

- Good afternoon, everyone. Thank you so much for joining us. We wanted to, we recognize that the trainings on safety planning are very needed. Necessary for us to do our jobs and we've had a huge... We've had a lot of huge turnout. Lots of folks have been registering and attending this training so we recognize that it's very important to you all. So, because our presenter needs that time to get through the content and make sure that she's explaining everything, so that everyone's able to understand, we actually have needed all of the time during those trainings so we wanted to make sure that we were able to address questions outside of the actual trainings. So, we decided to put on this Q&A interview. It's gonna be just our presenter, Tarrin Reed, she's talking. She's gonna be answering the questions that have been submitted, so if you submitted questions during the training on September 16th or the training on September 30th, we're gonna go through those questions. She's really gonna kinda look... Put them together and give you all some answers so any questions that may have been repeated, she's gonna try to put those all together. And then, hopefully, we'll have a better understanding and everyone will be able to get their questions answered. And you can also, again, put questions into the chat window today as well and we'll definitely try to get to those also. So, I'm gonna go ahead, Tarrin, and I'm gonna turn it over to you.

- All right, good afternoon. So, welcome to everybody and as Catarolyn said, I'm gonna try and get through some of these questions and I have gone through and lumped some of them together. So, I'm gonna address first the questions that were brought up from the present danger training that was done a couple of weeks ago in terms of identifying present danger and also in terms of the, some of the present danger safety plan that we talk through. So a couple of the questions that came up had to do with, in terms of the utilization of formal safety service providers and so there was a couple questions in particular about, say, babies and mothers that are in the hospital shortly after giving birth and whether or not there is that restriction of access and also whether or not the hospital would be willing to sign safety plans, and so as we discussed a little bit last week and I think we discussed prior, was that you may have participants that are unwilling to sign a safety plan, and that may be due to their own agencies liability. However, the worker could engage in the conversation and gain agreement from those formal safety service providers, that then they can capture in a case note to say yes we reviewed it, yes they're willing to do these actions, but due to liability they're not able to sign the document itself. And that would suffice for gaining a commitment and agreement from those formal safety service providers. So this really falls on them, the responsibility of the workers to make sure that their documentation is robust and how they gained that commitment and agreement, and that they're entering that note in timely. They may also want to put in terms of the who's responsible on the safety plan, a note there about how the agreement is in the case note and that's why there's not a signature. So keeping that in mind, and again, that's whether or not this is gonna be a present danger safety plan or even when we talk about the impending danger safety plan is that we recognize that not everybody is capable of signing them, but the commitment is what we're looking for and how to capture that in a case note. There was also the discussion around in particular, whether or not a parent could leave the hospital prior to discharge with the infant, and that's really out of our wheelhouse. If a parent is medically ready to be discharged, then they are free to leave on their own accord. Where it comes into play is whether or not we put in a present danger safety plan that has a restriction of access and the baby or infant or child needs to stay in the hospital, then our safety plan is covering for when that child is in the hospital, and we'd want to make sure that once that parent leaves the hospital, that we're updating or amending

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our present danger safety plan to reflect what the contact would look like between those parents and the child while the child remained in the hospital. But we can't hold people hostage in hospitals, especially if they are medically cleared to be discharged, that's again, out of our wheelhouse so to speak. Some other things that came up in terms of what I consider this location aspect of things had to do with incarcerated parents, in particular, intimate partner violence, domestic violence, is again when we're looking at somebody that has left the home, whether it's because of incarceration or something else, when we think about their location at that point in time, we have to be thinking about that at any point in time that location could change. We know that people may be incarcerated for 24 hours, 48 hours, maybe even longer, but that there's really no sort of predictability about when that may change. So as part of our safety management, especially around present danger, the workers need to be hypervigilant about ensuring the location of individuals, because should say, mom or dad get released from incarceration, the question would be is whether or not we can allow them back into the home. And if so, what then that present danger safety plan would be, would look like based upon their return to the home. So I'm gonna transition a little bit off of some of the safety plan stuff to some of the present danger questions that came up, in particular around location of the child when events happen. So there was a specific question that says can you speak to whether there would still be present danger if the child had not been physically present during a particular incident, say an intimate partner violence incident? So when we think about family conditions, and we think about families where there is active violence occurring. The physical location of the child, whether they're standing in the room, whether they're in another room, or what we often hear is the children were sleeping, does not negate to the impact in terms of the family condition that's occurring. So if we think about where there's violence that is being perpetrated that is resulting in injuries to adults in the household, that is unrestrained and unmanaged, just by defacto of unrestrained and unmanaged. At the point in time that that one incident happened, maybe the child was in a different room or maybe the child was sleeping or maybe the child was outside, does not negate that you have this pervasive violence that's occurring, and that one incident they weren't there, but have they been there in the past? And what is their exposure to that? And so some things that you'd want to assess or make sure that your workers are assessing during that present danger, especially if children are verbal, is they hear things, if they see things, if they've ever seen, say, mom or dad with injuries, if they've ever seen mom or dad raise a hand to each other, if they've ever woken up and there's been broken tables or glass or holes in the walls, that is having an impact on children. And that violence is pervasive. So it's not, again, this location question comes up quite a bit. And so we saw it with location of parents at the time and then now locations of children at the time. Another question that came up, again, there were lots of questions about domestic violence, was in terms of whether or not the AP being incarcerated is enough to justify impending danger. And what I'll say to that is that the assessment of impending danger is based upon information collection. And again, location does not negate, or even support, whether or not there is or is not impending danger. So it has to do with the information collection that the worker is gathering in terms of understanding the family condition that is occurring and whether or not that family condition is likely to continue and, if so, to what degree. So, incarceration in and of itself is not a mitigator or a supporter of impending danger. It's gonna be that information about the family condition. Sometimes people get incarcerated and charges get dropped and folks are not prosecuted. And sometimes we get more information that it may not be a pervasive family condition and so therefore it would negate impending danger. And other times we find out that there is pervasive violence going on in the home or other family conditions going on in the home that would support impending danger. One thing that I will say

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about incarceration, and this comes from our case reviews and we've seen it on the case management side and we've seen it on the investigation side, is that frequently we see lack of engagement with parents that have been incarcerated or are currently incarcerated during the assessment, where we'll see narratives that say, "unable to assess parent because they're incarcerated." One, I struggle with the incarceration aspect because they're a captive audience, right? So we know where they're at and hopefully we can gain access to them, whether that be a phone call or writing. Two, is that incarceration does not negate that there may be collaterals that can speak to the parent's adult functioning and their parenting in general, as well as the maltreatment in nature, major maltreatment. So we have to think beyond just the one person being the point of contact and think in terms of how others can inform that assessment. And so, really working with staff to make sure that just because somebody's incarcerated does not mean that there's not information about them that we are able to get from other relevant collaterals to inform our overall assessment. And, again, that goes to the PI and also case management. When we were talking about some of the scenarios that came up during present danger, there was a lot of discussion and a lot of questions that were raised about one case in particular that had to do with a child and mother that we were unable to make contact with. And we had identified present danger in that case and when we did the poll, there was a lot of discrepancy in terms of how folks identified present danger. And we had lots of folks that said that the present danger was violent, impulsive, and acting dangerously and then we had others that identified that the child's whereabouts are unknown and that there were serious reports of harm. And we had a discussion about that during the first webinar, and it still raised a lot of questions and concerns, and one of the things that came up was a question around, so does this mean that all children not located would be in present danger? And the answer to that is no, not all children that can't be located would be in present danger because we're reconciling the information and the report in terms of whether or not that information rises to the level of serious concerns. I think we can all agree that we get lots of reports that while they do meet the maltreatment index, sometimes by a narrow margin, they're not indicating that children are in present or impending danger. And so in those cases, we would continue our diligent efforts to contact them, to make contact with them. And if during the course of our assessment, we gathered additional information from our collaterals before we make contact, that provided information that was concerning and that rose to the level of concerns for serious harm, then we would make the decision that that child would be in present danger. It's not a straight across the board that if we can't locate everybody, we've got to do present danger assessments and present danger plans. We often times say that that present danger assessment is done when we've made contact with the child and the family to determine whether or not there is or is not present danger, except in cases where the information is reporting, that is being reported, and that we've gathered through our assessment thus far, indicates serious harm. In terms of the present danger questions, I just want to make sure, Catarolyn, from what I can say, I think we captured most of those on there. And if you see any that I did not, then let me know, but I think we did.

- [Catarolyn] Yeah, I was kinda highlighting as you went. There was a question in regards to a marijuana use. It's more like, I guess, your preference. What are your thoughts on it? And I guess because you can now have a card, and you can have a prescription for it, I think that was the question. What are your thoughts about marijuana being the substance, whether it is prescribed or not?

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- Yeah, the marijuana debate is a national debate that depending on where you live, it may be completely legal. If we think about Florida right now, and what's going on there, there is a legal component of marijuana that is allowed. With that being said, let's take alcohol. Alcohol is legal.

- [Catarolyn] Right.

- If you're 21 and over. The legality of alcohol doesn't necessarily change the effect, right? So you can have somebody that's an alcoholic that's impairing their ability to function as an adult and as a parent. You can have somebody that has a legal marijuana card that is affecting their ability to function as an adult and as a parent. You can have parents that are using illegal substances, which is a criminal matter, that is affecting their ability to function as an adult and as a parent. You can also have people that are using marijuana or using alcohol or even using illegal drugs that it is not impacting their ability to function as an adult or as a parent, right? So the legality of it is not the benchmark in terms of assessment. The benchmark is whether or not whatever substance a parent or caregiver is using is impacting their ability to meet their own daily needs and subsequently impacting their ability to meet their children's needs, right? To perform as a parent, to provide for safety, to provide for basic needs. And if it is, then it becomes a child welfare concern.

- [Catarolyn] Right.

- So, and I've said this multiple times in lots of the trainings I've done where I've said, there are thousands of adults out there that are abusing substances that we don't get reports on.

- Right.

- That have kids. And so, when we think about the threshold of the impending danger or even present danger is we're not the police. We're not going and making a determination about legality, we're going and making a determination about what the parent is doing and how it is affecting child safety.

- Right.

- So, while I may have some, you know, some personal beliefs about marijuana or what it should or should not do, that does not impact, it should not impact my decision making about whether or not the substance is legal or illegal, depending on what jurisdiction I'm consulting in. It really goes to what is the effect of that drug use on that parent functioning and their ability to keep kids safe?

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- [Catarolyn] Right, okay.

- So.

- [Catarolyn] I also was, were you done? I'm sorry.

- Nope, nope, go ahead.

- [Catarolyn] Okay. There was a question, should we use a specific format for our present danger assessments? Did you get that one? I don't-

- No.

- Okay.

- But, that's a great one. I know some folks have heard me say like, "Templates are the killers of critical thinking."

- [Catarolyn] Yeah.

- And I've seen some interesting templates during my time and working in Florida. The weight of the present danger assessment is the narrative. So whether you're writing it and you wanna be verbose or whether you're writing it and you can be clear and concise, is really not the deal breaker, right? It's the information that you're providing. So when we get into these situations where you have workers that are sort of caught in the middle of, I like things written one way or I like things written another way, that creates undue stress and work for workers, versus focusing in on, is the information sufficient or is it not sufficient? If you did a briefer summary of the allegations and you were able to capture the necessary, sufficient information to support your decision, we're good-

- [Interviewer] Right.

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- whether or not you wanna put that into bulleted points or whether or not you want to develop a specific format for yourself to help your own critical thinking, that's your own working style. And so we've got to get away from focusing in on, I like things written my way and look at what the information is in the document and whether or not it supports the decision that was made or not. You know, for example, I've heard folks say, we have to put all the prior history in there. Well, if you didn't know all the prior history at the point in time you made the present danger assessment, it wouldn't go in your narrative because you didn't use it to make your decisions.

- [Interviewer] Right.

- You know, I've had folks say that we need to put their criminal history in the present danger assessment. Not necessarily, it would be what was the relevant criminal history that you assessed that supported your decision of present danger or no present danger, right? So I think helping workers to be able to synthesize information down to make their present danger assessments clear and concise and sufficient, is really where the focus needs to be. And not in, I want you to write it this way, versus working with workers to identify their own writing style and how to assist them in writing sufficiently.

- [Catarolyn] Right, gotcha. I think that we covered everything here. I know there was a question about the first scenario, the difference between the first scenario and Michael is that one is what was observed. And I don't know-

- Mm hmm.

- If you can speak to that, you're saying yes. That was correct.

- Yeah so Michael was the, was the one where he was not able to be located and the other one was that they were located, right? And so, as I mentioned in the Michael one, it may be that once we obtain contact with Michael and his mother, that we do have information that would support that the mother is violent, impulsive, and acting dangerously. And so you may then change your present danger determination to that is what it is and that's what we need to control, because you would ultimately be changing your present danger plan because the present danger plan for Michael was, we gotta find him. Whereas the other one is, is that the information was there it was observed, it was obtained and they were present, so.

- Okay. And then we have more questions that came in today. So yeah, she was saying, so we have a question, "How do we develop a safety plan?" We answered that one. "I was confused last week when discussing safety planning on the example related to relative coming into the home. It appeared that

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access by the mother was restricted and had to be supervised at all times. My understanding, if access is restricted or has to always be supervised, this would warrant court intervention. Please clarify."

- Yeah, so, and this may cover several of the other questions on the list as well. So we had a conversation last week about the levels of intrusiveness, and for those on the call today, you may recall that I put some emphasis on reasonable efforts to prevent removal. So reasonable efforts to prevent removal is the actions and engagement strategies that the worker conducts with the family. And this is regardless of whether they were PI or case management, to develop the least intrusive safety plan. The levels of intrusiveness are gone through by what the worker does in terms of engagement with the family to build the least intrusive safety plan. So when we think about it, when we are looking at present danger safety plans, we are looking for the worker to engage with the family about the concerns that we have for child safety, in particular, why we believe they're in danger and also in terms of what the family is able, capable, willing to do in order to ensure child safety. So if we are engaging families in this conversation, they may have ideas or suggestions or strategies, that's part of the development. We too, as professionals will have ideas and strategies in regards to what we think needs to occur. So this is a discussion. It's a mutual collaboration between the family and the worker to come to the least intrusive present danger safety plan. If part of that safety plan is that I'm having, say, my aunt, my sister, or an aunt move in, then we're gonna have the conversation about okay, what is that gonna look like every day for you and the child and the aunt? What level of oversight and supervision needs to be provided? And so, you may recall last week I mentioned, when we use the word supervision, for example, right now. I have three dogs that are over here, okay? Being crazy today. I can still supervise them. I can hear them. I can glance over at them. I'm in the same room, I'm in the same vicinity but I'm not right on top of them, right? And then if there was a small child here as well, right, is that we can multitask. I shouldn't say multitaskers, but for the most part as parents, we are multitaskers, right? I'm cooking dinner, I've got an eye over here, I got an eye over there, I got an ear over here, so we use this term supervise. I think sometimes we look at it as I need to be on top of somebody all the time, right? Versus what that would look like in that home with the aunt being there and with the mom being there and what we would be expecting the aunt to do that's within reason in order to provide for that safety. So it's, again, it's that discussion that is had, and if the mom says, "No, I don't want my sister in my house," or "No, I don't want my child sleeping in a separate room," then we by defacto then have to look at increasing our level of intrusiveness, and when we're talking about in-home safety plans, you know, Catarolyn, I couldn't come into your home and just say, "Hey, I'm gonna come live with you and supervise you and your kids now." Right?

- Right.

- You would have to agree to that. You would have to be a willing participant in that. I can't just, you know, stomp on all your rights. And the same is true with our families. It is that discussion, that collaboration, and if at the end of the day we've done all of that that we can do, and we cannot get to the point of an in-home safety plan, then we would be looking at an at-home safety plan that would

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most likely in cases like this, when you have parents that are like, "No, thank you," would look at a legal component.

- [Catarolyn] If they're saying, "No, I don't want that."

- Yep.

- Yeah. And I think part of the confusion might be when it says supervising at all times. So I like the analogy that you use is that supervising doesn't mean that I'm literally in your face. It just means that I know what's going on and I'm aware, I'm there, I'm present. Okay so we have a training class that is on and so the trainer has asked that you explain how removal is not the safety plan.

- Oh, yes. So yes. So removal is actually a legal term, right? So it is that I'm seeking judicial oversight in order to make a placement of a child out of their home environment and separate, legally separate parents and children, okay? We can't do that in most states' jurisdictions. You can't do that without going and getting a court order to do that, right? So some states, they allow you to take the action and then file the petition. Florida's one of those. The worker has the legal authority to make the placement but they also then have to follow it up with a petition and legal oversight and authority, right? So, that action allows you to develop the out-of-home safety plan. It is not the out-of-home safety plan. So it's a legal document that says, "Hey department, you can do an out of home safety plan with whoever your providers are," whether that's grammies, aunts, uncles, licensed foster care. The worker still has to address the family condition that resulted in the need for the out-of-home safety plan that required judicial intervention. So, if you recall last week we were talking about I think it was Miguel. And he's got cystic fibrosis, right? The danger threat that we identified for him was that he had a medical need that the parents or caregivers were unable or unwilling to address. If my safety plan, out-of-home safety plan for Miguel, just said, shelter! Is that addressing the danger threat? No, right? Because- Right, so we're taking that legal action because the parent or caregiver's unable or unwilling to, we couldn't develop an in-home safety plan for whatever reason, I still have to, as an agency, make sure that the danger threat that I identified is being controlled and managed. In this case it has to do with Miguel's medical needs. So, regardless of where he goes, whether he goes to grammy's or aunt's or uncle's or what have you, is who is going to provide for Miguel's medical needs every single day? So I need to specify that in my out-of-home safety plan because that's how I'm addressing the danger threat that we've identified. And so the same thing when we think about even you know, the meeting child's basic needs. Wherever that child goes to, their basic needs, 'cause we've just said the parents can't do it, wherever they go to, my safety plan has to articulate who is going to do that and what are those specific needs that I've identified were not being met and how they're gonna be met on the out-of-home safety plan.

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- Okay. So, we have lots of new questions that have come in, and we still have questions from the 16th. How do you wanna, what do you wanna do? You wanna tackle the... I mean the 30th. I'm sorry. We've covered all of the ones from the first training. So, you wanna tackle those, or?

- Yeah, so, you know, I'm looking at the ones from last week, and-

- [Catarolyn] I think you got through them all.

- I think so. You know, I think the biggest thing that folks really have been struggling with is this whole restriction of access, and shelter, and out-of-home, and really struggling with how to reconcile, when I have this legal action, and I have restriction of access. Or, if I don't have a legal action, how do I navigate any sort of restriction of access? And so, you know, I talked sort of, in depth last week, and then spend some time this morning, or this afternoon, talking about that this really goes back to those core skillset of the PI and the case manager, in terms of engagement with the family, and working through those levels of intrusiveness. And so, if workers aren't doing that, right, I can't go in and just say, "Here's your safety plan. Live by it." If they're not doing that, and they're going to the highest level of intrusiveness, but not affording parents due process via the legal process, then, that is problematic, right? So, we've seen folks, and I've heard folks say, "Well, we need to put in safety plans, and avoid taking judicial action. And yes, we're restricting parents' access. And no, they're not in agreement." Well, that's not good. I mean, you're going on the record, and saying you're violating parents' rights, at that point in time, versus being able to go and support your decision for an out-of-home safety plan, where you do need legal authority to do it, by providing the documentation of the efforts, and the engagement strategies that you utilized, with the parents and caregivers. And that, there were some couple of questions that came up last week, of like, how much is too little, and I'm... What's the recipe for documenting that? And there isn't a, there isn't a one size fits all, right? I mean, some families, that you're gonna have more robust case notes, because maybe you've spent an enormous amount of time trying to do the least intrusive safety plan, others. You may have parents that say right off the get go, "Nope."

- Right.

- "No, thank you."

- I don't want any part-

- "Not today," right. Then your documentation is not gonna be as robust. So it goes back to what the worker is doing and the discussion that is held.

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- I think someone else pointed that out, they wrote in, "The issue is that many do not document that discussion and thus, we have to define what supervise means when we read the safety plan. Thus, it appears that as we are restricting access." So it's kinda, you know, same verbiage that we have to make sure that we're documenting what we're talking about and what we're asking and saying.

- Right.

- Go head.

- I think that the term supervise is used in so many different facets of child welfare. So you have supervised visitation. And most of us that think of supervised visitation is the families coming to the agency and a worker is sitting in the room with, you know, right there. So like, my eyes are watching every single little movement and we take that definition that we're using for family time, and we're transposing that to what does it mean, for any of us that are on the call, that have kids or watch kids. When we're supervising, we aren't straddled to a chair in a room, watching people, right? I mean, you can supervise within a natural setting. Without it feeling like I'm supervising.

- Supervising, yeah.

- Yeah, yeah.

- One of the questions, I think this might be, can be answered pretty quickly. It says, "Safety manager and safety monitor, are they the same or different?"

- So, the safety manager/safety monitor, right? So let me see if I can sort of break this down. The person who's responsible for the safety management and monitoring of the safety plan, is the child welfare professional that has primary responsibility for the case. So they are, in essence, the same thing right? I'm a manager of the plan and I am managing by monitoring this plan. Okay? You may then also have individuals that have been titled a safety monitor. And the question that I would have is if they're not the primary child welfare professional, what are they doing? And what is their role on the safety plan? 'Cause it's really not monitoring because that's your job. That makes sense?

- Mm hm.

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- So I think that there are some folks that have started to add these people on to safety plans, as safety monitors, as an auxiliary to the primary child welfare professional, who are just going in and touching base.

- Right.

- And so, they're really, it does not harm to keep the responsibility of the primary child welfare professional to do the management and the monitoring of the plan.

- Gotcha. All right. So another question is, "How do you develop a safety plan for a mother whose child was removed after she left the child unattended overnight? Now the mother has unsupervised visits, what behavior are you controlling and how, if she's unsupervised?"

- Okay. So, let me-

- unsupervised.

- Okay. So the mom left the child child overnight unsupervised?

- Correct, yeah. Child was removed after she left the child unattended overnight. So mom left the child overnight, says, "Now the mother has unsupervised visits," and then the question is, "What behavior are you controlling, and how if she's unsupervised?" So I guess the problem is unsupervised.

- Yeah, so lots of questions that just come to mind when I hear sort of scenarios like this, right? What's the age of the child? What's the abilities of the child? I mean, there's a big difference between us talking about a 17-year-old and a 3-year-old. What if we're talking about say, an older child and they have the capacity, then I'm not so sure that there would be danger, right? So those are some questions that sort of resonate. The second thing is, is like, well, what was the identified, if this was at present danger, what was the present danger threat that was identified?

- It says, she left that child unattended overnight.

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- So is that not meaning basic means is that to include supervision and again, then it goes into, what does that look like in practice, right? What does that look like in life to justify the present danger decision?

- There's a comment that says not meeting basic needs.

- Okay, so not meeting basic needs. So again though, I'm still sort of trying to figure out what is the age of this child, was there somebody that was coming in and checking in on the child? When we think about qualifying the present danger threat, right, these are all things then that we would take then to inform our present danger safety plan. So I have lots of questions around, and, if we had a present danger safety plan, what was the danger threat? How did we qualify it? Are we looking at now, we had an out-of-home present danger safety plan, and part of our present danger out-of-home safety plan is allowing contact between the mother and the child that we've said is okay to be unsupervised, is that because we have put bumper rails around things. What I mean by bumper rails, right, is that the period of time that we're allowing this contact, there's a check-in point beforehand and a check-in point afterwards, right? So it's not occurring in the middle of the night and there may be even spot checks during that period of time. So it's not fully supervised, it's not fully unsupervised either, right? So, when you think about danger occurring and if we're saying that danger is occurring all the time, then there's a higher level of intrusiveness on your safety plan, versus if I am allowing for this contact to occur, I would have done an assessment to say, I've put the bumper rails around and I can confirm that during this period of time, this child is not gonna be left alone and here's how I'm controlling for that. And that's my safety plan.

- Mm-hm.

- So-

- And the child is four. And I think for me, it's like the word controlling. 'Cause you know we want to be able to help parents to understand that they need to make different choices but trying to control means that when the person is no longer there, that's enforcing that control, you know, then it doesn't happen. So we really have to be careful with, just the term, the terminology that we use in regards to that, but so.

- Well, and it also goes back to the conversations that we're having with our safety plan providers to be really clear about what are the behaviors and the actions that we are looking to manage in order to ensure child safety, right? So at present danger safety plans, we're looking at a high level of intrusiveness because we don't know all the ingredients that went into the failed cake, right? So we're trying to figure out through our impending dangerous assessment like, what the heck happened in this

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family? Like, is this all the time? Was this just a one off, right? So for example, I mean, I've seen some cases where you've had a similar situation where kids were left overnight. Well, the mom or dad, in some of the cases, they had a babysitter and the babysitter flaked out and left the kids in the middle of the night, right?

- Right, yeah, yeah.

- So yeah, the incident happened they were left.

- [Catarolyn] But the parents made provisions, yeah.

- Correct, right? So there's, I mean, that's why there's such a difference between present danger and impending dangers because at present danger, there's lots of situations that occur that aren't necessarily pervasive of families that have unsafe kids, like accidents happen, you know? Situations happen, it's understanding all the ingredients and whether or not its pervasive or not. So when we think about building those present danger safety plans, it's gonna be a high level because we don't know, right? Versus when we start talking about impending danger safety plans, we should know. We should know because we've done a thorough assessment of the family through our family functioning assessment, and we should know specifically when we're talking about mom or dads behaviors, what they look like.

- [Catarolyn] Right.

- So that when we say to the safety service provider who's in the home, these are the triggers that you're looking at. This is what happens when mom starts to get frustrated, or dad starts to get frustrated, or that they are, you know, they're gonna use, so that the safety plan provider can preempt the impact of that behavior. Not necessarily stop it per say, 'cause sometimes they can't stop it, is to preempt it. So as I see mom starting to get frustrated, or annoyed, or starting to lose her temper, I'm switching gears.

- Yeah.

- Right?

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- This is a really good question I think, "If the goal is adoption or independent living, do we no longer have a need for a safety plan?"

- Such an excellent question, and matter of fact we had a call this morning that I was not able to be on with one of our CBCs because we have been seeing in several case examples where we're doing progress updates, and all of the sudden the parents goals are gone, and we're like what happened to these goals, where'd they go? And where safety plans are being ended. And we're like, wait, where'd everybody go? And the goal had been changed to adoption but the rights had not been terminated, right? Okay. At the point in the time that a parents rights are terminated, is when you no longer have case plan goals and when you would no longer have the need for a safety plan, okay? So if you think about this, the safety plan is for controlling the danger that we've identified in the parental home, okay? So up until the point of where termination is granted, we are still responsible for engaging families, providing reasonable efforts, assessing conditions for return, doing a safety plan that would address whatever those danger threats are that we identified. Until the point in time that that legal relationship is severed and there's no longer a parental home, because they're not going back to this home. So, we would not continue with our safety plans, and we would not continue with our case plans for families. And we would not continue with progress updates in terms of the parents either because we no longer have any parents.

- [Catarolyn] Right. But what would the safety plan be?

- Well, so it would depend. If you have, say, we'll use Miguel again, his medical needs. You still have to address Miguel's medical needs. If you have basic needs, you still are meeting child's basic needs. If you have violent, impulsive, and acting dangerously, and there is still contact that's occurring between kids and their parents through visitation, you still would be controlling for that violent, impulsive, and dangerous behavior up until the point that that legal relationship is severed. And so, we had this call with the CBC this morning because it puts the state in a really tenuous, and agencies in a very tenuous position, because yes, while your goal may have changed, you have not severed that legal relationship, and you are still responsible as an agency to provide reasonable efforts to the family up until the point termination is granted. If we say, well, we're getting rid of your case plan outcomes, and we're gonna sever your safety plan, but it takes three months or four months to get to termination, what has the state done in those four months? They haven't been providing any services or any interventions. Matter of fact, they said to the parents, "Yeah, we took away your case plan outcomes. And we took away your safety plan and your right to visitation." Changing the goal doesn't change the practice. Does that make sense?

- I was saying changing the goal, we would still have to have something in place until it's legally done. So until we go to court and yeah, okay. We're still working that safety plan and doing everything that we said.

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- You're still working the safety plan. You're still assessing for progress. 'Cause up until that point of termination, parents can be working towards change. It's interesting. I just had a case that I was reviewing for an agent, or for a CBC in Florida, and mom had a new baby, she had an older child, and it wasn't too old, like two, who was on the at-home safety plan. Mom had a new baby. New baby in the home with mom, no identified danger. And they were proceeding at termination on the other child. And so, those are the things that make you go, hmm. Because mom was having contact, had been working her case plan outcomes. And so those are the things that don't necessarily reconcile when you think about, okay, I have an impending danger safety plan for this other child, but now I have a new baby, and they're in the home and I'm not concerned about their safety. So some of the things we have to take a step back and think does this make sense? Is this logical? Like, why do I have a safety plan in place for an older child if I'm saying that this younger child who's in the home, there's no danger. It's the same home.

- [Catarolyn] Yeah.

- So that also speaks to, when we talk about the monitoring management and monitoring of safety plans, is that as case, 'cause I've seen a couple of things come up about case management. Case management, the whole purpose of doing progress updates and evaluating progress is to evaluate whether or not we can decrease the level of intrusiveness from out-of-home plans to in-home plans that aren't based on case plan compliance, but based upon conditions for return so that you could have changes in your safety plan that are fluid and that result in, yes, I still have impending danger, but I can control and manage for that danger in home now. And here's how. Or in cases, 'cause this has come up too, is I have no danger but I'm being told I have to have a safety plan. If you have no danger, what are you controlling? There's no safety plan that you would, what would you put on the plan? And where this gets into sometimes is the, what I'll call that post-placement supervision. And folks are saying we've gotta, we have to monitor for six months. Well, if you've gotten to the point where you're putting a child back in the home and you are finding that you don't have a need for a safety plan because there's no danger, you've waited too long to put that child back in the home. And if there's no danger, then there's not a need for safety plan and there's not a need to continue your involvement with the family. 'Cause you're saying they're good.

- [Catarolyn] Right, right.

- So these are, again, some of the things that as you start to take a step back and think, huh. It doesn't make a lotta sense. What am I controlling?

- And we have six minutes. I'm gonna read this one last question. It says, "I have a question on the supervision issue. It was mentioned that if the parents agree and are willing participants, we can safety plan around it, what if the parents during the present dangerous situation still agree and cooperate and

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sign the safety plan, but recognize that it would be better for the child to live with the grandparents or a family friend until we complete our assessment."

- Yeah, so that would be called a family made arrangement. So family-made arrangements can be, there's sort of three different aspects to be able to look at these from. One is that they were already in place by the time that we got there. So, a situation arises, the family intervenes. It doesn't negate that there was present danger. It means that the family got there before us and the family took action and they developed this out-of-home present danger safety plan. And our role in that is then sort of, for lack of a better word, blessing it. So we're making sure that it's sufficient. We're making sure that the people are appropriate. There's a question I think that was asked about the assessment of the home. Yeah, you need to do an assessment of whatever home these children are going to to ensure that they would be safe there. That's our responsibility. It's part of the policy and procedure. And that happens. We have families that do that. The second component will be is that throughout the course of this engagement with the family, they do ultimately decide, you know what? They need to go to grandma and grandpa's or the friend's house. Great. That's a family made arrangement. I can support it as the agency because it's reasonable. I've vetted these people, I've vetted the home, and it's through the course of my active involvement with them, and that it's not me saying to them, "Tell me where you want your kids to go." That's a different conversation. It could also be occurring in the process of when we get there. So we get there, the family's already there. They're already working it all out. Again, my role is to validate that there was present danger, there is a need for a present danger safety plan, and that the plan that the family is proposing and action of doing is sufficient and appropriate and can meet the needs for controlling for danger. If they can't, sometimes we have family members that identify family members that are far worse off than they are. And this is where it goes to that, the canon will protect the assessment of those safety plan providers. It's like, hey, they're going to my mom, and she just got out of jail for distribution. Yeah, no. No, no, thank you. And so at that point in time, if the family isn't able to identify persons or situations that are appropriate for a present danger safety plan via family made arrangement, then I'm gonna be looking at different options that are no longer than a family made arrangement. It's just an out of home present danger safety plan. The one thing I do wanna say that I really wanna emphasize with these family-made arrangements, right, is that a family-made arrangement is a safety plan. It's a type of safety plan. It's an out-of-home safety plan utilizing a family-made arrangement. So, sometimes, we'll see folks in cases where they'll say, "No safety plan was developed, because the family-made arrangement was done." I'm like, "That's a safety plan." So, our role looks a little bit differently, in terms of it's already in action, or the family is taking the lead on it, but we still are responsible for ensuring that it's sufficient, and that wherever the kids are going, that that is an appropriate setting for them to go to.

- Awesome. Well, thank you so much for your time, and your wonderful explaining of what we can't seem to get a handle on. I mean, sometimes you just kinda need to hear it from another perspective, or be able to share, and just kind of talk it all the way through. So, definitely appreciate that, Tarrin. We have a couple more questions, not too major, not like it usually is when we're done with our trainings, we have a slew of questions.

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- Real quick, but real quick, there is one that I do wanna address. It'll take me maybe 30 seconds.

- [Catarolyn] That's perfectly fine.

- Is, you know, a lot of times we do get feedback like, so, we spend a lot of time with CPI, CPI, CPI. So, last week I was talking about safety management and monitoring, and that the responsibility falls on the primary child welfare professional, right? Who is for... Primary child welfare professional responsible for the case. So, that speaks to both the PI and the case manager. So, if you are a case manager and you have a safety plan, the same actions and tasks that PIs do are the same as the case management does, right? You are responsible for the management and the monitoring of that safety plan. And what that means is that you're responsible for checking in with your safety service providers, ensuring that the safety claim is sufficient. And if it's not sufficient, then you are responsible, one, for modifying that safety plan. And then, two, capturing that modification 'cause it would be a critical juncture, via your progress update. So, lots of times, we see case plan, or not case plans, safety plans and case management that are changing and being updated. It's like we updated it because of, I'm unclear why. And it's like, well, it hasn't been updated in 90 days, so we're just gonna go in and end it, put a new date on it and carry all the things over. No. Updating a safety plan or modifying a safety plan means that something has changed that should be informed by your progress update. And so, as a case manager, you're responsible for every single time that you're having contact with your safety service providers, is asking them, you know, is it working? Has there been any incidents? Are you still committed? Are you still able? Is there any decrease or increase any of our safety actions because the family condition is worsening or improving, okay?

- Quick question, where do they document that they are monitoring the plan and the frequency of them managing and monitoring?

- So that's the main case notes. So every single time that you go, and you have a conversation. So, we'll go back to Miguel again, I don't know why I like the Miguel with cystic fibrosis. If every single time that I am having contact with Miguel, I'm asking Miguel, "Hey, your nurse still coming? How's that working for ya? Your needs getting met? Have you had any situations where you felt like, 'Hey, I need more, I need less?'" When I talk to Miguel's parents, same thing. I'm constantly assessing the sufficiency of the safety plan, every single contact that I have with my family and with my providers that are part of that safety plan, I am documenting, and I'm assessing, and then subsequently documenting the sufficiency of that safety plan and whether or not there needed to be changes to that safety plan. So it's always... We are actively managing for safety. And so what that means is that every point in time, every contact that we are having, especially when there's a safety plan in place, whether it be an in-home or out-of-home, we are having those conversations, because if we're looking at an out-of-home, part of our assessing about the sufficiency of that safety plan, is also assessing for conditions for return, right? So as I talk to mom and dad, and I've seen this a lot lately, and it really pulls at my heart strings is, parents that, the conditions for return are so unachievable, because they're not grounded in the safety planning analysis.

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And then parents that do get homes, but really don't go out and see them. So active safety management and monitoring is mom or dad calls me and says, "Hey, I've secured housing." I'm getting out there, because my, if I'm assessing as a case manager for conditions for return, part of my safety planning analysis is a home, and it's calm and consistent. I can't speak to either one of those things, if I never have gone to the home.

- Right, right, absolutely. We have a thank you, this was awesome. Some of the folks said it was very informative, very helpful. Thank you all so much for joining us today. We have about 46, almost 50, I know we had about 50 when we started on the training today, so that's really, really good. But thank you all so much for joining. And again, we hope to see you next Wednesday for our next training on information collection. So-

- Yeah, super excited. Well, all right, great.

- All right, and that concludes today's training.