


CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
CO llaborative RE sources Training: Training for Community Partners and Stakeholders	
Child and Family Services	CORE Training 1

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
CHILD MALTREATMENT	
Understanding the CPS Role in Identifying Maltreatment	
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WHAT IS MALTREATMENT?	
<ul style="list-style-type: none">➤ Broad definition that encompasses a wide range of caregiver acts or behaviors that results in actual physical or psychological harm or substantial risk of harm to a child.➤ Maltreatment is widespread, found across all levels of socioeconomic status and all racial and ethnic (cultural) groups.	
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Necessary Components of Maltreatment



A Child
(under 18 years)



An Act or Failure to Act

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I. INTRODUCTION

Statutory Definitions

- MCA §41-3-102
 - (7) Child abuse or neglect
 - (19) Physical abuse
 - (20) Physical neglect
 - (23) Psychological abuse or neglect
 - (27) Sexual abuse

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PHYSICAL ABUSE

What it is:

An intentional act, an intentional omission, or gross negligence resulting in substantial skin bruising, internal bleeding, substantial injury to skin, subdural hematoma, burns, bone fractures, extreme pain, permanent or temporary disfigurement, impairment of any bodily organ or function, or death.

Source: MCA § 41-3-102 (19)

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<h2>PHYSICAL NEGLECT</h2>	
<p>What it is:</p> <p>A failure to provide basic necessities, including but not limited to appropriate and adequate nutrition, protective shelter from the elements, and appropriate clothing relating to weather conditions, or failure to provide cleanliness and general supervision, or both, or exposing or allowing the child to be exposed to an unreasonable physical or psychological risk to the child.</p>	
<small>Source: MCA § 41-3-102 (20)</small>	
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<h2>PSYCHOLOGICAL ABUSE/NEGLECT</h2>	
<p>What it is:</p> <p>Severe maltreatment through acts or omissions that are injurious to a child's emotional, intellectual, or psychological capacity to function.</p> <ul style="list-style-type: none">• Including the commission of acts of violence against another person residing in the child's home. <p>This may not be construed to hold a victim responsible for failing to prevent the crime against the victim.</p>	
<small>Source: MCA § 41-3-102 (23)</small>	
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<h2>SEXUAL ABUSE</h2>	
<p>What it is:</p> <p>Commission of sexual assault, sexual intercourse without consent, indecent exposure, sexual abuse, ritual abuse of a minor, or incest.</p> <p>IT DOES NOT INCLUDE: any necessary touching of an infant's or toddler's genital area while attending to their sanitary or health care needs.</p>	
<small>Source: MCA § 41-3-102 (27)</small>	
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IDENTIFICATION OF RISK FACTORS

- Untreated mental health
- Physical incapacitation
- Substance use
- Developmental ability
- Hazardous living environment
- Grief and loss
- Financial and residential stability
- Family conflict
- Domestic violence
- High risk behaviors
- Criminal activity
- Traumatic experience/response

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THE FAMILY FUNCTIONING ASSESSMENT

UNDERSTANDING THE USAGE OF THE CFSD SAFETY MODEL

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CENTRALIZED INTAKE

- Located in Helena, Montana in CFSD Central Office
 - Toll-free, 24 hours a day, 7 days a week
- CENTRALIZED INTAKE BUREAU
 - Assigns reports to the "field"
 - Established to improve consistency and accountability of referrals
- Centralized Intake Specialist role – screen calls, assess the level of risk to children, and prioritize reports of abuse, neglect and abandonment according to the urgency with which Child Protection Specialists need to respond.
- While screening the calls – the Centralized Intake Specialist first must determine if the concerns expressed and reported meet the statutory requirements of abuse and neglect.
 - Once it is determined that the concerns meet the statutory requires of abuse and neglect, the referrals are categorized/prioritized as a Priority One, Two, Three or Four and sent to the field. Those that don't meet the threshold are categorized as other than CPS reports.

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<h2>REPORT CATEGORY</h2>	
<ul style="list-style-type: none"> • CPI- Child Protective Services Information <ul style="list-style-type: none"> ○ Documents a child protective services concern about a child on whom no investigation will be conducted. Concerns about a family that do not meet the criteria of potential risk of harm to a child are documented on CPI reports. These requests require no follow-up activity and no agency action will occur under a CPI. • CFS- Request for Services <ul style="list-style-type: none"> ○ Used when information received by Centralized Intake does not meet the criteria for child abuse or neglect by Montana state statute, but requires a response by the Child and Family Services Division due to a request for services or the need for an investigation by law enforcement or other agencies charged with investigating reports of child abuse and neglect. 	
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<h2>REPORT CATEGORY</h2>	
<ul style="list-style-type: none"> • LIC- Licensing <ul style="list-style-type: none"> ○ Used when CI receives a referral on a licensed provider regarding an alleged licensing violation. Licensed providers include licensed foster parents, day cares, or other residential facilities. • CPS- Child Protective Services <ul style="list-style-type: none"> ○ Used in all situations in which a report/referral will be investigated. All reports of suspected abuse and neglect that meet the criteria to be investigated will be entered under this category. 	
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<h2>PRIORITY ONE</h2>	
<ul style="list-style-type: none"> • Any report assessed by Centralized Intake which indicates a child may be in immediate danger of serious harm will be called out to the field as a Priority One and must be investigated and assessed immediately. Depending upon the nature of the reported child maltreatment immediately means upon receipt of the report, not to exceed 24 hours from the time that Centralized Intake received the report. • An immediate investigation and assessment requires that in person contact be made with the child(ren) who are alleged to have been abused and/or neglected or who are alleged to be at substantial risk of abuse and/or neglect by the CPS assigned to the report within a time not to exceed 24 hours from the date and time of the receipt of the report by Centralized Intake. 	
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<h2>PRIORITY TWO</h2>	
<ul style="list-style-type: none"> Any report assessed by Centralized Intake which indicated a child may not be in immediate danger or is temporarily safe, but indicates that the presence of an impending state of danger may exist and/or circumstances of the report, such as evidence of abuse and/or neglect require a more timely response will be called out as a Priority Two, and an investigation and assessment must be initiated within 72 hours from the time Centralized Intake receives the report. A priority two report requires that contact be made with the child(ren) who are alleged to have been abused and/or neglected or at who are alleged to be at substantial risk of abuse and/or neglect by the Child Protection Specialist assigned to the report within a time not to exceed 72 hours from the date and time of the receipt of the report by Centralized Intake. 	
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<h2>PRIORITY THREE</h2>	
<ul style="list-style-type: none"> Investigation of reports assessed by Centralized Intake which are of a less urgent nature will be investigated and assessed promptly. A thorough investigation must be initiated promptly, not to exceed 10 calendar days from the date that Centralized Intake received the report. A priority three report requires that contact be made with the child(ren) who are alleged to have been abused and/or neglected or at who are alleged to be at substantial risk of abuse and or neglect by the Child Protection Specialist assigned to the report within a time not to exceed 10 days from the date and time of the receipt of the report by Centralized Intake. 	
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<h2>PRIORITY FOUR</h2>	
<ul style="list-style-type: none"> Priority Four (P4) reports assessed by Centralized Intake which: <ul style="list-style-type: none"> Meet the MCA 41-3-102 definition of child maltreatment Fail to meet any immediate or impending danger threats as defined in the SAMS model Require an assessment to determine whether or not maltreatment occurred for the purpose of identifying a perpetrator of child maltreatment who may pose a safety risk to children in the future (substantiation), or To ensure children are enrolled and receiving an education There are no time frame designated for the start of a P4 investigation, however the investigation must be completed within 60 days as required by MCA 41-3-202 (6). Must complete the Contacts, Nature and Maltreatment sections of FFA and document explanation on out of policy section. If through the course of the assessment safety threats are identified, you will continue normal course of assessment in the FFA. 	
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ANONYMOUS REPORTS

- An initial investigation of the maltreatment allegations may be conducted; however the investigation **must** within 48 hours result in the development of independent, corroborative, and attributable information in order for the investigation to continue.
- Without the development of independent, corroborative, and attributable information, a child **may not** be removed from the home.
- The 48 hours begins at the time CPS initiates the investigation according to the response time assigned by CI. The 48 hours excludes holidays and weekends.

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FAMILY FUNCTIONING ASSESSMENT

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INFORMATION GATHERING SAFETY ASSESSMENT

SECTION 1
FAMILY FUNCTIONING ASSESSMENT

There is hardly anything so necessary as the ability to distinguish between that which is important and that which is not.
William Barclay

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IMMEDIATE DANGER

- Refers to safety threats that are actively occurring or in the process of occurring and will likely result in actual or substantial risk of physical or psychological harm to a child and requiring protective action.

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IMMEDIATE DANGER

Focus throughout the assessment

- CPS assess for immediate danger throughout the life of the assessment **not** just at initial contact.
- Emphasis on accurately identifying and addressing when a child is in immediate danger.
- Focus-driven information collection through engagement to determine if a child is in immediate danger.

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IMMEDIATE DANGER THRESHOLD	
<p>Immediate Danger must be:</p> <ul style="list-style-type: none"> • Immediate • Significant • Clearly observable <p>Let's break each definition down:</p>	
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IMMEDIATE (IMMINENCE)	
<ul style="list-style-type: none"> • Refers to the belief that family behaviors, conditions or situations will remain active or become active without delay resulting in or contributing to an event or circumstances that reasonably could result in severe harm to a vulnerable child now or within the next several days. • Imminence is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes without intervention. 	
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SIGNIFICANT (SEVERITY)	
<ul style="list-style-type: none"> • Refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with substantial risk of harm or actual child abuse or neglect. Substantial risk of harm or actual harm includes such effects as defined in Montana law. The safety threshold is in line with family conditions that reasonably could result in substantial risk of harm or actual harm to a vulnerable child. • If the risk is not substantial, it does not cross the threshold. 	
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<h3>CLEARLY OBSERVABLE</h3>	
<ul style="list-style-type: none">Refers family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The connection of these family behaviors, conditions or situations to posing a danger to a child is evidenced in explicit, unambiguous ways.The criterion "observable" does not include suspicion, intuitive or gut feeling, difficulties in worker-family interactions, lack of cooperation, difficulties in obtaining information, or isolated, even provocative information considered exclusive of family behaviors, conditions, or situations.	
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<h3>IMMEDIATE DANGER THREATS</h3>	
<ul style="list-style-type: none">This is a helping tool for you to reference after you have identified Immediate Danger.You first identify a child in Immediate Danger that crosses the threshold of Immediate, Significant and Clearly Observable.<ul style="list-style-type: none">That tells us we have to act.Then we describe why we are acting – that is the immediate danger threats.	
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<h3>IMMEDIATE DANGER ASSESSMENT</h3>	
<ul style="list-style-type: none">In order to accurately articulate the identification of an Immediate Danger, leadership determined the best course of action was to bring back the Immediate Danger Assessment form.The Immediate Danger Assessment form documents the staffing determination of the Immediate Danger determination by the CPS and CPSS.The form is a working document to be used in the field and CPSS is responsible for ensuring the form is filled out and uploaded to MFSIS.	
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<h2>INTERVENTION</h2>	
<ul style="list-style-type: none">• Protection Plans<ul style="list-style-type: none">• In-Home• Out-of-Home• Notification to Parent<ul style="list-style-type: none">• Legal Intervention<ul style="list-style-type: none">• Emergency Protective Services• Temporary Investigative Authority• Temporary Legal Custody	
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<h2>NATURE</h2>	
<ul style="list-style-type: none">• Surrounding circumstances – the story.<ul style="list-style-type: none">○ One assessment area of six in Section 1of FFA<ul style="list-style-type: none">• Documenting information• Reconciling allegations• Assessing for immediate danger	
<p><i>A man should look for what is, and not for what he thinks should be.</i></p> <p>Albert Einstein</p>	
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<h2>HISTORY</h2>	
<ul style="list-style-type: none">• Importance of reviewing CPS history.<ul style="list-style-type: none">○ Identify any known aspects of history that have contributed to child safety threats.• Differentiate the outlined CPS history and outcomes.<ul style="list-style-type: none">○ Analyze how that history informs our current decision making.• A comprehensive review of history seeks to understand all information relative to a family and its impact on child safety. It involves recognizing patterns of behavior over time that have contributed to safety outcomes.	
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CHILD VULNERABILITY

- Address vulnerability of every child 0-18 years.
- Consider child's physical/mental capabilities and ability to make needs known.
- Important to document each child separately.
- Address how vulnerability factors decrease or increase the likelihood of actual or substantial risk of harm.

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MALTREATMENT INDICATORS

Key concept!

- While there is no specific profile for an adult that makes him/her likely to maltreat, there are contributing risk factors that may include but are not limited to:
 - Untreated mental health
 - Physical incapacitation
 - Substance use
 - Developmental ability
 - Hazardous living environment
 - Grief and loss

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MALTREATMENT INDICATORS

History	Interview	Observe	Gather
Review	Explore history and current situation	Assess interactions	Obtain documentation
Staff with CPSS	Reconcile	Assess behaviors	Assess totality

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CAREGIVER PROTECTIVE CAPACITIES	
Key Concept!	
<ul style="list-style-type: none">Behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.Document how the protective capacities are confirmed or diminished by the care provider. These are the characteristics that prepare the person to be protective; the characteristics that enables or empowers the person to be protective, characteristics that can be related to acting or being able to act on behalf of the child; and the characteristics that <u>must exist prior</u> to the Department's involvement.	
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MALTREATMENT: SAFETY DETERMINATION	
<ul style="list-style-type: none">Decision-point: Final assessment based on the totality of information you have collected.Document specific to each child and with facts why they are:<ul style="list-style-type: none">Safe- Report ClosedUnsafe- Protection Plan/ RemovalMore information is needed- Proceed to section 2If this decision is difficult, it may mean you need more information, or you may need to reconcile the information you collected, or it is an indicator to move into Section 2 to gather a larger perspective.	
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MALTREATMENT: SUBSTANTIATION DETERMINATION	
<ul style="list-style-type: none">Purpose is to create written record of maltreatment finding and to initiate due process for substantiations.Document findings of maltreatment with specific facts.Specify by whom and toward whom the maltreatment did or did not occur.Based on interviews, observations, and collateral information collected.Outcomes:<ul style="list-style-type: none">SubstantiatedFoundedUnsubstantiatedUnfounded	
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IN DETERMINING MALTREATMENT A SAFETY THREAT MAY BE...

- A situation (unsafe home, criminal activity)
- A behavior (impulsive actions, assault)
- An emotion (immobilizing mental health)
- A motive (intention to hurt a child)
- A perception (viewing the child as evil)
- A capacity (physical incapacitation)

These threats may pose a risk to a child – or the likelihood of actual or substantial risk of harm.

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FRAMEWORK FOR DECISION-MAKING

The diagram illustrates the framework for decision-making. On the left, three blue arrow-shaped boxes point towards a central blue circle. The top arrow is labeled 'Safety Threats', the middle one 'Protective Capacities', and the bottom one 'Child Vulnerability'. The central blue circle is labeled 'Safety Decision'.

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QUESTIONS?


A 3D rendering of a white, stylized human figure standing next to a large, vibrant red question mark. The figure appears to be in a state of contemplation or uncertainty.

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INTERVIEW PROTOCOL

"Never ignore a gut feeling, but never believe that it's enough."
- Kermit the Frog



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REQUIREMENTS

- **Interview protocol requires:**
 - Face to face contact with all members of the household in which the abuse and/or neglect allegedly occurred.
 - Individual interviews with all members of the household in which the abuse and/or neglect allegedly occurred.
 - The order that all interviews must occur.
 - Full disclosure to parents.
 - CPS inform the parent/subject of investigation of specific allegations.

CFS Policy #202-3 pg. 7

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INTERVIEW ORDER

- Reporter
- Introduction with parents
- Interview with identified child
- Interview with siblings
- Interview with non-alleged maltreating parent
- Interview with alleged maltreating parent
- Closure with family
- Collateral sources

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INTERVIEWING CHILDREN


Montana Code Annotated guides the process

- 41-3-202 MCA – Action on Reporting
 - (3) " ... The interview **MAY** be conducted in the presence of the parent or guardian or an employee of the school or daycare facility attended by the child."
 - All interviews with children will be discussed with the parent, with the exception of any statements made by the child which could put the child in danger, or compromise any potential criminal proceedings.

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QUESTIONS?



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PROTECTION PLANS



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CRITERIA FOR WHAT A PROTECTION PLAN MUST DO

- Immediate
 - Must be in motion and confirmed before the CPS worker leaves the home.
- Short-term
 - Must control immediate danger from the present until sufficient information can be gathered, analyzed and the Family Functioning Assessment can be completed and determining need for forming a continuing safety plan (to control for Impending Danger).

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PROTECTION PLANS MUST...

- Be sufficient to control for the safety threat:
 - Identify immediate danger to child.
 - Confirmed to manage threat: description of how it will work.
 - Confirmation of person(s) responsible for protection plan: trustworthiness, reliability, commitment, availability, alliance to plan.
 - Willing parents to cooperate with protection plan.
 - Evaluation of home if child is placed with others.
 - Estimated time frames of protection plan and oversight.


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ICWA

- Need to ensure right at the start whether a case is ICWA.
- Reminder – any voluntary ICWA agreements must have the Court's consent.

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<h2>QUESTIONS?</h2>	
	
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<h2>CONTINUING SAFETY ANALYSIS AND INFORMATION COLLECTION</h2>	
<p>SECTION 2 FAMILY FUNCTIONING ASSESSMENT</p>	
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<h2>IMPENDING DANGER</h2>	
<p>Key Concept!</p> <ul style="list-style-type: none">Refers to a child in a continuous state of danger due to parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of actual or substantial risk of harm to a child.	
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MALTREATMENT AND NATURE	
Impending Danger Threats:	
<ul style="list-style-type: none">• Living arrangements seriously endanger a child's physical health.• Family does not have resources to meet basic needs.• One or both caregivers intend(ed) to hurt child.	
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CHILD FUNCTIONING AND DISCIPLINE	
<ul style="list-style-type: none">• Provide the whole picture for each child (physical, emotional, social development).<ul style="list-style-type: none">◦ Gather from children, caregivers, siblings, collaterals.• Address discipline in all assessments, not just ones where discipline was identified as the potential maltreatment.• It is critical that CPS have a working understanding of child development.• Include caregivers' discipline methods, source of those methods, purpose or reason for, attitudes about, context of, expectations of, understanding, relationship to child and child behavior and meaning of discipline.	
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CHILD FUNCTIONING AND DISCIPLINE	
Impending Danger Threats:	
<ul style="list-style-type: none">• Child has exceptional needs which the caregivers cannot or will not meet.• Child is extremely fearful of the home situation.• One or both parents/caregivers have unrealistic expectations or negative perceptions of a child.	
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<h2>CAREGIVER FUNCTIONING</h2>	
<ul style="list-style-type: none">• Whole picture approach for sufficiency of information relative to safety implications.<ul style="list-style-type: none">◦ How do the caregivers in a family function personally and presently in their everyday lives?◦ How do the caregivers think, feel and act?◦ What are the overall, typical parenting practices used by the caregivers (not discipline related)?◦ What are the caregivers' parenting style and approach, knowledge of child development and skill?◦ What is the overall attitude, approach and belief about being a parent?	
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<h2>CAREGIVER FUNCTIONING</h2>	
<p><u>Impending Danger Threats:</u></p> <ul style="list-style-type: none">• One or both caregivers are violent; this includes Domestic Violence and General Violence.• One or both caregivers cannot control behavior.• The caregiver is unwilling or unable to perform parental duties and responsibilities, which could result in serious harm to the child.• One or both caregivers fear they will maltreat the child and/or request placement.• One or both caregivers lack parenting knowledge, skills, or motivation which affects child safety.	
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<h2>CAREGIVER PROTECTIVE CAPACITIES</h2>	
<ul style="list-style-type: none">• More advanced inquiry into the caregivers' protective capacities.• Totality of additional information obtained to this point through deeper assessment:<ul style="list-style-type: none">◦ Speak to how the protective capacities are confirmed or diminished by the caregiver.• Specific to the identified safety threats.• Focus on the how the caregivers think (cognitive), feel (emotional) and act (behavioral).	
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<h2>CAREGIVER PROTECTIVE CAPACITIES</h2>	
<ul style="list-style-type: none"> Three measurements: <ol style="list-style-type: none"> Enhanced: the caregiver has the capacity and is actively using that capacity to protect their children. Diminished: the caregiver has the capacity but is not using it, due to life circumstances or other reasons, to protect their children. Absent: the caregiver does not have the capacity at all. 	
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<h2>CHILD SAFETY DETERMINATION</h2>	
<p><u>Safe Child</u></p> <ul style="list-style-type: none"> The absence of impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger. Justify safety decision Supervisory approval 	<p><u>Unsafe Child</u></p> <ul style="list-style-type: none"> The presence of impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.
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CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
<h2>IMPORTANCE OF ACCURACY</h2>	
<ul style="list-style-type: none"> Accurately identifying impending danger is critical to informing our knowledge and understanding the family. CPS must identify how the impending danger is occurring to determine the necessary level of safety intervention required to assure child safety. Accurate identification plays a significant role in our Safety Plan Determinations and Conditions for Return as well as ongoing case management. Ensure you are utilizing your Field Guide materials, Supervisory Consultation and other resources as you work through identifying impending danger. 	
Child and Family Services	CORE Training 63

CORE Training Training for Community Partners and Stakeholders *"Keeping Children Safe and Families Strong"*

QUESTIONS?



Child and Family Services CORE Training 64

CORE Training Training for Community Partners and Stakeholders *"Keeping Children Safe and Families Strong"*

SAFETY MANAGEMENT



Child and Family Services CORE Training 65

CORE Training Training for Community Partners and Stakeholders *"Keeping Children Safe and Families Strong"*

WHAT IS A SAFETY PLAN?

- A written arrangement between caregivers and the agency that establishes how impending danger threats to child safety will be managed.
- Must be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected.
- Developed within 24 hours after CPS identifies impending danger.

Child and Family Services CORE Training 66

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
<h3>SAFETY PLAN CRITERIA</h3>	
<p>Must control or manage Impending Danger</p> <ul style="list-style-type: none">• Must have an immediate effect• Must be immediately accessible and available• Must contain safety services and actions only• No promissory commitments	
Child and Family Services	CORE Training 67

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
<h3>TYPES OF SAFETY PLANS</h3>	
<ul style="list-style-type: none">• In-home safety plans.• Out-of-home safety plans.• Combination of both in-home and out-of-home safety plans.	
Child and Family Services	CORE Training 68

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
<h3>WHICH SAFETY PLAN TO USE?</h3>	
<ul style="list-style-type: none">• Answering the four analysis questions under Safety Plan Determination/Conditions For Return Worksheet will determine the Child Protection Specialist's ability to utilize an in-home safety plan or not.• If you have answered <u>no</u> to any four of the analysis questions, an <u>out-of-home safety plan</u> is necessary.	
Child and Family Services	CORE Training 69

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
OUT-OF-HOME SAFETY PLANS	
<p>The use of placement for safety management occurs for 2 reasons:</p> <ol style="list-style-type: none"> 1. Caregivers are unable/unwilling to participate in an in-home safety plan. 2. Circumstances within the home specifically preclude use of an in-home plan. 	
Child and Family Services	CORE Training 70

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
WHAT IS INCLUDED IN A SAFETY PLAN?	
<ul style="list-style-type: none"> • Description of the impending danger • Safety plan conditions (4 questions on SPD) • Safety actions and services • Providers • Management of threats • Caregiver agreement • Oversight 	
Child and Family Services	CORE Training 71

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
THE IMPORTANCE OF DEVELOPING SUFFICIENT SAFETY PLANS	
<p>Once threats to a child's safety are identified, the responsibility for assuring safety management rests with the Child Protection Specialist!</p>	
Child and Family Services	CORE Training 72


CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
<h2>GOING HOME A BENCHMARK FOR REUNIFICATION</h2>	
	
Child and Family Services	CORE Training 73

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
<h2>GOING HOME CONDITIONS FOR RETURN</h2>	
<ul style="list-style-type: none">• Written statement of specific <i>behaviors, conditions, or circumstances</i> that must exist within the home before a child can safely return and remain in the home with an in-home safety plan.• CFR are a part of case planning activities that are established <u>after</u> a child is placed out of home.• CFR are clearly identified and documented and caregivers should be involved throughout process.• Developed <u>within 5 working days</u> after the SPD determined child cannot be maintained in the home.	
Child and Family Services	CORE Training 74

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
<h2>CONDITIONS FOR RETURN</h2>	
<ul style="list-style-type: none">• <u>Keep in mind:</u><ul style="list-style-type: none">• Caregivers do not necessarily have to "change" in order for children to be reunified.• Impending danger threats do not necessarily have to be eliminated in order for children to be reunified. They <u>must</u> however be managed by an in-home safety plan that is supported by the caregiver.• What <u>is</u> necessary for children to be reunified with their family is the establishment of well-defined circumstances within the home that <u>mitigate</u> the threat to child safety.	
Child and Family Services	CORE Training 75

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
MOVING FROM AN OUT-OF-HOME PLACEMENT TO AN IN-HOME SAFETY PLAN	
<ul style="list-style-type: none">• What does the family need for the child to be safe?<ul style="list-style-type: none">○ Think safety services• How quickly and reliably can they be implemented• Challenge compliance driven thinking	
Child and Family Services	CORE Training 76

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
SAFETY MANAGEMENT AFTER REUNIFICATION	
<ul style="list-style-type: none">• Following reunification, the child's safety is continually managed by CPS.• Caregivers continue to work toward treatment plan objectives.	
Child and Family Services	CORE Training 77

CORE Training	Training for Community Partners and Stakeholders <small>"Keeping Children Safe and Families Strong"</small>
QUESTIONS?	
	
Child and Family Services	CORE Training 78
