Safety Planning at Reunification

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Should reunification occur only when all safety concerns have been resolved?  
How does one assess safety following a period of intervention?

The child protection field has made considerable progress in the past decade regarding developing distinctions between safety and risk. At the same time, considerable confusion remains. This confusion seems most pronounced when caseworkers are planning reunification.

Part of the confusion about safety and risk in child protection stems from how agencies operationalize safety. Many agencies define unsafe but do not define safe. This has led to confusion about whether a child in foster care is safe relative to the birth family. Some would say that the child is unsafe and that is why the placement is necessary. This leads to the seeming contradiction that a child is placed in out-of-home care to be made safe but is still unsafe. An alternative approach is to consider the child in out-of-home care as safe, but with the protective capacities being provided by a family other than the birth family.

Overwhelmingly, the focus in safety assessment approach development has been on initial family contact and the period surrounding the investigation of an abuse report. Safety protocols are mostly designed to detect present danger, factors that suggest the child is in immediate danger of severe harm unless CPS intervenes. By design, these factors reflect events occurring “right now,” and they can be easily detected. Most of the factors in present safety protocols are less sensitive to emerging danger, or danger that is imminent but not immediate. For example, certain forms of neglect may not result in severe harm at a certain point, but may do so over time due to cumulative harm. The mark of an effective reunification protocol is its ability to detect the possibility of emerging danger.

Viewed this way, safety assessments at reunification and at initial phases of contact have a similar and consistent perspective. At both initial contact and reunification, the guiding question is, “Are there threats to the child within the family that require external control, and if so, what controls are necessary?” At reunification, it is not necessary that the threats have totally disappeared, but rather that they have been altered or reduced to a level at which control within the family is probable.

One of the most significant mistakes that can be made at reunification is thinking that because a dynamic has not occurred or recurred, it is under self-control by the family. A caretaker’s ability to function without the
interaction between an adult and child. Absent the child in the equation, it is difficult to judge child safety. The child adds stress to the caretaker’s life and the structure of visitation generally offers little opportunity to discover how the caretaker will respond to cumulative stress.

Safety assessment and planning at reunification have some distinct differences from similar activities at the front end. First, safety assessment at reunification is more prospective, meaning that one is left with judging safety over time rather than at this very moment. Second, at the front end, the child has been in the family and one can consider the impact of recent family history on safety. At reunification, the child has been out of the family and recent history is based on episodes of visits rather than continuous family life. Third, when the child entered care, certain family stresses were relieved and others added (loss, for example). At reunification, stresses are added back to the family, including the child’s anxiety about changing families again. In families where there has been parental drug involvement, such additional stresses might be expected to raise the risk of relapse.

While most agencies require safety plans for children deemed to be unsafe at the front end, few seem to require revised safety plans at the time of reunification. How should safety assessment at the time of reunification be handled and what should be the focus of safety plans?

Safety assessment at reunification needs to focus on the same variables but in a different way. Consider the following example:

At early contact, a parent was observed to be violent, out of control and unable to meet the child’s needs due to substance abuse. The parent caused a severe injury to the child and made plausible threats to harm the child. The parent also showed signs of paranoid ideation and perceived the child as demonic.

It is now 12 months later. The parent has not been violent toward the child and has not made any threats. Drug treatment has been received with two brief relapses occurring at the third and the eighth month of treatment. The child has no injuries, and the parent’s mental health issues appear to be under control with medication. All of the immediate danger factors or threats appear to be under control or have been reduced.

Is the child now safe? Not necessarily.

The mental health issues are still present but under control. The parent is not yet in sustained recovery. We do not know how the parent will respond to the provocation of the child’s actions.

Do these factors mean we should not reunify? Not necessarily.

The safety question now is not whether the threats will never appear again, but rather can they be controlled with the child in the family. At the time of case closing, the question shifts more to the likelihood of the threats rising to the danger level in the future.

Is a safety plan needed? Yes.

However, the safety plan is no longer foster care placement. A safety plan is needed to monitor use of medications, to anticipate another relapse possibility when the child returns home and to address the violence potential of the caretaker. As well, both the mental health professional and the child welfare worker need to observe the parent’s perception of the child.

Generally, reunification does not mean going from a safety plan to no safety plan. Rather, it means changing the safety plan. In fact, caseworker safety activity around the safety plan may need to increase significantly because controlled access to the child no longer exists and parental stress may be both changed and increased with the return of the child.

While many CPS agencies have now developed structured safety assessments during the intake phase, it is critical that reunification-related safety assessments and safety planning employ the same structured decision-making rigor. However, reunification decision-making must incorporate the dynamics associated with the reconstituted family, the nature of any continuing safety threats, and the identification, scope and responsibility for new controlling home-based safety interventions that are necessary to support a safe reunification.