



January 2025

North Dakota

Safety Framework Practice Model

Community Provider Resource Guide

Acknowledgements

North Dakota's Safety Framework Practice Model is the result of the invaluable work and guidance of many individuals from within the state's child welfare system and across the country.

Action for Child Protection has dedicated their work to help child welfare agencies improve services to families and children through developing state of the art standards of case practice. ND Safety Framework Practice Model is the Safety Assessment and Family Evaluation Model (SAFE) developed by Action for Child Protection (<https://action4cp.org/>; ©2025 Action for Child Protection. All rights reserved.). SFPM directs how we work with families, as well as which families we must serve. Safety Framework practice is the manner in which we do the job. The SFPM Community Provider Resource Guide does not replace state law, rule, and policy. Rather, it serves to strengthen fidelity to the model by providing procedural support to CFS administrators, field service specialists, CFS training coordinators, child welfare directors, supervisors, CPS workers, and case managers. The SFPM Community Provider Resource Guide should be used as a companion reference with the following policy manuals:

- 607-05 Child Welfare Practice
- 610-05 In-Home Case Management
- 624-05 Foster Care Permanency Planning
- 627-01 Family Preservation Services

North Dakota's child welfare system values Quality at the Source. Quality at the Source is a component of continuous quality improvement that affirms quality and standard child welfare practice across the state. CFS field service specialists participated in the development of this guide and will use it as a resource for technical assistance as well as a means to assure quality at the source. The SFPM Community Provider Resource Guide is intended as a resource for both new and experienced child welfare staff. We recommend you use this guide as a reference for day-to-day work with families, supervision, and case staffing.

North Dakota's Safety Framework Practice Model is the result of the invaluable work and guidance of many individuals from within the state's child welfare system and across the country. The Children and Family Services Section's program administrators, with guidance from Matt Gebhardt, MA, MSW provided overall direction for establishment of the ND Safety Framework Practice Model. A significant step taken by these leaders was creation of the Champions of Change team. This team continues its work as of this writing and consists of professionals from varied roles within the state's child welfare system.

The North Dakota Champions of Change team played an integral role in the development of the Safety Framework Practice Model. They provided keen insights and participated in countless brainstorming sessions, attended numerous meetings and trainings, reviewed sections of curricula and policy, created statewide forms, and determined how the new practice could be accommodated within the current case management information system. Their dedication to this effort has been astounding. The role and membership of the Champions of Change team has evolved over time, but its overarching mission has remained the same – implementing and practicing SFPM with fidelity.

Julie Brown and the staff at the Milwaukee Child Welfare Partnership (University of Wisconsin Milwaukee) provided vital expertise, guidance, and resources that significantly contributed to the creation of our resources and training materials. North Dakota will be forever grateful to them for their collaboration and support. Undoubtedly, North Dakota's child welfare system has greatly benefited from this collaborative endeavor, which has assisted our workforce in meeting the needs of the state's children and families and in accomplishing our vision of Safe Children | Strong Families.

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UND Children and Family Services Training Center
University of North Dakota
NPCBR Building, Room 320
400 Oxford St. STOP 7090
Grand Forks, ND 58202

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Community Partner Resource Guide

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Table of Contents

Glossary	4
Parent/Caregiver Protective Capacities	7
Demonstrated Protectiveness	13
Present Danger	15
The Danger Threshold & Impending Danger Threats to Child Safety	18
Safety Planning	26
Safety Services	27
Safety Service Providers	31
Protective Capacities Family Assessment.....	33
Case Plan & Child and Family Team Process	35
Protective Capacities Progress Assessment.....	36
Types of Plans with Families	37
References.....	38

Glossary

The management and treatment of threats to child safety is based on concepts that should be fully understood and applied. The foundation for what Child Protection workers, as well as In-Home and Foster Care case managers, do during safety intervention is grounded on these concepts. The proficient use of the ideas that are expressed through these definitions is fully dependent on a versatile working knowledge of what these concepts are and how they have relevance, give meaning, and apply to safety intervention.

1. **Alternate Caregiver** means a person who is at least 18 years old who cares for a child in his or her home or in the child's home. An alternate caregiver can be an identified relative, kin, or fictive kin (i.e. friends or neighbors) of the child, or a licensed foster parent.
2. **Change Strategy, or Tasks** refers to a well-defined approach that identifies specific tasks, services and activities for the purpose of supporting and enhancing diminished parent/caregiver protective capacities, ideally developed mutually with the agency and parent/caregiver and including formal and informal elements.
3. **Danger Threshold** refers to the point at which family behaviors, conditions or situations rise to the level of direction threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. They are now active at a heightened degree, a greater level of intensity and are judged to be out of the parent/caregivers or family's control thus having implications for dangerousness.
4. **Impending Danger** is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are Fourteen (14) impending danger threats contained as criteria on the Safety Assessment for assessing, determining, and recording the presence of impending danger.
5. **In-Home Safety Plan** refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his/her own home. In-home safety plans include activities and services that may occur within the home or outside the home but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do inside or outside the child's home. An in-home safety plan primarily involves the home setting and the child's location within the home as central to the safety plan; however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out-of-home placement option such as on weekends (e.g., respite).
6. **Out-Of-Home Safety Plan** refers to safety management when a child cannot be kept safe in his/her own home. Such plans involve child placement in a safe and stable environment with alternate caregivers who 1) possess adequate parent/caregiver protective capacity to meet or accommodate the needs of the child, 2) is/are cleared of criminal activity and CPS history after completing all necessary background checks, and 3) is/are sufficient to manage impending danger. The alternate caregivers are typically relatives, kin, fictive kin, or licensed foster parents unless the child needs placement in a facility due to the identified needs.

7. **Parent/Caregiver Protective Capacities** refers to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.
8. **Present Danger Threats** refer to immediate, significant and clearly observable family condition that is actively occurring or “in process” of occurring at the point of contact with a family and will likely result in severe harm to a child.
9. **Present Danger Plan** refers to an immediate, short-term action that protects a child from present danger threats in order to allow completion of the initial assessment/investigation and, if needed, the implementation of a safety plan.
10. **Reunification** refers to a safety decision to modify an out-of-home safety plan to an in-home safety plan based on an analysis that a) impending danger threats can be controlled; b) parent/caregiver protective capacities have been sufficiently enhanced; and c) parent/caregivers are willing and able to accept an in-home safety plan.
11. **Safe Child** is one in which no threats of danger exists within the family or parent/caregivers possess sufficient protective capacity to manage any threats or the child is not vulnerable to the existing danger.
12. **Safe Home** refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is qualified by: 1) The absence or reduction of threats of severe harm; 2) the presence of sufficient parent or caregiver protective capacities; and 3) confidence in consistency and endurance of the conditions that produced the safe home.
13. **Safety Analysis** refers to an examination of safety intervention information; impending danger threats as identified by the safety assessment; and parent/caregiver protective capacities.
14. **Safety Assessment** means the identification and focused evaluation of impending danger threats as part of the initial CPS intervention and continues throughout the life of the case.
15. **Safety Framework:** refers to all the actions and decisions required throughout the life of a case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child's parents/caregivers taking responsibility for the child's protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety Framework consists of identifying and assessing threats to child safety; planning and establishing safety plans that assure child safety; managing safety plans that assure child safety; and creating and implementing case plans that enhance the capacity of parents/caregivers to provide protection for their children.
16. **Safety Plan** is required when a child is concluded to be unsafe. A safety plan is a written arrangement between parents/caregivers and the case worker that establishes how impending danger threats will be managed. A Safety Plan is implemented and active as long as Impending Danger threats exist, and parent/caregiver capacities are insufficient to assure a child is protected.
17. **Safety Service Providers** refers to anyone who participates as one responsible for safety management within a safety plan. Safety service providers can be professionals, para-

professionals, lay persons, volunteers, neighbors or relatives.

- 18. Severe Harm** refers to detrimental effects consistent with serious or significant injury; disablement; grave/debilitating physical health or physical conditions; acute/grievous suffering; terror; impairment; even death.
- 19. Threat to Child Safety** refers to specific conditions, behavior, emotion, perceptions, attitudes, intent, actions or situations within a family that represent the potential for severe harm to a child. A threat to child safety may be classified as present danger threats or impending danger threats.
- 20. Trauma** refers to a deeply stressful experience or its short and long-term impacts. Child maltreatment can cause traumatic stress in some children, while others are more resilient and show few, if any, lasting effects.
- 21. Unsafe Child** is one in which threats of danger exist in the family and the child is vulnerable to such threats and parents/caregivers have insufficient protective capacities to manage or control the threats.
- 22. Vulnerable Child** is one who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

Parent/Caregiver Protective Capacities

The following parental protective capacity areas of assessment are related to personal and parenting behavior, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. They are "strengths" that are specifically associated with one's ability to perform effectively as a parent in order to provide and assure a consistently safe environment.

Children are unsafe because of threats to safety that cannot be controlled or mitigated by the parent/caregiver. Together, the worker and family identify strategies to enhance their capacity to provide protection for their child. There are three questions to answer which will then direct case planning:

- What is the reason for CPS involvement (safety threats)?
- What must change (protective capacities associated with identified safety threats)?
- How do we get there (case plan directed at enhancing protective capacities)?

During the CPS assessment process, the CPS worker identifies enhanced and diminished parent/caregiver protective capacities. The case manager will also assess parent/caregiver protective capacities on an ongoing basis until the case is closed. *Enhanced protective capacities* are strengths that can contribute to and reinforce the change process. Conversely, *diminished protective capacities* are the focus of the case plan. These are the areas that must change in order for parents/caregivers to resume their role and responsibility to provide protection for their children and create a safe home.

Parent/Caregiver Protective Capacities

Behavioral Protective Capacities	Cognitive Protective Capacities	Emotional Protective Capacities
✓ Has a history of protecting. ✓ Takes action. ✓ Demonstrates impulse control. ✓ Is physically able. ✓ Has and demonstrates adequate skill to fulfill caregiving responsibilities. ✓ Possesses adequate energy. ✓ Sets aside her/his needs in favor of a child. ✓ Is adaptive as a parent/caregiver. ✓ Is assertive as a parent/caregiver ✓ Uses resources necessary to meet the child's basic needs. ✓ Supports the child.	✓ Plans and articulates a plan to protect the child. ✓ Is aligned with the child. ✓ Has adequate knowledge to fulfill care giving responsibilities and tasks. ✓ Is reality oriented; perceives reality accurately. ✓ Has an accurate perception of the child. ✓ Understands his/her protective role. ✓ Is self-aware as a parent/caregiver.	✓ Is able to meet own emotional needs. ✓ Is emotionally able to intervene to protect the child. ✓ Is resilient as a parent/caregiver. ✓ Is tolerant as a parent/caregiver. ✓ Displays concern for the child and the child's experience and is intent on emotionally protecting the child. ✓ Has a strong bond with the child and is clear that the number one priority is the well- being of the child. ✓ Expresses love, empathy and sensitivity toward the child.

Definitions and Examples

The following definitions and examples are not to be applied as a checklist but rather provide a framework in which to consider and understand how to reduce or eliminate threats to child safety by enhancing parent/caregiver protective capacities.

Behavioral Protective Capacities

The parent/caregiver has a history of protecting.

This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective.

- People who have raised children (now older) with no evidence of maltreatment or exposure to danger.
- People who have protected their children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence.
- Parents/caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The parent/caregiver takes action.

This refers to a person who is action-oriented in all aspects of their life.

- People who proceed with a positive course of action in resolving issues.
- People who take necessary steps to complete tasks.
- People who perform when necessary and do so in an expedient manner.

The parent/caregiver demonstrates impulse control.

This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.

- People who think about consequences and act accordingly.
- People who are able to plan.
- People that do not behave as a result of outside stimulation.
- People that think before they act and avoid whimsical responses.

The parent/caregiver is physically able and has adequate energy.

This refers to people who are sufficiently healthy, mobile, and strong.

- People with physical abilities to effectively deal with dangers like fires or physical threats.
- People who have the personal sustenance necessary to be ready and on the job of being protective.

The parent/caregiver has/demonstrates adequate skill to fulfill responsibilities.

This refers to the possession and use of skills that are related to being protective as a parent/caregiver.

- People who can care for, feed, supervise, etc. their children according to their basic needs.
- People who can handle and manage their caregiving responsibilities.
- People who can cook, clean, maintain, guide and shelter as related to protectiveness.

The parent/caregiver sets aside her/his needs in favor of a child.

This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.

- People who do for themselves after they have done for their children.
- People who can wait to be satisfied and seek ways to satisfy their children's needs as the priority.

The parent/caregiver is adaptive as a caregiver.

This refers to people who adjust and make the best of whatever caregiving situation occurs.

- People who are flexible and adjustable.
- People who accept things and can be creative about caregiving resulting in positive solutions.
- People who come up with solutions and ways of behavior that may be new, needed, and unfamiliar but more fitting to meet the needs of their family.

The parent/caregiver is assertive as a caregiver.

This refers to being positive and persistent.

- People who advocate for their child in a firm and convicted manner.
- People who are self-confident and self-assured.

The parent/caregiver uses resources necessary to meet the child's basic needs.

This refers to knowing what is needed, getting it, and using it to keep a child safe.

- People who use community public and private organizations to assist their family meet their needs.
- People who get other to help them and their children.
- People who will call on police or access the courts to help them.

The parent/caregiver supports the child.

This refers to actual and observable acts of sustaining, encouraging, and maintaining a child's psychological, physical, and social well-being.

- People who spend considerable time with a child and respond to them in a positive manner.
- People who demonstrate actions that assure that their child is encouraged and reassured.
- People that take an obvious stand on behalf of a child.

Cognitive Protective Capacities**The parent/caregiver plans and articulates a plan to protect the child.**

This refers to the thinking ability that is evidenced in a reasonable, well thought out plan.

- People who are realistic in their idea and arrangements about what is needed to protect a child.
- People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child.
- People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The parent/caregiver is aligned with the child.

This refers to a mental state or an identity with a child.

- People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety.
- People who consider their relationship with a child as the highest priority.

The parent/caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.

This refers to information and personal knowledge that is specific to caregiving that is associated with protection.

- People who have information related (i.e. child development) to what is needed to keep a child safe.
- People who know how to provide basic care which assures that children are safe.

The parent/caregiver is reality oriented; perceives reality accurately.

This refers to mental awareness and accuracy about one's surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.

- People who describe life circumstances accurately and operate in realistic ways.
- People who alert to, recognize, and respond to threatening situations and people.
- People who do not deny reality or operate in unrealistic ways.
- People who are able to distinguish threats to child safety.

The parent/caregiver has accurate perceptions of the child.

This refers to seeing and understanding a child's capabilities, needs, and limitations correctly.

- People who recognize the child's needs, strengths, and limitations. People who can explain what a child requires, generally, for protection and why.
- People who are accepting and understanding of the capabilities of a child.
- People who can explain what a child requires, generally, for protection and why.
- People who see and value the capabilities of a child and are sensitive to difficulties a child experiences.
- People who appreciate uniqueness and difference, especially in their child.

The parent/caregiver understands his/her protective role.

This refers to awareness....knowing there are certain responsibilities and obligations that are specific to protecting a child.

- People who value and believe it is her/his primary responsibility to protect the child.
- People who can explain what the “protective role” means and involves and why it is so important.
- People who recognize the accountability and stakes associated with the role.

The parent/caregiver is self-aware.

This refers to a parent's/caregiver's sensitivity to one's thinking and actions and their effects on others – on a child.

- People who understand the cause – effect relationship between their own actions and results for their children.
- People are open to who they are, to what they do, and to the effects of what they do.
- People who understand that their role as a parent/caregiver is unique and requires specific responses for their children.
- People who think about themselves and judge the quality of their thoughts, emotions and behavior.

Emotional Protective Capacities**The parent/caregiver is able to meet own emotional needs.**

This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.

- People who use reasonable, appropriate, and mature/adult-like ways of satisfying their feelings and emotional needs.
- People who understand and accept that their feelings and gratification of those feelings are separate from their child.
- People who use personal and social means for feeling well and happy that are acceptable, sensible and practical.

The parent/caregiver is emotionally able to intervene to protect the child.

This refers to mental health, emotional energy, and emotional stability.

- People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately with respect to protectiveness.
- People who are not consumed with their own feelings and anxieties.
- People who are mentally alert and in touch with reality.

The parent/caregiver is resilient.

This refers to responsiveness and being able and ready to act promptly as a parent/caregiver.

- People who recover quickly from setbacks or being upset.
- People who are effective at coping as a parent/caregiver.
- People who can spring into action and withstand.

The parent/caregiver is tolerant.

This refers to acceptance, understanding, and respect in their parent/caregiver role.

- People who have a big picture attitude, who don't overreact to mistakes and accidents.
- People who value how others feel and what they think.

The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.

This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.

- People who show compassion through sheltering and soothing a child.
- People who calm, pacify, and appease a child.
- People who can physically take action or provide a physical response that reassures a child, that generates security.

The parent/caregiver and child have a strong bond and the parent/caregiver is clear that the number one priority is the child.

This refers to a strong attachment that places a child's interest above all else.

- People who act on behalf of a child because of the closeness and identity the person feels for the child.
- People who order their lives according to what is best for their children because of the special connection and attachment that exists between them.
- People whose closeness with a child exceeds other relationships.
- People who are properly attached to a child.

The parent/caregiver expresses love, empathy, and sensitivity toward the child.

This refers to active affection, compassion, warmth, and sympathy.

- People who can relate to a child with expressed positive regard and feeling and physical touching.
- People who relate to, can explain, and feel what a child feels, thinks and goes through.
- People who are understanding of children and their life situation.

Demonstrated Protectiveness

The CPS worker, and subsequently the case manager, are responsible to assess the parent's/caregiver's capacity to protect the child on an ongoing basis. Judging whether a parent/caregiver is and will continue to be protective can be accomplished by examining specific attributes of the person as identified in the previous definitions and examples. Confirmation of how those attributes are evidenced in real life demonstration will provide confidence regarding the judgment that a parent/caregiver is and will continue to be protective in relation to threats to child safety.

Here are examples of demonstrated protectiveness:

The parent/caregiver has demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions.

The parent/caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.

The parent/caregiver can specifically articulate a plan to protect the child.

The parent/caregiver believes the child's story concerning maltreatment or impending danger safety threats and is supportive of the child.

The parent/caregiver is intellectually, emotionally, and physically able to intervene to protect the child.

The parent/caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.

The parent/caregiver has adequate resources necessary to meet the child's basic needs which allows for sufficient independence from anyone that might be a threat to the child.

The parent/caregiver is capable of understanding the specific safety threat to the child and the need to protect.

The parent/caregiver has adequate knowledge and skill to fulfill parenting responsibilities and tasks that might be required related to protecting the child from the safety threat. This may involve considering the parent's/caregiver's ability to meet any exceptional needs that a child might have.

The parent/caregiver is cooperating with the agency's safety intervention efforts.

The parent/caregiver is emotionally able to carry out his or her own plan to provide protection and/or to intervene to protect the child; the parent/caregiver is not intimidated by or fearful of whomever might be a threat to the child.

The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting as well as physically protecting the child.

The parent/caregiver and the child have a strong bond and the parent/caregiver is clear that his/her number one priority is the safety of the child.

The non-threatening parent/caregiver consistently expresses belief that the threatening parent/caregiver or person is in need of help and that he or she supports the threatening parent/caregiver getting help. This is the non-threatening parent's/caregiver's point of view without being prompted by the CPS worker or case manager.

While the parent/caregiver is having a difficult time believing the threatening parent/caregiver or person would severely harm the child, he or she describes and considers the child as believable and trustworthy.

The parent/caregiver does not place responsibility on the child for problems within the family or for impending danger safety threats that have been identified by CPS worker or case manager.

Present Danger

Present Danger refers to an immediate, significant, and clearly observable family condition that is occurring, or is in process of occurring, at the point of contact with the family and will likely result in severe harm to a child. Present danger threats can be divided into four primary categories: Maltreatment, Child, Parent/Caregiver, and Family. Each threat is described below.

1. Maltreatment

a. The child is currently being maltreated at the time of the report or contact.

This means that the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the contact, or maltreatment is in process at the time of contact.

b. Severe to extreme maltreatment of the child is suspected, observed, or confirmed.

This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel maltreatment, and psychological torture.

c. The child has multiple or different kinds of injuries.

This generally refers to different kinds of injuries, such as bruising or burns, but it is acceptable to consider one type of injury on different parts of the body.

d. The child has injuries to the face or head.

This includes physical injury to the face or head of the child alleged to be the result of maltreatment.

e. The child has unexplained injuries.

This refers to a serious injury which parents/caregivers and others cannot or will not explain. It includes circumstances where the injury is known to be non-accidental and the maltreater is unknown.

f. The maltreatment demonstrates bizarre cruelty.

This includes such things as locking up children, torture, extreme emotional abuse, etc.

g. The maltreatment of several victims is suspected, observed, or confirmed.

This refers to the identification of more than one child who currently is being maltreated by the same parent/caregiver. It's important to keep in mind that several children who are being chronically neglected do not meet the standard of present danger in this definition. This is typically in conjunction with another present danger threat such as multiple injuries or severe maltreatment.

h. The maltreatment is premeditated.

The maltreatment appears to be the result of a deliberate, preconceived plan or intent. This is typically in conjunction with another present danger threat such as bizarre cruelty or severe maltreatment, and is rare in nature.

i. Dangerous (life threatening) living arrangements are present.

This is based on specific information reported which indicates that a child's living situation is an immediate threat to his/her safety. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc.

2. Child

a. Child is unsupervised and unable to care for self.

This applies if the child is without care. This includes circumstances where an older child is left to supervise younger children and is incapable of doing so.

b. Child needs medical attention.

This applies to a child of any age. To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. Lack of routine medical care is not a present danger threat.

c. The child is profoundly fearful of the home situation or people within the home.

"Home situation" includes specific family members and/or other conditions in the living arrangement. "People within the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up. The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear, but their behavior and emotion clearly and vividly demonstrate fear.

3. Parent/Caregiver

a. Parent/caregiver is unable or unwilling to perform basic duties.

This only refers to those parental duties and responsibilities consistent with basic care or supervision, not to whether the parent/caregiver is generally effective or appropriate.

b. Parent/caregiver is demonstrating bizarre behaviors.

This will require interpretation of the reported information and may include unpredictable, incoherent, outrageous, or totally inappropriate behavior.

c. Parent/caregiver is acting dangerous now or is described as dangerous.

This includes a parent/caregiver described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.

d. Parent/caregiver is out of control (mental illness or other significant lack of control).

This can include unusual or dangerous behaviors; includes mental or emotional distress where a parent/caregiver cannot manage their behaviors in order to meet their parenting responsibilities related to providing basic, necessary care and supervision.

e. Parent/caregiver is under the influence of substances.

This refers to a parent/caregiver who is intoxicated or under the influence of drugs much of the time and this impacts their ability to care for the child.

f. One or both parents/caregivers overtly reject intervention.

The key word here is "overtly." This means that the parent/caregiver essentially avoids all agency attempts at communication and completion of the present danger assessment. This refers to situations where a parent/caregiver refuses to see or speak with you and/or to let you see the child; is openly hostile (not just angry about agency presence) or physically aggressive towards you; refuses access to the home, hides the child or refuses access to the child.

g. Parent's/caregiver's whereabouts are unknown.

This includes situations when a parent/caregiver cannot be located at the time of the report or contact, and this affects the safety of the child. This is typically in conjunction with another present danger threat such as parent/caregiver is unable or unwilling to perform basic duties or child is unsupervised.

h. Parent's/caregiver's viewpoint of the child is bizarre.

This refers to an extreme viewpoint that could be dangerous for the child, not just a negative attitude toward the child. The parent's/caregiver's perception or viewpoint toward the child is so skewed and distorted that it poses an immediate danger to that child.

4. Family

a. Child is subject to present/active domestic violence.

This refers to presently occurring domestic violence and child maltreatment or a general recurring state of domestic violence that includes child maltreatment where a child is being subjected to the actions and behaviors of a perpetrator of domestic violence. There is greater concern when the abuse of a parent/caregiver and the abuse of a child occur during the same time.

b. The family hides the child.

This includes families who physically restrain a child within the home as well as families who avoid allowing others to have contact with their child by passing the child around to other relatives, or other means to limit agency access to the child.

c. The family may flee.

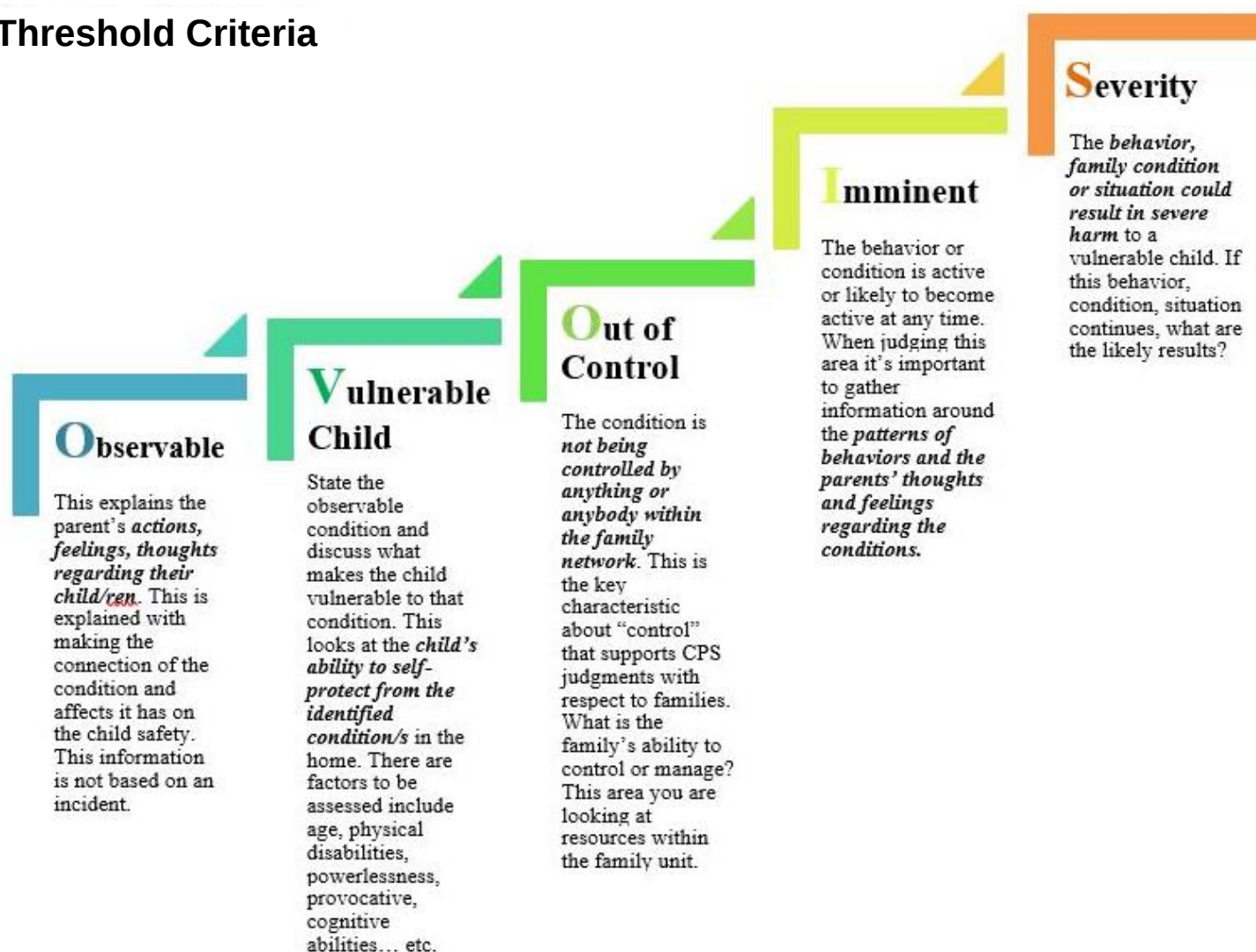
This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move. This is typically in conjunction with another present danger threat such as bizarre cruelty or severe maltreatment.

The Danger Threshold and Impending Danger Threats to Child Safety

The **Danger Threshold** refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness.

The danger threshold is the means by which a family condition can be judged or measured to determine if a safety threat exists. The danger threshold criteria includes: family behaviors, conditions or situations that are observable, specific and justifiable; occurring in the presence of a vulnerable child; are out-of-control; are severe/extreme in nature; are imminent; and likely to produce severe harm. The danger threshold includes only those family conditions that are judged to be out of a parents'/caregiver's control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

Threshold Criteria



Impending danger is the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible or likely outcomes without intervention.

The definition for impending danger indicates that threats to child safety are family conditions that are *specific and observable*. A threat of impending danger is something we see or learn about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed, identified, and understood. If we cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that he or she has seen or been told about then that is an indication that it is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case DOES NOT include a vulnerable child, safety is not an issue.

Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with the family. Identifying impending danger requires thorough information collection regarding family and parent/caregiver functioning to sufficiently assess and understand how family conditions occur.

In order to determine if a child is in impending danger, information is gathered by the CPS worker and case manager around fourteen (14) distinct impending danger threats to indicate whether a safety threat exists and if so, how it meets all five danger threshold criteria. The impending danger threats and a detailed description of each follow.

1. Living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home that are immediately life-threatening or seriously endanger the child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

This threat is illustrated by the following examples:

- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- The home has easily accessible open windows or balconies in upper stories.
- The family home is being used for production or distribution of illegal drug substances; products and materials used in the production or distribution of illegal drugs are being stored and are accessible within the home.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to the child that could result in severe consequences to the child.
- People who are under the influence of substances that can result in violent, sexual, or aggressive behavior are routinely in the home or have frequent access

2. One or both parents/caregivers intend(ed) to seriously hurt the child and do not show remorse.

Parents/caregivers anticipate acting in a way that will assure pain and suffering. “Intended” means that before or during the time the child was harmed, the parent’s/caregiver’s conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

“Seriously” refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child.

This threat is illustrated by the following examples:

- The incident was planned or had an element of premeditation.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns).
- Parent’s/caregiver’s motivation to teach or discipline seems secondary to inflicting pain or injury.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
- Parent’s/caregiver’s actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child

3. One or both parents/caregivers cannot or do not explain the child’s injuries and/or conditions.

Parents/caregivers are unable or unwilling to explain maltreating conditions or injuries of a child. An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom.

This threat is illustrated in the following examples:

- Parent/caregiver acknowledges the presence of injuries and/or conditions of the child but deny knowledge as to how they occurred.
- Parent/caregiver appears to be totally competent and appropriate but does not have a reasonable or credible explanation about how the injuries occurred.
- Parent/caregiver accepts the presence of the child’s injuries and conditions but does not explain the injuries or appear to be concerned about them.
- Facts observed by child welfare staff and/or supported by other professionals (such as medical evaluations) that relate to the incident, injury, and/or conditions, contradict the parent’s/caregiver’s explanations.
- The history and circumstantial information are incongruent with the parent’s/ caregiver’s explanation of the injuries and conditions of the child.

4. The child is profoundly fearful of the home situation or people within the home.

“Home situation” includes specific family members and/or other conditions in the living arrangement. “People in the home” refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child’s fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present with a child who does not verbally express fear, but their behavior and emotion clearly and vividly demonstrate **fear**.

This threat is illustrated by the following examples:

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- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal, running away).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, specific people, or specific circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

5. One or both parents/caregivers are violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly, generally or potentially active.

This threat is illustrated by the following examples:

Domestic Violence:

- Parent/caregiver physically and/or verbally assaults their partner and the child sees or hears the activity and is fearful for self and/or others.
- Parent/caregiver threatens, attacks, or injures both their partner and the child.
- Parent/caregiver threatens, attacks, or injures their partner and the child attempts or may attempt to intervene.
- Parent/caregiver threatens, attacks, or injures their partner and the child is harmed even though the child may not be the actual target of the violence.
- Parent/caregiver threatens to harm the child or withhold necessary care from the child in order to intimidate or control their partner.

General violence:

- Parent/caregiver whose behavior outside of the home (drugs, violence, aggressiveness, hostility, etc.) creates an environment within the home that could reasonably cause severe consequences to the child (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

6. One or both parents/caregivers' emotional stability, development, mental status, or cognitive deficiency seriously impairs their ability to care for the child.

The lack of the parent's/caregiver's ability to meet the immediate needs of a child may be due to a physical disability, significant developmental disability, or mental health condition that prevents adequate parental role performance. The disability or condition is significant, pervasive and consistently debilitating, to the point where the child's protection needs are being compromised.

This threat is illustrated in the following examples:

- The parent/caregiver's mental, intellectual and/or physical disability prohibits his/her ability to adequately and consistently assure that a child's essential basic and safety needs are met.
- The parent/caregiver exhibits a distorted perception of reality and the disorder reduces his/her ability to control his/her behavior (unpredictable, incoherent, delusional, debilitating phobias) in ways that threaten safety.
- The parent/caregiver exhibits depressed behavior that manifests feelings of hopelessness or helplessness and is immobilized by such symptoms resulting in a failure to protect and provide basic needs.
- The parent/caregiver is observed to be acting bizarrely and is unable to respond logically to

requests or instructions.

- The parent/caregiver is not consistent in taking medication to control his/her mental disorder that threatens child safety.
- Parent/caregiver's intellectual capacities affect judgment in ways that prevent the provision of adequate basic needs.
- The parent/caregiver is significantly developmentally disabled and is observed to be unable to provide appropriate care for the child.
- Parent / caregiver's expectations of the child far exceed a child's capacity.
- Parent/caregiver is unaware of what basic care is required for the child.
- Parent/caregiver's knowledge and skills are not sufficient to address a child's unique needs.
- Parent/caregiver does not want to be a parent and avoids providing basic care responsibilities.

7. One or both parents'/caregivers' behavior is dangerously impulsive, or they will not/cannot control their behavior.

This threat is about self-control (e.g. a person's ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy and action or manage emotions. Parent's/caregiver's lack of self-control places vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues).

Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence to a child. This threat is illustrated by the following examples:

- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child's basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave the child in potentially severe situations (e.g. failure to supervise or provide other basic care)
- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child).

8. Family does not have or use resources necessary to assure the child's basic needs.

"Basic needs" refers to family's lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available.

This threat is illustrated by the following examples:

- Family has insufficient money to provide basic and protective care.
- Family has insufficient food, clothing, or shelter for basic needs of the child.
- Family finances are insufficient to support needs that, if unmet, could result in severe consequences to the child.
- Parent/caregiver lacks life management skills to properly use resources when they are

available.

- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.

9. No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

This threat is illustrated by the following examples.

- Parent's/caregiver's physical or mental disability/incapacitation makes the person unable to provide basic care for the child.
- Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child without CPS coordination.
- Parent/caregiver has abandoned the child.
- Parent/caregiver arranged care by an adult, but their whereabouts are unknown, or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of the child.
- Parent/caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child.
- Child has been left with someone who does not know the parent/caregiver.

10. One or both parents/caregivers have extremely unrealistic expectations.

This refers to a perception of the child that is totally unreasonable. It is out-of-control because the view of the child is extreme and out of touch with reality.

The threat is illustrated by the following examples:

- Parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems; blames the child for losses and difficulties that the caretaker(s) experience (job, relationships, and conflicts with CPS/police).
- Parent/caregiver expects a child to perform or act in a way that is improbable or impossible based on the child's age and developmental capacities. Such expectations for the child include: not crying; remaining quiet and still for extended periods of time; not soiling themselves and/or being toilet trained; providing self-care or care for younger siblings; or staying home alone without any supervision.
- Parent/caregiver identifies specific behaviors and/or situations that act as triggers to aggravate or annoy them. These behaviors and/or situations result in making the parent/caregiver want to lash out physically or verbally at the child.
- Parent/caregiver is extremely distressed and overwhelmed by the child's behavior and is asking for relief or help in very specific terms.

11. One or both parents/caregivers have extremely negative perceptions of the child.

“Extremely” means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child.

This threat is illustrated by the following examples:

- Child is perceived to be evil, deficient, or embarrassing.
- Child is perceived as having the same characteristics as someone the parent/caregiver hates or is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions to the child.
- Child is considered to be punishing or torturing the parent/caregiver (e.g., responsible for difficulties in parent's/caregiver's life, limitations to their freedom, conflicts, losses, financial or other burdens).
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parent's/caregiver's intimate relationship and/or other parent.
- Parent/ caregiver see the child as an undesirable extension of self and views the child with some sense of purging or punishing.

12. One or both parents/caregivers fear they will maltreat the child and/or request placement.

This refers to parents/caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent's distraught/extreme “call for help.” A request for placement is extreme evidence with respect to a parent's/caregiver's conclusion that the child can only be safe if he or she is away from the parent/caregiver.

This threat is illustrated by the following examples:

- Parent/caregiver states they will maltreat.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parent/caregiver is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

13. One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.

This refers to basic parenting that directly affects meeting the child's needs for food, clothing, shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe consequences for a vulnerable child.

This threat is illustrated by the following examples.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.

- Young or intellectually limited parents/caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in situations that could result in severe consequences.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age).
- Parent's/caregiver's parenting skills are exceeded by a child's special needs and demands in ways that will result in severe consequences to the child.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity.
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the child's needs that could result in severe consequences to the child.
- Parents/caregivers do not believe the child's disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to the child.

14. The child has exceptional needs which the parents/caregivers cannot or will not meet.

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, serious mental/behavioral health needs, special medical needs). This threat is present when parents/caregivers, by not addressing the child's exceptional needs, create an immediate concern for severe consequences to the child.

This does not refer to parents/caregivers who do not do particularly well at meeting the child's special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the "exceptional" child not to suffer serious consequences.

This threat exists, for example, when the child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies:

- Parent/caregiver does not recognize the condition or exceptional need.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition which results in severe consequences for the child.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

Safety Planning

In-home safety plan refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his own home. In-home safety plans include activities and services that may occur within the home or outside the home but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do inside or outside the child's home. An in-home safety plan primarily involves the home setting and the child's location within the home as central to the safety plan, however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out-of-home placement option such as on weekends (e.g., respite).

Out-of-home safety plan refers to safety management that primarily depends on separation of a child from his home, separation from the safety threats, and separation from parents/caregivers who lack sufficient protective capacities to assure the child will be protected. Out-of-home safety plans can include safety services and actions in addition to separation or out-of-home placement. Out-of-home safety plans should always contain a family interaction plan based on the unique circumstances of each case. Out-of-home safety plans can contain some in-home safety management dimension to them. Out-of-home safety plans can include safety service providers and others concerned with safety management besides the out-of-home care providers.

Safety plans can involve in-home and out-of-home options combined in such a way to assure a child is protected. Depending on how safety threats are occurring within a family, separation may be necessary periodically, at certain times during a day or week or for blocks of time (e.g. day care, staying with grandma on weekends), or all the time until conditions for return home can be met. Therefore, when developing safety plans, the CPS worker or case manager, scrutinizes when separation is required to assure protection and if combinations of in-home and out-of-home management options may be sufficient to assure protection. Alternatively, when the CPS worker or case manager determines that only an out-of-home safety plan is appropriate (i.e., child is placed full time), consideration is also given to including in-home safety options/services to provide a bridge for working toward achieving conditions for return and reducing the amount of time that a child is in out-of-home placement.

Safety Services

Child safety is always of primary importance throughout child welfare casework. The children who remain in their parent's/caregiver's home with identified safety threats are some of the most vulnerable in child welfare caseloads. These cases require diligent, ongoing safety management. They also require active monitoring of both the ongoing safety plan and changes in the parent's/caregiver's protective capacities.

Safety Services are employed to control present or impending danger so that the in-home safety plan remains sufficient to keep the child safe. Safety Services are actions, items, resources, and or supervision identified as part of a safety plan occurring specifically for controlling or managing impending danger threats. Safety services fall into the following five categories.

1. Behavior Management

Behavior management is concerned with applying action (activities, arrangements, services, etc.) that controls parent/caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior. This action is concerned with aggressive behavior, passive behavior, or the absence of behavior – any of which threatens a child's safety. Behavior Management safety services include:

- **Supervision and monitoring**, which is an appropriate response if the presence of the safety service provide will diffuse the situation or if the provider can thwart any threat to safety. Supervision and monitoring may also be an appropriate response to keep track of what is happening in the family and monitor the emotional climate. Supervision and monitoring is almost always used when other safety services are employed.
- **Stress reduction** as a safety service is not the same as stress management which has more treatment implications. The primary responsibility of the safety service provider is considering with the parent/caregiver actions that can reduce the stress the parent/caregiver is experiencing.
- **Behavior modification** as a safety service is concerned with monitoring and seeking to influence behavior that is associated with impending danger and is the focus of an in-home safety plan.

2. Crisis Management

Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the parent's/caregiver's and family member's emotions, abilities, resources, and problem-solving. A crisis for families that involves safety services is not necessarily a traumatic situation or event in actuality.

A crisis is the parent's/caregiver's or family member's *perception* and *reaction* to whatever is happening at a particular time. Many parents/caregivers and family members appear to live in a constant state of crisis because they experience and perceive most things happening in their lives as threatening, overwhelming, horrible events, and situations over which they have little or no control.

With respect to safety management, a crisis is an acute, here-and-now matter to be dealt with so that the impending danger is controlled, and the requirements of the in-home safety plan continue to be carried out.

Crisis management may utilize informal or formal supports. Some families have connections with friends or relatives who have been able to help them resolve crises in the past. These people can be built into the safety plan as long as they have flexible availability. A community may have a mobile response team that can provide crisis management.

The purposes of crisis management are crisis resolution and prompt problem solving in order to control impending danger. Crisis management is specifically concerned with intervening to:

- Bring a halt to a crisis;
- Mobilize problem solving;
- Control impending danger;
- Reinforce parent/caregiver participation in the in-home safety plan; and
- Avoid disruption of the in-home safety plan.

3. Social Connection

Social Connection is concerned with impending danger that exists in association with, or influenced by, parents/caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all kinds of debilitating emotions such as low self-esteem, self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others).

Social Connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support parent/caregiver efforts. Keeping an eye on how the parent/caregiver is doing is a secondary value of social connection. Social Connection safety services include:

- **Friendly visiting** is directed purposefully at reducing isolation and connecting parents/caregivers to social support. As a safety service, friendly visiting may sound unsophisticated or non-professional. It may be perceived as 'stopping by for a chat.' In actuality, it is far more than visiting. Friendly visiting is an intervention that is among the first in social work history. Friendly visiting can be done by anyone, including professional and non-professional safety service providers. When arrangements are made for friendly visiting by others, it will be necessary for you to direct and coach them in terms of the purpose of the safety service and how to proceed.
- **Basic parenting assistance** is a means to social connections. Socially isolated parents/caregivers do not have people to help them with basic caregiving responsibilities. They also experience the emotions of social isolation including powerlessness, anxiety, and depression – particularly related to providing basic parenting.

Basic parenting assistance is concerned with specific, essential parenting that affects a child's safety. This safety service is focused on essential knowledge and skill a parent/caregiver is missing or failing to perform. Typically, one would consider this as related to children with special needs or an infant. Also, one would expect that the parents/caregivers are in some way incapacitated or unmotivated. The significance of the safety service provider's relationship with the parent/caregiver creates the social connection by helping them with challenges they have with parenting which is fundamental to the child remaining in the home.

- **Supervision and monitoring** as a social connection occurs through conversations during routine safety service visits (along with information received from other sources). Within these routine in-home contacts, the social conversations can also provide social connection for the parent/caregiver. The point here is to promote achievement of objectives of different safety categories and safety services when the opportunity is available.
- **Social networking** is about arranging and facilitating. This safety service refers to organizing, creating, and developing a social network for the parent/caregiver. The term 'network' is used liberally since it could include one or several people. It could include people the parent/caregiver is acquainted with such as friends, neighbors, or family members. The network could also include new people that are introduced into the parent's/caregiver's life. The idea is to use various forms of social contact, both formal and informal; contact with individuals and groups; and to use contact that is focused and purposeful.

4. Resource Support

Resource support refers to a safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Resource Support safety services include:

- **Safety permanency funds** provide concrete resource support used to manage threats to child safety or are related to supporting and continuing safety management and include the following resources related specifically to a lack of something that impacts child safety:
 - Transportation services particularly in reference to an issue associated with a safety threat;
 - Employment assistance aimed at increasing resources related to child safety issues;
 - Housing assistance that seeks a home that replaces one that is directly associated with impending danger to a child's safety;
 - House cleaning services;
 - General health care;
 - Food and clothing; and
 - Home furnishings or utilities.

Concrete resources may be provided by informal supports, community-based organizations, or governmental services.

- **Parent aides** can also be a resource support as professionally trained individuals who establish a trusting relationship with parents/caregivers. This relationship is used as a vehicle for helping families resolve problems that have led to a child being unsafe. This safety service assists parents/caregivers in caring for the child including:
 - Modeling appropriate parenting skills and discipline techniques;
 - Addressing special needs of the family by referring them to community agencies as appropriate;
 - Teaching household management such as organization, budgeting, nutrition, time management and personal care skills; and
 - Supporting visitation when necessary.

- **Medical and mental/behavioral health** intervention includes services intended to control a threat to child safety, not change a medical or mental/behavioral health condition. This may include:
 - Medical care to monitor health condition (e.g. blood sugar level, feeding tube maintenance, etc.);
 - Supervision of medication to control mental illness or substance abuse;
 - In-home health care;
 - Emergency alcohol or drug abuse services; and
 - Emergency medical care.

5. Separation

Separation is a safety category concerned with threats related to stress, parent/caregiver reactions, childcare responsibility, and parent/caregiver-child access. Separation provides respite for both parents/caregivers and the child. The separation action creates alternatives to family routine, scheduling, demand, and daily pressures. Additionally, separation can include a supervision and monitoring function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action which can occur frequently during a week or for short periods of time. Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-home placement of a child or combinations of these. Separation safety services include:

- **Planned absence from the home.** Often friends, neighbors, or family members are resources whereby the child is temporarily placed with another safe adult. The length of absence can vary.
- **Respite care** is a pre-planned arrangement available to a parent/caregiver receiving in-home case management who needs temporary relief of duties for the child whose mental or physical conditions require special or intensive supervision or care. Respite care is provided by a licensed alternate caregiver or licensed childcare provider.
- **Childcare** through a licensed provider offers temporary care, supervision, education, or guidance of a child in a safe environment and away from the parent/caregiver.
- **After school care** by a licensed provider offers temporary care and supervision for a school-aged child at the conclusion of the school day as well as during school holidays or summer vacation.
- **Planned activities**, such as the child's involvement in recreational or extracurricular activities support planned breaks for parents/caregivers while engaging the child in enjoyable activities. When cost for participation or transportation to the activity presents a barrier, Safety Permanency Funds can be utilized once all other options have been explored and ruled out.
- **Child placement** out of the home may be the best option in certain circumstances. When CPS workers or case managers consider an out of home safety plan for the child, alternate caregivers the child knows and who are deemed safe are the first choice.

Safety Service Providers

Safety Service Providers refers to anyone who participates as one responsible for safety management within a safety plan. Safety service providers can be professionals, para- professionals, lay persons, volunteers, neighbors or relatives.

Safety service providers may be *informal supports* (e.g. extended family, friends, neighbors, connections from faith community or other organizations) or *formal supports* (e.g., parent aides, contract service providers, public health, childcare or school, etc.). In either instance, they must meet the following qualifications in order to be included in the in-home safety plan.

1. Safety Service Providers must be available when required.

Once the times a safety service is needed has been established, the safety service providers must be available during those times. Formal service providers must have availability that is flexible enough to meet the family's need. Informal providers must be available when needed and be able to maintain that availability as long as the safety plan is needed. In either instance, the safety service provider must understand why that particular schedule is critical to assuring child safety.

2. Safety Service Providers must be properly aligned with the child and the agency.

Safety service providers must understand the child's need for protection and see that as the priority. Informal providers with pre-existing relationships with the family must be aligned with the child and view that alignment as in the best interests of everyone in the family. A provider who is primarily aligned with the parent/caregiver and sees the child as responsible for the problems is not a qualified safety service provider.

Both formal and informal safety service providers must understand and respect the role of the agency. They must understand the need for agency involvement to take primary responsibility for assuring child safety in the current family circumstances. They must respect your role of directing their actions with the family and act accordingly.

3. Safety Service Providers must be trustworthy and committed.

Safety service providers must follow through with the safety plan as designed. They must perform their role and continue to do so through the life of the in-home safety plan.

4. Safety Service Providers must understand the Impending Danger Threats.

They must have a clear understanding of why the child is not safe and how the impending danger threats play out in the family. Share information from Safety Determination Analysis Question 1 (607-05-70-30-15-01) with them so that they better understand family dynamics.

5. Safety Service Providers must understand their function.

The safety service provider must have a clear understanding of what they are being asked to do and a thorough understanding of how they will spend their time when in the home. Explicit instructions are provided by the CPS worker or case manager to ensure they fulfill their role.

Safety service providers are in the home to provide a response meant to control impending danger threats, not treatment services designed to facilitate long term change. Sometimes it may be appropriate to have them work on some change-oriented goals while they are in the home, but the safety function remains the highest priority. It is their primary reason for being there. This requires close management of the safety plan and frequent communication between the CPS worker or case manager and the safety service provider.

6. Safety Service Providers must be supportive and encouraging.

The relationship between the parents/caregivers and safety service provider is critical to the success of the safety plan. Even under good circumstances, it is often difficult for families to maintain their participation in a safety plan. This will be exacerbated if the safety service provider's attitude is punitive or judgmental. Everyone who works with the parents/caregivers should be committed to encouraging them to resume their role as primary protector of the child as soon as possible.

7. Safety Service Providers must recognize signs of problems and know what to do if they see those signs.

The safety service provider must work closely with the CPS worker and/or case manager to anticipate problems the family may have and plan what to do in those circumstances. The Safety Plan is stronger when the safety service provider has a clear picture of what problems require intervention and what that intervention should look like. Examples of questions for discussion include:

- How should the provider intervene with family members if problems arise when the provider is there?
- Are there circumstances under which the child would need to be separated from the parent/caregiver?
- Who will provide consultation and direction to the provider if problems occur? How can the safety service provider contact this person?

Protective Capacities Family Assessment

When, at the completion of the CPS Assessment, it is determined further child welfare services are needed to control impending danger, the family is transferred to either In-Home or Foster Care case management, per the level of intrusion required to control the danger. The case manager then initiates his/her work with the family by completing the Protective Capacities Family Assessment.

The **Protective Capacities Family Assessment (PCFA)** is a structured interactive process facilitated by the case manager that is intended to build partnerships with parents/caregivers in order to identify and seek agreement regarding what must change related to child safety and to develop case plans that will effectively address parent/caregiver protective capacities and meet child needs.

The following questions are answered at the conclusion of the PCFA:

- ✓ Are safety threats being sufficiently managed in the least intrusive way possible?
- ✓ Can existing protective capacities be built upon to make needed changes?
- ✓ What is the relationship between identified safety threats and diminished protective capacities?
- ✓ What is the parent's/caregiver's perspective or awareness regarding safety threats and what needs to change?
- ✓ What are parents/caregivers ready, willing, and able to do to make needed changes?
- ✓ What are the areas of disagreement between the parents/caregivers and agency regarding what needs to change?
- ✓ What change interventions/services will be used to assist in enhancing diminished parent/caregiver protective capacities?

Four stages comprise the PCFA:

- 1) Preparation,
- 2) Introduction,
- 3) Discovery, and
- 4) Change Strategy and Case Planning.

Each stage is described below.

Stage 1: Preparation

This stage is the process of planning by the case worker in consultation with the supervisor, to allow an efficient and focused PCFA. The case worker must ensure they have everything they need to begin the PCFA including the necessary documentation, thorough knowledge of the case, information regarding safety threats and the ongoing safety plan, an understanding of the parents'/caregivers' reaction to agency involvement, and anticipated challenges in conducting PCFA. This stage usually takes 1-2 hours.

Stage 2: Introduction

The case manager's initial meeting with the parents/caregivers is a time to build rapport, begin to build a partnership, provide information and allow the parents/caregivers time to express themselves. This stage is the point of transition for the parents from CPS Assessment to ongoing services through either In-Home or Foster Care case management. The case manager will explain his/her job title, ensure the family has his/her contact information, and differentiate the roles of the CPS worker and the role of In-Home or Foster Care case manager (i.e., initial assessment of safety vs. managing child safety and partnering with the parents/caregivers to resolve the reasons for agency involvement).

Stage 3: Discovery

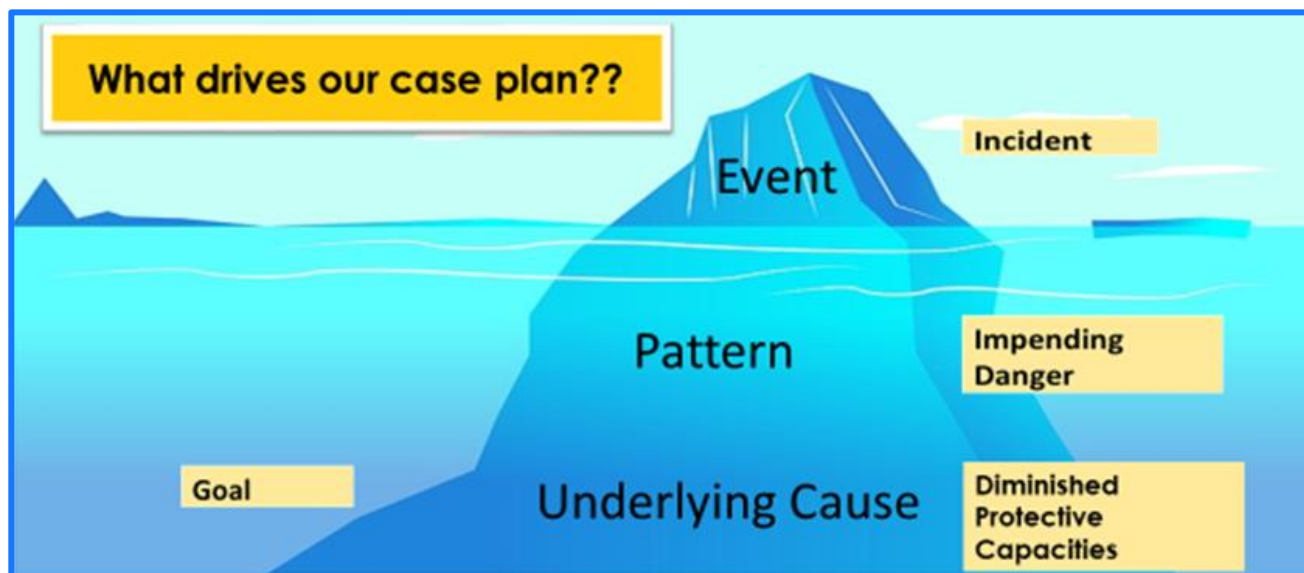
This stage is the process of joint discovery between the case manager and parents/caregivers concerning what must change in order for the parents/caregivers to safely care for their child. This stage helps identify the enhanced (strengths) and diminished (needs) protective capacities which are directly related to the identified Impending Danger threat. In other words, the diminished protective capacity is either causing the Impending Danger threat or causing the parent/caregiver to be unable/unwilling to protect the child from the Impending Danger threat. It will likely take more than one contact with the parent/caregiver to complete this stage.

Stage 4: Change Strategy and Case Planning

Once diminished protective capacities are well understood, the case manager's goal is to work with the parents/caregivers to determine what intervention(s) will help to facilitate the necessary enhancement of diminished protective capacities so that the child can be safely cared for in the home. During this stage the case manager works with the family to develop an individualized case plan that will provide foundational information for the child and family team.

Case Plan & Child and Family Team Process

Case Plans include identified goals developed with the family which are specific, behavioral, and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home. Case plans include tasks/change strategies, specified roles, and responsibilities of providers, family members, and the case manager to assist the family in achieving the identified goals. The case plan is intended to be responsive to the underlying causes that led to agency involvement (see below).



Whether the family has an in-home or out-of-home safety plan, the first priority for case planning must be reducing the threats to child safety and enhancing the protective capacities of the parents/caregivers so that the family can assure child safety without child welfare agency intervention. Case plans also address any unmet needs the child may have, such as assistance in managing trauma responses, attachment to his/her caregiver, academic success, and/or social skills development.

The initial case plan is developed between the case manager and parents/caregivers. Ongoing case planning is facilitated by the case manager using the child and family team process.

Protective Capacities Progress Assessment

The Protective Capacities Progress Assessment (PCPA) is an ongoing comprehensive assessment process that utilizes specific criteria to evaluate progress toward case plan goals. The PCPA assesses two major areas to evaluate parent/caregiver progress toward enhancing protective capacities: 1) specific indicators of change, and 2) parent/caregiver readiness to change.

The PCPA consists of information collection by the case manager that occurs during change-focused contacts and/or any meaningful contact with the family, child and family team, service providers, and safety service providers. The PCPA analyzes measurement of progress toward achievement of case plan goals and changes in behaviors and conditions. The PCPA process is required until case closure.

PCPA conversations between the case manager and family are change focused and consist of:

- Identifying what progress parents/caregivers have made toward enhancing protective capacities;
- Assessing the parent's/caregiver's motivational readiness by monitoring changes in behaviors and conditions;
- Reassessing the child well-being indicators to determine whether child needs have changed and/or require direct, ongoing, or formal services as part of the case plan; and
- Reviewing the safety determination analysis questions to review sufficiency of the treatment plan and whether more or less intrusive intervention is required to control the danger.

As part of monitoring an in-home or out-of-home safety plan the case manager must conduct a case progress evaluation every 90 days after the initiation of the case plan in order to evaluate the effectiveness of the case plan and measure progress and change. The PCPA will be reviewed and updated at every child and family team meeting.

The goals in the case plan are used as the basis for evaluating progress and change in enhancing parent/caregiver protective capacities related to impending danger threats. When the PCPA indicates that the goals and/or tasks/change strategies need to be modified due to changes in parent/caregiver capacities or threats to safety, the case manager, in collaboration with parents/caregivers and the child and family team, must revise the case plan or create a new case plan within the PCPA.

Types of Plans with Families

In general, there are three plans the agency will create with the family. The table below distinguishes the type and purpose of each.

Type of Plan	Purpose	When is it implemented?	How long is it required?	When does it end?
Present Danger Plan	Controls present danger threats	Anytime present danger is identified during the life of the case	Usually 3-5 days (14 days max)	When present danger is resolved
Safety Plan	Controls impending danger threats	As soon as impending danger is identified	For as long as impending danger exists	When there is no impending danger and child is safe
Case Plan	Identify goals and services to enhance parent/caregiver protective capacities	Conclusion of the PCFA and ongoing within the PCPA	Throughout the life of the case	When sufficient change has been achieved to sustain child safety without agency intervention

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