

STANDARD: IMMEDIATE SAFETY, COMPREHENSIVE, AND ONGOING ASSESSMENT

PURPOSE

The purpose of this standard is to provide direction and guidance to the Children and Family Services (CFS) programs regarding Immediate Safety Assessment, Comprehensive Risk Assessment, Reassessment, and ongoing assessment services. This standard is intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all-applicable laws, rules and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

Although safety is a central concern of child protection services and foster care practice, considerable confusion exists throughout child welfare practice as to when a child is safe or unsafe. The terms safety and risk are often used interchangeably. However safety and risk are not the same. All child protection referrals assigned a priority response are assessed for safety. A comprehensive assessment of risk may follow. Safety assessment is an analysis of the threats of serious harm, the parent/caregiver's protective capacities, and the child's vulnerability. The immediate safety assessment process should involve the family's own perceptions and other significant case circumstances that may impact family functioning. The analysis of immediate safety helps evaluate the likelihood that a child may be in present danger.

A Comprehensive Assessment is a more thorough analysis of safety and risk that helps evaluate the likelihood that a child may be abused or maltreated in the future. It guides the service plan to focus directly on the problem areas that cause a child to be unsafe and/or which contribute to future risk of abuse/neglect. The assessment driven service plan also establishes essential child well-being needs. Additionally, it establishes a baseline of risk. Reviewing previous risk assessments allows social workers to assess change over time and assists CFS staff in communicating their decision making to others. The Immediate Safety Assessment, Comprehensive Assessment, and Reassessment instruments are designed to document a social worker's observations, interviews, findings and guide them in making critical case decisions.

This standard will assist CFS staff in differentiating safety from risk, safety plans from service plans, and understand the purpose and process for using each of the instruments.

STANDARD

Assessment of safety is to be completed timely according to the Department's Priority Response Guidelines and Department administrative rule. Every effort should be made to

engage the family and involve them in all stages of the assessment process. In conducting assessments, a family-centered approach should be used. This means that at all times, CFS staff should treat family members with respect, reinforce strengths of each member of the family and the family as a whole, focus attention on the needs of all family members, and listen to each family member's description of their circumstances and their needs. Consistent with a family-centered approach, families should be encouraged to identify solutions as well as natural supports in their environment.

Definitions:

Comprehensive Assessment: an assessment of safety, permanency, and well-being, using the Department's Comprehensive Assessment tool. It assists the social worker/clinician in understanding family connections, capacities, social adjustments, strengths, and history that affect a family's ability to resolve the concerns that led to their involvement with CFS. The focus of the Comprehensive Assessment is a review of child safety as well as longer term risk. It should be completed within thirty (30) days of a referral of child abuse or neglect if the immediate safety assessment indicates the need for intervention and/or services. The Comprehensive Assessment provides a basis for re-assessing child safety, including the nature of any active safety threats, determining risk over time, identifying family strengths and capabilities, evaluating underlying conditions and contributing factors that lead to maltreatment, assessing parental capacity to protect, and identifying service needs to be included in the service plan.

Contributing factors: social problems or conditions such as substance abuse, domestic violence, mental illness and unemployment that can increase the likelihood of child maltreatment or its severity, but may not be directly causal to them.

Danger: the likelihood of serious harm precipitated by one or more currently active safety threats and/or arising from insufficient parent/caregiver protective capacities.

- **Emerging Danger:** the likelihood of serious harm that is not immediate, but safety threats are starting to surface or escalating in intensity, pervasiveness, duration and/or frequency and/or parent/caregiver capacities are weakening or unknown. Emerging danger is often seen as "red flags."
- **Present Danger:** the likelihood of immediate and serious harm to a vulnerable child precipitated by one or more safety threats and/or missing or insufficient parent/caregiver protective capacities.
- **Signs of Danger:** observable indicators of danger. Seventeen signs of danger appear as factors on Idaho's Immediate Safety Assessment instrument.

Immediate Safety Assessment: an examination of present and emerging danger, using the Department's Immediate Safety Assessment tool. The assessment should be

completed no later than five (5) working days after first seeing the child. It is used to guide and document decision making related to child safety and formulate a child safety plan (when needed).

Ongoing Assessment: an ongoing formulation process conducted by the social worker throughout the life of a case. Working with families is a constantly changing process that calls for frequent and flexible decision-making as new information becomes available. Each time a social worker/clinician meets with a family or child, he/she is gathering and evaluating information to determine the child's current safety and the family's progress in enhancing their protective capacities and/or reducing safety threats. Assessment begins with the first contact with a family and does not end until a case is closed.

Reassessment: a re-examination of safety and risk at a point in time after the Comprehensive Assessment, using the Department's Reassessment tool. Reassessment is to be completed by the social worker/clinician at key decision points in a case to guide and document case decisions. The reassessment tool shall be completed prior to reunification, termination of parental rights, and case closure. Social workers and clinicians shall also use the reassessment tool to assess a family's progress when there have been significant changes in the family's circumstances or dynamics.

Risk: the likelihood of harm to a child in the future. Although risk of future harm or the level of future harm cannot be totally predicted, study and experience have provided identifiable risk factors that are present in situations where children have been abused or neglected. Risk factors can be chronic or exist when certain situations reoccur, such as a parent's relapse into drug or alcohol abuse. Risk factors appear on the Comprehensive Assessment Instrument.

Risk Finding: the level of risk at the time the risk of harm to the child is assessed, prior to interventions from CFS or family members.

Safety: a child has, or is likely in the near future, to be seriously harmed. The four aspects that contribute to child safety are immediacy, threats of serious harm, vulnerability of the child, and protective capacities of the parent/caregiver.

(1) **Immediacy:** a time period related to the safety of an individual, at that moment or in the very near future, if an intervention is not put into place;

(2) **Threats of Serious Harm:** the degree of harm that could mean a threat to the child's health or life, impairment to his/her physical well-being, or severe developmental impairment or disfigurement if there is no intervention.

(3) **Vulnerability of the Child(ren):** the degree to which a child can avoid, negate or modify the impact of safety threats or compensate for a

parent/caregiver's lack of protective capacities. The following should be considered in assessing a child's vulnerability:

- The child's ability to protect him/herself, including the child's age and ability to communicate;
- The likely severity of harm, given the child's developmental level;
- Visibility of the child to others/child's access to individuals who can and will protect the child;
- Family composition and the child's role in the family;
- The child's physical and emotional health/social functioning;
- The child's physical size and robustness;
- The child's understanding of appropriate treatment (does the child normalize the alleged abuse?);
- Prior victimization of the child; and
- The child's temperament and physical appearance.

Factors that affect the child's ability to self-protect include age, disabilities, ability to communicate, problem-solving skills and capacities, ability to physically resist or escape from potential harm and accessibility to others. A child's provocativeness must also be considered in relation to the caretaker's capacity for patience, tolerance, and coping strategies.

(4) Protective Capacities of the parent(s)/caregiver: family strengths or resources that reduce, control and/or prevent threats of serious harm from occurring or having a negative impact on a child. Protective capacities are strengths that are specifically relevant to child safety. A parent's relationships with others may be a form of protective capacity. Other protective capacities may include:

- Intellectual skills;
- Physical care skills;
- Motivations to protect;
- Positive attachments;
- Parenting skills;
- Social connections; and
- Resources such as income, employment or housing.

A child may also possess some protective capacities that would make the child less vulnerable. For example, an older child may know the circumstances whereby a caregiver's mental health requires outside intervention.

Safety Factors: a set of specific signs of present danger that combine with a child's vulnerability and may directly impact a child's safety status unless offset or mitigated by

sufficient protective capacities. Seventeen safety factors, representing signs of danger are found on Idaho's Immediate Safety Assessment instrument.

Safety Threat: acts or conditions that have the capacity to seriously harm a child(ren).

Safe Child: when there are no immediate threats of serious harm present or the protective capacities of the family can manage any identified threats to a child.

Conditionally Safe: When safety issues exist and a safety plan is being implemented to control the threats of serious harm identified at the present time until the safety threat can be resolved or sufficiently diminished.

Unsafe Child: parent/caregiver's actions or inactions present immediate threats of serious harm to a vulnerable child and the family's accessible protective capacities are insufficient to prevent these actions or inactions.

Safety Plan: a specific and concrete strategy for controlling threats of serious harm, or augmenting protective capacities implemented immediately when a family's own protective capacities are not presently sufficient to manage immediate and serious threats of harm.

Underlying Conditions: the needs of the individual family members, perceptions, beliefs, values, feelings, cultural practices and/or previous life experiences that influence the maltreatment dynamics within a family system.

PROCEDURE FOR IMMEDIATE SAFETY ASSESSMENT:

Regional Jurisdiction:

When a Child Protection referral involves the alleged abuse, neglect, or abandonment occurring within the geographic boundaries of one Region and the child is living or physically located in another Region, the Region where the alleged abuse, neglect, or abandonment allegedly occurred will be assigned the referral and is responsible for the completion of the immediate safety assessment. The Region in which the child is physically located may be asked to see the child, interview the child, gather pertinent data, etc. and report back to the Region responsible for completing the safety assessment. When a Region is asked to assist, that Region must comply with required assessment timeframes in responding to the request by the Region with primary responsibility. The primary Region must give the assisting Region as much notice as possible to allow that Region adequate time to respond.

After completion of the safety assessment, it may be most appropriate to transfer the referral or case to the Region in which the child resides or has primary residence.

CFS field program managers from different regions may agree to modify the aforementioned process especially when regional offices are in close proximity with offices in another Region.

Initiation of the Immediate/Safety Assessment:

- A referral is assigned to a social worker/clinician.
The social worker/clinician reviews the intake information, keeping an open mind that the information in the referral may or may not be accurate.
- The social worker/clinician reviews prior history and other case records for relevant information to determine how the severity and type of current allegations compares to those in prior reports as well as the results of previous safety assessments and interventions.
- If information in the referral does not indicate that the child is in immediate danger and should be seen immediately, the social worker/clinician should obtain any additional information from staff who previously worked with the family.
- If there is information that the family has been involved with child protection in another state, the social worker/clinician should contact the child welfare agency in that state to obtain the prior history.
- The social worker/clinician should re-contact the referring party if they have questions or need additional information about the referral.

Involvement of Law Enforcement

- The social worker/clinician shall involve law enforcement in the safety assessment process according to local multidisciplinary team protocols.
- Law enforcement must be contacted on all referrals prioritized as I and II according to Priority Guidelines. This provides an opportunity for law enforcement to accompany the social worker/clinician or intervene if a family member(s) is part of an on-going criminal investigation. Law enforcement officers may also have knowledge of dangerous home environments that may compromise a worker's safety.
- At all times, safety of the social worker/clinician is a top priority. If there is reason to believe that safety is an issue, the social worker/clinician should contact law enforcement and enlist their help in assessing the safety of the child. If a social worker/clinician discovers the safety issues while he/she is already in the home (such as a meth lab), the social worker/clinician should leave the area as soon as possible, immediately staff the case with his/her supervisor and contact law enforcement.

Seeing the Child(ren)

- A CFS social worker/clinician must have face-to-face contact with all children who are identified as a child of concern in a referral of physical abuse, sexual abuse, or neglect within the timeframes stated in the Priority Response Guidelines. Additionally, the CFS social worker/clinician should speak with the parents/caregivers and visit the family home to assess whether the home environment poses an immediate danger to the children. Whenever possible, the child should be seen and interviewed prior to interviewing the parent/caretaker.

Interviewing the Child(ren)

- The social worker/clinician shall conduct separate interviews with the child(ren) and parent/caregiver to obtain each child's account and explanation of the allegations. A child's school or day care is usually a non-threatening environment for an interview. If the interview with the child(ren) takes place in the family's home, explain to the parent(s) that their child(ren) must be interviewed privately in order to conduct a thorough and objective assessment.
- If access to children suspected of being at risk of child abuse or neglect is denied, the social worker/clinician should leave the residence, confer with their supervisor, and seek remedies such as involving law enforcement or obtaining a court order.
- If a social worker/clinician goes to the child's home to see the child but no adult is present, the social worker/clinician must not enter the residence. The social worker/clinician should talk to the child outside the home or through the door. If very young children are home alone, call law enforcement and wait outside the residence for law enforcement to arrive to assist in obtaining access to the child(ren).
- According to Idaho Code 16-1609B (CPA), "Unless otherwise demonstrated by good cause, all investigative or risk assessment interviews of alleged victims of child abuse will be documented by audio or video taping." The rationale for not taping an interview must be provided in those cases where no recording is made.
- Unless law enforcement declares the child in imminent danger or the parent(s) gives permission and accompanies the child, **do not transport** the child to another location or take custody of the child in any manner.
- The social worker/clinician must consider the possibility that the parent(s) may retaliate against the child who may have divulged information during the interview process. In cases where parents may retaliate, protective measures must be put in place during an immediate safety assessment. For example, the social worker/clinician may need to contact the school the next day

and/or see the child again to assess and ensure his/her safety. In some cases, the child may not be safe at home after making a disclosure and efforts must be taken to remove the child(ren) under a declaration of imminent danger by law enforcement.

Interviews With Children Involving Allegations Of Physical Abuse

- Ask the child(ren) if he or she has any physical injuries. If the child has physical injuries, ask the child to explain to you how he/she received them.
- Take pictures of any injuries on areas of a child's body that are normally unclothed. Whenever possible, have another adult present when taking photographs of a child's injuries. Documentation should include who was present at the time the pictures were taken. Although it is permissible to photograph the buttocks of young children, respect should be shown to the child in all cases. Do not photograph "private parts" of latency age or adolescent children. Enlist the assistance of a school nurse or physician to document any injuries. Document a description of the size, shape, type and location of all injuries.
- In the immediate safety assessment process, if it is determined that a child needs to see a doctor due to serious injuries or medical condition, and the child has not been declared in imminent danger, arrange for immediate medical assistance for the child by having the parent/caretaker take the child to a doctor. The CFS worker must either accompany the child for medical treatment or follow-up with the medical provider to assure that the child received treatment. If the child has been declared in imminent danger, a social worker or resource parent can initiate medical care for the child with a medical consent form signed by a parent. Reasonable efforts must be made to secure a medical consent form from the parent(s) at the time of removal. However, if the child needs emergency treatment and the parent can not be located or refuses to sign for treatment, the needs of the child must come first. A Department representative may sign (a resource parent must not sign) for treatment. In situations where the authorization of emergency medical treatment may be in question, the court may authorize medical or surgical care for a child, according to 16-1616 of the Child Protective Act.
- In many cases, a medical professional's findings concerning the most likely cause of the injury will be needed to confirm whether the injury is consistent with the explanation provided by the caretaker or alleged offender.
- Separately, interview all children in the family who are identified as being at risk of physical or sexual abuse. Interviews with siblings can be extremely helpful in gathering more information regarding family functioning and corroborating or refuting the information provided by the child of concern.

Interviews With Children Involving Allegations of Sexual Abuse

- Social worker/clinician should collaborate forensic interviews with law enforcement according to local multidisciplinary protocols.
- Since physical evidence is not always present in cases of sexual abuse, a forensic interview is often the foundation of the case. Therefore, child sexual abuse interviews should be conducted by a person who has been trained to ask questions objectively to determine the child's safety while preserving evidence for potential criminal charges. It is important to interview the child separately from the parent/caregiver and other siblings. Make certain the interview with the child is recorded.
- If a child discloses that he/she has been sexually abused within the last 48 hours, contact law enforcement and/or the prosecutor to determine if the child should be seen by a medical professional to gather physical evidence. The interview may also contain information that would prompt law enforcement to seek a search warrant.
- A child protection social worker/clinician may interview the alleged offender in cases of physical abuse or neglect.
- In cases of sexual abuse, the interview with the alleged offender should be conducted by law enforcement or personnel from a specialized interview unit such as CARES. It is important for the social worker/clinician to coordinate the sexual abuse assessment with law enforcement and/or specialized interview personnel.

Interviews With Children Involving Allegations Of Neglect

- Idaho's Child Protective Act states that interviews of "alleged victims of child abuse will be documented by audio or video taping." While the statute does not mandate a taped interview with other children in the home who may or may not be potential victims, it is important to see and talk with all children in the home who are identified as being at risk, to assess their safety and allow them to disclose any concerns they may have. All children should be interviewed separately from their parent/caregivers.

Home Visit

- Using a family-centered, objective, respectful, nonjudgmental approach, the social worker/clinician should contact the parent/caregiver as soon as possible after seeing the child of concern. If the contact must be made with the parent at his/her work, protect the family's confidentiality by identifying yourself only to the parent. If a receptionist asks who is calling, give your name and state you are calling about the employee's child. Give as little information as necessary to anyone except the child's parent.

- Upon the first contact with the family, federal and state rules mandate that the social worker/clinician explain the purpose and nature of the assessment, including the allegations or concerns that have been made regarding the child/family. The explanation should include the general nature of the referral rather than specific details that could supply information to the alleged offender and impede any criminal investigation. If a criminal investigation is pending, disclosure of any details should be coordinated with law enforcement.

For example, *“I am here today because someone reported concerns regarding bruises on Johnny” or “I am here today because someone reported that Johnny is being left, unsupervised” or “I am here today because there are concerns that Johnny may have been sexually abused.”* No further details need be supplied.

- During the course of the assessment, the name of the person making the referral must not be divulged.
- During the initial contact the social worker/clinician assigned the referral shall give the family their name, work phone number and the name of their supervisor
- To maintain confidentiality, **business cards or notes must not be left on the door** of a residence unless they are secured in an envelope, addressed to the parent(s). Do not use an envelope with the IDHW return address.

Interviews With Parents, Caregivers, and Alleged Offenders

- An interview, by the social worker/clinician, of the child's immediate family is mandatory. In referrals involving physical abuse or lack of supervision, each parent/caregiver or alleged offender (except in cases of severe abuse where law enforcement is taking the lead in the investigation) is to be interviewed separately. Interviews should gather the family's perspective on the allegations, including where they were at the time of the alleged incident, their explanation of the incident and allegations, identification of others who might have been present at the time of the alleged incident and anyone else with knowledge about the allegations, and whether the information provided is consistent with the child's account and assessment of the child's condition.
- In allegations of child sexual abuse, the social worker/clinician will interview the non-offending spouse/caregiver unless otherwise directed by law enforcement.
- In allegations of child sexual abuse, law enforcement will conduct the interview with the alleged perpetrator.
- In referrals alleging unhealthy or unsanitary home environments, parent/caregivers are not always interviewed separately. However, professional

discretion should be used and parent/caregivers should be interviewed separately if there is reason to believe issues such as domestic violence may be present.

Home Environment

- On referrals alleging neglect or unsafe home conditions, the social worker/clinician shall visit/view all rooms in the home to determine if the environment poses a threat of harm to the child(ren). Some regions may use qualified contracted resources to assist in evaluating the home environment.

The social worker/clinician must assess the following:

- Utilities are turned on and functioning;
 - Adequate and functioning plumbing;
 - Adequate supply of food;
 - Adequate sleeping arrangements;
 - Unsanitary conditions such as rotting food or feces, drugs, caustic cleaning supplies or hypodermic needles within a child's reach;
 - Firearms which may be within the reach of young children;
 - Exposed electrical wires;
 - Leaking gas;
 - Broken windows or glass;
 - Peeling paint;
 - Fire hazards such as cardboard boxes or other flammable materials next to a furnace; and
 - Presence of functioning smoke alarms.
- The social worker/clinician must determine whether the parent/caregiver is aware of any potential safety hazards, assess the parent/caregiver's motivation and efforts to address any unsafe home conditions, and assess resources or lack of resources that may affect the home condition.

Interviews with Collateral Contacts

- Any assessment of an abuse or neglect report will include at least one collateral interview with a person who is familiar with the circumstances of the child or children involved and who has knowledge of the family's functioning. Collateral interviews will be conducted with discretion and preferably with the parent's permission. Collateral contacts may include relatives, neighbors, family friends, doctors, school personnel, day care providers, service providers or others who may clarify and supplement information about the child's condition and family functioning. A collateral contact should be an individual who is not the referent of the child protection concern. Although law enforcement officers may provide important information regarding the family's criminal history, any criminal history should be considered a safety assessment factor rather than a collateral contact. Collateral contacts may be made through phone calls, face-to-face interviews, and through written correspondence. Information from collateral

contacts should include a description of how long each collateral contact has known the child and/or family, their assessment of the child's behavior and well-being, family functioning, and the family's interaction with the child. If the collateral contact is aware of the allegations involving abuse or neglect, ask the collateral contact for their understanding and explanation of the incident or allegations.

Use of the Immediate Safety/Risk Assessment to Document Observations, Interviews and Decision- Making

- The findings of the safety assessment will be documented on the "Immediate Safety Assessment" tool within five (5) working days after first seeing the child. The assessment will include all children in the family whose safety may be in jeopardy. Each safety factor is answered for the child(ren) who is the alleged victim (child of concern) or, any other child in the family where the specific factor relates to their immediate safety. If a referent does not specifically name all the children in the family, but other children's safety needs to be evaluated, those children too must be considered in the safety assessment.

For example: A school teacher reports that an 8 year old child has bruises on his face and arms that were allegedly inflicted by his mom who often appears out of control. When the social worker/clinician visits the home he/she also sees a 4 year old and a 2 year old who could be at risk of physical abuse. Vulnerability of each child should be considered so the factors should be answered for all three children.

However, the instructions on the immediate safety assessment do not mean that all children in the family are included in the assessment process in every instance. There are times a home environment or lack of supervision would necessitate a safety assessment for a two year old, but not a 17 year old. Professional judgment is required in deciding how many children in the family require an immediate safety assessment.

Immediate Safety Assessment Summary

The purpose of the immediate safety assessment summary is to provide a brief synopsis of what has occurred in the case to this point in time. The summary is not intended to include all case narratives. The following are guidelines for preparing the summary:

- **First paragraph:** A summary of the concerns reported in the initial referral.
- **Second paragraph:** A summary and process of what the social worker/clinician did to address the concerns and how the safety concern was reduced or eliminated.

The Part A summary and narratives addressing the safety assessment factors should be written in complete sentences and organized in a sequence to demonstrate what happened during the safety assessment process.

Immediate Safety Factors

- The immediate safety factors are assessed based upon the information that is available when the immediate safety assessment is being completed. A social worker/clinician is not expected to have the depth of information he/she would have after completing Part B of the Comprehensive Assessment. The purpose of the immediate safety assessment is to guide decision making and provide a written record of any decisions made; i.e. children are safe right now and will remain safe in the immediate future.
- The social worker/clinician shall identify each of the 18 factors on the assessment by checking "yes" when the information currently available indicates a clear presence of the immediate safety factor, "no" when the information currently available does not indicate presence of the immediate safety factor, or "inconclusive" when the information currently available is insufficient or contradictory. If a social worker/clinician finds it necessary to respond to several safety factors with the response choice of "inconclusive," this indicates the need for further assessment. This may occur when family members or collateral contacts will not share information, are avoiding the social worker/clinician, the family appears to be hiding information or intentionally misleading the social worker/clinician. If a social worker/clinician does all he/she can to gather information and the result is still "inconclusive," these uncertain responses may increase the likelihood that one or more of the children are at immediate danger of serious harm.
- If a factor is checked "yes" or "inconclusive," the social worker/clinician should provide a nonjudgmental, behaviorally specific narrative that supports that finding. If a behavior or condition applies to two factors, fully document the information on the first factor, check the second factor "yes" and type in "see explanation under Factor # ___."
- The social worker/clinician shall record "no" when there is no clear presence or cause for concern, based on the information available, that an incident or condition covered by this factor has or is occurring. For example, a parent shows no indication of being "out of control" and comments from collateral contacts do not indicate this factor is an issue. It is not necessary to enter narrative for factors checked "no", however, narrative can be provided if it furnishes additional clarification.
- When assessing the presence or absence of these factors, the social worker/clinician shall consider how recently the behavior or condition was demonstrated. For example, ask yourself whether the safety factor is present now, will likely occur in the immediate future or has occurred in the recent past. Use this time criterion unless the factor is specifically related to historical events.

Child Characteristics

Document the following for each child identified as being at risk of serious harm or emerging danger:

Vulnerability/Lack of Self-Protection Skills/Special Needs

- Consider the age of the child(ren), noting that children 6 years of age or younger are generally most vulnerable.
- Assess the child's exposure to community oversight (e.g. school, day care)
- Determine any special needs that may make the child more vulnerable. Consider such characteristics as medical conditions, mobility, vision, intellectual functioning, mental health, and developmental delays.

Behavior Problems/ Emotional Temperament

- Identify behaviors, personality traits or family roles that may precipitate or provoke abusive or neglectful reactions by parents/caregivers or other household members.
- Identify child behaviors that are disruptive, dangerous, or abusive toward others.

Previously been placed outside the home

- Document whether any child has previously been placed (prior to this particular referral) out-of-home, either via a relative (kinship) placement, an informal placement, or the child has been removed from their parent's custody through legal actions.

Safety Decision

- Based on the assessment of the immediate safety factors and any other key information known about the case, the social worker/clinician shall determine whether the child is safe, conditionally safe, or unsafe. This decision is made by weighing the short term danger posed by the safety factors, and a child's vulnerability, offset by any relevant protective capacities or mitigating circumstances. The social worker/clinician may find that different safety decisions apply to different children in the family; (i.e. young children vs. older children).

Safety Plan

- A safety plan is not expected to provide rehabilitation or to permanently change behaviors or conditions that led or may lead to maltreatment. Those safety threats are addressed in the service plan. The purpose of the safety plan is to control those behaviors or conditions that pose a present danger to any child and to supplement insufficient protective capacities to protect the child at the present time.
- An effective safety plan will serve to immediately protect the child while a more complete assessment is undertaken and a service plan to resolve or diminish all active safety threats is established and implemented.

“Safe” – A child is considered to be safe when an assessment of available information leads to the conclusion that there are no immediate threats of serious harm present or the protective capacities of the family can manage any identified threats to a child at this time.

“Conditionally Safe” – Safety issues exist and a safety plan is being implemented to resolve the threats of serious harm identified at the present time until the safety threat can be resolved or sufficiently diminished. For example, a child is considered conditionally safe in a dangerously unsanitary house where the family has a plan to clean the house and the children can stay with a relative until the unsanitary conditions no longer exist.

“Unsafe” – A child is considered “unsafe” if he/she is in imminent danger and thus requires removal from the parent/caretaker to protect him/her from immediate and serious harm. The parent/caretaker's actions or inactions present immediate threats of serious harm to a vulnerable child and an in-home plan can not be developed or is insufficient to control the present danger.

- In all instances where a child is considered “conditionally safe” or “unsafe,” a safety plan must be developed to document what the family, the social worker/clinician, and others have done or will do to ensure the child’s safety.
- A safety plan for the family is to be developed with involvement from the family. Family group decision making meetings can be helpful in identifying strengths, protective capacities, family resources, and solutions that can assist in crafting the safety plan.
- Safety plans will incorporate the least restrictive alternative for protecting the child. The social worker/clinician will make every effort to engage the family and make reasonable efforts to prevent placement of the child outside the home. All reasonable efforts to engage the family, and the family’s response, will be documented on the assessment.
- If a child can be made “conditionally safe,” the safety plan will identify specifically how the involved parties will control the signs of present danger. The plan must include how the plan will be monitored and must take into consideration the parents’ willingness and ability to follow through with the plan. A contingency plan should also be discussed in the event the primary safety plan proves to be unviable.
- The social worker/clinician shall make certain everyone involved understands the safety plan and their respective responsibilities. After the safety plan is developed, it must be implemented immediately to provide adequate protection to the

child(ren). The safety plan is only as effective as the completion of all the tasks necessary to make sure the child is protected.

Determining Whether a Case Should Be Opened For Services

If the child is found to be "safe" the case does not have to be opened for services. The referral will be dispositioned and the presenting issue can be closed with supervisory approval.

- If the child is "conditionally safe", a safety plan shall be developed and a Comprehensive Assessment (Part B) completed.
- If any child is assessed to be "unsafe," the standard for "imminent danger" has been met and out-of-home placement is necessary. A Comprehensive Assessment (Part B) will be completed and the case must remain open pending court and/or criminal disposition.
- If no child appears to be in immediate danger of serious harm and a safety plan is not needed, but the safety assessment identified emerging or prospective danger concerns or insufficient information to assess child safety, a Comprehensive Assessment (Part B) will be completed.
- When safety factors, the child(ren)'s vulnerability, and/or parental protective capacities indicate a child may be maltreated in the near future but the safety concerns do not meet the standard of "imminent danger," efforts should be made to engage the family and services should be offered according to the CFS Standard for Family Preservation In-Home Cases.

Determining when the Safety Plan is Discontinued

A safety plan is maintained as long as the family's own protective capacities are assessed to be insufficient to protect their child from serious harm without CFS involvement. Once the family can assure the safety of their own child, a safety plan can be discontinued. The purpose of a safety plan is to prevent serious harm to a child caused by an active safety threat. The purpose of the service plan is to resolve or diminish the safety threat to the degree that safety responsibility is returned to the family. Once this progress has been completed, the safety plan should be formally discontinued. This may be appropriate even in circumstances where other future risk and/or child well-being needs still exist. In that circumstance, the safety plan is discontinued, but a revised service plan may still be necessary. The timeframes for safety plan completion cannot be predicted. However, it is child centered and family focused best practice to review the child's vulnerability, the parental or caregiver's progress made to reduce safety threats, and the enhancement of parental protective capacities throughout the life of the case so the child is always protected in the safest, yet least restrictive manner possible.

Conducting a Comprehensive Assessment Part B

A comprehensive assessment usually requires more than one visit to the home because the assessment addresses the nature of the safety threat and the broader needs of a family that are impacting the safety, permanence, and well-being of the child(ren). The focus of a Comprehensive Assessment is not simply on the presenting issues, but also on the contributing factors such as domestic violence, substance abuse, mental health, poverty and other potential factors which may contribute to child maltreatment. Also important is the identification of underlying conditions that influence the dynamics of child maltreatment within a family system. These conditions may include the needs of individual family members, perceptions, beliefs, values, feelings, cultural practices, and previous life experiences. The Comprehensive Assessment also includes identifying family strengths and protective capacities that can support the family's ability to meet its needs and protect its children.

The purpose of the Comprehensive Assessment is to identify the family needs that will impact the safety, permanence, and well-being of the child. These needs, identified in the Comprehensive Assessment, should be reflected in case planning and decision-making and lead directly to the identification of the specific individualized services that are needed to resolve present safety threats and reduce the risk of child remaltreatment.

Using the Comprehensive Assessment "Part B" to Document Observations, Interviews, and Decision Making

- When conducting the Comprehensive Assessment, the social worker/clinician shall look at the specific factors identified as being problematic and contributing to the likelihood of child maltreatment.
- The social worker/clinician shall answer factors (yes/no) based on behaviors, interactions, or circumstances that were present before an intervention or placement, and/or which are based on recent parent-child visitations or any other opportunities to accurately assess current functioning.
- For cases with multiple children or parents/caregivers, each person's name should be entered in the spaces provided and each assessment factor should be determined for each individual.
- The comprehensive assessment is used to guide and document the following decisions:
 - What needs to happen over time to reduce and/or eliminate the threats of serious harm, future risks, and meet the child's permanency and well-being needs?
 - Which are the contributing factors and underlying conditions that need to be addressed to accomplish this?
 - How can information about particular factors for a given family help in designing a service plan?

- How much resolution of safety threats is needed and over what period of time before the child is considered safe?
- If children are removed from home - when, where, how frequently and for how long should contact between the children and parent occur?

Case Risk Findings

The case risk finding reflects the likelihood of future child maltreatment.

- The “risk finding” is the level of risk at the time the Comprehensive Assessment is completed. It represents the level of risk if CFS were to discontinue involvement with the family. The “risk finding” helps to focus the interventions/services on reduction/remediation of the particular safety threats and/or other risks that endanger the child(ren) and provides a baseline to compare change in the level of risk over time.
- The case “risk finding” requires the professional judgment of the social worker/clinician in consultation with his/her supervisor about the overall level of risk based on a synthesis of all safety and risk information and an analysis of those findings.

Dispositioning the Referral

Within five (5) days following completion of the Immediate Safety Assessment or the Comprehensive Assessment, the social worker/clinician will determine whether a report is substantiated or unsubstantiated for child abuse or neglect. The validity of reports will be determined using the following definitions with consideration given to the age of the child, extenuating circumstances, prior history, parental attitude toward discipline, and severity of abuse or neglect (IDAPA 16.06.01.560). In assigning a substantiated disposition, the social worker/clinician should ultimately consider,

“Is the injury or situation a result of child abuse or neglect?”

Substantiated Reports

Child abuse and neglect reports are confirmed by one (1) or more of the following:

- Witnessed by a social worker/clinician (i.e. **child found on the canal bank**)
- Determined or evaluated by a court;
- A confession (i.e. parent indicates that they are responsible for the injury to or neglect of the child);
- Validated through the presence of significant evidence that establishes a clear factual foundation for the determination of "substantiated." Example: Injuries consistent with abuse and alleged perpetrator was the only person with the child at the time the child sustained the injuries).

Unsubstantiated Report

Child abuse and neglect reports that cannot be found substantiated due to:

- Insufficient evidence; or
- Facts indicate that the report is erroneous or otherwise unfounded.

The social worker/clinician will generate a letter from FOCUS, signed by his/her supervisor, to be sent to the alleged perpetrator of a substantiated child abuse/neglect referral. When a substantiated disposition is entered in FOCUS, the individual's name is automatically entered into the Department's Central Registry for Child Abuse and Neglect.

If it is determined through the Immediate Safety or Comprehensive Assessment that a report is "unsubstantiated," the family will also be advised (IDAPA 16.066.01.563) and the family's name will not be placed on the Child Abuse Central Registry.

Notify the Referent When the Immediate/Safety and Comprehensive Risk Assessment are Complete

According to IDAPA 16.16.01.559.06, the referent (person who made the report) will be notified when the assessment has been completed. Notification should protect the confidentiality of the family and will not include details regarding the assessment or disposition of the referral. Notification can be made by letter. (A sample letter is attached as an addendum to this standard).

Conducting a Re-Assessment

- A re-assessment will be conducted in all cases in which a social worker/clinician is deciding whether to reunify children or close a case that has been opened for services. The re-assessment can often be effectively completed in the context of a family meeting or family conference.
- A re-assessment may also be completed to assist in decision making around termination of parental rights or to gauge the progress or lack of progress in a case over time. It should also be completed if there are any significant changes in the family's situation or circumstances.
- The results of the re-assessment should be compared with previous immediate safety and comprehensive assessments to assess the family's progress toward protecting and meeting the child's needs. It will indicate whether the family's situation has improved, worsened, or has remained the same.

Using the Re-Assessment Instrument to Document Observations, Interviews and Decision Making

- A social worker/clinician should clearly indicate the reason he/she is reassessing the family. For reunification and case closures, simply check the appropriate box in the "completed for assessment" section. When reassessing for any other reason, check the "other significant events" and provide an explanation for the reassessment in the "Rationale for Risk Findings and Case Status" section.

- The reassessment should reflect only information gathered since the last assessment of the family. It should not repeat information recorded on any previous assessments.
- Historic Immediate/Comprehensive Factors are those relating to prior events that would not be expected to improve or are unchangeable. These factors are grouped together under Section 2. If no new information has been discovered that would change the earlier rating, the historic factors do not require a new rating. If no new information has been discovered on any of the factors since any prior assessments, simply check the "no" box in the section header and skip the section. If your current assessment of any historic factors has changed, check "yes" and note the new information under the relevant factor(s).

Decisions in the re-assessment process include:

- Has progress been made towards reducing the safety threat and the underlying factors contributing to maltreatment? If not, are the safety threats increasing and/or do other interventions need to be made? If progress is being made, can some interventions be eliminated or reduced in intensity without increasing the threat of serious harm to the child?
- Has the parent/caregiver made significant changes that have increased his/her protective capacities?
- Was emerging danger identified in the previous assessment and if so, is this danger still present?
- Under what conditions is it safe to reunify the child(ren) with their family?
- When is it safe to close a case?

Documentation

- When recording a description of a particular assessment factor, use specific examples, whenever possible, and avoid judgmental statements and generalizations. The information should be both informative and serve to justify the assessment factor response or rating. All documentation should provide specific detail that is described in objective behavioral terms.

Example: Item 12. Caregiver or alleged offender's alleged or observed drug or alcohol use may seriously affect his/her ability to supervise, protect or care for the child. Mrs. Palmer indicates that she has used Vicodin since a car accident 8 years ago. She is currently taking 15-20 tablets per day. She has 4 different physicians who prescribe Vicodin for her and she also purchases Vicodin off the Internet. Her husband left a month ago. There is no food in the house, the children haven't bathed or washed their hair for 10 days, and the children haven't been to school for a week. Mrs. Palmer appears intoxicated and is unable to focus long enough to answer any questions.

- All fields and factors on the Immediate Safety/Risk Assessment should be documented in FOCUS according to the criteria set forth in this standard and within the required time frames.

SPECIAL CIRCUMSTANCES

Court Ordered Child Protection Risk Assessment

During the course of a court hearing involving issues other than child protection; i.e. child custody, the court may order the Department to investigate/assess the circumstances of a child and his/her family and submit a report to the court. Upon being assigned an order for a child protective assessment, the social worker or clinician will respond according to the urgency defined in the Court's order, and initiate the assessment process. The assessment should be documented on the Immediate Safety/Risk and Comprehensive Assessment instruments within thirty (30) days unless the court has specified a shorter time frame. Upon completion, a written report or the assessment tools with a cover sheet should be filed with the court.

Rule 16. Expanding a Juvenile Corrections Act proceeding to a Child Protective Act Proceeding (Juvenile Correction Act)

If at any stage of a Juvenile Correction Act proceeding, the court has reasonable cause to believe that a juvenile living or found within the state is neglected, abused, abandoned, homeless, or whose parent(s) or other legal custodian fails or is unable to provide a stable home environment, as set forth in I.C. Section 16-1603, the court may order the proceeding expanded to a proceeding under the Child Protective Act or direct the Department of Health and Welfare to investigate the circumstances of the juvenile and his or her family and report to the court as provided in I.C. 16-1609. Any order expanding the proceeding to a CPA proceeding must be in writing and contain the factual basis found by the court to support its order. The order will direct that copies of all court documents, studies, reports, evaluations, and other records in the court files, probation files and juvenile correction files relating to the juvenile/child be made available to IDHW upon request. The Immediate Safety Assessment and Comprehensive Assessment should be used to conduct the assessment. Prompt initiation of the assessment process may assist in identifying a safety plan that could offer alternatives to foster care.

Safe Haven Referrals

An Immediate Safety and Comprehensive assessment should not be conducted nor a disposition made when a parent relinquishes their infant within the first thirty (30) days following birth according to the Safe Haven Act, Section 39.8102 Idaho Code. However, a judge may order a child protection assessment if a parent comes forth to reclaim the child.

Infants Who Are Born Drug Exposed

The Department will assess the immediate safety of the infant and the family's ability to care for the needs of the infant. Response should be an assessment process that will

identify and address the threats of serious harm by creating a safety plan with the family, making appropriate referrals, and assessing the health and safety of the child.

New Presenting Issues on the Same Family

Presenting issues that are reported by different referents, within close time frames of each other (one week) and contain identical referral information, will be combined with the original presenting issue. The new referral will be documented as information and referral and will state that the concerns are being addressed in “presenting issue number ____”. Verification must be made with the social worker/clinician assigned to the case so that the information in the new referral was or will be assessed when he/she has seen the child, the parent/caregiver, and the home.

If a subsequent presenting issue contains new information, not originally recorded in the existing presenting issue, a new presenting issue will be entered into FOCUS and the social worker/clinician must respond according to the Department's Priority Response Guidelines.

All new presenting issues that contain new information require an Immediate Safety Assessment. Although an Immediate Safety Assessment should be completed for each new presenting issue, multiple presenting issues can be included in the Comprehensive Assessment if the presenting issues fall within thirty days of the Comprehensive Assessment.

Unable To Locate A Family

Diligent efforts must be made to locate a family. Those efforts include the following:

- Recontacting the referral source to verify the address;
- Contacting the family after regular office hours either by a contact from the assigned social worker/clinician or through the assistance of an on-call social worker or clinician; and
- Checking with landlords and/or neighbors, known relatives, utility companies, a family's self reliance specialist, local schools and law enforcement for a current address or any information as to the family's whereabouts.

If a family cannot be located, the case must be reviewed by the worker's supervisor prior to closing the presenting issue. If the family and/or child cannot be located, click on the “unable to contact” indicator on the Presenting Issue program screen in FOCUS.

NOTE: When you click on the “unable to contact” indicator, you will no longer have the option of conducting an Immediate Safety or Comprehensive Assessment in FOCUS.

The supervisor will determine when the presenting issue can be closed. If the “unable to contact” indicator is checked, with agreement from the supervisor, the presenting issue can be dispositioned as “unsubstantiated, insufficient evidence” and closed.

Inability to Follow Standards or Rules Related to Assessment

If circumstances exist that do not allow a social worker/clinician to follow the standards or rules pertaining to any aspect of assessment, including response timeliness, the worker shall contact their supervisor before a deadline has passed and request a supervisor's variance. The reason for the variance must be documented in a narrative in FOCUS by either the social worker or the supervisor.

For example, in a high profile criminal investigation, law enforcement may take the lead and instruct CFS not to respond. If the variance pertains to adherence to the Priority Response Guidelines and the date the child is seen, the reason for not seeing the child within the response time lines should be entered under the variance button under the immediate safety assessment screen.

Variations. A child may not be seen within designated response times. The rationale behind the delay must be thoroughly documented and reviewed (approved in FOCUS) by the supervisor. Circumstances that might warrant a variance include:

- Geographical constraints;
- Weather hazard;
- Good practice decision or professional judgment (be specific);
- Law enforcement has already sheltered the child;
- Worker safety;
- Child has left the area temporarily or permanently;
- Unable to locate, given diligent efforts;
- Other

Other variations related to immediate safety assessment should be documented under the assessment narrative (including an explanation for the variance) if the variance is related to a rule or standard and occurs during the timeframes of the assessment.

Variations are not to be granted after the fact to explain why something did or did not occur in accordance with rules or standards. Neither are variations to be written or approved to excuse social workers from adhering to practice expectations because of capacity or case load size.

Forty-Eight Hour Supervisory Review

In all Priority I and II cases where the alleged victim of abuse, neglect or abandonment is six years old or under, a review of the case by a supervisor will be conducted within forty-eight (48) hours of initiation of the Immediate Safety Assessment. The purpose of the review is to ensure the child was seen, gain an understanding of the safety factors, and consider options for the safety decision and planning if the child is found to be "conditionally safe" or "unsafe." The supervisor will sign off on the 48 hour review in FOCUS. A brief narrative, documented by the social worker/clinician or the supervisor shall accompany the supervisor's signature to document whether the child is safe and that the supervisor concurs with the proposed safety plan.

Role of Supervisors in Safety/Risk Assessment

The supervisory review represents the supervisor's participation in the decision-making process and his/her acknowledgment that the decisions and assessment documentation meets supervisory expectations and CFS practice standards.

Supervisors are required to monitor the following criteria in reviewing the Immediate Safety, Comprehensive, and Reassessment instruments:

- Was the assessment completed in a timely manner?
- Does the assessment provide a thorough description of the family's situation so it can be used to support decision making in the case?
- Were CFS standards, policies, and rules adhered to regarding the assessment process?
- Was the assessment documented in FOCUS, using the best practice standard for documentation?

Any variance to these standards will be documented and approved by Division administration, unless otherwise noted.