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Making Quality Child Welfare Practice Possible

WEBINAR TITLE:

Guidelines for Ongoing Safety Management: Maintaining Sufficient Surveillance and Support

DESCRIPTION:

Like every other facet of life in our communities, the current health crisis has forced public child welfare practice to adapt to requirements for social distancing. As an essential service, operating on the front line for helping families and protecting children, child welfare supervisors and caseworkers must remain vigilant in assessing and managing threats to child safety. This webinar will consider the unique challenges posed when in-person, face-to-face home visits with families are necessarily reduced or not possible. It will define the purpose and objectives for proactively managing in-home and out of home Safety Plans. Guidance will be provided for how to proceed with delivery of ongoing safety services, when virtual contacts must occur, to ensure Safety Plans are operating as intended to keep children safe and prevent placements from disrupting.

RESOURCES:

- Adapting Practice During a Public Health Crisis: Guidelines for Public Child Welfare
- Tips for Conducting Virtual Contact with Placement Providers
- Caseworker Tips for Conducting Virtual Home Assessments
- Tips for Preparing for a Professional Virtual Child Welfare Contact

Adapting Practice During a Public Health Crisis: Guidelines for Public Child Welfare

Ongoing Safety Management and Social Distancing

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Adapted Practice Guidelines
Ensuring Sufficiency of In-Home Safety Plans and Management of Child Safety

During a Public Health Crisis, circumstances may change rapidly. As the crisis has significantly changed in our social environments, caused by social distancing and isolation policies to control the spread of infectious disease, public child welfare agencies remain steadfast in working to ensure child safety. In practical terms, with respect to being responsive in day-to-day service delivery, social distancing requires public child welfare agencies to critically think about how to maintain the highest standard for managing child safety, while accounting for caseworker and community safety. Effectively implementing and overseeing In-Home Safety Plans, for children residing with their caregivers/parents, can be challenging under ideal circumstances. Undoubtedly, the challenge in meeting crucial practice objectives for In-Home Safety Management becomes more difficult with evolving restriction on social interaction due to the COVID-19, and reasonable concern that limitations on client contact could potentially decrease caseworker and safety service provider access to children and families.

Public child welfare agencies, operating in the current climate of uncertainty, are compelled to consider the distinction between essential and non-essential functions. When considering the paramount responsibility for ensuring child safety on open cases, particularly for children who are only able to remain home because of the use of an In-Home Safety Plan, ongoing safety management is clearly among the most essential public child welfare interventions. As such, continued due diligence is imperative for ensuring that In-Home Safety Plans occur as intended to sufficiently control threats to child safety and prevent the need for children to be placed in out-of-home care. Despite the constraints placed on public child welfare agencies for safety management, it is important to emphasize that in-home safety services must be provided in adherence to, or as close as possible to, the schedule set forth in the In-Home Safety Plan.

This guide for providing ongoing safety management is intended to provide a resource support during this period of heightened social distancing; to assure that In-Home Safety Plans remain sufficient, including, if necessary, adapting the delivery of in-home safety services based on agency expectations, while meeting the changing needs of families and/or effectively responding to vacillating negative conditions associated with threats to child safety. The guidelines for adapting ongoing safety management cover six areas: determining necessary types of contact on In-Home Safety Plans; reassessing sufficiency for In-Home Safety Plans; adapting approach for delivering in-home safety services; planning for delivering in-home safety services; delivering in-home safety services; and determining the need for immediate follow up response.

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Safety Management: Key Definitions

Ongoing Safety Management
Safety Management refers to the intervention used, or specific action taken, to control dangerous family conditions threatening a child's safety. Safety Management includes in-home, out-of-home, or a combination of in-home/out-of-home actions. Safety Management, as an action, refers to a deliberate act to control a threat to a child's safety. The action to manage safety can be a formal service from a professional provider such as a Safety Manager, and/or an informal activity performed by a relative or volunteer.

Provisional Protection
Safety Management is provisional; it is caregiver/parent-centered so that caregivers/parents can participate in all aspects of Safety Planning. Provisional Safety Management employs the least intrusive measures necessary to ensure a child is protected. Throughout the case, the Caseworker evaluates intrusiveness for safety management, and the caseworker constantly strives to decrease intrusiveness of the Safety Plan as case circumstances dictate.

Safety Plan
The Safety Plan is a written arrangement between a family and the agency that establishes the management of threats to child safety. The Safety Plan must be implemented and actively managed for as long as threats to child safety exist; Safety Plans can be adjusted as needed, and at any time, based on case progress or to accommodate unexpected changes in family situations. The Safety Plan is designed along a continuum from the least to most intrusive intervention: In-Home; combination In-Home and Out-of-Home Plan; and Out-of-Home (kinship/ foster care) The Safety Plan includes documented safety management objectives, designated safety services and designated timeframes.

Safety Services
A Safety Service is an action, activity, task, or imposed situation that may be formal or informal, and is provided by professionals and non-professionals for the purpose of managing or controlling threats to child safety. Safety Services must be capable of having an immediate effect, must be immediately available, must always be accessible, and must be sufficient to control Impending Danger. Safety Services are intended to achieve five objectives:
- behavior management;
- crisis management;
- social connection;
- separation; and
- resource support.

Guideline I.
Determine Type of Safety Service Contact for In-Home Safety Plans

The best practice standard for ongoing Safety Management, involving the delivery of in-home safety services, is in-person, face-to-face contact with caregivers/parents and children in their residence. The need for adapting the type of contact on In-Home Safety Plans, due to social distancing, should occur on an individual case by case basis. The decision to shift contacts from in-person to virtual (i.e. video or phone call) should carefully consider the ability to effectively meet the objectives of the In-Home Safety Plan with reduced interpersonal interaction with caregivers/parents and children. Criteria for determining the use of virtual contacts for providing in-home safety services is as follows:

Ability to Maintain Best Practice Standard for Safety Management	If possible, with the foremost attention to safeguarding staff physical health, in-person contacts for Safety Services should remain the standard for Safety Management.
Family Access and Ability to use computer and internet and/or phone	Having access to necessary technology is an obvious prohibitive factor for providing virtual Safety Services. For families that have access to a phone and/or computer, the key consideration is reliability; in other words, there is high confidence that a family's source(s) of technology is constantly available and predictably working, as needed, for each designated Safety Service contact. Last, it is important to assess the ability of caregivers/parents to access and use technology in a way that will meet the objectives for the Safety Plan.
Timing of In-Home Safety Plan Implementation	If the In-Home Safety Plan was just recently implemented, and the family is still adapting to it, it is not advised to move exclusively to virtual safety service contacts. The need for maintaining, at least some level, of in-person safety service contact, is particularly important if children were in out-of-home care for an extended period of time, prior to the implementation of an In-Home Safety Plan. There needs to be sufficient time for in-home safety services to support the family re-adjusting to children returning home.
Child Vulnerability and Volatility of Threats to Child Safety	All children identified as unsafe are vulnerable; that said, certain children are more vulnerable due to age, capacity or personal characteristics. The extent of a child's vulnerability coupled with how safety threat are manifested in a family, must be assessed prior to proceeding with virtual safety service contacts. It is further advised that caregiver/parent progress toward making behavioral changes, associated with threats to child safety, and the level of effort required for an In-Home Safety Plan to ensuring child safety be assessed prior to proceeding with virtual Safety Service Contact.

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Guideline II.
Reassess to Confirm the Sufficiency of the In-Home Safety Plan

Sufficient In-Home Safety Planning, from a provisional protection perspective, requires Safety Plans be promptly adjusted to account for changes in family conditions or circumstances that could influence threats to child safety to become active. The fear and anxiety caused by COVID-19 represents a significant change in family circumstances. The social isolation, including difficulty meeting basic needs, can be detrimental by further deteriorating already existing out-of-control negative family conditions that are being managed by an In-Home Safety Plan. Given this reality, it is crucial that all In-Home Safety Plans are reassessed to ensure that Safety Services remain sufficient to compensate for changes in family circumstances.

Assess if Safety Service Continue to Control Threats to Child Safety

The type and frequency of safety services required for a sufficient In-Home Safety Plan is justified by what is needed to control threats to child safety. It is important to have information regarding the current status of family functioning related to identified safety threats and consider changes in the social environment that could potentially compromise the sufficiency of an In-Home Safety Plan. Safety Plans should be modified accordingly to ensure that the level of effort for safety services *always* meets the objectives of the In-Home Safety Plan.

Assess if In-Home Safety Plans need to be modified to Account for Changes in Community Environment

In many cases, social distancing has limited the access families have to vital community resources, including treatment services, support groups, and child-care/child-oriented activities. To the extent to which these services are crucial for ensuring child safety, In-Home Safety Plans will need to be modified to fill the gap. For example, if a caregiver/parent was no longer able to attend AA meetings twice a week to assist in preventing relapse, then the In-Home Safety Plan would need to add, or increase, safety services to fill the void.

Assess if In-Home Safety Plans need to be modified to Account for Social Isolation

Caregivers/parents participating in an In-Home Safety Plan struggle with out-of-control behaviors and emotions that affect their ability to be protective. They are at different places in the case process, and so demonstrate different amounts of change and self-reliance, requiring different levels of support. Although social isolation is not uncommon for many families involved with public child welfare, the current requirements for social isolation is profound in how it is altering most aspects of life. In-home Safety Plans must account for how caregivers/parents and children are experiencing and coping with this new reality. Safety services must be proactive anticipating increased stress, fear, and depression; and decreased tolerance and self- control.
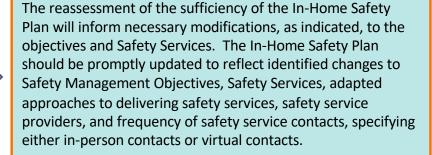
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Guideline III.
Formalize Adapted Approach for Delivery of In-Home Safety Services

The Safety Plan is a written arrangement between a family and the agency that establishes the management of threats to child safety. The documentation of the Safety Plan represents the official decision made by a public child welfare agency regarding the objectives for the plan and which safety service will be provided to control safety threats from becoming active. Although In-Home Safety Plans are not voluntary, they do constitute a formally arranged agreement with caregivers/parents. As such, it is essential that caregivers/parents are fully informed regarding all aspects of how the In-Home Safety Plan is intended to work, with explicit attention on the use of virtual safety service contact.

Update the In-Home Safety Plan ➡ The reassessment of the sufficiency of the In-Home Safety Plan will inform necessary modifications, as indicated, to the objectives and Safety Services. The In-Home Safety Plan should be promptly updated to reflect identified changes to Safety Management Objectives, Safety Services, adapted approaches to delivering safety services, safety service providers, and frequency of safety service contacts, specifying either in-person contacts or virtual contacts.

Discuss modifications to the In-Home Safety Plan with caregivers/parents and Safety Service Providers ➡ Prompt discussions should occur with all participants involved in the In-Home Safety Plan to communicate modifications to the plan. The caseworker meets with caregivers/parents to confirm they understand the purpose for the In-Home Safety Plan; confirm their willingness to participate in the use of an In-Home Safety Plan; and to confirm that they are fully aware of when and how safety services will be provided. Providing in-home safety service virtually will require a higher level of effort from caregivers/parents. It is essential that they understand the specific expectations for their involvement in supporting the delivery of safety services. If in-home safety services are to be provided virtually, it is crucial that caregivers/parents and safety service providers have the knowledge and ability to do what is required to successfully participate in virtual safety service contacts.

Confirm backup plans if modifications to the delivery of Safety Services do not meet Safety Management Objectives ➡ The use of virtual contacts for delivering in-home safety services can be challenging for meeting Safety Management Objectives. There is a greater likelihood for experiencing a breakdown in communication, which could result in children being unprotected. Anticipating possible difficulties in maintaining designated contacts with caregivers/parents and children, such as technology issues, will allow caseworkers to be proactively responsive. Having a backup plan for how to respond if virtual contacts cannot be made is necessary to ensure that In-Home Safety Plans remain sufficient.

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Guideline IV.
Thoroughly plan for in-home safety services that involve using virtual technology

Providing in-home safety services is not a passive activity. Effective Safety Management requires knowing how safety services are to occur to assess triggers for safety threats becoming active. Virtual safety services present a unique challenge for assessing family conditions. Without having the benefit of in-person contact, it is critically important that caseworkers plan thoughtfully for having focused conversations with caregivers/parents based on the objectives of the Safety Plan: knowing what to ask family members to assess safety alerts; and knowing what information requires a response to crisis to control threats to child safety.

Consider the rationale for the objectives of the In-Home Safety Plan based on an understanding of the threats to child safety	Caseworkers need to begin planning by considering details regarding what causes threats to become active; when are caregivers/parents most susceptible to negative influences; what are the main indicators that a caregiver/parent is struggling to maintain self-control; and how is the safety threat likely to impact a child. Knowing the details about safety threats informs what Safety Services must accomplish to control to ensure child safety.
Determine specific information required, when providing Safety Services, to achieve the Safety Management Objectives	Once there is clarity about what a Safety Service must control, the next step is to decide what information is necessary to seek from caregivers/parents. The delivery of in-home Safety Services is not a passive activity; it involves intentionally engaging family members and asking specific questions regarding the home environment, family member functioning, and parenting issues associated with safety threats. Be prepared by listing out what information is essential and have a plan for obtaining information and, if necessary, for how to respond.
Identify approach, questions, and responses for providing Safety Services	The last step in planning for contact involves scoping out the approach for engaging caregivers/parents and children and identifying items for discussion as well as specific questions focused on controlling negative family conditions and managing child safety. It is always necessary to be prepared to respond to emerging issues or concerns that may arise during Safety Service contacts; it is particularly important, if the Safety Service is conducted virtually, to have a plan for immediate response in the event there are indications that child safety might be compromised.

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Guideline V.
Provide in-person and virtual Safety Services as described in the In-Home Safety Plan

In-person or virtual Safety Service contacts ensure child safety by adhering to types of contacts; scheduled frequency of contact; and oversight communication described in the In-Home Safety Plan. Safety Service providers interact with caregivers/parents, in-person or virtually, in creative ways to assist them in being involved in the Safety Management process to promote optimism, test reality, provide redirection, support, and encouragement.

Safety Service Providers use interpersonal skills to engage caregivers/parents in meeting Safety Management Objectives

Safety Service contacts, particularly when done virtually, should not be approached as mere "check ins". In many respects, the artificiality of virtual contacts requires discipline to maintain focus and concentration on the use of interpersonal skills during conversations. The following are suggestions for engaging caregivers/parents in Safety Service contacts. Safety Service providers should:

- Rely on a planned agenda for conducting contacts;
- Take time at the onset of the contact to orient caregivers/parents to the objectives, agenda, approach, and process;
- Intentionally prepare caregivers/parents for transitions in the conversation ("in a moment I am going to ask to see your home, but first, lets talk about…");
- Use open-ended questions that target the objectives for Safety Management;
- Be mindful about slowing down to allow caregivers/parents time to respond, including being aware of lag time that may occur when using technology; and
- If video technology is being used, consider the need to increase non-verbal minimal encouragers and be conscious of shifting eye contact back and forth from the camera to the client.

Safety Service Providers talk to or observe children, and observe the home environment including family member interactions during every visit

In-home Safety Service providers should talk with or observe children during every contact. If the In-Home Safety Plan has children that are non-verbal, and the family does not have access to video technology, Safety Services will likely need to occur in-person. If using video technology for Safety Service contacts, plan with caregivers/parents to:

- Have a home tour with each contact;
- Set up their camera to comfortably have a conversation and observe the family's interactions. For example, if the Safety Service is Basic Parenting Assistance for making breakfast, ask caregivers/parents to set-up the camera angle so the entire kitchen is in view.

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Guideline VI.

Anticipate and respond to safety alerts, safety plan disruptions, and newly emerging needs

Caseworkers should plan for disruptions to the safety plan when providing in-home Safety Service virtually and be vigilant regarding safety alerts indicating that the In-Home Safety Plan is no longer sufficient. In addition to safety plan disruptions, newly immediate, emergent, or unmet needs not addressed by the In-Home Safety Plan may arise. Caseworkers should be prepared to perform or arrange for immediate services, including straightforward problem solving or unplanned crisis management. It may also be necessary for caseworkers to make immediate changes in the Safety Plan.

Caseworker and Safety Service Providers respond proactively and promptly to crisis or breakdown in the provision of Safety Services

Given the challenges for In-Home Safety Plans during periods of social isolation with increased use of virtual contacts, caseworkers should be prepared for unexpected issues. Caseworkers should be prepared for frequent problem solving, which often may be complicated by a decline in emotional regulation for caregivers/parents or children. Issues that could affect Safety Plan sufficiency, requiring immediate response, include:
- loss of a Safety Service provider or community resource;
- loss of access to technology for virtual contacts;
- caregiver/parent reluctance to participate in virtual Safety Service contacts; and
- caregivers/parents not consistently adhering to the requirements for in-person or virtual Safety Service contacts.

It is also important to prepare for threats to child safety becoming active and/or family emergencies; for example, a caregiver/parent relapsing or a family member getting in an accident or becoming ill. Immediate crisis resolution and problem-solving will be crucial to limit negative effects on the family and avoid disruption to the In-Home Safety Plan

Caseworker determines need for immediate response to a family, including in-person, face-to-face contact to ensure child safety

When an In-Home Safety Plan is modified to include virtual Safety Service contacts, it is crucial to determine when an in-person contact with the family is required. The following guidelines are to be considered:
- Safety alerts indicate family situation is becoming volatile;
- Threats to child safety appear to be becoming active;
- It is determined that virtual Safety Service contacts cannot met Safety Management objectives;
- Caregivers/parents are not responding to virtual contacts; and/or
- Access to children, via virtual contacts, is compromised.

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Tips for Conducting a Virtual Contact with Placement Providers

Planning for Virtual Contact

- Plan time/means of talking privately with each verbal child. Problem solve with the placement provider so there will be a two way visual communication means, allowing for observation of each child.
- Observe the affect, eye contact and demeanor of the child. If they seem abnormally nervous or hesitant, ask them about their feelings.
- If you suspect privacy is not being afforded, ask the individual to discretely signal (i.e. quickly blink three times or cough) if anyone is listening to the conversation.
- Prepare a list of stress reduction techniques and virtual resources which may be helpful to placement providers, aligned with current social distancing parameters.
- Prepare a list of virtual resources which may be available to help meet the placed child's needs.

Conducting the Virtual Contact: Informative Questions

The following are examples of questions which may be asked of each household member to assess for child safety in out of home placement. Reminder, that when speaking to the children in the home, tailor the questions to the developmental stage, maturity and communication ability of the child.

- Daily routine in the home:
    - Who has all been in the home?
    - How have the child's academic needs been getting met?
    - What is the placement provider's current employment status? Are they working from home?
    - How has the placement provider been balancing work, schooling and supervision of the children in the home?
    - Are there any identified needs related to the daily routine?
- Current physical health of all household members:
    - Is anyone ill? Have they received medical testing/treatment? Are any recommended quarantine and/or medical orders being followed?
    - Is the family able to meet ongoing health needs of all members? If not, what are barriers and what is needed?
- Each adult household member's current stress level:
    - How are you doing today? How are you feeling emotionally?
    - What are any current or new stressors? Financial? Health? Concern for extended family or friends? Other worries?

- o Are there any feelings of loneliness or grief? How is the adult coping with these feelings?
  - o What stress reduction techniques has the adult tried? Are they open to other suggestions?
- Each child's current stress level:
  - o How are you doing today?
  - o What is stressing you out? How are you handling it?
  - o How are you maintaining connections with your family of origin? With your friends? With your other supports (i.e. mentor, faith community, therapist, etc.)?
- What are each person's supports? How are they maintaining those connections in light of social distancing? What ideas do they and the caseworker have about building and maintaining those relationships?
- During the private interview, ask each child if they have any injuries, marks or bruises.
- Has there been any change in the frequency or quantity of substance use in the home, including alcohol? (if so, explore further)
- If applicable, explore how the adults in the home have been communicating, getting along and resolving disagreements with each other.
- Has there been any physical violence in the home or any time they were afraid while verbal fighting was occurring in the home?
- What are the current disciplinary approaches in the home? What has the context of discipline looked like given changes in family member's schedules and time spent at home?
- How is each adult household member feeling about the current placement?
  - o Explore their feelings about maintaining the placement, and if they have any needs or concerns.
  - o In recent days, have they felt differently about the placed child? More positively? More negatively? More frustrated?
  - o How do they feel about the current visitation plan? Do they have any concerns with the phone, virtual and/or in-person contacts which are occurring? What could be done to alleviate their concerns while maintaining visitation?
  - o Offer support and encouragement.

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Caseworker Tips for Conducting Virtual Home Assessments

- Prior to beginning the virtual home assessment, explain to the parent/caregiver the virtual home walk-through process.
    - The home/space will need to have adequate lighting. This may require the parent/caregiver to turn on lights, open curtains, etc.
    - The caseworker will need to see all rooms in the home, including the sleeping arrangements for the children. The caseworker must have sufficient visual of cribs or pack 'n' plays to confirm safe sleep for children under the age of two years.
    - The parent/caregiver can expect to be asked to move closer to or further away from items, zoom in or out, and/or describe items seen during the home assessment.

- During the two way visual virtual meeting, the caseworker will ask the parent/caregiver to slowly pan around each room and zoom into necessary items or spaces. These may include:
    - Test the smoke/CO detector during the meeting
    - Turn on the water and lights during the call. Ask household members if there is hot water in the home.
    - View each window. Ensure there is no broken glass and window guards are in place, as applicable. Ensure there are no long, hanging cords if there are young or otherwise vulnerable children in the home.
    - Ask the parent/caregiver if there are any areas of chipped or missing paint, and zoom in on those areas. Discuss if there may be lead exposure.
    - View floors and surfaces for any garbage, debris or dangerous items. Ask follow up questions when there are unidentified objects or substances.
    - Ask the parent/caregiver to open the refrigerator and cabinets to view the food supply.
    - Ask to view the home's heating source(s). Look for any evidence vulnerable children are exposed to unprotected radiators, open fires or stoves, etc.
    - Ask to be shown where chemicals, cleaning products and medications are stored. Open each cabinet, showing any locks in place to prevent young children from accessing dangerous items.
    - Ask to be shown where any firearms, ammunition and/or other weapons are stored. View the mechanism in place (if there is one) to ensure they are safely locked and secured.
    - Ask each household member (including verbal children) during interviews if they have viewed any trace of insects or vermin in the home.

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- o Ask each household member (including verbal children) during interviews if they viewed any suggestion of drugs or drug paraphernalia in the home (i.e. scales, foil, non-medically necessary syringes, etc.)

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Tips for Preparing for a Professional Virtual Child Welfare Contact

Preparing for Virtual Contact

- Prioritize the use of video conferencing over telephone calls, when possible
- Utilize supervisory consultation to prepare questions which can be asked of the parent/caregiver via virtual contact to:
  - Assess for child safety;
  - Learn about any current stressor;
  - Understand the climate and mood of the family home; and,
  - Determine if the plan currently in place is sufficiently working
- Proactively plan with the parent/caregiver(s) where the private child interviews will occur and where the other family members will be in the home during the conversations.
- Proactively plan how both the caseworker and the parent/caregiver(s) will be able to have private, potentially sensitive discussions while ensuring children are adequately supervised in the home and distractions are minimized.
  - Plan the contact with the parent/caregiver during the child's naptime or after their bedtime.
  - Have pre-planned strategies to manage distractions if they occur during the meeting (i.e. have a dog bone ready, prepare an activity that engages your child's attention, etc.).

Conducting the Virtual Contact Professionally

- Have a designated work space from which to conduct virtual meetings. Deliberately set up your environment so you are engaged with your client. Virtual conversations require extra effort to ensure your client perceives your engagement.
- Consider what will be visible and audible in the background (i.e. personal family pictures, background décor, other household members who can be seen or heard, etc.).
- Ensure no personal information or HIPPA-protected case records are visible in the workspace. Be prepared to redirect conversations if the client begins to ask personal questions.
- Choose the quietest space available to you (i.e. furthest away from noisy neighbors or construction noise)
- Do not eat, open wrappers or food packages, or chew gum during the meeting. If you may need a cough drop, mute your sound when you open it.
- Do not have any music, television or other background noise playing – even softly.
- Ensure lighting is such that your client can clearly see your whole face.
- Test your audio and visual connections before the scheduled meeting.
- Try not to shuffle, flip, or move around papers unless you are on mute.

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- In the unplanned event you stand during the virtual contact, ensure you are dressed in a way that would be professionally acceptable if you were in-person with your client.
- Advise your household members and consider a "do not disturb" sign when you have virtual contacts scheduled. Proactively plan with household member what an emergency is, and what they can do to alert you of a personal emergency.
- Make eye contact with your device's camera.
- Check that your face is centered, and know which of your body parts (i.e. arms and hands) are visible to your client.
- Minimize the extent you touch your face, play with your hair or skin, bite your nails, readjust your clothing, etc.
- Try to sit in a still position.
- Eliminate unnecessary use of other devices during the meeting. Refrain from any other activities (i.e. web browsing, games, chatting) on the same or another device. Put other devices out of sight, close other applications, turn off notifications, etc. if they distract you.