



INFORMATION FROM THE PROGRAM MANAGEMENT TEAM

The theme for this edition of Nuts & Bolts is "**Safety Decision-Making Model**". And for your convenience, Nuts & Bolts is also available on the SAFE website, so you can revisit it as often as you'd like! Much of the information we share in Nuts & Bolts comes from questions we receive from staff. So please email the appropriate program administrator if you have questions or need clarifications around practice, or if you have practice tips or ideas that you'd like to share. Thank you!

This Month's Articles:

- [It All Begins with Intake and CPS](#), by Darren Burdette, CPS Program Administrator
- [DV Notes](#), by Del Bircher, Domestic Violence Program Administrator
- [Indian Child Welfare Act and Safety Decision Making](#), by Savania Tsosie, Indian Child Welfare Program Administrator
- [All Roads Lead Home - Tips for In-Home Cases](#), by Angela Robbins, In-Home Services Program Administrator
- [Kinship Care](#), by Judy Hull, Kinship Program Administrator
- [Permanency Pointers](#), by Tanya Albornoz, Permanency Program Administrator
- [TAL Tips](#), by Jane Lewis, Transition to Adult Living Program Administrator
- [Adoption Advice](#), by Marty Shannon, Adoption Program Administrator
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IT ALL BEGINS WITH INTAKE AND CPS

By Darren Burdette, CPS Program Administrator

Prior volumes of the Nuts & Bolts have discussed how teaming and engaging relate to the work that we do with children and families. Specifically for Intake and CPS, we have talked about spending an additional 5 minutes on each case focusing on these areas. Most, if not all of you, should have completed the overview training on the Safety Decision-Making Model by now. While not vastly different from our actual practice, the model provides us with the framework for assessing and talking about safety in a language that everyone can understand.

Intake and CPS are often the first responders to concerns of abuse and neglect. Therefore, it is crucial that we talk the talk by articulating what the threats of harm, child vulnerabilities, and protective capacities of the caregiver are and subsequently, how these factors guide our decisions related to safety. As we make decisions through these lenses, we will be more prepared to intervene in a meaningful way that will be able to address safety.

Remember... it all begins with Intake and CPS.

I would love to hear of any tips that you have used in your Intake and CPS work or if you have any questions about your work, so please email me at DBURDETT@utah.gov.

DV NOTES

By Del Bircher, Domestic Violence Program Administrator

We know that families who engage in domestic violence are also at high risk for abuse and neglect. According to Practice Guidelines Section 600, 21-24:

“There is a high, positive correlation between domestic violence and child abuse and neglect. Domestic violence is not only an act of aggression against the adult victim in the home, it is also a dangerous act that places children at risk for abuse and neglect.”

This information requires that we pay special attention to the Safety Model. We may need to look at the protective capacities in unique ways in domestic violence cases. For example, even if the abused partner has the best intentions, he or she may not be able to protect themselves or their children. As a result, there should be a special focus on Practice Guidelines Section 600, 105-107:

“The Child and Family Services domestic violence program staff will support and participate in the development of Child and Family Plans that are based on client strengths and capacities.”



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This may require special planning and preparations for Child and Family Team Meeting or writing a treatment plan to ensure safety for all involved in the case. This is likely to be different for every family. The core Safety Model, including threats of harm, protective capacities, and child vulnerabilities, should be reviewed and applied with each family.

As always, I depend on all of you who are doing the work day to day to give me ideas on how casework can be delivered. Please feel free to contact me directly. I appreciate your emails at dbircher@utah.gov.

INDIAN CHILD WELFARE ACT AND SAFETY DECISION MAKING

By Savania Tsosie, Indian Child Welfare/Diversity Program Administrator

“Taking care of our children is a cultural responsibility as ancient as each of our tribes.”

The Indian Child Welfare Act (ICWA) ensures the safety of Indian children and strengthening of families, and encourages community responsibility in raising children in order to ensure the future of the Tribes. It is up to the entire community to nurture, protect, and provide a “good way” for Indian children to become healthy and productive adults.

The Safety Model definitions for “UNSAFE” are: (1) There are present or impending threats of serious harm, (2) The child is vulnerable to threats, and (3) The family’s protective capacities do not manage the threats.

- **When a petition is filed on behalf of an Indian child, an Indian child’s family and tribe must be given Notice and ICWA must be followed (25 USC 1901 to 1923).**
- **When an Indian child is placed in out-of-home care, all ICWA requirements regarding placement preferences must be followed.**
- **All actions taken to comply with ICWA must be documented in SAFE activity logs.**

Family, extended family, and members of the Indian community must share the responsibility of creating a safe environment in which children can thrive - these responsibilities are:

- Every child deserves to live in a family, which provides a safe and nurturing home.
- Preservation of community and family connections is very important to a developing child.
- Timely and effective involvement of ICWA concerning the welfare of an Indian child.



- Safety, as well as cultural and traditional values should be the primary focus in placement of children.

To ensure that these responsibilities can be achieved, **Child and Family Services must collaboratively include families and Tribes in all aspects of safety interventions.** By including family and Tribe, we will make certain that (a) children are safe and thriving in a permanent appropriate home, b) families are supported in their communities, and (c) communities take responsibility for creating a safe environment.

Please email me at STSOSIE@utah.gov if you have any questions or suggestions about ICWA or other diversity matters. Thank you.

ALL ROADS LEAD HOME - TIPS FOR IN-HOME CASES

By Angela Robinson, In-Home Services Program Administrator

Too often we think of “safety” as something that only CPS workers deal with. Each caseworker should be assessing the threats of harm to each child and viewing those threats of harm with the child’s vulnerabilities and the protective capacities of the caregiver. As In-Home workers, our job is to assist and guide the family in decreasing child vulnerabilities and increasing the protective capacities of the caregiver. We do this through teaching skills and connecting the family to resources in their communities.

One worker recently told me that she uses the Safety Decision-Making Model in each of her Child and Family Team Meetings. The team talks about the threats of harm specific to individual children and then plan together on how those threats can be mitigated by increasing protective capacities of the caregivers or decreasing the child’s vulnerabilities, where possible. This has given the team a clear focus of why Child and Family Services is involved and what they can do to be safely independent.

Thinking of cases through the lens of the Safety Decision-Making Model may also help to answer the questions regarding the appropriateness of certain interventions and possible case closure. If there are still threats of harm that are not mitigated by the protective capacities of the caregiver or by the child’s vulnerabilities, there may still be work to do before closing the case. If the threats of harm have been addressed or met through current protective capacities of the caregiver or the child’s vulnerabilities, it may be time to close the case.

Challenge: Look at each of your cases and identify the threats of harm. Look at what the child vulnerabilities are to these threats of harm (if any). Review the protective capacities of the caregiver. Assess what could be done to decrease the child’s vulnerabilities or to increase the protective capacities of the caregiver.



Do you have “new” ideas to freshen up casework? Do you have any “out of the box” tips that other In-Home workers can try? I’m looking for tried and true ideas from the field to share with other caseworkers. Please send any of your engaging, teaming, assessing, planning, intervening, or organizational tips to AROBINS@utah.gov. Thank you in advance!

KINSHIP CARE

By Judy Hull, Kinship Program Administrator

Assessing for Safety with the Potential Kinship Caregiver for a Preliminary Placement

A safety assessment is one of the five requirements to be met before placing a child in a preliminary placement with a kinship caregiver. Do you remember what the five requirements are? If not, here they are: background screening, assessment of safety, limited home inspection, reference checks, and general qualifying requirements. The safety assessment includes three components of child safety: specific and observable threats of harm to the child which may be present, the child’s vulnerability to those threats of harm, and the protective capacities of the kinship caregiver and their support system.

The first step in any assessment is to engage with the caregivers and form a partnership that will serve the best interest and safety of the child. The final steps are to make the safety decision and to create a safety agreement with the child and their kinship caregivers.

Job aides to help you assess for safety for a potential kinship caregiver can be found in your Kinship training packets that were presented to you in May, June, and July. They are:

- Limited Home Inspection/Safety Assessment Quick Reference
- Kinship Preliminary Placement Limited Home Inspection
- Safety Assessment Considerations
- Safety Questions for Parent/Guardian
- Safety Questions for the Child
- Safety Questions for Kinship Caregivers

I would love to hear from you about your work with kinship families. Please email me at JUDYMILLER@utah.gov.

PERMANENCY POINTERS

By Tanya Alborno, Permanency Program Administrator

We have all seen the frequent media reports about children who are victims of abuse or neglect by a foster parent or other out-of-home caregiver. While such circumstances are



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heartbreaking and difficult, they also give us an opportunity to pause and reflect on how well we are protecting the children we have in our care. While there is no question that some of these situations are neither foreseeable nor preventable, there may be other times where risk factors were present, but overlooked, by those who were supervising the child's safety and well-being.

One of the most important responsibilities that a caseworker has on a foster care case is to ensure that the child is safe in their out-of-home placement. This crucial duty is sometimes overlooked as caseworkers become involved in the demands of daily casework and the tasks required during reunification and/or permanency planning for the child. It sometimes seems the more time that passes on a case and the busier we become with details, the less we tend to engage with the children we are serving. The less we engage with a child, the more difficult it becomes to perform a comprehensive safety assessment. We sometimes lose sight that a child's safety and security is not guaranteed, even though the child may be living in a licensed placement.

We need to keep in mind how essential it is to interact and engage the child and caregivers we work with in meaningful ways. The better our relationship with and knowledge of the children we serve, the more capable we will be of assessing the child's vulnerabilities. In addition, our frequent interactions with the out-of-home provider will allow us to continually assess the protective capacities of the caregiver and any possible threats of harm that may exist in the environment. A 20-minute visit to the home once a month may not be the best way to ensure that we are keeping our children safe.

This month, I challenge you to spend a minimum of 15 extra minutes engaging with the child and the caregiver as you make your home visits. Use the extra time to improve your relationship of trust with the child and better understand the child's vulnerabilities. An effective way of connecting with a child is to find something of interest to the child and incorporate that into your time with them. For example, a caseworker may want to "shoot a few hoops" with a youth that likes basketball, or play a couple of favorite games with a younger child. It may be much easier for the child to open up to a caseworker while doing a "fun" activity rather than just having an "interview" with their caseworker. With the caregiver, discuss how they handle daily stress and difficult situations, as well as their ability to handle the child's special needs and behaviors. After the visit, make sure to include the information from your safety assessment in your activity logs and the Child and Family Assessment. Try to make it a habit to address the three Safety Model safety decision areas (threats of harm, child vulnerabilities, and protective capacities) in your documentation each month. As you become more experienced in using the Safety Model, you can be more confident that you have done all you can to ensure that each child you oversee is safe.



In closing, please remember that if any Child and Family Services staff member receives information that there is a possibility that a child in foster care is being or has been abused or neglected, even if there are doubts regarding the credibility of the report, it must be reported to CPS Intake as soon as possible. Safety for our children should always be our first priority, and it is important that we take all allegations seriously.

I invite you to email me your experiences and/or questions at TALBORNO@utah.gov for inclusion in a future edition of Nuts and Bolts.

TAL TIPS

Jane Lewis, our TAL Program Administrator, has been dedicating all of her attention to the recent Youth Summit. She will have an article for the next edition of the Nuts & Bolts. Please share your casework ideas, successes, and struggles related to TAL Services by emailing Jane at JHLEWIS@utah.gov.

ADOPTION ADVICE

By Marty Shannon, Adoption Program Administrator

Assuring the safety of the children we serve is, of course, the first responsibility for Child and Family Services. While the need to assess safety during a protective service episode may be obvious, it may not be as clear how helpful the Safety Decision-Making Model can be in working with adoptive families. The safety issues may seem a bit more complicated and uncertain when it is applied to adoption work. For example, after a child's goal changes to adoption, you may have a situation where concerns begin to surface in the placement. The concerns may not be at a level in which we would want to move the child and disrupt his or her stability; however, the concerns may rise to a level in which the permanency of adoption, with no further involvement from Child and Family Services, makes the Child and Family Team nervous. Another common situation is when a child was adopted many years ago and now, as a teenager, is involved in behaviors that create a safety risk to themselves or other family members.

In both scenarios mentioned above, a prior adoptive family evaluation (home study) revealed the family was safe, stable, and could meet the needs of the child; however, concerns have surfaced either while Child and Family Services continued to be involved, or because an adoptive family has called for help years after the case was closed. Most often, concerns are not at the level in which CPS would become involved, yet the child either is the responsibility of Child and Family Services or has been in the past, and the concerns should therefore be addressed.



The Safety Decision-Making Model is a useful guide in helping to deal effectively with these types of situations.

First, the caseworker should define the **'Threats of Harm'**. For example, imagine a case where post-adoption is called because an adopted youth is defiant and acting out, is involved in drug use, and is staying out into early morning hours most nights. The caseworker should ask, "Is the threat of harm that the behaviors of the youth pose a safety risk for the youth, or are the parents so angry they may be inappropriate, or both?" As the post-adoption caseworker engages with the family, they can assess and define the clear 'Threats of Harm' for the youth, the parents, siblings and others, as well as other threats that may be less obvious. Defining the "Threats of Harm" is the first step in helping develop a plan to help ameliorate the situation.

Next, the caseworker should also address **'Child's Vulnerabilities'**. Using the situation above, the caseworker should ask, "Does the youth have co-morbid mental health issues, developmental delays, or prior trauma history that puts the youth at higher risk of not being able to make safe decisions? Is the youth also a threat to others, such a siblings or community members?" Again, defining the "Child Vulnerabilities" helps to develop an appropriate plan to promote safety while also addressing other factors such as developmental delays, and underlying factors such as mental health issues and grief and loss. By taking all the child's vulnerabilities into account the plan can be developed in a manner that continues to promote a more secure attachment.

In addition, the caseworker needs to assess the **"Protective Capacities"** of the parent. In this complicated work, it may be confusing as to what "protective capacities of the caregiver" means when it is the youth who is acting out and threatening the safety of themselves and others, rather than needing the protection themselves. The key in assessing protective capacity is to try to understand what the parents have already tried in seeking solutions. Parents who are exhausted from trying to parent and protect a youth who in turn is determined not to accept their parenting, may simply need a sensitive, listening ear and understanding from the caseworker. In other words, empathy may be the key to engaging the family before the parents are able to explore what successful methods they have tried in the past, as well as before they are willing to try new methods.

I hope these examples help give you an understanding of how the Safety Decision-Making Model gives you one more tool to help when assessing complex situations that arise in adoption and post-adoption work. Thank you for the support you provide for youth and their adoptive families.



If you have any other information you'd like to share with everyone related to adoption services, or if you have any questions, please email me at MSHANNON@utah.gov.

SUBSTANCE ABUSE AND MENTAL HEALTH

By Kenneth Brown, Substance Abuse/Mental Health Program Administrator

Question: Is substance use/abuse alone enough to support a finding of child endangerment?

No, it needs to be affecting the children in some way. If the parent is using drugs and the children are being appropriately cared for (their needs are being met; they are fed, clothed, and supervised; they are attending school; and there is positive structure in the home) and the parent is not under the influence of drugs or alcohol when they care for the children, it may not be child endangerment.

But the truth of the matter is that if parents are using often, it is quite unusual for them to be taking very good care of their children. Usually, there are a lot of problems with abuse and neglect in addition to drug use. This is where the Safety Model can make your case without the necessity of having a positive UA to show proof of use.

Document:

- Threat of harm to the child: In what way is the parent's use doing physical or emotional damage to this child?
- Child vulnerability: The degree to which a child is susceptible to the impact of threats of harm (age and/or development level of child).
- Protective capacity: Characteristics or resources of the parent and/or caregiver that directly manage identified harm to the child.

Bad behaviors are symptoms of substance abuse and it's these patterns of behaviors that clinicians use (not positive UAs) to make a diagnosis of Substance Abuse or Dependency. Likewise, caseworkers need to look at and document these behaviors when supporting a finding of child endangerment.

If you need more information regarding substance abuse and mental health issues, please feel free to contact me at 801-538-4509 or email KHBrown@utah.gov.

INTERSTATE COMPACT FOR PLACEMENT OF CHILDREN

By Scott Hodges, ICPC Program Manager

When placing a foster child across state lines, the Interstate Compact for Placement of Children (ICPC) ensures the child's safety, protection, and supervision:



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- Provides the sending agency the opportunity to obtain home studies and evaluation of the proposed placement.
- Allows the prospective receiving state to ensure that the placement is not “contrary to the interests of the child” and that its applicable laws and policies have been followed before it approves the placement.
- Guarantees the child legal and financial protection by fixing these responsibilities with the sending agency or individual.
- Ensures the sending agency does not lose jurisdiction over the child once the child moves to the receiving state.
- Provides the sending agency the opportunity to obtain supervision and regular reports on the child’s adjustment and progress in the placement.

If you need more information regarding ICPC, please feel free to contact me at 801-538-4093 or email SRHODGES@utah.gov or Danelle England, ICPC Coordinator, at 801-538-4513 or by email at DENGLAND@utah.gov.

