

# Case Plan Field Tool

How to Make Case Plans *with* Parents  
To Achieve Child Safety, Wellbeing and  
Permanency

**Karen Martin, LCSW**  
**September 2013**

**Updated by Kimberly Giardina, MSW**  
**May, 2014**



**This page intentionally left blank**

## TABLE OF CONTENTS

Overview: How to Use This Case Plan Field Tool for Parents .....	1
A Word About Assessment .....	2
Acknowledgements.....	3
Definitions.....	4
Safety .....	4
Solution-Focused Questions .....	4
Safety Networks.....	5
Harm and Danger Statements .....	6
Safety Goals .....	7

### **SDM® Safety Assessment Categories**

#### **Safety Threat #1 – Caregiver caused serious physical harm to the child**

Physical Abuse.....	9
Safety Objectives .....	9
Solution-Focused Questions to Identify Safety Actions.....	10
Possible Safety Actions .....	12
Services to Help Achieve Safety Objectives .....	14
Severe Physical Abuse.....	13
Safety Objectives .....	13
Solution-Focused Questions to Identify Safety Actions.....	14
Possible Safety Actions .....	16
Services to Help Achieve Safety Objectives .....	18
Drug-Exposed Child.....	19
Safety Objectives .....	19
Solution-Focused Questions to Identify Safety Actions.....	20
Possible Safety Actions .....	22
Services to Help Achieve Safety Objectives .....	23

#### **Safety Threat #3 – Child sexual abuse is suspected**

Sexual Abuse .....	25
Safety Objectives .....	25
Solution-Focused Questions to Identify Safety Actions.....	26
Possible Safety Actions .....	28
Services to Help Achieve Safety Objectives .....	30

## TABLE OF CONTENTS (continued)

### **Safety Threat #4 – Caregiver fails to protect the child**

Physical/Severe Physical Abuse ( <i>use for the parent who did not cause the injury and/or for both parents when the identity of the abuser is unknown</i> ).....	31
Safety Objectives .....	31
Solution-Focused Questions to Identify Safety Actions.....	32
Possible Safety Actions .....	34
Services to Help Achieve Safety Objectives .....	36
Sexual Abuse .....	37
Safety Objectives .....	37
Solution-Focused Questions to Identify Safety Actions.....	38
Possible Safety Actions .....	40
Services to Help Achieve Safety Objectives .....	42
Neglect .....	43
Safety Objectives .....	43
Solution-Focused Questions to Identify Safety Actions.....	44
Possible Safety Actions .....	46
Services to Help Achieve Safety Objectives .....	47

### **Safety Threat #7 – Caregiver does not meet the child’s immediate needs**

Supervision/Abandonment.....	48
Safety Objectives .....	48
Solution-Focused Questions to Identify Safety Actions.....	49
Possible Safety Actions .....	51
Services to Help Achieve Safety Objectives .....	52
Food/Clothing/Shelter .....	53
Safety Objectives .....	53
Solution-Focused Questions to Identify Safety Actions.....	54
Possible Safety Actions .....	56
Services to Help Achieve Safety Objectives .....	57
Medical Care .....	58
Safety Objectives .....	58
Solution-Focused Questions to Identify Safety Actions.....	59
Possible Safety Actions .....	61

## TABLE OF CONTENTS (continued)

Services to Help Achieve Safety Objectives .....	63
Mental Health Care .....	64
Safety Objectives .....	64
Solution-Focused Questions to Identify Safety Actions.....	65
Possible Safety Actions .....	67
Services to Help Achieve Safety Objectives .....	68
<b><u>Safety Threat #8 – The physical living conditions are hazardous</u></b>	
Hazardous Home.....	69
Safety Objectives .....	69
Solution-Focused Questions to Identify Safety Actions.....	70
Possible Safety Actions .....	72
Services to Help Achieve Safety Objectives .....	73
Drug Raids .....	74
Safety Objectives .....	74
Solution-Focused Questions to Identify Safety Actions.....	75
Possible Safety Actions .....	77
Services to Help Achieve Safety Objectives .....	78
<b><u>Safety Threat #9 – Caregiver substance abuse</u></b>	
Alcohol and Drugs .....	79
Safety Objectives .....	79
Solution-Focused Questions to Identify Safety Actions.....	80
Possible Safety Actions .....	82
Services to Help Achieve Safety Objectives .....	84
<b><u>Safety Threat #10 – Domestic violence</u></b>	
Domestic Violence .....	85
Safety Objectives .....	85
Solution-Focused Questions to Identify Safety Actions.....	86
Possible Safety Actions .....	88
Services to Help Achieve Safety Objectives .....	90

## TABLE OF CONTENTS (continued)

### **Safety Threat #11 – Caregiver describes the child in predominantly negative terms**

Emotional Abuse .....	91
Safety Objectives .....	91
Solution-Focused Questions to Identify Safety Actions.....	92
Possible Safety Actions .....	94
Services to Help Achieve Safety Objectives .....	96

### **Safety Threat #12 – Caregiver’s emotional stability, developmental status or cognitive deficiency**

Emotional Stability .....	97
Safety Objectives .....	97
Solution-Focused Questions to Identify Safety Actions.....	98
Possible Safety Actions .....	100
Services to Help Achieve Safety Objectives .....	102
Developmental Status and/or Cognitive Deficiency .....	103
Safety Objectives .....	103
Solution-Focused Questions to Identify Safety Actions.....	104
Possible Safety Actions .....	106
Services to Help Achieve Safety Objectives .....	107
Sample Case Plan .....	108
Case Plan Worksheet .....	117
References .....	118

Copy only with direct permission from Kim Giardina

## OVERVIEW: HOW TO USE THIS CASE PLAN FIELD TOOL

Ineffective, unclear case plans can lead to cases staying open in the child welfare system longer than cases with quality case plans. This Case Plan Field Tool is designed to help social workers work with families to create quality case plans that increase the likelihood of safe and timely reunification, based on *behavior change* rather than merely *completing services*.

This Case Plan Field Tool for parents<sup>1</sup> is designed to help social workers and parents communicate up front about how they will partner to increase safety for children. It is designed to be user-friendly for social workers.

- The Case Plan Field Tool is organized to align with the indicators from the Structured Decision Making® (SDM) safety assessment. Social workers can use the table of contents to select the relevant safety threat that is impacting the children.
- Objectives from CWS/CMS are listed by type of safety threat, for easy selection.
- Solution-focused questions are provided by type of safety threat to deepen conversations between social workers and families and to help social workers learn about ways the parents have kept the children safe in the past, and how they plan to keep their children safe in the future. Some of the solution-focused questions have sections in them that are underlined. The underline simply denotes that these are sections of the question that can and should be changed to match the details of the case for that family.
- Potential safety actions are provided by type of safety threat. These actions can be used to help the parent think of ways they can keep their child safe so they can practice these actions during parent/child visitation. These are meant to be “starter dough” to get the ideas going. Any of the actions can be modified to fit the specific situation/needs of the family. If the worker and the parent can work together to develop safety actions specific to the family, even better.
- A sample case plan is included for social workers and parents to review before they begin their conversation to create their case plan.
- A case plan worksheet is provided to capture the conversation between the social worker and the family. Social workers can use this case plan worksheet to create the case plan on CWS/CMS when they return to the office.

---

<sup>1</sup> The Case Plan Field Tool for Children and Youth is available to assist with case planning discussions with children and youth.

While the hope is that the social worker and family would only have to meet one time to develop the case plan, the reality is that it may take more than one meeting. The end result will be a case plan—made collaboratively with the family—that is meaningful to the family, has bottom lines for child safety, and can be used to guide the future case management work in a meaningful way. A good case plan is a song sheet from which everyone involved sings from to increase safety for children.

### **A WORD ABOUT ASSESSMENT:**

Conducting an accurate assessment of children and families in child protection is perhaps the most critical piece of a social worker's job. Comprehensive family assessment is what social workers get paid to do. "In short, a comprehensive family assessment involves recognizing patterns of parental behavior over time in the broad context of needs and strengths, rather than focusing only on the incident that brought the family to the attention of the child welfare agency."<sup>2</sup> It is critical that social workers be skilled in family centered practice to truly engage families in order to conduct a balanced, rigorous assessment. Engagement is the key to effective assessment – research shows that social work assessments are seventy percent more accurate when workers build rapport with families.<sup>3</sup>

Assessment occurs throughout the life of a case; it begins from the moment a call is received by the child welfare system and continues until the case is closed. Workers are bombarded with significant amounts of information and it can be difficult to determine which components are most important for making the decision at hand. Social workers, supervisors, and managers should be open to the idea that earlier assessments may have been incorrect or incomplete and be willing to make the necessary changes to case planning based on new information learned from their assessment. Structured Decision Making<sup>®</sup> tools help social workers understand which pieces of information are critical to making the right decision at the right time. The Case Plan Field Tool is designed to help workers connect the right pieces of information they are obtaining and focus in on the areas around which they need to plan to enhance the safety of the child.

### **ACKNOWLEDGEMENTS:**

This Case Plan Field Tool would not be possible without the work of the following individuals:

- Insoo Kim Berg and Steven De Shazer – Solution-Focused Therapy and solution-focused questions [www.sfbta.org](http://www.sfbta.org)
- National Council on Crime and Delinquency, Children's Research Center – SDM<sup>®</sup> assessment tools and Integrated Safety Organized Practice [www.nccglobal.org](http://www.nccglobal.org)
- The National Child Traumatic Stress Network [www.NCTSN.org](http://www.NCTSN.org)
- Susie Essex – Safety Planning and Safety Networks <http://www.childandfamily.co.uk>

---

<sup>2</sup> Schene, P., Children's Bureau. (2005). *Comprehensive Family Assessment Guidelines for Child Welfare Workers*, 5

<sup>3</sup> Freitag, R. (2009). Children's Research Center

- Andrew Turnell and Steve Edwards – Signs of Safety [www.signsofsafety.net](http://www.signsofsafety.net)
- Karen Martin – Safety Organized Practice Coach and Trainer

## DEFINITIONS

### Safety

Safety is defined as:

“Actions of protection taken by a caregiver that mitigate the danger, demonstrated over time.”<sup>4</sup>

It is critical to note that safety and services are NOT the same thing. Safety-Organized Practice implies a shift of focus to ensure that the child will actually be safer in the home, based on the actions of protection by the family and the family’s support network. This is a purposeful shift away from simply focusing on parents completing parenting classes, therapy, and drug treatment. Services will still be offered to parents and listed on the case plan, but completion of services and increased insight do not equal child safety. Services are a means to an end. Actions of protection, taken by the caregiver, that mitigate the danger, demonstrated over time constitutes safety.

### Solution-Focused Questions

Solution-focused questions<sup>5</sup> can be used to surface safety actions that are already happening, along with safety actions that could realistically happen in the future. Examples of the five primary types of solution-focused questions are as follows:

#### Past Success/Exception Questions

These questions help recall a time when a person faced a challenge and handled it in a way that resolved the problem. These questions are very effective for surfacing past safety actions that can be discussed and built upon in the present.

*Example: Think of a time in the past when you were able to stay sober for a period of days or weeks. What was one or two small things you did that helped you to stay sober?*

#### Preferred Future Questions

These questions help a family member think ahead to the future to define what safety could look like, then think about specific steps he/she can start taking to reach those safety goals. These questions are a very effective way to help a family member start feeling hopeful.

*Example: Imagine it is three months from now, and you have been continuously sober for over two months. Looking back, what was the one thing that you did that most helped you to get sober and stay sober?*

---

<sup>4</sup> Julia Boffa see Boffa, J., & Podesta, H. (2004), Partnership and risk assessment in child protection practice, *Protecting Children*, 19(2): 36–48. Andrew Turnell & Susie Essex's Working with 'Denied' Child Abuse, Open University Press, 2010.

<sup>5</sup> Based on the work of Steve De Shazer and Insoo Kim Berg.

### Scaling Questions

Scaling questions help measure change and gain a better sense of a person's position on a particular issue. The following steps will make scaling questions most effective:

1. Set the scale so that 10 = the most-desired result; and 0 = the least desired result.
2. Describe the 10 and 0 in language and with details that will resonate with the person whom you are asking;
3. Ask him/her to rank where he/she appears on the scale;
4. Ask what got him/her to that number. Typically, several questions are needed here. Sometimes it is helpful to ask where his/her child or another family member would rank him/her and why; and
5. Ask what would need to happen to move him/her up just one number on the scale.

*Example: On a scale of 10 to 0, where 10 = "I feel confident I can remain sober" and 0 = "I'm really worried I might relapse;" where would you rank yourself? What got you to that number? What do you think would need to happen to move that number up one point?*

### Position Questions

Position questions help family members and professionals imagine how another person is viewing a problem or possible solution. These questions help to increase the strength of the team and build empathy and perspective.

*Example: If your daughter was here right now, what might she say she has noticed about your drinking?*

### Coping Questions

When dealing with difficult behaviors or situations, you can ask questions in a way that demonstrates empathy and compassion. These questions acknowledge your understanding of the pain, fear, or frustration that the family member may be experiencing. It also helps point out that he/she is doing the best job possible under the current circumstances. These questions can surface existing strengths and safety actions. These types of questions also lend themselves to trauma-informed practices.

*Example: You have described how sick you get after you go on binges. How have you managed to care for yourself and your children when you are feeling sick? Who helped you? What kept you going?*

### **Safety Networks**

(Based on work by Andrew Turnell, Susie Essex, and Sonja Parker)

In child welfare, social workers need to work together with the family, their support system, and other involved professionals to build a safety plan for the children. When the social worker can help the family

call this support team together and work with this network on an ongoing basis, child safety, well-being, and permanency are increased.

Safety networks consist of people who know everything—or most things—regarding the family’s involvement with CWS. These are people the family knows and trusts, and can help to increase safety for the children. Safety networks are not always readily apparent. Here are some talking points and questions that might help to surface safety networks:

“For us to feel confident that your children will always be safe in the future, it is really important for us to gather a group of people who care about the children, who see the children often, and are willing and able to play a role in helping you keep them safe. I am going to ask you some questions to help us think about finding those people...”

- Who in your life already knows what is going on in your work with us?
- Who “has your back”—who you really feel you can trust?
- Who knows you and your parenting at its best?
- If you suddenly became sick, who would you trust the most with your children?
- If your children were here right now, who would they say they trust the most? Who would they say they hope would be there for them?
- If we had to pick one person to come to a meeting—to start talking and sharing about our work together—who would you want it to be?

Remember, a network of professionals is not a safety network. Professionals have expiration dates.

### **Harm and Danger Statements**

(Based on work by Sue Lohrbach)

Families are often unclear about the reason they are involved with the child welfare system. Even if they have a small understanding, it is rare that social workers have specifically articulated the exact behaviors from the parent that placed the child in danger and the impact that had on the child. Often times, social workers are also unclear. As cases pass from one worker to another, it can be easy to get lost in the labels, generalizations, and jargon about a family and forget what truly brought them to the attention of the child welfare system in the first place.

Harm and Danger Statements are one way to help the parents, their safety network, and the child welfare system have a clear understanding about the harm that has already hurt the child and what everyone is worried could hurt the child now and into the future. Harm and Danger Statements should be developed with the family, including the family’s perception and language whenever possible. Social workers also need to ensure that the Harm and Danger Statements reflect the truth about why the family is involved. When developing Harm and Danger Statements it is important to include honest, detailed language that is behaviorally descriptive and nonjudgmental.

Harm Statements are clear, simple statements about the specific harm or maltreatment that has already happened to the child. Harm Statements are about the past; they explain what has already occurred and how it impacted the child. Harm Statements are usually developed with a formula similar to the one below:

(Who) or (It was) reported that (caregiver action/inaction) causing (impact to the child)

Harm Statement Example: Doctor Bones reported that Adam's dad, Matt, hit Adam several times with an open hand and a closed fist last Sunday, causing several bruises on Adam's head and back.

Danger Statements are similar to Harm Statements. However, Danger Statements describe what child welfare is worried could happen to the child now and into the future if nothing changes to mitigate danger. Danger Statements are simple, behaviorally descriptive statements about the specific worry of what could happen to the child now and into the future. It is very important that the specific worries are connected to what has already been identified as the problems within the family. Danger Statements are usually developed with a formula similar to the one below:

(Who) is worried about (potential caregiver action/inaction) which could cause (potential impact to the child.)

Danger Statement Example: CWS, Doctor Bones, the police, and Adam's mom, Tonya, are worried that Adams' dad, Matt, may hit Adam again, leaving him with bruises and even more serious injuries.

Ideally workers would take the time to develop these statements together with families. Even if that does not happen, workers should make every effort to share the Harm and Danger Statements with the family and get their input about them. Try to incorporate the family's language and ensure that there is shared understanding about the harm that has occurred and what child welfare is worried could happen if nothing changes.

### **Safety Goals**

(Based on work by Sue Lohrbach)

Even if families are clear about the reasons they are involved with the child welfare system, they are still not very likely to be clear about exactly what they need to do in order to no longer be involved with child welfare. Historically the child welfare system has measured progress based on service compliance rather than behavior change. And just as being unclear about the harm and danger can lead to case drift, so can being unclear about what the child welfare system needs to see in order to feel confident that the child will be safe once child welfare withdraws from that family's life.

In order to help bring clarity to that question – What does CWS need to see the parents doing differently with their children so everyone will know the children are safe? – workers can develop Safety Goals with families. Just like with Harm and Danger Statements, workers should develop these goals with the family, including the family's perception and language whenever possible. Social workers ensure goals are written with honest, detailed language that is behaviorally descriptive and nonjudgmental. Safety Goals are usually written in a format similar to the example below:

Matt will work with CWS and his safety network (family, friends, and professionals) to develop a plan that will show everyone he will always discipline Adam in ways that do not injure him (such as using time outs, taking away Adam's Gameboy, and giving incentives like earning a toy). CWS will need to see this safety plan in place and working continuously for a period of six months so that everyone is confident that the safety plan will keep working once CWS withdraws.

Safety Goals set the stage for selecting the case plan objectives and safety actions. The Safety Goal keeps us focused on what we and the family are trying to accomplish through the case plan. It reminds us to think about actions of protection, not just service compliance. Ideally workers would take the time to develop these statements together with families. Even if that does not happen, workers should make every effort to share the Safety Goal with the family and get their input about it. Try to incorporate the family's language and ensure that there is shared understanding about exactly what needs to change for child welfare to no longer be involved in this family's life.

**SDM® Safety Threat #1 – Caregiver caused serious physical harm to the child:**

**PHYSICAL ABUSE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Do not physically abuse your child.	Interact with your child without physical abuse or harm.
Do not use physical punishment.	Do not use physical punishment.
Positive interaction during child visits.	Be nurturing and supportive when you visit your child.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



**Solution-Focused Questions to Identify Safety Actions**

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Has there ever been a time when you almost struck your child but somehow were able to do something else? When was that? Can you tell me what you did? How did you do it?

- Can you think of a time in the past when there was no physical discipline? What was different then? What was working well at that time?
- Can you think of a time in the past when your child broke a rule or acted up and you handled the situation without physically striking him/her? What was different about that time compared to now?
- Has there ever been a time when you struck your child but somehow, before you did it, were able to reduce the force or severity of the impact? When was that? Can you tell me what you did? How did you do it?
- What have you been doing to parent your child and make sure he/she is safe without using physical force?
- How have you coped with the challenges you have had with your child? What has kept you going?
- How do you think your children have coped with being physically struck? What has kept them going?

*What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- When have you physically struck your child? (Time of day, what you were doing when this happened—is there a pattern?)
- What kinds of things were happening that led to your child getting hurt?
- If your children were here right now and were able to speak about this, what would they say worries them about the incident?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the incident?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the incident?
- How do you think your child has been impacted by the physical abuse?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?

- Would you rather have your relationship with your child be one with violence in it or would you rather have a violence-free relationship? Why?
- Would you rather have a relationship where your child feels safe around you or frightened around you? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to discuss the issues that will not result in yelling, screaming, or physical harm?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- Imagine it is six months from now and you have found a way to parent your children without any yelling, screaming, or physical hitting in your home. What would that be like for you? How do you imagine you would have accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = the only way you can get your child's attention is to hit him/her; and 10 = you have several ways to parent your children that work well and none of these methods involve any physical force, where do you rank your current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the situation right now? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?
  - » Where would your partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- Make a list that describes what was happening before you physically struck your child. What are the top five things that trigger you to use physical discipline? Describe alternative ways you will handle these triggers that do not include using physical discipline.
- List and demonstrate during visits five ways to discipline your child, without using physical discipline, that align with your child's developmental abilities.
- Demonstrate the ability to set firm limits with your child that do not involve physical discipline, when your child is (list the triggering behaviors).
- Demonstrate that you respond to your child's temper tantrums by ignoring behavior, giving your child some space, redirecting your child, or withdrawing privileges. The new intervention gets your child back on track and does not cause emotional or physical harm.
- Demonstrate the ability to talk with your child and teach him/her before, after, and while disciplining your child.
- Practice a skill you learned in a parenting class or in therapy during a visit with your child, and/or at a moment when you are feeling frustrated with your child.
- Demonstrate during visits or in a conjoint therapy session that you can listen to what your child has to say about how he/she was affected by physical discipline.
- Meet with your child in a therapeutic setting and take responsibility for your actions that brought your child into the child welfare system. Discuss how you will parent your child in the future that does not involve physical discipline that leaves marks or bruises.
- Write a letter to your child and describe your new plan about what you will do when you get angry with your child. Describe what your child can do when you are angry, with your permission, so that he/she can be safe.

#### Child Safety:

- The child and safety network members report that all physical hitting has stopped.

- Your child has no marks or bruises on his/her body after visits or spending time with you.
- Your child can describe how he/she is disciplined using non-physical means.

Safety Network Support:

- (Network member) will “coach” the parent(s) on ways to interact with the child to avoid negative behaviors by the child.
- (Network member) will “coach” the parent(s) about ways to respond to the child’s behavior that do not involve physical discipline.
- (Network member) will take the child for \_\_\_\_\_ hours on \_\_\_\_\_ and \_\_\_\_\_ to give the parents a break during times of the most stress in the family home.
- (Network member) will come to the family home during times of the most stress and difficulty to help the parents and make sure the children are safe (e.g., getting the children ready for school; after school to help with homework; bath time and bedtime).
- (Network member) will attend mom’s unsupervised visits with the children and will “coach” her on ways to interact with the children to avoid negative behaviors by the children.
- (Network member) will attend mom’s unsupervised visits with the children and will “coach” her on ways to respond to the children’s behavior that does not involve physical discipline.
- The family agrees to include two neighbors in their safety network, inform them about past physical abuse, and authorize them to call the police or the social worker if they suspect the children are being physically abused.
- The family agrees to identify two network members whom they can call if they are feeling stressed or triggered by the child’s behavior. One of these network members will immediately come over to the house to help calm down the parents and make sure the child is safe.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and ask how he/she sees things are going.
- (Network member) will make a “code word” with child so that if child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

### Safety Plan is Activated:

- The child reports he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



### **Services to Help Achieve Safety Objectives**

- Online parenting class
- YouTube videos with parenting tips that do not involve physical discipline
- Parenting class
- Television shows, such as “Super Nanny,” that give ideas for parenting children without using physical discipline
- Parenting books from the public library
- In-home parenting teacher

**SDM® Safety Threat #1 – Caregiver caused serious physical harm to the child:**

**SEVERE PHYSICAL ABUSE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Do not physically abuse your child.	Interact with your child without physical abuse or harm.
Do not use physical punishment.	Do not use physical punishment.
Positive interaction during child visits.	Be nurturing and supportive when you visit your child.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.
Have no contact with your child.	You will not contact your child by phone, in writing, or in person.
Provide care for child’s special needs.	Show your ability to care for your child’s special needs.
Provide emotional support for child.	Show your ability to understand your child’s feelings and give emotional support.
Take responsibility for actions.	Show that you accept responsibility for your actions.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- What have you been doing to parent your child and make sure he/she is safe that does not involve using physical harm?
- Has there ever been a time when you almost physically hurt your child but somehow were able to do something else? When was that? Can you tell me what you did? How did you do it?
- Has there ever been a time when you did physically harm your child but somehow, before you did it, were able to reduce the force or severity of the impact? When was that? Can you tell me what you did? How did you do it?
- How are you coping with the seriousness of your child's injuries?
- How have you coped with the challenges you have had with your child? What has kept you going?
- How do you think your child is coping with his/her severe injuries? How do you think your child is impacted by these injuries now? In the future?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you "less on your game" than usual? What are you like then? What would I notice at those moments?
- When your child was injured, were you feeling stressed or upset about something? What time of day was this? What was going on?
- Has this type of situation happened more than this one time?
- Did it have the desired result?
- What did the social worker/police/doctor tell you about the injuries? What was the hardest part of that for you? From what they told you, what do you think is the most important thing for you to know?
- If your children were here right now and were able to speak about this, what would they say worries them about what happened to them?

- Who would you say most agrees with your position on what happened to your child? Who would you say isn't quite sure what to think?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the incident?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about your child's injuries?
- How do you think your child was impacted by the physical abuse?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe around you or frightened around you? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to respond to your child's behavior or actions that will not result in your child getting seriously hurt?
- Imagine that it is six months from now and you have found a way to parent your children without any hitting or physical harm whatsoever. What would that be like for you? How do you imagine you would have accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = whenever your child (cries uncontrollably, wets or soils himself/herself, etc.) you get really mad and frustrated and think about hurting your child; and 10 = you have several ways to parent your child that work well and none of these methods involve any physical force, where do you rank your current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the situation right now? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?

- » Where would your partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
- » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
- » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- List the triggers that led to physically harming your child and describe three to five ways to manage those triggers in the future that will not involve hurting your child in any way.
- List and describe age-appropriate discipline approaches that do not involve physical discipline. Demonstrate that you can use these approaches during visits.
- Describe five ways to respond when your baby is crying that help your baby and minimize your stress. Demonstrate, during visits, that you can respond in these ways.
- Demonstrate, during visits, that you can parent your child without causing physical harm and that you know what he/she can and can't do, based on his/her developmental abilities.
- Go at your child's pace to establish contact during visits if he/she appears afraid of you, even if that means ending the visit early.
- Demonstrate that you can console your child if he/she is crying.
- List in detail the medical and emotional impact of the physical injuries on your child.
  - » Describe how trauma impacts your child, based on his/her developmental level.
  - » Determine three things you can do to help your child “master” the trauma and return to feeling safe and comfortable in your family in the future.

- Demonstrate that you are supporting your child to overcome the impact of his/her abuse by attending all medical appointments and ensuring that he/she gets mental health support.
- Write a letter to your child describing how you imagine he/she felt during the abuse, what his/her struggles will be as he/she recovers, and how you will help your child to recover.
- Write a letter of apology to your child taking responsibility for your part in what happened to him/her, and describing in detail what your future parenting plan is that does not involve physical discipline or abuse.

#### Child Safety:

- The child and safety network members report that all physical abuse has stopped.
- The child has no injuries or marks on him/her after visits or spending time with you.
- Your child can describe how he/she is disciplined using non-physical means.

#### Safety Network Support:

- (Network member) will “coach” the parents on ways to interact with the child that ensure the child’s physical safety.
- The family agrees to include two neighbors in their safety network, inform them about past physical abuse, and authorize them to call the police or the social worker if they suspect the child is being injured, hurt, or might not be safe.
- The family agrees to identify two network members whom they can call if they are feeling stressed or triggered by the child’s behavior. One of these network members will immediately come over to the house to help calm down the parents and make sure the child is safe.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going.
- (Network member) will make a “code word” with child so that if child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



### **Services to Help Achieve Safety Objectives**

- Meeting with medical professionals to understand in detail the physical and emotional impact on the child
- Watch videos about the short- and long-term impacts of severe physical abuse on children
- A parenting class designed to address severe physical abuse

**SDM® SAFETY THREAT #1 – Caregiver caused serious physical harm to the child:**

**DRUG-EXPOSED CHILD**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

<b>Safety Objectives</b> <i>Check the General Neglect Safety Objectives for others that might apply.</i>	
<b>Drop-Down Menu From CWS/CMS</b>	<b>Family-Centered Language</b>
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Do not abuse drugs.	Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests.
Do not abuse alcohol.	Stay free from alcohol and show your ability to live free from alcohol dependency.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Know age-appropriate expectations.	Show that you know age-appropriate behavior for your child.
Maintain suitable residence for child.	Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Can you think of a time in the past when you were not using drugs? What was different then? What helped to make things better? Can you tell me what you did? How did you do it?
- Have any of your other children been born free from drug or alcohol exposure? What helped you during your other pregnancies to not use?
- How have you coped with your current struggles? What has kept you going?
- How do you think your baby has coped with being exposed to your drug use?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- What triggered your drug use during your pregnancy?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- If your children were here right now and were able to speak about this, what would they say worries them about the current situation?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her?
- How has your drug use impacted your baby?

### *What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe around you or worries that you will not be able to care for him/her? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Imagine that it is six months from now and you have found a way to stay sober. What would have changed to make this possible? What would have been your very first step?

### *Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = you use drugs all the time and can't safely care for your baby; and 10 = you are sober and take great care of your baby and your baby is safe, where do you rank your child's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?
  - » Where would your spouse/partner rank it? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your child would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

### Identify Triggers and Practice New Skills:

- List five triggers that led you to use drugs and/or drink alcohol. Identify alternative ways to handle these triggers that do not involve drinking or using drugs.
- Demonstrate that if a friend from your past with whom you used to use drugs resurfaces, you will not resume contact with that person.
- Test negative on all drug tests.
- Describe how your use of substances has impacted your baby.
  - » Write a list of how your child was likely feeling when you were using drugs.
  - » Write a letter explaining how your actions, while using drugs, hurt your child and exactly how things will be different in the future.
- Arrive at all scheduled visits on time and drug-free.
- Demonstrate during visits that when your baby is crying you respond and take action to soothe your baby, whether it is feeding the baby, changing the baby, swaddling the baby, or putting the baby down for a nap.
- Demonstrate during visits that you can feed your baby regularly and maintain a consistent schedule for him/her.
- Demonstrate that you can maintain a calm, soothing environment for your baby that is free from stress, loud noises, or unsafe people.
- Demonstrate that you can take your child to all medical and developmental appointments.
- Consistently provide safe, healthy, and stable housing; nutritional food; and clothing. Successfully manage available resources to meet basic care needs related to health and safety.
- Describe the developmental tasks your baby is learning during each month of age, and be able to describe whether or not your baby is on track developmentally. If not, show that you have done all you can to get your baby the developmental services he/she needs.

### Child Safety:

- Members of your baby's safety network report that all drug use has stopped.
- Demonstrate that there are no drugs in your home or around your baby.

- Do not breastfeed if there is a chance your breast milk contains alcohol or other drugs.

#### Safety Network Support:

- (Network member) will visit twice daily to ensure that mom has not been using drugs and the baby is safe.
- (Network member) will visit daily to watch the baby while mom takes a nap or does laundry.
- (Network member) will work daily with the mom to get the baby on a schedule, and to help with feedings and household chores.
- (Network member) will attend mom's unsupervised visits with the baby and will make sure mom is not using drugs and is caring for the baby's needs.
- The family agrees to have two neighbors in their safety network who know everything about the past drug use and are authorized to call the social worker if they suspect drug use has resumed.

#### Safety Plan is Activated:

- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and safety network have practiced a "dry run" of the safety plan.



#### **Services to Help Achieve Safety Objectives**

- Drug treatment—either in-patient or out-patient—that includes parent/child visitation, parenting classes, and information about the effects of drugs on the fetus and young children
- Drug testing
- Videos about the effects of drug use on the fetus and young children
- Videos and books about how to best care for a child who was exposed to drugs or alcohol before birth

**SDM® Safety Threat #3 – Child sexual abuse is suspected:**

**SEXUAL ABUSE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Do not sexually abuse your child.	Do not sexually abuse your child.
Have no contact with your child.	You will not contact your child by phone, in writing, or in person.
Provide emotional support for child.	Show your ability to understand your child's feelings and give emotional support.
Take responsibility for actions.	Show that you accept responsibility for your actions.



**Solution-Focused Questions to Identify Safety Actions**

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?

- Can you think of a time in the past when everyone had his or her personal space and there was no inappropriate touching? What was different then? What was working well at that time?
- What led you to your decision to move out of the house following these allegations? Was it hard for you to see the perspective of the social worker who suggested you move out?
- Has anyone ever made a similar allegation against you in the past? How did you handle that situation? How did that situation resolve? What is different about that situation from the current situation?
- How are you coping with the current situation? What has kept you going?
- How do you think your children are coping with the current situation? What has kept them going?

*What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- What do you think your spouse/partner is thinking about these allegations? Which parts of the allegation do you think have him/her worried?
- Do you think that I (or the agency) might be worried at all about this? What do you imagine I am worried about?
- What did the social worker/police/doctor tell you about the allegations? What was the hardest part of that for you? From what they told you, what do you think is the most important thing for you to know?
- If your children were here right now and were able to speak about this, what would they say worries them about the current allegations?
- How do you think your child is feeling right now about being out of the home because Child Welfare Services had to remove him/her to make sure he/she is safe?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about what might be happening to the children?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about what might be happening to the children?

- How do you think the sexual abuse has impacted your child?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your children feel safe around you or frightened around you? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Imagine that it is a few months from now, all of this has been sorted out, and you no longer are worried about being accused of sexually touching your child or any other child. What would be different? What could you do or how would you make things different so you would not be in a position to be accused of something like this in the future? How do you imagine you accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = my child continues to be sexually abused; and 10 = my child is completely safe from any form of sexual abuse, where do you rank your current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the situation right now? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?

- » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- Write a list of the triggers that led you to sexually touch your child. Write down a plan for the future of how you will ensure that everyone has his or her personal space and there will be no inappropriate touching.
- During visits, identify and respond to the non-verbal signals your child gives when he/she is feeling unsafe or uncomfortable.
- During visits, demonstrate that you can maintain your personal space and allow your child to maintain his/her personal space.
- Demonstrate that you can follow the safety guidelines that have been put in place so that your child is not alone with you and/or sexually touched again.
- List at least five challenges your child now faces as a result of the sexual abuse.
- Write a letter of apology to your child explaining your role in the sexual abuse and exactly what you commit to doing to ensure that your child is never sexually abused again.

#### Child Safety:

- The child and safety network members report that all sexual touching has stopped.
- The accused parent agrees to never be alone with his/her child.

#### Safety Network Support:

- (Network member) will stop by the house daily at unannounced times to ensure that you are not in the home or having any unsupervised contact with the children.
- If phone contact is approved, a person from the safety network will always be on the phone listening to the call. That person has permission to redirect or terminate the call if your child is feeling uncomfortable.

- (Network member) will stop by the house during the night to make sure the family is following the safety plan that indicates where the family members are to sleep.
- (Network member) will visit the house when the child is showering to ensure that no one goes into the bathroom at any time that he/she is in the shower.
- The family agrees to have two neighbors in their safety network who know everything about the past sexual abuse and are authorized to call the police or the social worker if they suspect you have returned to the family home.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going.
- (Network member) will make a “code word” with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



**Services to Help Achieve Safety Objectives**

- Group/individual therapy that specializes in sexual abuse dynamics to help parent learn ways to safely parent child and ensure no further sexual abuse

**SDM® Safety Threat #4 – Caregiver fails to protect the child**

**PHYSICAL ABUSE/SEVERE PHYSICAL ABUSE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Positive interaction during child visits.	Be nurturing and supportive when you visit your child.
Protect child from contact with abuser.	You will not allow any contact between the abuser and your child.
Protect child from physical abuse.	Show that you will not permit others to physically abuse your child.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.
Provide care for child’s special needs.	Show your ability to care for your child’s special needs.
Provide emotional support for child.	Show your ability to understand your child’s feelings and give emotional support.
Take responsibility for actions.	Show that you accept responsibility for your actions.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Can you think of a time in the past when you were worried about the safety of your child and you did something to keep your child safe?
- Have there ever been other times in the past when someone else has tried to physically hurt your child and you were able to stop them from doing so? What helped you have the courage to stand up to that person?
- What have you been doing to parent your child and make sure he/she is safe?
- How are you coping with the seriousness of your child's injuries?
- How do you think your child is coping with his/her severe injuries? How do you think your child is impacted by these injuries now? In the future?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you "less on your game" than usual? What are you like then? What would I notice at those moments?
- Did you ever worry that someone might be hurting your child? What were some of your concerns?
- When did your partner physically injure your child? (Time of day/what you were doing when this happened—is there a pattern?)
- What kinds of things were happening that led to your partner physically hurting your child?
- Did it have the desired result?
- What did the social worker/police/doctor tell you about the injuries? What was the hardest part of that for you? From what they told you, what do you think is the most important thing for you to know?
- If your children were here right now and were able to speak about this, what would they say worries them about the incident?

- Who would you say most agrees with your position on what happened to your child? Who would you say is not quite sure what to think?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about your child's injuries?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about your child's injuries?
- How do you think your child has been impacted by the physical abuse?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe in your family or frightened in your family? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to make sure your child is never hurt like this again?
- Imagine that it is six months from now and you are sure your child will not be physically harmed again. What would have changed to make this possible?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale from 0 to 10, where 0 = you do not believe your child's injuries are caused by someone hurting your child; and 10 = you believe that someone hurt your child, where would you rank the current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the situation right now? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?

- » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
- » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?
- On a scale of 0 to 10, where 0 = if your child came home to your family now, you really do NOT think he/she would be safe and could get seriously hurt again; and 10 = you are positive your child would be absolutely safe at home and would never get hurt again, what number most accurately represents your thoughts about your child's safety? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?
  - » Where would your partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

### Identify Triggers and Practice New Skills:

- Write a list of all the warnings you saw that indicated your child might have been getting hurt and what you will do in the future to protect your child if you see these or other warning signs again.
- Write a list of all the things/reasons that prevented you from protecting your child from the abuse.
- Demonstrate that you can protect your child from the person who severely injured him/her, up to and including terminating contact with that person and cooperating with law enforcement.
- Demonstrate that you can protect your child from any further contact with the person who abused him/her.

- List and demonstrate five things you will do to protect your child if the person who might have abused your child is around your child and is starting to get upset with the child.
- Demonstrate that you are supporting your child to overcome the impact of his/her abuse by attending all medical appointments and ensuring that he/she gets mental health support.
- List in detail the medical and emotional impact of the physical injuries on the child.
  - » Describe how trauma impacts your child, based on her/his developmental level.
  - » Determine three things you can do to help your child “master” the trauma and return to feeling safe and comfortable in your family in the future. Do those three actions to help your child “master” the trauma experience.
- Write a letter to your child describing how you imagine he/she felt during the abuse, what his/her struggles will be as he/she recovers, and how you will help your child recover.
- Write a letter of apology to your child taking responsibility for your part in what happened to him/her, and describe in detail how you will protect him/her from any future abuse.

#### Child Safety:

- The child and safety network members report that you are able to protect your child from further physical abuse and unsupervised contact with the person who caused, may have caused, his/her injuries.

#### Safety Network Support:

- Since it is unknown who caused the injuries to the baby, list at least three members from your family’s safety network that will always be present with your child to ensure that no one hurts your child.
- The family agrees to include two neighbors in their safety network who know everything about the past physical abuse and are authorized to call the police or the social worker if they suspect the person who hurt your child has returned to the family home.
- (Network member) will stop by the house unannounced a few times each day to make sure that the person who caused the injuries to your child is not in the home with you and your child.
- (Network member) will “coach” the parent on ways to protect his/her child from the person who caused the injuries.

- (Network member) will attend parent’s visits with the children and will “coach” him/her on ways to respond to the child’s behavior that do not involve physical discipline.
- (Network member) will take the child for \_\_\_ hours on \_\_\_\_ and \_\_\_\_ to give the parents a break.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going.
- (Network member) will make a “code word” with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let the child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



**Services to Help Achieve Safety Objectives**

- A parenting class designed to address severe physical abuse
- Meeting with medical professionals to understand in detail the physical and emotional impacts on the child
- Videos about the short- and long-term impacts of severe physical abuse on children
- Working with a therapist to help address any issues that might prevent you from protecting your child from future abuse

**SDM® Safety Threat #4 – Caregiver fails to protect the child**

**SEXUAL ABUSE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Protect child from contact with abuser.	You will not allow any contact between the abuser and your child.
Protect child from emotional harm.	Protect your child from emotional harm.
Protect child from sexual abuse.	Show that you will not permit others to sexually abuse your child.
Provide emotional support for child.	Show your ability to understand your child’s feelings and give emotional support.
Take responsibility for actions.	Show that you accept responsibility for your actions.



**Solution-Focused Questions to Identify Safety Actions**

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?

- Can you think of a time in the past when you were suspicious that something might be happening to your child, and you did something to keep him/her safe?
- Can you think of a time in the past when everyone had his or her personal space and no inappropriate touching was going on? What was different then? What was working well at that time?
- How are you coping with your family's current situation? What has kept you going?
- How do you think your children are coping with your family's current situation? What has kept them going?

*What are we worried about?*

- Most parents are not at their best all the time. When are you "less on your game" than usual? What are you like then? What would I notice at those moments?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- What do you think your spouse/partner is thinking about these allegations? Which parts of the allegation do you think have him/her worried?
- Do you think that I (or the agency) might be worried at all about this? What do you imagine I am worried about?
- What did the social worker/police/doctor tell you about the allegations? What was the hardest part of that for you? From what they told you, what do you think is the most important thing for you to know?
- If your children were here right now and were able to speak about this, what would they say worries them about the current allegations?
- How do you think your child is feeling right now about being out of the home because Child Welfare Services had to remove him/her to make sure he/she is safe?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about what might be happening to the children?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about what might be happening to the children?
- How do you think your child has been impacted by the sexual abuse?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your children feel safe around you or frightened because you are not able to keep them safe? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- What do you imagine would happen if your child was exposed to X (offender) again? What would you be worried about? What do you imagine I might be worried about?
- Can you think of ways to protect your child from further sexual abuse?
- Imagine that it is a few months from now, all of this has been sorted out, and you no longer are worried about your child being molested. What would be different? What could you do or how would you make things different so you could be sure your child is safe? How do you imagine you accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- Most of the parents I have talked to in your situation go back and forth between believing his/her child and believing his/her spouse/partner. Is this something you are feeling or experiencing right now? If we were to rank this on a scale from 0 to 10, where 0 = you do not believe these allegations at all and this is a big misunderstanding; and 10 = you really think something happened to your child, where would you put yourself on this scale? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?

- » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
- » What number on the scale do you think the situation would need to be so your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- Write a list of the warning signs that indicated your child was being sexually abused and what you will do in the future to keep your child safe if you see these or other warning signs.
- Write a list of the things that prevented you from responding and protecting your child.
- Demonstrate that you will not allow your child to be molested again by either stopping all contact with the person who abused him/her, or maintaining the guidelines established in therapy and with the court's approval.
- Demonstrate that you can protect your child from the person who sexually abused him/her, up to and including terminating contact with that person and cooperating with law enforcement.
- Demonstrate that you can be protective and supportive of your child by not talking about the burdens associated with his/her disclosure to your child, to anyone who will tell your child, or within earshot of your child.
- Demonstrate that you can be protective and supportive of your child by stopping all negative comments by other people in the family about your child's disclosure.
- During visits, demonstrate that you can respond to the non-verbal signals your child gives when he/she is feeling unsafe or uncomfortable.
- During visits, demonstrate that you can respond to your child's worries or concerns about current family problems.
- Take your child to all therapy appointments and show your support to your child during this process.

- List at least five challenges your child now faces as a result of the sexual abuse. List five ways you can support your child as he/she faces those challenges, and demonstrate you can provide that support. Have examples ready of how you demonstrated this support when you meet with your social worker.
- Write a letter of apology to your child explaining your role in the sexual abuse and exactly what you commit to doing to ensure that your child is never sexually abused again.

#### Child Safety:

- The child and members of the child's safety network report that you are able to protect the child from sexual abuse.

#### Safety Network Support:

- The family agrees to have two neighbors in their safety network who know everything about the past sexual abuse and are authorized to call the police or the social worker if they suspect that the person who abused the children has returned to the family home.
- (Network member) will stop by the house daily at unannounced times to ensure that the person who abused the children is not in the home or having any contact with the children.
- (Network member) will stop by the house during the night to make sure the family is following the safety plan that indicates where each family member sleeps.
- (Network member) will visit the house when the child is showering to ensure that no one goes into the bathroom at any time that he/she is in the shower.
- (Network member) will attend the parent's unsupervised visits with the children to "coach" him/her on ways to interact with the children to ensure he/she does not talk with the children about the sexual abuse or make the abused child feel badly for reporting.
- (Network member) will make sure that the person who caused the abuse does not attend any family gatherings and that the children are safe and feel comfortable.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going.
- (Network member) will make a "code word" with child so that if child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let the child "practice" asking for and receiving help so that the child is certain the network will be there and will respond.

### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



### **Services to Help Achieve Safety Objectives**

- Group/individual therapy that specializes in sexual abuse dynamics for the non-protecting parent, which helps him/her learn various ways to protect his/her children in the future

## SDM® Safety Threat #4 – Caregiver fails to protect the child

### NEGLECT

#### Safety Objectives

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Protect child from contact with abuser.	You will not allow any contact between the abuser and your child.
Protect child from emotional harm.	Protect your child from emotional harm.
Provide emotional support for child.	Show your ability to understand your child's feelings and give emotional support.
Take responsibility for actions.	Show that you accept responsibility for your actions.



#### Solution-Focused Questions to Identify Safety Actions

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?

- Has there ever been a time when you were able to set limits and protect your children from being around unsafe people? What was different then? What was working well at that time?
- What have you done to keep your children safe in the past from people who are not safe?
- How have you coped with living around this unsafe person?
- How do you think your children have coped with living with this unsafe person?

*What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- What has prevented you from protecting your children from unsafe people who come over to, or live, in your home?
- What are some of the reasons you have left your child in the care of a person who has a known history of violent criminal behavior?
- If your children were here right now and were able to speak about this, what would they say worries them about being around this person, or these people?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about your children living around and being cared for by these people?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about living around or being cared for by these people?
- How do you think living around this unsafe person impacts your children?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- If things keep going as they are, what do you imagine will be your child’s story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to make sure that only safe people live around your children?

- Imagine it is six months from now and you have found a way to protect your children from unsafe people. What would that be like for you? How do you imagine you would have accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to “What needs to happen?”):*

- On a scale of 0 to 10, where 0 = your children are living with and cared for by unsafe people and they are scared; and 10 = you are able to protect your children from unsafe people and your kids feel happy and safe, where do you rank your current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, how would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?
  - » Where would your partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



**Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

Identify Triggers and Practice New Skills:

- Make a list of three to five things that led to unsafe people living around your children.
- List five ways you can avoid/protect your children from unsafe people so that your children will not be frightened or unsafe. Demonstrate that you can avoid/protect your children from unsafe people.
- List three to five behaviors or expressions your child has made in the past that indicates he/she is scared of unsafe people who have lived in your home. Demonstrate during visits that you will watch for these behaviors and make your child feel safe when you notice he/she is acting scared.

- Make a list of five things your child was most likely feeling when he/she was living around these unsafe people. Demonstrate during visits that you can talk to your child when he/she is scared about his/her feelings in a way that helps him/her to feel better.
- Write a letter to your child apologizing to him/her for your role in exposing him/her to unsafe people. Describe the actions you will take from this point forward so that he/she is never around violent or unsafe people again.

#### Child Safety:

- The children and safety network members report that only safe people are living in and visiting the family home.

#### Safety Network Support:

- When mom starts unsupervised visits with the children, (network member) agrees to join mom and the children on the visits to make sure that only safe people who have been approved to join in on the visit are there.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and ask how things are going.
- (Network member) will make a “code word” with child so that if child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let the child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.
- The family agrees to include two neighbors in their safety network, inform them about unsafe people being around the children in the past, and authorize them to call the police or the social worker if they suspect violent people are now around the children again.

#### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



### **Services to Help Achieve Safety Objectives**

- Individual therapy that helps the parent to be more protective
- YouTube videos on the effects of violence on children
- Library books on the effects of violence on children

**SDM® Safety Threat #7 – Caregiver does not meet the child’s immediate needs:**

**SUPERVISION/ABANDONMENT**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Able and willing to have custody.	Show your ability and willingness to have custody of your children.
Arrange child care/support during your absence.	Be willing and able to arrange appropriate child care and supervision when you are away from home.
Acquire adequate resources.	Obtain resources to meet the needs of your child and to provide a safe home.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Maintain suitable residence for child.	Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Can you think of a time in the past when (you were able to consistently keep a close eye on your child/you had someone to safely care for your child when you were gone)? What was different then? What helped to make things better? Can you tell me what you did? How did you do it?
- What do you do to keep your children safe and supervised?
- How have you coped with your current struggles? What has kept you going?
- How do you think your children have coped with being left alone/not being supervised? What has kept them going?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- When you think about a time when (you were not able to keep a close eye on your child/you left your child at home alone for several hours/you left your child alone in the car for several hours), what was happening? What was distracting you or taking your attention from your child?
- What is your understanding of what people are worried about?
- If your children were here right now and were able to speak about this, what would they say worries them about the current situation?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the current situation?
- How do you think your child has been impacted by what happened?
- Are you worried about the same thing? Why or why not?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe around you or worries that you will not be able to care for him/her? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for?
- Imagine that it is six months from now and you have found a way to always be sure a safe adult watches your children closely. What would have changed to make this possible? What would have been your very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = your children are regularly on their own with no safe adult watching them; and 10 = your children are always within sight and earshot of you or another safe adult, where do you rank your child's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



**Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

### Identify Triggers and Practice New Skills:

- Make a list of what was happening that prevented you from supervising your child/being involved in your child's life.
- List three to five safe people you can rely on to help care for your children.
- Safety-proof your house. Install latches on doors and windows so your child can't get out of your home without your knowledge.
- Demonstrate that you are able to safely supervise your child during visits.
- During visits, demonstrate you can protect your child from any harm or threats in his/her environment.
- During visits, demonstrate that you prioritize your children's need for safe supervision over other activities that might draw your attention away from your children.
- Write a list of how your child likely felt when he/she was lost, or when he/she had not heard from you in several days.
- Describe the effects of abandonment on a typical child the same age as yours and describe how you will work with your child and a therapist to re-establish your relationship.
- Write a letter explaining how your actions hurt your child and explain exactly how things will be different in the future so this does not happen again.

### Child Safety:

- Your child and members of your child's safety network report that your child is no longer left unattended or unsupervised.

### Safety Network Support:

- (Network member) will come over twice daily to make sure the children are supervised.
- The children know they can call (network member) when there is no one there to watch them. (Network member) will pick up the children; the parents agree to this safety plan.
- (Network member) agrees to watch the children on Wednesdays after school while the parent works.
- The family agrees to have two neighbors in their safety network who know everything about past concerns with lack of supervision of the children and are authorized to call the police or the social worker if they suspect the children are left alone or are unsupervised again.

- (Network member) will make a “code word” with the child so that if child uses that word it will signal that he/she is worried about something.

Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



**Services to Help Achieve Safety Objectives**

- In-home parenting assistance to develop strategies for ensuring the children are supervised at all times, and to help with finding affordable child care
- Videos that show the hazards of not supervising children
- Books about how to safety-proof a house
- Individual therapy to address the reasons why the parent is not in the child’s life and to find ways for the parent to re-establish a relationship with the child

**SDM® Safety Threat #7 – Caregiver does not meet child’s immediate needs:**

**FOOD/CLOTHING**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

<b>Safety Objectives</b>	
<b>Drop-Down Menu From CWS/CMS</b>	<b>Family-Centered Language</b>
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Acquire adequate resources.	Obtain resources to meet the needs of your child and to provide a safe home.
Acquire shopping, budgeting, and money-management skills.	Learn to develop/balance a budget, and to shop within your means.
Arrange child care/support during your absence.	Be willing and able to arrange appropriate child care and supervision when you are away from home.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Know age-appropriate expectations.	Show that you know age-appropriate behavior for your child.
Maintain suitable residence for child.	Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor/correct child’s behavior.	Show your ability to supervise, guide, and correct your child at home, school, and in the community.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Can you think of a time in the past when you were able to provide your child's basic needs? What was different then? What helped to make things better? Can you tell me what you did? How did you do it?
- How have you coped with your recent struggles? What has kept you going?
- How do you think your children have coped with not having enough to eat/not having warm, clean clothes? What has kept them going?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- What gets in the way of feeding your child/providing warm clothes in winter months/providing clean clothes that fit your child?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- If your children were here right now and were able to speak about this, what would they say worries them about the current situation?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the current situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the current situation?
- How do you think your child has been impacted by not having enough food to eat/having warm, clean clothes?

### *What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?

- Would you rather have a relationship where your child feels safe around you or worried that you will not be able to take care of him/her? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to meet your child's needs for food and clean/warm clothing?
- Imagine that it is six months from now and you are able to provide enough food and clean, warm clothes for your child. What would have changed to make this possible? What would have been your very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = you can't provide for your child's basic needs; and 10 = your kids are thriving and you are providing for all of their basic needs, where do you rank your current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



**Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

Identify Triggers and Practice New Skills:

- Make a list of the things that prevent you from being able to provide for your child's basic needs.

- Describe the actions you need to take to provide for your child's basic needs. Demonstrate that you can take those actions.
- During visits, bring healthy food for your child to eat.
- Write down how your child most likely felt when you were not able to meet their basic needs. Describe what you will do in the future to make sure their basic needs are always met.
- Demonstrate that you always have enough food and clean clothing for your child. Ask your child's caregiver if you can help provide new clothes for them.

#### Child Safety:

- Your child and members of your child's safety network report that you can provide for your child's basic needs.

#### Safety Network Support:

- (Network member) will visit twice per week to ensure there is enough food for your child to eat and that your child is wearing clean clothes that keep him/her warm.
- The family agrees to have two neighbors in their safety network who know everything about the past neglect and are authorized to call the social worker if they suspect the children's needs are going unmet again.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going for the child.
- (Network member) will make a "code word" with child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) will let the child "practice" asking for and receiving help so that the child knows the network will be there and will respond.

#### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a "dry run" of the safety plan.



### **Services to Help Achieve Safety Objectives**

- In-home support services
- Connection with local churches to help with resources
- Parenting classes
- Parent-child interaction therapy (PCIT)
- YouTube videos on parenting and the effects of neglect on children

**SDM® Safety Threat #7 – Caregiver does not meet the child’s immediate needs:**

**MEDICAL CARE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Provide care for child’s special needs.	Show your ability to provide care for your child’s special needs.
Arrange child care/support during your absence.	Be willing and able to arrange appropriate child care and supervision when you are away from home.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Know age-appropriate expectations.	Show that you know age-appropriate behavior for your child.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



**Solution-Focused Questions to Identify Safety Actions**

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?

- Can you think of a time in the past when you were able to consistently ensure your child received/that you followed the necessary medical care? What was different then? What helped to make things better? Can you tell me what you did? How did you do it?
- How have you coped with your current struggles? What has kept you going?
- How do you think your child has coped with not getting the necessary medical care?

*What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- When you think about a time when your child did not get the medical care she/he needed, what was going on? Why didn’t she/he get the needed medical care?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- If your children were here right now and were able to speak about this, what would they say worries them about the current situation?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her?
- How has not getting medical care impacted your child?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe around you or worries that you will not be able to take care of him/her? Why?
- If things keep going as they are, what do you imagine will be your child’s story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Imagine that it is six months from now and you have found a way to be sure your child always gets the medical care he/she needs. What would have changed to make this possible? What would have been your very first step?

*Scaling Questions (mostly related to “What needs to happen?”):*

- On a scale of 0 to 10, where 0 = your child never gets the necessary medical care; and 10 = your child has all of his/her medical needs met on a regular basis, where do you rank your child’s current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your child was here, where would he/she rank the current situation? What would have gotten him/her to that number? What do you think he/she would say needs to happen to move up the scale just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your child would not be affected by what is going on? What would be happening if things were at that number?



**Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

Identify Triggers and Practice New Skills:

- Write a list of things that make it difficult to make sure your child gets the medical care he/she needs.
- Describe the medical needs of your child and have an organized approach to ensure that your child gets all necessary medications, meets dietary requirements, and attends all medical appointments.
- Consistently meet the medical needs of your child, either alone or through trusted people in your support network.
- Consistently and calmly work with your child to ensure that your child is in compliance with his/her medical treatment if he/she resists a dietary requirement or a medical procedure.

- Designate one or two reliable family members or friends who can provide backup in meeting your child's medical needs.
- During visits, notice your child's non-verbal signals and adjust your approach to providing medical treatments or dietary requirements in a way that is supportive to your child, yet ensures that your child's medical needs are met.
- During visits, talk to your child, in language he/she understands, to help him/her deal with his/her medical needs.
- During visits, show empathy to your child, demonstrating you can listen, be supportive, and patient when your child struggles with his/her medical issues.
- Describe the impact of the medical issue on your child and demonstrate how you help your child stay healthy in a way that is nurturing and supportive.
- Demonstrate sensitivity in how you talk about your child's medical issues in front of others.
- Attend all required medical appointments and procedures for your child. Report back to the social worker what the doctor said in regards to your child's progress and future medical needs.

#### Child Safety:

- Your child and members of your child's safety network report that all of the child's medical needs are met.

#### Safety Network Support:

- (Network member) will check on the child daily to ensure his/her medical needs are met, including dietary requirements and medication administration.
- (Network member) will watch the child after school on Tuesdays and Thursdays from 3:00 to 5:00 p.m. to give the parent time to rest or run errands.
- (Network member) will take the child to his/her medical appointments when the parent cannot. He/she will take notes of what the doctor says and give these notes to the parent and the social worker.
- (Network member) will attend the parent's unsupervised visits with the child and will "coach" him/her on ways to interact with the child, giving him/her the proper medications, and ensure he/she is safe.
- The family agrees to have two neighbors in their safety network who know everything about the problems they have had meeting their child's medical needs and are

authorized to call the social worker if they suspect the child’s medical needs are not being met.

- (Network member) will talk with the child, get his/her perspective on the situation, ask him/her to scale danger/safety, and see how things are going.

(Network member) will make a “code word” with the child so that if child uses that word it will signal that he/she is worried about something.

- (Network members) agree to let the child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

#### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



#### **Services to Help Achieve Safety Objectives**

- Individual or family therapy to help the family deal with the medical needs of the child
- Participation in all doctor appointments for the child, or ensure a person from the safety network attends
- Parenting skills specifically targeted to the child’s medical needs via specialized parenting classes, YouTube videos, or books from the library
- Respite care services

**SDM® Safety Threat #7 – Caregiver does not meet the child’s immediate needs:**

**MENTAL HEALTH CARE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Acquire adequate resources.	Obtain resources to meet the needs of your child and to provide a safe home.
Arrange child care/support during your absence.	Be willing and able to arrange appropriate child care and supervision when you are away from home.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Positive interaction during child visits.	Be nurturing and supportive when you visit your child.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Monitor/correct child’s behavior.	Show your ability to supervise, guide, and correct your child at home, school, and in the community.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Protect child from emotional harm.	Protect your child from emotional harm.
Provide emotional support for child.	Show your ability to understand your child’s feelings and give emotional support.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Has there ever been a time when things were working better in your family—when your child was doing well, or when you were all getting along?
- Has there ever been a time when you or your child were able to do certain things to help address your child’s mental health in a way that kept him/her safe and helped the family function better?
- How have you coped with the problems you have been experiencing with your child?
- How do you think your child has coped with the situation? What has kept him/her going?

### *What are we worried about?*

- What have you done to try to get your child the mental health care he/she needs?
- What gets in the way of your ability to get the help your child needs?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- What tends to frustrate you about your child?
- If your children were here right now and were able to speak about this, what would they say worries them?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the current situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the current situation?
- Do you think that I (or the agency) might be worried at all about this? What do you imagine I am worried about?

### *What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- How do you think your child feels about all of this? What do you think he/she would like to happen so he/she could get back to some state of normal?
- Can you think of ways to discuss the issues you're having with your child in a way that will not end up in yelling, screaming, or emotional harm?
- Imagine that it is six months from now and your child is thriving and getting the help he/she needs. What changed? What ended up working?

### *Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = your child continues to suffer and have lots of problems; and 10 = your child is thriving, happy, and feels emotionally supported, safe, and loved, where do you rank your child's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank it? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- List five things your child says or does to trigger you to become frustrated and/or angry.
- Demonstrate during visits that if you are talking with your child about something that is upsetting to him/her, you notice and either stop talking about that subject or find a way to make your child feel more comfortable.
- Demonstrate during visits that you can respond to the non-verbal signals your child gives when he/she is feeling unsafe or uncomfortable.
- Demonstrate during visits that you can tend to your child's physical and emotional needs in a way that makes your child feel safe, happy, and loved.
- List at least five challenges your child now faces as a result of his/her emotional problems. List five ways you can support your child as he/she faces those challenges. Demonstrate during visits that you can help your child as he/she overcomes those challenges.
- Take your child to all recommended mental health appointments.
- When your child's therapist says it is time, attend therapy appointments with your child and demonstrate that you can support their mental health goals.

#### Child Safety:

- The child and safety network members report that the child is getting the help needed to restore his/her emotional and mental health.

#### Safety Network Support:

- (Network member) will contact the child daily—either at school, home, or by phone—to ask him/her how he/she is feeling on a scale of 1 to 10, where 10 = very safe and comfortable. If the child reports anything less than a 7, (network member) will contact the therapist and social worker and a group meeting will be held within 24 hours to address the current problems and increase safety for the child.
- (Network member) will stop by the house at varying times at least once per day to ensure that the family is following the safety plan.

- The family agrees to have two neighbors in their safety network who know everything about the child’s past emotional problems and are authorized to call the police or the social worker if they suspect there is a problem.
- (Network member) will attend parent’s unsupervised visits with the child and will “coach” him/her on ways to interact with the child.
- (Network member) will assist in taking the child to therapy.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going for the child.
- (Network member) will make a “code word” with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



**Services to Help Achieve Safety Objectives**

- Individual, group, and/or family therapy to help the family restore safety
- Library books that deal with themes of trauma and mental health challenges faced by youth

**Safety Threat #8 – The physical living conditions are hazardous:**

**HAZARDOUS HOME**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

The social worker and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Acquire adequate resources.	Obtain resources to meet the needs of your child and to provide a safe home.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Know age-appropriate expectations.	Show that you know age-appropriate behavior for your child.
Maintain suitable residence for child.	Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



**Solution-Focused Questions to Identify Safety Actions**

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?

- Can you think of a time in the past when your house was cleaner and things at home were better in general? What was different then? What helped to make things better? Can you tell me what you did? How did you do it?
- Can you think of a time in the past when you were able to pay your utility bills? What was different then?
- Can you think of a time in the past when you were able to safely store your weapons? What was different then?
- How have you coped with your recent struggles? What has kept you going?
- How do you think your children have coped with living in a dirty house? What has kept them going?

*What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- What gets in the way of keeping the house clean?
- What gets in the way of paying the utility bills?
- What prevents you from safely storing your guns or other weapons?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- If your children were here right now and were able to speak about this, what would they say worries them about the current situation?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the current situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the current situation?
- How do you think living in an unsafe home has impacted your child?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?

- Would you rather have a relationship where your child feels safe around you or worried that you will not be able to take care of him/her? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to meet your child's needs for a clean house?
- Imagine that it is six months from now and your house is much cleaner. What would have changed to make this possible? What would have been your very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = your house is a mess and not safe and your children are miserable; and 10 = your kids are thriving, and the family lives in a clean, happy, safe home, where do you rank your current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

Identify Triggers and Practice New Skills:

- Make a list of things that prevent you from keeping the house clean. Identify ways that you can ensure the house is always clean in the future.

- Make a list of things that prevent you from paying your utility bills. Identify strategies to help you pay your utility bills or find alternative sources of electricity and water if you cannot pay them.
- Make a list of things that prevent you from storing your guns or other weapons safely. Identify steps you will take in the future to ensure your weapons are always securely stored.
- Describe the actions you need to take to make your home safe for your child. Demonstrate that you can take those actions.
- Childproof your home so your child will be safe.
- During visits, list at least five behaviors and expressions your child makes to indicate how he/she is feeling about how dirty the house has been. Demonstrate that you can read your child's cues and that your conversations and actions during visits do not cause your child stress or discomfort.

#### Child Safety:

- Your child and members of your child's safety network report that the house is now clean/the utilities are turned on/guns are stored.

#### Safety Network Support:

- (Network member) will visit twice per week to ensure the house is clean and safe for the children.
- The family agrees to have two neighbors in their safety network who know everything about the past neglect and are authorized to call the social worker if they suspect the house is getting dirty or the children's needs are going unmet again.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going for the child.
- (Network member) will make a "code word" with child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) will let child "practice" asking for and receiving help so that the child knows the network will be there and will respond.

#### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.

- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



### **Services to Help Achieve Safety Objectives**

- In-home support services
- Connection with local churches to help with resources to keep the house clean
- Connection with local resources to help advocate with landlords who don't respond to plumbing or pest control problems
- Connection with local resources that provide free or reduced-cost gun locks
- Parenting classes
- Parent-child interaction therapy (PCIT)
- YouTube videos on parenting and the effects of neglect on children

**SDM® Safety Threat #8 – The physical living conditions are hazardous:**

**DRUG RAIDS**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

<b>Safety Objectives</b>	
<b>Drop-Down Menu From CWS/CMS</b>	<b>Family-Centered Language</b>
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Obtain/maintain legal source of income.	Have and keep a legal source of income.
Acquire shopping, budgeting, and money management skills.	Learn to develop/balance a budget and learn to live within your means.
Do not break the law.	Do not break the law. Avoid arrests and convictions.
Follow conditions of probation/parole.	Follow all conditions of probation/parole.
Eliminate dangers to physical health.	Remove identified dangers to your child’s physical health.
Arrange child care/support during your absence.	Be willing and able to arrange appropriate child care and supervision when you are away from home.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Maintain suitable residence for child.	Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Has there ever been a time when you considered selling drugs from your home but didn't? When was that? Can you tell me what you did instead? How did you do it?
- Has there ever been a time when you were selling drugs but you were somehow able to care for your child's needs and make sure she/he was safe? When was that? Can you tell me what you did? How did you do it?
- How have you kept your children safe in the past when you sold drugs?
- How do you think your children have coped with drug sales from your home? What has kept them going?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you "less on your game" than usual? What are you like then? What would I notice at those moments?
- What is your understanding of what people are worried about?
- Do you think that I (or the agency) might be worried at all about this? What do you imagine I am worried about?
- If your children were here right now and were able to speak about this, what would they say worries them about drugs being sold from their home?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about your drug selling and the way you care for your child?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about your drug selling and the way you care for your child?
- Are you worried about the same thing? Why or why not?
- How have drug sales from your home impacted your child?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship with your child where your child feels safe in his/her home or frightened at home? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Imagine that it is six months from now and you have found a legal way to earn money and not sell drugs around your children. What would that be like for you? How do you imagine you would have accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = drugs are still sold out of your home and your child is continually around drugs and people who buy and/or use drugs; and 10 = your child lives in a drug-free house and feels safe, comfortable, and at ease, where do you rank your child's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say would have to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- Make a list describing the factors that led to you selling drugs from your home.
- Describe in detail the harm that could happen to a child your child's age while in close proximity to drugs, potentially breathing fumes from drugs, or in the house when someone breaks in to steal drugs.
- List three to five behaviors or statements your child has made in the past that indicate he/she is bothered by the drugs/traffic in your house. Demonstrate that you will not expose your child to any drugs, drug sales, or people who buy drugs.
- Write a list of how your child likely felt when you were arrested for selling drugs out of your home.
- Write a letter explaining how selling drugs from your home hurt your child and exactly how things will be different in the future so this does not happen again.

#### Child Safety:

- Your children and members of your children's safety network report that all drug use and drug sale activities in your home have ended.

#### Safety Network Support:

- (Network member) will visit twice a week to ensure no drugs are present in the family home.
- The children know they can call (network member) if their parent starts to sell drugs and they feel unsafe. (Network member) will pick up the children; the parents agree to this plan.
- The family agrees to have two neighbors in their safety network who know everything about the past drug sales from their home and are authorized to call the police or the social worker if they suspect drug sales have resumed.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going.

- (Network member) will make a “code word” with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



**Services to Help Achieve Safety Objectives**

- Individual therapy to explore the reasons behind putting the child at risk by living in a home where drugs are sold or grown
- Watch videos or read books to gain a better understanding of how unsafe it is to grow/sell drugs in a home where children live
- Job training

**SDM® Safety Threat #9 – Caregiver substance abuse:**

**ALCOHOL AND DRUGS**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

<b>Safety Objectives</b>	
<b>Drop-Down Menu From CWS/CMS</b>	<b>Family-Centered Language</b>
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Do not abuse drugs.	Stay free from drugs and show your ability to live free from drug dependency. Comply with all required drug tests.
Do not abuse alcohol.	Stay free from alcohol and show your ability to live free from alcohol dependency.
Do not break the law.	Do not break the law. Avoid arrests and convictions.
Follow conditions of probation/parole.	Follow all conditions of probation/parole.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Monitor/correct child’s behavior.	Show your ability to supervise, guide, and correct your child at home, school, and in the community.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Have you ever felt like drinking/using but didn't? When was that? Can you tell me what you did? How did you do it?
- Has there ever been a time when you were drinking/using but you were somehow able to care for your child's needs and make sure she/he was safe? When was that? Can you tell me what you did? How did you do it?
- What have you done in the past to keep your children safe when you were drinking/using?
- How have you coped with your drug/pill/alcohol use? What has kept you going?
- How do you think your children have coped with your drug/pill/alcohol use? What has kept them going?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you "less on your game" than usual? What are you like then? What would I notice at those moments?
- When did you use drugs/pills/drink alcohol most frequently? What are some of the reasons you used drugs/abused alcohol? (For example, to feel better; to have fun with friends; to stay awake in order to work longer)
- What is your understanding of what people are worried about?
- Do you think that I (or the agency) might be worried at all about this? What do you imagine I am worried about?
- If your children were here right now and were able to speak about this, what would they say worries them about your drug/alcohol use?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about your alcohol/drug use and how you care for your child?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about your alcohol/drug use and how you care for your child?

- Are you worried about the same thing? Why or why not?
- How has your drug/alcohol use impacted your child?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe around you or frightened around you? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? What story would you hope for instead?
- Imagine that it is six months from now and you have found a way to parent your children without using any drugs or alcohol. What would that be like for you? How do you imagine you would have accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = your child has to struggle to get what he/she needs when you're using drugs/pills/drinking alcohol; and 10 = your child is never around when you're using and is thriving and happy, where do you rank your child's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point? What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- Write a list of the things that trigger you to use drugs/take pills/drink alcohol. Identify ways that you will cope with these triggers in the future that do not include drinking or using.
- Demonstrate that there is no drug use, drinking, drugs, or alcohol in your home or around your child.
- Test negative on all drug tests.
- Demonstrate that if a drug-using/drinking friend from your past reappears, you will not resume contact with that person.
- Only drive your children in your car if you are completely sober.
- Demonstrate that you can keep your commitments to your child by arriving on time and sober for all visits.
- During visits, demonstrate that you, not your child, takes the parental role now that you are drug-free.
- List three to five behaviors or statements your child has made in the past that indicate your drug use/drinking bothers him/her. During visits, demonstrate that when your child appears bothered or sad, you will stop the behavior that is bothering him/her.
- During visits, monitor your conversations around your children so they do not hear details about your drug use.
- Write a letter explaining how your actions, while using drugs/drinking, hurt your child and explain exactly how things will be different in the future so this does not happen again.

#### Child Safety:

- Your child and members of your child's safety network report that you have stopped using drugs/pills/drinking alcohol around your child.

### Safety Network Support:

- (Network member) will visit twice daily to make sure the parent has not been using drugs or drinking alcohol and the children are safe.
- The children know they can call (network member) if their parent starts to use drugs or drink alcohol and they feel unsafe. (Network member) will pick up the children; the parent agrees to this plan.
- The family agrees to have two neighbors in their safety network who know everything about the past drug use and/or alcohol abuse and are authorized to call the police or the social worker if they suspect drug use has resumed.
- (Network member) will attend parent's unsupervised visits with the children and will make sure mom/dad is not using drugs or drinking and is caring for the children's needs.
- (Network member) will talk with the child, get his/her perspective on the situation, ask him/her to scale danger/safety, and see how things are going.
- (Network member) will make a "code word" with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child "practice" asking for and receiving help so that the child is certain the network will be there and will respond.

### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a "dry run" of the safety plan.



### **Services to Help Achieve Safety Objectives**

- Narcotics Anonymous and/or Alcoholics Anonymous meetings, including getting a sponsor and working through the 12 steps
- Other recovery meetings
- Individual or group therapy to work on issues related to substance abuse and how to parent safely

- Drug testing
- YouTube videos about the impact of substance abuse on children and families
- Books that discuss the impact of substance abuse on children and families and suggest ways to parent without abusing drugs or alcohol

**SDM® Safety Threat #10 – Domestic Violence:**

**DOMESTIC VIOLENCE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Control anger/negative behavior.	Express anger appropriately and do not act negatively on your impulses.
Do not involve your child in domestic violence.	Do not involve your child in attempts to control or intimidate your partner.
Protect child from contact with abuser.	Demonstrate that you will not allow any contact between the abuser and your child.
Protect self from abusive relationships.	Take appropriate action to avoid being a victim of further domestic violence.
Refrain from domestic violence.	Demonstrate that you will not behave in a manner that is verbally, emotionally, physically, or sexually abusive or threatening.



**Solution-Focused Questions to Identify Safety Actions**

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Has there ever been a time when you almost fought but somehow were able to do something else? When was that? What did you do? How did you do it?

- Can you think of a time in the past when there was no yelling, screaming, or physical fighting in your home? What was different then? What was working well at that time?
- Has there ever been a time when you fought but somehow, before you fought, you were able to make sure your child would be safe? When was that? Can you tell me what you did? How did you do it?
- What have you done to keep your children safe in the past when there have been fights?
- How have you coped with the fighting between you and your partner? What has kept you going?
- How do you think your children have coped with the fighting? What has kept them going?

*What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- When do you have these fights?
- What kinds of things do you fight about?
- Where are your children when you fight?
- If your children were here right now and were able to speak about this, what would they say worries them about these fights?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about these fights?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about these fights?
- How do you think these fights impact your children? How do the fights affect them? Do they act differently during or after a fight?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?

- Would you rather have your relationship with your partner be one with violence in it, or would you rather have a violence-free relationship? Why?
- Would you rather have a relationship where your partner feels safe around you or frightened around you? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to discuss your relationship issues that will not result in yelling, screaming, or physical harm?
- Would you rather have a relationship in which your partner tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- Imagine it is six months from now and you have found a way to parent your children without any yelling, screaming, or physical fighting in your home. What would that be like for you? How do you imagine you would have accomplished this? What would have been the very first step?

*Scaling Questions (mostly related to "What needs to happen"):*

- On a scale of 0 to 10, where 0 = you fight constantly and the children know it, hear it, and are scared; and 10 = there is never any yelling, screaming, or physical fighting in the home and your kids feel happy and safe, where do you rank your current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, how would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?
  - » Where would your partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- Make a list of three to five things that lead to fighting/violence in your home.
- List five ways you can avoid/prevent/protect yourself from/resolve an argument or physical fight with your partner so that your children will not be frightened. Demonstrate that you can avoid/prevent/protect yourself from/resolve conflict with your partner in a way that does not scare, frighten, or harm your children.
- List three to five behaviors or expressions your child has made in the past that indicate he/she is scared when fighting occurs. Demonstrate during visits that you will watch for these behaviors and that you will make your child feel safe when you notice he/she is acting scared.
- Make a list of five things your child was most likely feeling when he/she saw fighting. Demonstrate during visits that you can talk to your child when he/she is scared about his/her feelings in a way that helps him/her to feel better.
- Demonstrate that you will not allow people who are violent or unsafe in your home or around your child. Give examples of how and when you did this.
- Write a letter to your child apologizing to him/her for your role in exposing him/her to fighting/violence. Describe the actions you will take from this point forward so that he/she is never around violence or fighting again.

#### Child Safety:

- The children and safety network members report that all fighting in the children's presence has stopped.

#### Safety Network Support:

- (Network member) will be at the family home for one hour when dad gets off of work to help mom with the children. Mom and dad get into most of their fights when dad first comes home from work, so this will give dad time to adjust to being home, and dad and mom are less likely to fight when (network member) is at their house. If they do start to argue, mom and the children will leave the house and go to (network member's) house.
- Fighting happens most often on the nights dad has been drinking. Dad has three (network members) who have agreed he can stay in their homes if he has been drinking, rather than going home.

- If mom and dad start to argue, they can text or call (at least three) (network members) and one of them will come over to get the children.
- Mom has a bag packed with essential items for herself and the children, and if dad threatens mom\_or if she feels unsafe for any reason, (network member) will come over to get her and the children and take them to a pre-arranged safe location.
- When mom starts unsupervised visits with the children, (network member) agrees to join mom and the children on the visits to make sure dad and mom do not spend time together with the children present.
- Mom and dad tend to talk negatively about each other in front of the children, which they say really bothers them. (Network member) has agreed to join mom during her visits with the children to help her avoid talking to the children about their dad. (Network member) has agreed to join dad during his visits with the children to help him avoid talking to the children about their mom.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and ask how things are going.
- (Network member) will make a “code word” with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.
- The family agrees to include two neighbors in their safety network, inform them about past domestic violence, and authorize them to call the police or the social worker if they suspect fighting has resumed.

Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



**Services to Help Achieve Safety Objectives**

- Domestic violence groups for batterers (applies when the parent only struggles with anger with family members)

- Anger management groups (applies when the parent struggles with anger with family members, in the workplace, and in public, in addition to conflict in the home)
- Individual therapy that addresses issues of domestic violence or power and control
- Domestic violence groups for survivors
- YouTube videos on the effects of violence on children, how to prevent domestic violence, and how to protect oneself from domestic violence
- Library books on the effects of violence on children, how to protect oneself from domestic violence, and how to communicate in a way that is not violent

**SDM® Safety Threat #11 – Caregiver describes the child in predominantly negative terms:**

**EMOTIONAL ABUSE**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

The social worker and the family can select the most relevant objective or objectives from this list.

Safety Objectives	
Drop-Down Menu From CWS/CMS	Family-Centered Language
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Accept disclosure made by child.	Listen to and show acceptance and support of the disclosure made by your child.
Allow victim confrontation.	Listen and respond appropriately when child is ready to confront you about your behavior.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Control anger/negative behavior.	Express anger appropriately and do not act negatively on your impulses.
Positive interaction during child visits.	Be nurturing and supportive when you visit your child.
Protect child from emotional harm.	Protect your child from emotional harm.
Provide emotional support for child.	Show your ability to understand your child’s feelings and give emotional support.
Take responsibility for actions.	Show that you accept responsibility for your actions.



**Solution-Focused Questions to Identify Safety Actions**

*What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?

- Has there ever been a time when you were not proud of what you said to your child, but somehow, before you said it, you were able to do something to make your words less hurtful? When was that? Can you tell me what you did? How did you do it?
- Can you tell me about a time when you had a supportive, loving conversation with your child? When was that? Can you tell me what you did? How did you do it?
- How have you coped with the problems you have been experiencing with your child?
- How do you think your child has coped with the situation? What has kept him/her going?

*What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- What gets in the way of being the parent you want to be more often?
- What is your understanding of what people are worried about?
- Are you worried about the same thing? Why or why not?
- What tends to frustrate you about your child?
- What have you said or done, or not done, to your child to express your anger and frustration toward him/her?
- How has your child responded to your expressions of anger and frustration?
- How do you think your child feels about all of this? What do you think he/she would like you to change about how you talk to or interact with him/her?
- If your children were here right now and were able to speak about this, what would they say worries them about the emotional harm?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the current allegations?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the current situation?
- Do you think that I (or the agency) might be worried at all about this? What do you imagine I am worried about?

*What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe around you or frightened around you? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things keep going as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Can you think of ways to discuss the issues you're having with your child in a way that will not end up in yelling, screaming, or emotional harm?
- Imagine that it is six months from now and you are able to parent your child in a way that makes your child feel safe and loved, and in a way that does not concern anyone around you, even child welfare services. What exactly do you do when your child misbehaves? How do you talk with your child? What is the tone of your voice, the look in your eye? What would be your very first step?

*Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = your child continues to be scared of you and hurt by you; and 10 = your child is thriving, happy, and feels emotionally supported, safe, and loved, where do you rank your child's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your children were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point?
  - » Where would your spouse/partner rank it? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- List five things your child says or does to trigger you to say or do emotionally damaging things. List three people you can turn to in your safety network to help you stop making comments or taking actions that could be emotionally hurtful to your child. Demonstrate that you are able to resist those triggers.
- Demonstrate during visits that if you are talking with your child about something that is upsetting to him/her, you notice and either stop talking about that subject, or find a way to make your child feel more comfortable.
- Demonstrate during visits that you can respond to the non-verbal signals your child gives when he/she is feeling unsafe or uncomfortable.
- Demonstrate during visits that you can tend to your child's physical and emotional needs in a way that makes your child feel safe, happy, and loved.
- List at least five challenges your child now faces as a result of the emotional harm. List five ways you can support your child as he/she faces those challenges. Demonstrate during visits that you can help your child as he/she overcomes those challenges.
- Write a letter of apology to your child explaining your role in the emotional harm and exactly what you commit to doing to ensure that your child is never emotionally harmed again.
- Demonstrate you can protect your child from emotional harm by not allowing contact between the person who has harmed your child and your child.
- When your child's therapist says it is time, attend therapy appointments with your child and demonstrate that you can support their mental health goals.

#### Child Safety:

- The child and safety network members report that you have stopped the insults, cruel comments, and actions.

#### Safety Network Support:

- (Network member) will contact the child daily—either at school, home, or by phone—to ask him/her how he/she is feeling on a scale of 1 to 10, where 10 = very safe and

comfortable. If the child reports anything less than a 7, (network member) will contact the therapist and social worker and a group meeting will be held within 24 hours to address the current problems and increase safety for the child.

- (Network member) will stop by the house at varying times at least once per day to ensure that the family is following the safety plan that indicates (the emotionally harmful parent) is not to have any further contact with the children.
- The family agrees to have two neighbors in their safety network who know everything about the past emotional harm to the children and are authorized to call the police or the social worker if they suspect the children are being emotionally harmed again.
- (Network member) will attend parent's unsupervised visits with the children and will "coach" him/her on ways to interact with the children to ensure he/she is not talking with them in an emotionally harmful way.
- (Network member) will assist in taking the child to therapy.
- (Network member) will talk with the child, get his/her perspective on what is happening, ask him/her to scale danger/safety, and see how things are going for the child.
- (Network member) will make a "code word" with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let child "practice" asking for and receiving help so that the child is certain the network will be there and will respond.

#### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a "dry run" of the safety plan.



#### **Services to Help Achieve Safety Objectives**

- Individual, group, and/or family therapy to help the family restore safety
- Library books that deal with themes of emotional harm to help parent grasp the impact of the abuse on the child and start demonstrating specific ways to reduce further emotional abuse

**SDM® Safety Threat #12 – Caregiver’s emotional stability, developmental status, or cognitive deficiency:**

**EMOTIONAL STABILITY**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

<b>Safety Objectives</b>	
<b>Drop-Down Menu From CWS/CMS</b>	<b>Family-Centered Language</b>
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Stabilize mental health.	Comply with medical or psychological treatment.
Improve basic self-care: grooming, dressing, hygiene.	Improve grooming, dressing, and hygiene.
Acquire adequate resources.	Obtain resources to meet the needs of your child and to provide a safe home.
Acquire shopping, budgeting, and money-management skills.	Learn to develop/balance a budget, and learn to shop within your means.
Arrange child care/support during your absence.	Be willing and able to arrange appropriate child care and supervision when you are away from home.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Know age-appropriate expectations.	Show that you know age-appropriate behavior for your child.
Maintain suitable residence for child.	Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor/correct child’s behavior.	Show your ability to supervise, guide, and correct your child at home, school, and in the community.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## **Solution-Focused Questions to Identify Safety Actions**

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Can you think of a time in the past when you felt stable and you didn't (feel sad/hear voices/feel anxious/feel full of energy)? What was different then? What helped to make things better? Can you tell me what you did? How did you do it?
- What have you been doing to keep your children safe?
- How have you coped with your current struggles? What has kept you going?
- How do you think your children coped during those times when you struggled with (feeling sad/hearing voices/feeling anxious/feeling full of energy)?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you "less on your game" than usual? What are you like then? What would I notice at those moments?
- When you think about a time when (you were struggling with feeling sad/hearing voices/feeling anxious/feeling full of energy), what was going on? Were there certain triggers?
- What is your understanding of what people are worried about?
- If your children were here right now and were able to speak about this, what would they say worries them about the current situation?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the situation?
- Are you worried about the same thing? Why or why not?
- How have your struggles with (feeling sad/hearing voices/feeling anxious/feeling full of energy) impacted your children?

### *What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- Would you rather have a relationship where your child feels safe around you or worries that you will not be able to take care of him/her? Why?
- Would you rather have a relationship in which your child tells you what she/he really thinks or one in which she/he only says what she/he thinks you want to hear? Why?
- If things continue as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Imagine that it is six months from now and you have found a way to feel stable and happy on a regular basis. What would have changed to make this possible? What would have been your very first step?

### *Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = you do not feel stable at all and can do almost nothing to safely parent your children; and 10 = you are able to meet all of your children's basic needs and they are happy and healthy, where do you rank your children's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your kids were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

#### Identify Triggers and Practice New Skills:

- Make a list of things that upset you and make you feel very upset and unstable. Write another list of things that help you feel stable and comfortable.
- Demonstrate that you can manage your emotions in order to consistently make good decisions that result in your child receiving three healthy meals each day, getting to school on time each day, and supervision at all times by a safe person.
- Demonstrate that you can manage your emotions so that you can attend school conferences and medical appointments, and show that you can advocate for your child's needs.
- Demonstrate that you manage your emotions so that you can keep your commitments to your child.
- Keep a journal of your feelings every day, using a scale from 0-10; 0 being you feel very unstable and upset, leaving you unable to meet your child's needs, 10 being you feel very capable and stable and able to meet all of your child's needs. When you score below a 5, call your network members for help.
- During visits, demonstrate that you can manage your emotions so that you can supervise your child and make sure his/her basic needs are met.
  - » Demonstrate during visits that you can listen to your child when he/she speaks to you.
  - » List at least five behaviors and expressions your child makes that indicate how he/she feels. During visits, demonstrate that you are reading your child's cues and that your conversations and actions during visits are not causing stress or discomfort to your child.

#### Child Safety:

- Your children and members of your children's safety network report that you are managing your emotions, your children feel safe in your care, and all of their basic needs are being met.

### Safety Network Support:

- The family agrees to have two neighbors in their safety network who know everything about the parent (feeling sad/hearing voices/feeling anxious/feeling full of energy) and are authorized to call the social worker if they suspect the parent is starting to be overcome by these feelings again.
- (Network member) will visit twice a day to make sure a safe adult is watching the children.
- (Network member) will check on the parent daily, asking what the parent scaled their feelings at today. If the parent scaled below a 5, the network member will go to the home and help care for the child.
- (Network member) will check on the child daily, either at school or home, to make sure he/she is wearing clean clothes and has food to eat. If the child doesn't have enough food to eat, (network member) will get him/her food.
- (Network member) will provide the child with punctual transportation to and from school.
- (Network member) will watch the children after school, while the parents are at work.
- (Network member) will pick up the kids and take them to the park every Tuesday.
- (Network member) will attend parent's unsupervised visits with the children and will "coach" him/her on ways to interact with the children, feed them, and ensure they are safe.
- (Network member) will talk with the child, get his/her perspective on the situation, ask him/her to scale danger/safety, and see how things are going.
- (Network member) will make a "code word" with the child so that if the child uses that word it will signal that he/she is worried about something.
- (Network members) agree to let the child "practice" asking for and receiving help so that the child is certain the network will be there and will respond.

### Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a "dry run" of the safety plan.



### **Services to Help Achieve Safety Objectives**

- Individual or group therapy
- NAMI website
- Parenting classes
- In-home support services
- Art classes
- Yoga or exercise classes
- Gardening

**SDM® Safety Threat #12 – Caregiver’s emotional stability, developmental status, or cognitive deficiency:**

**DEVELOPMENTAL STATUS AND/OR COGNITIVE DEFICIENCY**

**Safety Objectives**

Objectives describe safety; services are designed to help a parent demonstrate safety. Completing services will not guarantee return of a child or the close of a child welfare case. The parent has to demonstrate safety.

You and the family can select the most relevant objective or objectives from this list.

<b>Safety Objectives</b>	
<b>Drop-Down Menu From CWS/CMS</b>	<b>Family-Centered Language</b>
Develop supportive interpersonal relationships.	Develop positive support systems with friends and family.
Stabilize mental health.	Comply with medical or psychological treatment.
Improve basic self-care: grooming, dressing, hygiene.	Improve grooming, dressing, and hygiene.
Acquire adequate resources.	Obtain resources to meet the needs of your child and to provide a safe home.
Acquire shopping, budgeting, and money-management skills.	Learn to develop/balance a budget, and learn to shop within your means.
Arrange child care/support during your absence.	Be willing and able to arrange appropriate child care and supervision when you are away from home.
Comply with visitation.	Maintain relationship with your child by following the conditions of your visitation plan.
Do not neglect your child’s needs.	Meet your child’s physical, emotional, medical, and educational needs.
Know age-appropriate expectations.	Show that you know age-appropriate behavior for your child.
Maintain suitable residence for child.	Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor/correct child’s behavior.	Show your ability to supervise, guide, and correct your child at home, school, and in the community.
Monitor child’s health, safety, and well-being.	Pay attention to and monitor your child’s health, safety, and well-being.
Provide appropriate/adequate parenting.	Consistently, appropriately, and adequately parent your child.



## Solution-Focused Questions to Identify Safety Actions

### *What is working well?*

- What are you like when you are at your best as a parent? How do you talk with your child? Treat your child?
- Can you think of a time in the past when you felt you could (*regularly feed your infant, find medical or emergency care for your child, feed your child food he/she could digest, keep a close eye on your child*)? What was different then? What helped to make things better? Can you tell me what you did? How did you do it?
- What have you been doing to keep your children safe?
- How have you coped with your current struggles? What has kept you going?
- How do you think your children coped during those times when you struggled with (feeling sad/hearing voices/feeling anxious/feeling full of energy)?

### *What are we worried about?*

- Most parents are not at their best all the time. When are you “less on your game” than usual? What are you like then? What would I notice at those moments?
- When you think about a time when you were struggling to meet your child’s basic needs (*not knowing that infants need regular feedings, not obtaining basic medical or emergency care, feeding the child foods that he/she can’t digest, and/or inadequate supervision*), what was going on? Were there certain triggers?
- What is your understanding of what people are worried about?
- If your children were here right now and were able to speak about this, what would they say worries them about the current situation?
- If X (family member who is seen as important) was here right now, what would he/she say worries him/her about the situation?
- If Y (professional/therapist/helper) was here right now, what would he/she say worries him/her about the situation?
- Are you worried about the same thing? Why or why not?
- How have your struggles with parenting impacted your children?

### *What needs to happen?*

- Who are your role models as parents? What did/do you most appreciate about them and their parenting? If they were here right now, how would they advise you to handle difficult moments with your child?
- If things continue as they are, what do you imagine will be your child's story about this time in his/her life? Is that the story you want for him/her? If not, what story would you hope for instead?
- Imagine that it is six months from now and you have found a way to feel stable and happy on a regular basis. What would have changed to make this possible? What would have been your very first step?

### *Scaling Questions (mostly related to "What needs to happen?"):*

- On a scale of 0 to 10, where 0 = I can NOT meet all of my child's basic needs; and 10 = I am able to meet all of my children's basic needs and they are happy and healthy, where do you rank your child's current situation? What got you to that number? What would it take to move that number up just one point on the scale?
  - » If your kids were here, where would each of them rank the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move up the scale just one point?
  - » Where would your spouse/partner rank the situation? What would he/she say got it to that number? What would he/she say needs to happen to move it up just one?
  - » Where do you think I (the social worker) would rank it? What do you think would get me to that number? What do you think I would suggest to move that number up just one point?
  - » What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number?



### **Possible Safety Actions**

Select the most relevant—or create your own—safety actions with the family and network. List these safety actions under the safety objectives on the case plan.

### Identify Triggers and Practice New Skills:

- Make a list of the times you struggled to meet your child's basic needs.

- During visits, demonstrate that you can notice when your infant is hungry—and feed your infant—without anyone reminding you or helping you.
- During visits, demonstrate that, all by yourself, you can bring foods for your child that your child can eat and digest, based on his/her age.
  - » Demonstrate during visits that you can keep a close eye on your child and make sure he/she is safe, without anyone helping you or reminding you.
  - » List at least five behaviors and expressions your child makes that indicate how he/she feels. During visits, demonstrate that you are reading your child’s cues and that your conversations and actions during visits are not causing stress or discomfort to your child.

Child Safety:

- Your children and members of your children’s safety network report that the children’s basic needs for food, medical care, and supervision are being met.

Safety Network Support:

- The family agrees to have two neighbors in their safety network who know everything about the parent having problems in the past with meeting his/her child’s basic needs and are authorized to call the social worker if they suspect parent is struggling to meet his/her child’s needs.
- (Network member) will visit twice a day to make sure a safe adult is watching the children.
- (Network member) will check on the child daily, either at school or home, to make sure he/she is wearing clean clothes and has food to eat. If the child doesn’t have enough food to eat, (network member) will get him/her food.
- (Network member) will provide the child with punctual transportation to and from school.
- (Network member) will pick up the kids and take them to the park every Tuesday.
- (Network member) will attend parent’s unsupervised visits with the children and will “coach” him/her on ways to interact with the children, feed them, and ensure they are safe.
- (Network member) will talk with the child, get his/her perspective on the situation, ask him/her to scale danger/safety, and see how things are going.
- (Network member) will make a “code word” with the child so that if the child uses that word it will signal that he/she is worried about something.

- (Network members) agree to let the child “practice” asking for and receiving help so that the child is certain the network will be there and will respond.

Safety Plan is Activated:

- The child reports that he/she knows what the safety plan is, how to activate the safety plan, and where he/she will live if it is no longer safe to be home with the parent.
- The parent has demonstrated that he/she can ask the safety network for help when help is needed.
- The parent and the safety network have practiced a “dry run” of the safety plan.



**Services to Help Achieve Safety Objectives**

- Regional center
- Parenting classes
- In-home support services

**CHILD WELFARE SERVICES INITIAL CASE PLAN (COURT)**  
**SAMPLE<sup>6</sup>**

---

CASE PLAN PARTICIPANTS

PARENTS

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
Wendy Thompson	10/12/1991	Mother (Birth)	Isaiah Thompson Sarah Thompson
Joseph Thompson	10/12/1980	Father (Presumed)	Isaiah Thompson Sarah Thompson

CHILDREN

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Isaiah Thompson	03/24/2006	8y	M	00516598
Sarah Thompson	07/11/2011	3y	F	00516598

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
Isaiah Thompson	Return Home	01/01/2015	
Sarah Thompson	Return Home	01/01/2015	

**Danger Statement**

CWS, Joseph, the hospital, Dolores (Joseph's mother), Carla (Raul's mother), and Megan (family friend) are worried that Wendy will continue to use meth and not feed or change Isaiah and Sarah or leave them unsupervised and the children could be hungry, sick, or get hurt. CWS, Dolores, Carla, and Megan are also worried that Wendy and Joseph will hit each other or break things in the home or car and that Isaiah and Sarah could get injured or be scared. CWS, Wendy, Dolores, Carla, and Megan worry that Joseph will continue to gamble, spend all of his family's money, and that Isaiah and Sarah could be without a home or food, have to move again, and Isaiah may have to change schools again.

**Safety Goal**

Wendy and Joseph agree to work with CWS and their safety network (Carla, Dolores, Megan) to develop a plan and show everyone that they can have a relationship in which they express their

---

<sup>6</sup> The identities of the parents and children in this case plan are fictional.

anger appropriately, without violence or threatening one another. They will show that they can always meet Isaiah's and Sarah's physical, emotional, medical and educational needs by staying clean and sober from drugs, alcohol, and gambling. CWS will need to see this plan in place and working continuously for six months to feel confident that Isaiah and Sarah will be safe once CWS withdraws.

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Wendy Thompson		
	<u>SERVICE OBJECTIVES</u>	<u>Projected Completion Date</u>
1.	<p><b>Wendy agrees to develop positive support systems with friends and family.</b></p> <ul style="list-style-type: none"> <li>• Wendy agrees to identify three people she can call on a moment's notice for help if she starts to get upset with Joseph. One of these people will come over to safely care for Isaiah and Sarah and Wendy will leave the house immediately.</li> <li>• Wendy agrees to call her friend Megan or her sponsor for support if she feels tempted to relapse. Megan has agreed to hold Wendy's cash for her since Wendy identified having cash as a trigger for getting high.</li> </ul>	01/01/2015
2.	<p><b>Wendy agrees to express her anger appropriately and to not act negatively on her impulses.</b></p> <ul style="list-style-type: none"> <li>• The children, Joseph and Wendy, and members of the safety network will report that all fighting in front of or around the children has stopped.</li> <li>• Wendy agrees to write down a list of things that she and Joseph fight about and to write down and practice five new ways that she can interact with Joseph that will not result in shouting, throwing things, or hitting.</li> <li>• During visits, Wendy agrees to speak nicely about Joseph to the children. Once Wendy and Joseph have been able to be around each other without fighting for at least one month, they can visit the children at the same time and demonstrate they can get along with each other during the visits.</li> </ul>	01/01/2015

3.	<p><b>Wendy agrees to stay free from drugs and alcohol and show her ability to live free from drug and alcohol dependency. She agrees to comply with all drug tests.</b></p> <ul style="list-style-type: none"> <li>• The children and extended family will report that they have not seen Wendy high or drunk.</li> <li>• Wendy agrees to random drug test weekly and that all the drug tests will be negative.</li> <li>• Wendy agrees to discuss what step in her recovery she is working on at each visit with her social worker and to develop a strong relationship with her sponsor. She agrees to find a female sponsor who has a minimum of one year sober in a 12-step program.</li> </ul>	01/01/2015
4.	<p><b>Wendy agrees to meet her children’s physical, emotional, medical and educational needs.</b></p> <ul style="list-style-type: none"> <li>• Within 30 days, Wendy agrees to make a list describing ways she will protect and provide for her children in the event that Joseph continues to gamble and lose the family’s income.</li> <li>• Wendy agrees to develop a budget with Joseph and stick to it.</li> <li>• Wendy agrees to attend all medical visits with her children.</li> <li>• Wendy agrees to demonstrate that she can keep track of her children’s medical and developmental needs by keeping a notebook about their health and development needs and progress.</li> </ul>	01/01/2015

<u>CLIENT RESPONSIBILITIES</u>					
	<u>Activity</u>		<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1.	Counseling/Mental Health Services				01/01/2015
	<u>Description</u>				
	Wendy agrees to participate in individual therapy with a court-approved therapist, who will help her to achieve the objectives on her case plan, and demonstrate that she can safely parent her children.				
2.	Education Services	Parenting Education Program	1	Weekly	01/01/2015
	<u>Description</u>				
	Wendy agrees to complete a 12-week evidence-based parenting program by the sixth-month review hearing. She agrees to demonstrate techniques learned in this class during visitation with her children.				
3.	Substance Abuse Services	Substance Abuse (outpatient)		Daily	01/01/2015
	<u>Description</u>				
	Upon signing this case plan, Wendy agrees to attend an outpatient drug treatment program five days per week.				

Joseph Thompson		
	<u>SERVICE OBJECTIVES</u>	<u>Projected Completion Date</u>
1.	<p><b>Joseph agrees to develop positive support systems with friends and family.</b></p> <ul style="list-style-type: none"> <li>• Joseph agrees to identify three people he can call on a moment's notice for help if he starts to get upset with Wendy.</li> <li>• Joseph agrees to call his sister Tamika for support when he feels tempted to gamble. Tamika has agreed to meet with Joseph the day he gets his paycheck to help him pay his bills. She will give Joseph \$20 cash each day from his remaining paycheck since Joseph identified that \$50 or more of cash on hand is a trigger for his gambling.</li> </ul>	01/01/2008
2.	<p><b>Joseph agrees to demonstrate that he will not behave in a manner that is verbally, emotionally, or physically abusive or threatening.</b></p> <ul style="list-style-type: none"> <li>• The children, Joseph and Wendy, and members of their safety network will report that all fighting in front of or around the children has stopped.</li> <li>• Joseph agrees that if he becomes angry, that he will make sure there is a safe person to care for his children and he will leave his home immediately until he is calm.</li> <li>• Joseph agrees to make a list describing five alternatives for responding to arguments between himself and Wendy that will not result in shouting, throwing things, or hitting.</li> <li>• Joseph agrees to make a list describing how Wendy and his children probably felt during their last argument. He agrees to share this list with his social worker during his next visit.</li> <li>• Once Joseph and Wendy have demonstrated that they can be together without fighting for one month, they can visit the children together. During these visits, they will demonstrate that they can be around the children without fighting.</li> </ul>	01/01/2008

3.	<p><b>Joseph agrees to meet his children’s physical, emotional, medical and educational needs.</b></p> <ul style="list-style-type: none"> <li>• Within 30 days, Joseph agrees to enroll and participate in a gambling recovery program.</li> <li>• Joseph agrees to write a list describing five different things he will do when he feels triggered to gamble. He agrees to share this list with his social worker.</li> <li>• Joseph agrees to make a list of five ways his children are harmed when he gambles. He agrees to share this list with his social worker.</li> <li>• Joseph agrees to develop a budget with Wendy and stick to it.</li> <li>• Joseph agrees to attend all medical visits with his children.</li> <li>• Joseph agrees to demonstrate that he can keep track of his children’s medical and developmental needs by keeping a notebook about their health and development needs and progress.</li> </ul>	01/01/2008
----	--	------------

<u>CLIENT RESPONSIBILITIES</u>					
	<u>Activity</u>		<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1.	Counseling/Mental Health Services	Islamic Center of San Diego	1	Weekly	01/01/2008
	<u>Description</u>				
	Joseph agrees to work with the counselor at his mosque to support him to meet the safety objectives on his case plan.				
2.	Education Services	Parenting Education Program	1	Weekly	01/01/2008
	<u>Description</u>				
	Joseph agrees to complete a 12-week evidence-based parenting program by the sixth-month review hearing. He agrees to demonstrate techniques learned in this class during visitation with his children.				
3.	Substance Abuse Services	12-Step Program	3	Weekly	01/01/2008
	<u>Description</u>				
	Upon signing this case plan, Joseph agrees to participate in a 12-step program for compulsive gambling.				

Isaiah Thompson

	<u>SERVICE OBJECTIVES</u>	<u>Projected Completion Date</u>
1.	<b>Isaiah Thompson will receive age-appropriate services.</b> <ul style="list-style-type: none"><li>• Isaiah will receive an Individual Education Plan and tutoring to help him to be successful in school.</li><li>• Isaiah will be referred to a trauma-informed counselor to help him to recover from the trauma he experienced when his parents fought.</li></ul>	01/01/2008
2.	<b>The CWS social worker will work closely with Isaiah to find and engage a network of support for Isaiah so that his safe and familiar connections will be maintained and grow stronger.</b> <ul style="list-style-type: none"><li>• Within 30 days, the social worker and Isaiah will meet and complete a genogram and an Eco-map to identify safe and familiar people in Isaiah's life.</li></ul>	01/01/2008
3.	<b>The CWS social worker will work closely with Isaiah and his care provider to make sure that his placement is safe and nurturing.</b> <ul style="list-style-type: none"><li>• A Family Team Meeting was held within 24 hours of Isaiah's placement. Potential trouble spots were identified during that meeting and a plan is in place to resolve any potential problems. The social worker will carefully monitor the success of that plan.</li><li>• The CWS social worker will provide Isaiah with three different ways to reach her in the event that he is not feeling safe in his placement.</li></ul>	01/01/2008

<u>CLIENT RESPONSIBILITIES</u>					
	<u>Activity</u>		<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1.	Counseling/Mental Health Services	Trauma-Informed Counseling	1	Weekly	01/01/2008
	<u>Description</u>				
	Isaiah will work with a therapist that specializes in art therapy to help him to work through the trauma he experienced in his parent's home.				
2.	Education Services	Individual Education Program	1		01/01/2008
	<u>Description</u>				
	Isaiah will be evaluated within the next 30 days by the psychologist at his school to determine what assistance he needs to get back up to grade level performance in school.				

Sarah Thompson

	<u>SERVICE OBJECTIVES</u>	<u>Projected Completion Date</u>
1.	<p><b>Sarah Thompson will receive age-appropriate services.</b></p> <ul style="list-style-type: none"> <li>Sarah will receive a developmental exam within the next 30 days.</li> <li>Sarah will receive speech and occupational therapy within the next 30 days.</li> </ul>	01/01/2008
2.	<p><b>The CWS social worker will work closely with Sarah's extended family to find and engage a network of support for Sarah so that her safe and familiar connections will be maintained and grow stronger.</b></p> <ul style="list-style-type: none"> <li>Within 30 days, the social worker and Wendy will meet and complete a genogram and an Eco-map to identify safe and familiar people in Sarah's life.</li> </ul>	01/01/2008
3.	<p><b>The CWS social worker will work closely with Sarah' care provider to make sure that her placement is safe and nurturing.</b></p> <ul style="list-style-type: none"> <li>Sarah's caregiver will receive support from a program that specializes on increasing positive attachments for toddlers.</li> <li>The CWS social worker will discuss concurrent planning with Sarah's caregiver and family on a monthly basis, so that Sarah's will have permanency within a maximum of 12 months. That permanency will happen through a safe reunification to her parents, or placement in an adoptive home, which may be the home of her current caregiver.</li> </ul>	01/01/2008

<u>CLIENT RESPONSIBILITIES</u>					
	<u>Activity</u>		<u>Times</u>	<u>Frequency</u>	<u>Completion Date</u>
1.	Child Development	Developmental Assessment & Speech Therapy	1	Weekly	01/01/2008
	<u>Description</u>				
	Sarah will receive a complete developmental evaluation and she will receive speech therapy on a weekly basis.				
2.	Assess for Adoptions	Assessment	1		01/01/2008
	<u>Description</u>				
	Sarah will be assessed for the permanent plan of adoption in the event that her parents can't reunify with her within 6 – 12 months. Efforts will start immediately to identify a concurrent caregiver.				

### CHILDREN - PARENTS VISITATION

Joseph Thompson, Wendy Thompson					
	<u>Method</u>		<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>
	In-person		3	Weekly	07/03/2007
	<u>Description</u>				
	Visitation will take place in the placement homes of the children during meals, bedtime and bath time. The parents' progress in reunification services will be observed during these visits. The parents will demonstrate that they are able to take the parental role with their children; that they have knowledge of their children's development; that they can put their child's needs before their own; that they can be empathetic to their children; and that they can read their children's verbal and non-verbal cues.				

### AGENCY RESPONSIBILITIES

### CASE MANAGEMENT SERVICES

1. Schedule Dental					
	<u>For Whom</u>				<u>Beginning Date</u>
	Isaiah Thompson, Sarah Thompson				07/03/2007

2. Arrange and Maintain Placement				
	<u>For Whom</u>			<u>Beginning Date</u>
	Isaiah Thompson, Sarah Thompson			07/03/2007

3. Schedule CHDP Medical				
	<u>For Whom</u>			<u>Beginning Date</u>
	Isaiah Thompson, Sarah Thompson			07/03/2007

PLACEMENT SERVICES

1. Relative Home				
	<u>For Whom</u>			<u>Beginning Date</u>
	Isaiah Thompson, Sarah Thompson			07/03/2007

CONCURRENT SERVICES PLANNING

<u>Permanency Alternative / Concurrent Planning Goal</u>		
	<u>For Whom</u>	<u>Concurrent Planning Goal</u>
	Isaiah Thompson, Sarah Thompson	Adoption
1. CSP - Assess Child for Adoptions		
	<u>For Whom</u>	
	Isaiah Thompson, Sarah Thompson	

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Isaiah Thompson, Sarah Thompson				
<u>Method</u>		<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>
In-person			Monthly	07/03/2007
The social worker will visit the children in their placement homes, their schools, daycares, or other location. Visits will occur at least once monthly and will be announced and unannounced.				

SOCIAL WORKER – PARENT CONTACTS

Joseph Thompson, Wendy Thompson				
<u>Method</u>		<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>
In-person			Monthly	07/03/2007
	<u>Description</u>			
	Progress on the case plan will be discussed at each monthly face-to-face visit. Visits will occur at least once monthly and will be announced and unannounced.			

**CASE PLAN WORKSHEET**  
*Complete One Sheet for Each Parent and Child*

**Top Three Needs from the FSNA for Parent:**

**Safety Objectives and Acts of Protection:**

<b>Objective in Family's Words</b>	<b>Acts Of Protection To Be Demonstrated Over Time (Parents and Network)</b>
1	
2	
3	
4	

**Services:**

**Safety Plan for Child - What They Need to Know:**

## REFERENCES

- Bannink, Fredrike, 1001 Solution-Focused Questions, W.W. Norton & Company, 2006.
- Boffa, J., & Armitage, E. (1999). The Victorian risk framework: Developing a professional judgment approach to risk assessment in child protection work. Proceedings of the 7th Australian Conference on Child Abuse And Neglect, Perth, W.A.
- Children's Research Center, The Structured Decision Making® System Policy and Procedures Manual, California Department of Social Services, May 2008, updated 10/1/10.
- Children's Research Center. (2008). *Structured Decision Making®: An evidence-based approach to human services*. Retrieved from [http://www.nccd-crc.org/crc/pdf/2008\\_sdm\\_book.pdf](http://www.nccd-crc.org/crc/pdf/2008_sdm_book.pdf)
- Child Welfare System/Case Management System (CWS/CMS) Application
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York: Norton.
- Freitag, R. (2009). Children's Research Center
- Parker, S. (2010). *Family safety circles: Identifying people for their safety network*. Perth, Aspirations Consultancy. Available at: [www.aspirationsconsultancy.com](http://www.aspirationsconsultancy.com)
- Lohrbach, S. (2000). Child protection practice framework – Consultation and information sharing. Unpublished manuscript.
- Schene, P., Children's Bureau. (2005). *Comprehensive Family Assessment Guidelines for Child Welfare Workers*, 5
- The National Child Traumatic Stress Network [www.NCTSN.org](http://www.NCTSN.org) March 2008
- Turnell, A., & Edwards, S. (1999). *Signs of Safety*. New York: Norton.
- Turnell, A., & Essex, S., (2006). *Working with 'denied' child abuse: The resolutions approach*. Buckingham: Open University Press