are struggling cognitively or even mentally because of the effects of the substances on the brain functioning that you may want a professional evaluation in terms of the effect of the substance use on their cognitive abilities.

So in terms of the effects of brain functioning cognitive functioning for parents and caregivers, they're saying that for chronic substance users, it can be anywhere from 12 to 18 months for their brain to heal if it's able to heal so those Things that as child welfare professionals, you know,

we have to stay abreast to research in regards to how we're assessing families and then also the interventions for families because just becoming sober or not using doesn't necessarily mean that we have parents or caregivers that have the cognitive abilities to be able to do what we need for them to do in order to provide for safety for their children.

So I highly encourage you, you know, the Child Welfare.

Information Gateway is a excellent Resource as well.

As you know mental health.

So staying abreast to that research is going to help you and your assessment and for the case managers in regards to developing your interventions and outcomes.

Let's see.

I'm just scrolling through some of these questions the other one around professional valuations that came up was around psychosocial psychosexual evaluations, and that may be appropriate in terms of cases where there's sexual abuse and maybe there isn't a law enforcement component or law enforcement component was ended with no further, you know.

Option then you may want a psychosocial evaluation to assess that sort of level of risk.

And then also what types of safety actions would be appropriate in cases where there has been allegations of sexual abuse that maybe have not been substantiated or you know prosecuted by law enforcement.

So that may be an appropriate use of a professional evaluation in terms of understanding.

Any whether or not an in-home safety plan is viable.

I'm just scrolling really quick to see if there was any other ones in gut in regards to that professional evaluation and I didn't see any material in any questions coming in that we need to address before I move forward.

Yeah.

So we do have one that someone was to kind of go back to the family made Arrangement.

So they're asking and they're saying and CFO.

P it says a family made Arrangement can be utilized when no restrictions parental access are necessary.

It also states that restriction of parents access includes any requirement that visits must be supervised.

Can you please explain how and when family made arrangements can be utilized when supervised visitation is not necessary to ensure safety.

So we think about you know danger, right?

So if you have a parent or caregiver that you feel like they absolutely there's no point in time that I could even imagine that the the parent and child could be left unsupervised and I'm going to use supervised very Loosely here, then you're not going to be looking at prom.

we a family made Arrangement and you're going to be looking at a very high level of intrusiveness because basically what you're saying is that this parent is so unpredictable violence, either, you know, impulsive whatever it might be that you cannot leave them at all for any moment in time without supervision

versus identifying when danger is Sting and what the impact of that danger is and controlling for when that occurs or recognizing when it is not likely to occur.

So for example, when we talked about supervised, I think they're their varying levels of supervision right for any of you that have kids young kids, right?

We supervise and again I'm using that term fairly Loosely we We supervise our young kids, but we're not necessarily sitting on top of them with our eyes right then and there right so I could be in the kitchen cooking dinner while kids are in another room and my ears I can hear what they're doing. I can go in and periodically check in on them.

I can, you know call out their names.

I'm not not supervising at that point in time.

I'm I'm supervising at the level that is appropriate based upon age development need so on and so forth.

So if we're saying that they absolute like if we're using the term supervised as in I'm grandma and I am sitting in a room with Mom and I cannot leave then that's a high level of supervision.

And what we're saying is that we can't even turn our back because of the unpredictable nature of the parent or caregiver.

So the conversations that should be had around a family made new Arrangement is what does the contact look like in terms of Mom and Dad and us not saying, you know, you can't do this you can't do that.

Is it that maybe Mom and Dad are going to the relatives home

during the day and operating as a family unit and grandma is supervising right observing and monitoring and taking action as necessary, but we're using supervised.

Is in a sort of least intrusive way.

We're not saying Grandma.

You can't go to the bathroom Grandma.

You can't go out into the garage and and you know, get your workout on we're saying that you just need to be a tune to my mom and dad's behaviors and actions.

If you start to see things that are concerning then we need to take an alternate course of action.

It's when we get to the point where we say parents and caregivers.

You can't go and do XY and z and recognizing what Parents are still able to do despite our concerns about safety.

So for example our mom and dad able to come to Grandma and Grandpa's house and walk two blocks down and take the child to the park for an hour.

I do we have confidence that they if Grandma and Grandpa assess them, they're not under the influence when they arrive.

It's an hour Grandma and Grandpa can go and spot check and make sure that everything's going fine during that period of time Mom comes back at and you know, Mom and Dad come back during the hour.

So we're trying to be reasonable and maintaining some sort of family normalcy and allowing parents to parent when we have identified danger is not likely to occur.

And that we're assessing for the condition changing at any

point in time and being realistic about that oftentimes.

Like I said, we use the term supervised in the in the standpoint of we're doing supervised visits at the at the office in an enclosed room where people are observing and like you don't turn your head versus we all are supervising children as parents almost all the time that Are here and our houses or even out in the front yard.

So I think part of it is defining what that supervised looks like and defining who's responsible for that ultimate supervision and being realistic for when we can allow parents or when parents should be allowed to be parents and when parents are unable to be parents who is going to be the parent.

Okay, and we do have a couple more questions here at about three. So one says can you explain the actions related to out of home safety plans?

That doesn't just focus on the parents contact we tend to only focus on parents contact and not children's needs.

So can you explain why this is necessary.

Also, can you explain the need for a safety plan for cases where the goal is PG or adoption?

And they have supervised or limited visits or contact?

He's a safety plan still needed or required for the purposes of the practice.

So there are several questions.

And this one.

Do you want me to just go with the first one and then I'll give you yeah, and I can see I'm here in the chat.

So I'll bring all right.

So yes frequently.

We see parents contact as the primary Safety Action right is like and it makes sense because because we're controlling for if danger should occur when the parents and children are having contact in terms of the child's needs.

You're right.

We oftentimes disregard the child needs, even when we've identified danger threats around not being basic needs or child with a medical condition or child with a serious emotional.

Dumb we tend to especially if we're looking at an ad a home safety plan.

We tend to automatically default to well those providers whether their foster parents or relatives should know what to do.

That's not necessarily the case and if it was that we wouldn't see allegations or reports of maltreatment for kids that are in foster care or and out of Home Care.

We need to be specific about the danger in particular to not meeting child's basic needs or you know child with serious medical condition or serious emotional symptoms and identify exactly what we are looking for our safety plan providers to be doing in order to ensure that the child is not Continued to be harmed or in an unsafe situation.

So I'll give you a good example is that I recently was reviewing a case and said in on a consultation where the danger threat was a child with serious emotional scene serious emotional

needs and our behaviors of the parent or caregiver is unable or unwilling to manage and the child was on it is on an ad of Home safety plan.

And this child has probably gone through in a year five to ten different placements.

In the safety plan for that child only spoke to the contact with the mom and sister complicated case, but with the with the parents or caregivers, it didn't speak to the child serious emotional symptoms and our behaviors and the question that I raised is we are saying that the parent or caregiver is unable or unwilling to manage this child's behaviors.

So what is our safety plan in terms of of who is going to manage those behaviors?

What is expected of the safety plan providers in particular to this child's behaviors?

What do they need to be doing in order to ensure that they are capable of managing?

This child's serious emotional symptoms and our behaviors.

So for example, if the you know, the child is a chronic run away what behaviorally do we need the safety service providers to Doing in order to attempt to decrease this child's likelihood of running is it that we actually need for the safety service provider to actually physically walk the child into school that the child can't take public transportation that they need to physically go into the school and collect the child from school every day is it that there needs to be maybe, you know alarms that are put on Doors.

And things of that nature are there periodic checks that need to occur throughout the night by the provider on the child to ensure that they haven't, you know left the residence.

There was also some other behaviors of this child was exhibiting in addition to this running away.

That was nowhere articulated in terms of a safety plan.

So basically we've identified a parent or caregiver is unable to but we haven't put in a plan that is going to demonstrate that we have a care.

Or a safety service provider that is able to we need to be specific about addressing child's needs not only for their safety but it also addresses their permanency and their well-being so kids that they haven't had their basic needs met including food shelter and supervision and they may be say developmentally delayed because of chronic neglect.

We need to ensure that those needs are being met on with the degree of frequency, Nu needed in order to ensure their permanency safety and well-being.

So that is why we do need to address child's needs in relation to the danger threats and what needs to be controlled and managed on our safety plans the need for safety plans where the goal is permanent guardianship or adoption at any point in time a permanency goal can change to PG or adoption.

It is not until the point in time.

That that legal relationship is finalized or in the in the aspect of say termination of parental rights that the legal relationship between the parent and caregiver art that parent

caregiver the parent caregiver and the child is legally severed.

Would you end your safety plan?

So up until the point in time?

That's a guardianship once a guardianship is finalized.

You would no longer need a safety plan.

Once the legal relationship between the child and the parents
legal guardian is severed via termination or Surrender.

You would need a safety plan and it may be that again that
safety plan is probably going to revolve around the contact
like we talked about with the parents or caregivers as well
as the child's needs but safety plans remain in place for
as long as that legal relationship between the Caregiver
and child is in place and the original home of which the
intervention was originated remains intact and what I mean
by intact is that it is still the legal home of the child
despite being in and out of Home Care.

But the next question.

Yes, so we have if a parent has signed a POA for a family
friend and it runs out soon and the friend will be seeking
a guardianship.

Okay family members step in and apply the guardianship as
well How likely will the family member get the guardianship
if the parent does not agree, so I have a couple of thoughts
about peris.

So one if all right, how do I want to put this if we as an
agency have assessed the child to be unsafe and the parent?

Makes the decision to do a POA to circumvent.

the child protection intervention The question has to be raised in is what is the long term plan for this child?

Right?

So a POA can be rescinded at any point in time a POA can expire so if we've identified that the home condition is unsafe and the parent or caregiver is trying to circumvent our intervention via POA that doesn't change our safety decision it we would still can.

Teng Yuan with Aviv identified a child to be unsafe.

We may be utilizing that family friend as your safety service provider and it may be that you may be able to look at a family made Arrangement, but it's not going to cease our assessment process and potentially our intervention due to the fact that we've identified an unsafe child if the family is looking at doing a guardianship right that that's the determination is that they do not we've identified the child to be unsafe and the family has come to conclusion that maybe the parent or caregiver doesn't want to do case management intervention. Maybe they don't want a parent which you know, I know sometimes it's hard for us to comprehend but the family may decide that a guardianship is the best.

Is for this child then we may participate in supporting that guardianship. If we've not taken any sort of legal action at that point in time.

Once we take legal action, though that IE we've sought legal oversight and intervention.

The parent doesn't have the ability to do a POA because the

child is in the custody of the State of Florida so they can
they can do a power of attorney but It will be null and void
because of the child being in States custody If the child
is in State's custody and the family has identified that
the permanency goal should be guardianship for the child
than the agencies responsible for facilitating that if they
believe that's in the child's best interest oftentimes where
icp-oes that come into play is usually that folks are trying
to circumvent an intervention.

By the agency and a POA does not resolve safety.

It is not a permanency.

It does not establish permanency for children.

And again, if we've identified the children are and safe.

We have to we have to assure safety permanency and well-being
for children and families that we've identified them to be
unsafe so and even on an in-home case because they say there's
a follow-up to this even on in-home case if the parent or
caregiver is well personally back up.

If the child is living with somebody else it's not an in-home
case It may be a non-judicial case, but it's not an in-home
case in home case means that the children are residing on
an in home state in home safety plan in their own home with
one or more of their parents or caregivers.

If you have an add a home non-judicial case.

Which I think this is what this is talking about and the
family is trying to exit stage left of the out of home safety
plan via a POA.

We are not establishing permanency for that child if they're trying to do a Guardianship and we support that and we think that it's in the child's best interest then that may you may proceed without some sort of legal intervention what you would want to make sure though is that you're assessing the appropriateness of that Guardianship and that the family understands that that guardianship is incumbent upon them and is not something that the department is doing.

The next question is can you clarify the need for an in-home safety plan?

When danger threshold criteria is no longer met see fop states that a safety plan must be active until case closure.

However, we will see a danger threat alleviated or cpc's enhanced to manage it long before case closure.

Right, so ideally hand-in-hand it you should be able to close the case when you no longer need a safety plan, right?

So that's if you look at the intention of the operating procedures is at the point in time that there's no longer the need for intervention IE.

No longer a safety concern is we should be able to close our cases.

So what we see frequently is the lack of Initiating or establishing an in-home safety plan.

When conditions for turn have been met and so we frequently wait until kids are safe meaning no danger to look at doing in home safety plans and at that point in time, we've missed a large opportunity in terms of moving kids home on an in-home

safety plan where we would be still providing an intervention.

We would still be supervising.

Overseeing the family so that it's a three six months down the line when danger has resolved.

We literally could close our case right then and there because there's no longer a need for safety plan in there's no longer intervention. So this is where we've seen a lot of and was a conflict isn't the right word, but we've seen a lot of discussion about situations where there isn't any knee there is no danger, but we're required to keep the case open post six months reunification.

And when we start to look at those cases, what we found is that the conditions for return may have been met nine months prior, but kids didn't go home until three months four months later and danger at that point in time had completely resolved and We're putting in safety plans because of the operating procedure saying there needs to be one when there isn't one.

And so what we've said is you would not have a safety plan unless you have identified dangerous threats.

If you do not have identified danger threats because children are safe.

Then the discussion should be around why is this case remaining open? And if it's because we have to meet the six-month soup.

Revised over C.

Then.

It's a good point in point in time for some reflection on did we miss an opportunity for an in-home safety plan be

established earlier and how can I take what I just learned about this case and apply it to my other cases to be really exploring those conditions for return having kids go home on in home safety plan sooner and ending those safety plans in conjunction with case closure because That I no longer have an intervention that needs to move forward.

So we've had some conversations at ocw about this as well because there's also the whole candidate for care discussion that's been had but safety plans are intended to control for danger.

If there is no danger, then there is no need for a safety plan and the question should be is what what what is the intervention that we are doing with this?

Family and is as a family that we could look at closing our case sooner rather than later.

We actually just had a question to come up what happens what happens if we have a lot of Provider input or I think she's saying what happened is we have a lot of provider and put providers who are not actually going home, but are providing input into conditions for return and they don't fully understand that there does not have to be full Behavior change to do in home safety plan.

So here is a perfect opportunity for you as a child welfare professionals write all of these webinars have been recorded.

They're all on the Center's website and there's actually an additional webinar that's coming out or should be coming out that that I'm doing for ocw that is specific towards

stakeholders and service providers and it's a overview of the practice model.

In particular we're going to be talking about conditions for return safety planning analysis danger thread so on and so forth, but this is a perfect opportunity for you to collaborate with your professionals to say.

Hey, this is a perfect learning opportunity.

There are these webinars even if they just got on and did the safety planning analysis and conditions for return one that may help them to understand the relationship between danger safety planning analysis and conditions for return the Other thing that I would emphasize to folks to or utilize at your disposal is your operating procedures.

So, you know, sometimes just directing people to the operating procedures doesn't necessarily mean that they're going to go there.

Sometimes it's at tangible aspect of I'm going to print out that chapter or those appendices and as we're having discussions with our providers about progress in the family has made about this.

This conditions for return is pulling those out and providing them to them and going over them with them to say, you know, we understand that the family is not at the endpoint.

We don't want families to get to the endpoint and us than put kids back at home.

We want to be able to recognize that it's that we can provide for safety of children in the home while continuing intervention

mean Change does not happen overnight, you know, I just mentioned to you guys some of the research coming out about chronic substance use in the effects on the brain that it can take 12 to 18 months for brain to heal.

So we have parents brains are healing.

They're learning new practices.

They are maybe making progress at a steady, but maybe not as substantial rate.

But we can provide that safety around the child for them to be in home to allow for the parent to parents and to allow for that bonding and attachment to continue with kid and also to be able to modify as needed based upon what the parent is learning and demonstrating.

So it's that perfect opportunity for us to have the level of oversight needed.

To control for safety, but also to continue the progress and encouragement of the parents and caregivers in getting to a point where they are successful and no longer need intervention.

And so, you know, we when we wait too long, not only can it be traumatic to kids when they go back home, but it's also traumatic to parents in that its large gaps of time where we are.

Doing an intervention with parents, but they're not able to practice any of those interventions except for when they're doing their supervised visits twice a week.

Right if we can provide for the safety of kids in their own home. Then that is what we should be doing while there continues

to be that intervention.

Now that's not to say that there aren't situations where just because the parent is compliant with Says if we're not seeing Behavior change on the parents parts and their cooperation with safety service providers is fake and not genuine and the safety service providers can't provide the level of intervention.

Their compliance doesn't necessitate conditions for return of been met.

So that's also something that folks have to keep in mind when they're assessing is that sometimes we have parents that are very good at faking it to make it and we have to be aware of that and enhance our assessment skills to really dive into how they are progressing despite compliance.

So Okay, another questions, I'm just scrolling through our list to Terrell and maybe okay.

Oh, I know there was one.

I wanted to make sure that I covered which had to do with intimate partner violence domestic violence and the need for two separate safety plans one.

There is a in 170 - 4 which is your mouth.

Treatment and index defines what intimate partner violence is often times.

We see any type of violence or even the label of DVD in cases not being fully explored.

And so you may have people that had been violent with each other or towards one another that doesn't necessarily meet the definition of intimate partner violence.

So that's the first delineation in terms of whether or not you need to separate safety plans.

If you've identified that there's an intimate partner violence that has aspects of power and control that may or may not involve being violent.

Then you would be to develop two separate safety plans in regards to the Survivor and the maltreating perpetrating caregiver if you Assess that no, this is not intimate partner violence. Yes, maybe parents have been violent with each other. Maybe there's been incidents of escalation, but it doesn't there's not elements of power and control or intimidation or other factors that go into determining intimate partner violence and domestic violence.

You would not need to separate safety plans because you have not identified that it is intimate partner violence.

The other thing that I want to say about this is that just because an allegation came in with intimate partner violence doesn't automatically cross walk over to the two separate safety plans.

It's the assessment of whether or not there is intimate partner violence occurring in that household that that necessitates the need for two separate safety plans.

And so I highly encourage folks to look at 170 - for and look at I think it's a - 37 of them treatment index for intimate partner violence and read the definition read the examples that are provided there in order to inform your assessment of whether or not this is truly intimate partner violence

or something else like household violence threatens child
or something else if it is and you're able to validate and
what I mean by validate is I'm not saying that you have to
verify intimate partner violence.

By the maltreatment index, but if you've identified that
there are elements of power and control that occurring within
the household then you would do your two separate safety
plans and there's guidance in 170 - 7 there's a whole chapter
designated to safety planning where there's intimate partner
violence within the household.

And I think that's it.

Where is thank you all so much for joining tearing.

You have more I would say.

Thank you guys, and please be safe and enjoy your holiday
season, and we will see I will see you all in January.