A SUPERVISOR’S GUIDE TO CONSULTING

DEVELOPING WORKER COMPETENCE IN SAFETY INTERVENTION

DEVELOPED BY ACTION FOR CHILD PROTECTION, INC.

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INTRODUCTION

CPS supervisors are responsible for the implementation of safety intervention in cases where children are not safe. CPS workers perform the work that results in sufficient safety intervention; however, CPS supervisors retain the accountability for safety intervention being sufficient. Therefore, CPS supervisors should be proactively involved in the process that results in safety assessment, safety planning and safety plans. Among the ways CPS supervisors can be involved is consultation. While workers are responsible for producing effective safety intervention, supervisors are responsible for developing competent workers who can produce effective safety intervention.

PURPOSE

This guide is provided to support CPS supervisors as consultants to workers who are assessing for child safety and establishing sufficient safety plans. The purpose of the guide is to provide CPS supervisors with a way of implementing a consultation process and methods that assist workers; consider worker needs and limitations; seek out barriers and alternatives; reinforce worker competency; empower workers; and result in effective safety assessment and the creation of sufficient safety plans.

DEFINITION

Consultation as an activity in supervision is longstanding. This definition is concerned only with supervisory consultation related to worker competency in assessing safety, identifying threats to safety and establishing sufficient safety plans.

*Expert guided process and discussion focused on practice and decision making associated with effective safety intervention.*

PHILOSOPHY

This guide is based on the belief that consultation is an authority free activity or method. It embraces the notion of working together in collaboration. It is respectful of, but does not rely on, worker initiated requests for supervisory involvement.
Consultation includes assessing to understand worker need and limitations. Based on a supervisor’s understanding of the issues a worker faces, consultation supplies ideas; options; clarity; solutions; plans; resources; and specific help. It is understood that non-authoritarian supervisory consultation occurs within the context of a) the supervisor’s positional power and authority, and b) the supervisor’s accountability for the successful implementation of safety intervention.

**Standards**

**Safety Intervention**

The practice, decision making and action taken to evaluate the presence of impending danger and to respond with sufficient safety plans that manage threats to child safety.

**Safety Assessment**

The identification and evaluation of impending danger within a family based on family behavior and conditions that are out of control, severe and imminent.

**Information Data Base**

The information a worker collects from family members and the family network in order to assess for the presence of impending danger including:

- The extent of the maltreatment
- The nature of the maltreatment
- Child functioning
- General adult functioning
- Adult functioning concerned with mental health and substance use
- General parenting practices
- Parenting disciplinary practices

**Safety Intervention Analysis**

A focused examination of five variables that provides conclusions supporting the level of intrusion and level of effort required to produce a sufficient safety plan.
Sufficiency

The competence, means, abilities and resources needed and required that match and mitigate safety factors.

Sufficient Safety Plans

A well-calculated level of effort and level of intrusion (an arrangement of actions, activities, responses, oversight and providers) that immediately and effectively control or manage safety factors or substitute for diminished caregiver protective capacities.

Supervisory Consultation Outcomes

- Professional safety intervention practice and decision making.
- Staff competence in safety assessment, safety intervention analysis and safety planning.
- Sufficient, effective safety plans.

The Supervisor

- Expert in understanding and perpetuating effective safety intervention.
- Informed and conversant with what constitutes effective safety assessment.
- Informed and conversant with what constitutes a sufficient safety plan.
- Accountable for worker competence.
- Accountable for effective safety intervention implemented by staff.

Regulation

Safety intervention should not be implemented without supervisory consultation.

Expertise

Supervisory consultation concerned with effective safety intervention requires expertise in:

- Content -
Concerned with the information data base collected by staff and required in order to implement effective safety intervention
Concerned with safety intervention generally.
Concerned with completing safety assessments.
Concerned specifically with developing sufficient safety plans.
Concerned with enhancing worker competence.

- Problem identification and assessment.
- Interpersonal interaction.
- Balancing supervisory authority and accountability with worker autonomy.

**SKILLS**

Supervisory consultation requires certain skills. These include: assessing; clarifying; explaining; teaching; providing feedback; advice giving; direction giving; brainstorming; supporting; testing out; generating alternatives and solutions; modeling and example giving.

**PROCESS**

Supervisory consultation occurs as a process. Safety intervention is dynamic, often occurring and proceeding very quickly. Consultation is effective when it can be available similarly. As workers gather information, analyze information, or consider safety management options, consultation can be provided spontaneously or under planned circumstances occurring in conferences or meetings. As workers struggle with challenges in gathering information, understanding what is occurring in a family, understanding the meaning of threatening family conditions, or how to creatively involve family resources or design sufficient plans, consultation can give guidance and support. Consultation can assist in uncovering worker personal and attitudinal influences that affect performance. During and at the completion of safety assessment, safety intervention analysis and safety planning consultation can contribute to the establishment of sufficient safety plans in specific cases and generally through the enhancement of worker competence.

- Consultation should be available as related to family contact, family interaction, interviewing effectiveness and strategies, quality and sufficiency of information gathered, and family involvement.
Consultation can consider worker characteristics, style, capacity, values, needs and limitations with respect to how they contribute to implementing safety intervention, completing safety assessments and developing sufficient safety plans.

Consultation can sound out worker thinking and safety intervention analysis.

Consultation ought to include specific consideration of ideas generated, observations made and work completed by staff with feedback that follows.

Consultation can provide specific direction about what qualifies as effective safety intervention; what is an acceptable safety assessment; how to complete safety intervention analysis and what qualifies as a sufficient safety plan.

Consultation should include events in the form of general discussions about what constitutes effective safety intervention and specific discussions about conducting safety assessments and how safety plans are sufficient or insufficient in individual cases. Such discussions can be tied back to worker competence generally as evident in all safety interventions as well as performed with a particular case. Consultation can occur spontaneously (e.g., open-door approach) but should include planned conferences too. Consultation typically occurs with individuals but can be enlarged to working with groups of staff.

**INTENT**

The intent of supervisory consultation is:

- To encourage and facilitate effective information collection.
- To help workers analyze case information and correctly identify threats to child safety.
- To assist in identifying difficulties in establishing sufficient safety plans.
- To increase worker competence in developing sufficient safety plans.
- To clarify what constitutes sufficient safety plans.
- To locate and address a worker’s professional and personal characteristics associated with competence that limit effective in safety intervention.

The intent does not include participating in actually implementing safety intervention or developing sufficient safety plans. That’s the worker’s job. However, collaborating while safety intervention is occurring and in the development of a
sufficient safety plan can be an effective method for enhancing worker competence. This method must occur as collaboration, however, as compared to a supervisor doing the job for the worker.

**Criteria**

The guide suggests the use of five criteria:

1. The Safety Threshold always applies as the basis for implementing safety intervention. Concern for child safety occurs when family behavior and conditions rise to the Safety Threshold. The Safety Threshold is consistent with family behavior or conditions that are:
   a. Out of control without outside interference
   b. Likely to have a severe effect on a vulnerable child
   c. A severe effect can be judged to be consistent with extreme results such as serious injury, terror, disability, dismemberment, acute life threatening medical conditions, death.
   d. Imminent with respect to certainty to happen and to have a severe effect soon

2. An agency's Safety Assessment Criteria serve as the standard for assessing and identifying threats to child safety. Safety Assessment Criteria are provided through a listing of threats to child safety (some times called safety factors.) During and at the conclusion of the initial assessment the Safety Assessment Criteria provide the means for identifying impending threats to child safety that require CPS safety intervention and the establishment of sufficient safety plans.

3. The Safety Intervention Analysis serves as the basis for judging a sufficient safety plan. The Safety Intervention Analysis is used by the worker to arrive at what is required in order to develop a sufficient safety plan. Supervisory consultation uses the same framework and concepts to understand worker thinking and performance and to generate consultative help to workers.

4. Consultation occurs within competency based criteria that guides understanding and solution finding. The competency variables that are applied are:
   a. Worker knowledge;
b. Worker skill;
c. Worker qualities; and
d. Worker values.

5. Criteria for sufficient safety plans determine how sufficiency can be judged:

a. Sufficient safety plans depend on ample information pertinent to safety threats.
b. Sufficient safety plans depend on a full understanding of how safety threats are manifested within a family.
c. Sufficient safety plans account for caregiver protective capacity.
d. Sufficient safety plans determine to what extent caregivers can participate in safety plans.
e. Sufficient safety plans do not rely on caregivers to provide protection.
f. Sufficient safety plans provide detailed explanation about what will be done.
g. Sufficient safety plans provide an explanation and rationale for how safety threats can be managed.
h. Sufficient safety plans contain a level of intrusion that can be justified.
i. Sufficient safety plans contain a logical match between safety factors and what will be done to manage them.
j. Sufficient safety plans justify the suitability of those participating in the plan.
k. Sufficient safety plans state the caregivers’ willingness and acceptance of the safety plan.
l. Sufficient safety plans provide for oversight that includes how safety plan participants will communicate.

**Approach**

It is not possible to be exact in what approach will work in supervisory consultation for to do so would break from the idea of consultation being best when it is process oriented and individually stylized. However, general suggestions can serve to support individual supervisors developing their own approach and style.

- **Access**

  Encourage staff to seek out, ask for, and include consultation as a routine way to proceed in assessing for safety and developing sufficient safety plans.
Reach out, make yourself available.

Seek the right time, right place for comfortable exchange about current case circumstances.

Be a sounding board.

Offer consultation.

Track what is occurring in safety related cases and inquire.

Schedule consultation meetings to occur concurrently with information collection, analysis or planning.

Schedule consultation meetings times so that worker ideas and plans can be discussed, assessed, and options can be considered.

- **Style**

  Avoid impulsive solution finding.

  Listen, listen some more.

  Consider what you know about the case, what the worker is saying, what the worker is doing.

  Explore, probe to understand.

  Seek to understand the worker’s rationale and the source of the worker’s rationale.

  Understand worker perceptions and the basis.

  Reflect to the worker for alternatives and answers, avoid being the answer person.

  Encourage consideration of consequences for options and choices.
Test out confidence levels related to Safety Assessment and Safety Intervention Analysis.

Join with the worker in generating ideas, options, and solutions.

- Criteria Minded

Be mindful that staff always apply the Safety Threshold when considering family information or when considering the need for safety intervention,

Assure that the Safety Assessment Criteria contained in the listing of safety factors is well understood; consider the use of supporting information such as examples of family behaviors and conditions that are consistent with the safety factors.

Employ the concepts and questions within the Safety Intervention Analysis.

Consider how staff are performing specific to the Safety Intervention Analysis.

Seek to understand worker competence and application based on knowledge, skill, qualities and values.

Focus consultation on enhancement related to knowledge, skill, qualities and values.

- Interpersonal Interaction

Demonstrate a demeanor that reflects respect for person, ideas, effort, and intent.

Allow for and encourage risk taking in conversations, discussion and exchange.

Lower your authority.

Employ conversation that equalizes the relationship and exchange.

Be facilitative through the use of reflective listening and questioning.
Provide informed, expert advice followed by inquiry (i.e., what does the worker think?).

Liberally seek to clarify.

Explain.

Check out understanding and perception (e.g., how do things look from the worker’s point of view?).

Brainstorm options and alternatives.

Be prepared to be spontaneous in providing expert teaching, seize the moment.

A Consultation Framework

Know the case. The supervisor has general knowledge of case data and case dynamics.

- Routine and planned information sharing and analysis should occur between the worker and supervisor regarding the characteristics of the case.

- While it is desirable for workers to seek out consultation, it is the responsibility of the supervisor to assure sharing about how a case occurs.

Facilitate safety assessment. The supervisor supports effective safety assessment as the foundation for all safety decision making and intervention.

- The supervisor can help a worker with whether he/she has enough information.

- Discussion and specific direction can be provided to the worker concerning reasonable information collection efforts, sufficient interviews, adequate information sources, confirmation and corroboration.

- The supervisor can assist the worker with considering the significance and meaning of the information related to safety factors.
Considering case decisions and judgments. The supervisor can give guidance to staff that are completing safety analysis or generating a safety plan.

- When safety analysis and safety plans are completed, the supervisor should thoroughly review the completed work.
  
- This includes a review of the documentation pertaining to the safety assessment, analysis and proposed plan for safety intervention.
  
- The supervisor considers rationale and justification for the level of effort and quality of intervention represented in safety decisions (interviews, information sources, etc.).
  
- This may include report of contact notes, professional evaluations or other types of correspondence with community/collateral resources.

Formulate opinions. The supervisor considers all the information he or she has been exposed to through dialogue and written documentation to formulate an opinion and advice regarding the sufficiency for the proposed plan for safety intervention.

- The supervisor uses criteria to understand case information and worker competence.
  
- The supervisor and worker discuss the logical and practical connection between the worker’s safety analysis and the proposed safety plan.
  
- The discussion (exchange with the worker) prompts the supervisor to formulate clarifying questions to further the exchange with the worker. Clarifying questions consider case data, practice, decision making and worker competence variables.
  
- The supervisor seeks information that is not contained in the documentation but in the worker’s head, or information that is unclear.
  
- The consultation discussion aims toward understanding regarding the rationale and/or justification for worker judgments. Understanding includes how worker competence contributes or detracts from judgment.
The supervisor provides feedback and seeks out worker perception and response related to what the worker understands, feels, experiences, etc., concerning rationale, justification and personal competence.

The supervisor collaborates with the worker about how to proceed in the specific case offering advice and alternatives. This process may include guiding the worker to assure acceptable results. This can include consideration of choices and circumstances.

- The supervisor and worker mutually identify implications for next steps for the specific case.
- They plan for follow-up and revision or continued implementation of the safety plan.

The supervisor takes into account worker competence revealed among specific cases to develop competency enhancing consultation, learning activities and skill building on a general and continuing basis.
CRITERIA APPLICATION
Safety Threshold

**Is the safety threshold applied during safety intervention?**

1. How much is known about the extent and nature of maltreatment in the family?
2. How much is known about child functioning and child vulnerability?
3. How much is known about adult functioning including substance use and mental health?
4. How much is known about general parenting practices and specifically about disciplinary practices?
5. Are indicated safety factors supported and qualified by information that is known and recorded?
6. Is what is known about the family sufficient to examine behavior, attitude, knowledge, skill, emotion, intent, values, situations and social interaction with the family that influences child safety?
7. Are behaviors or family conditions out of control (without outside involvement)?
8. Are behaviors or family conditions extreme or severe?
9. Are behavior or family conditions likely to have a severe effect on a vulnerable child?
10. Are the expected severe effects from behaviors or family conditions imminent? Certain to happen soon? Certain to have severe effects?
**Competency**

The worker accurately understands the safety threshold and explains family related information that is consistent with the safety threshold.

- Conversant
- Confident
- Articulate
- Analytical
- Justifies
- Relates through examples and illustrations

**Understanding**

What is the extent to which the worker competently understands the safety threshold and is able to justify family information against it resulting in the identification of threats to child safety – safety factors?

**Discussion Concerned with Practice**

- Does the worker know and understand the information necessary to collect in order to make a safety assessment?
- Is the worker conversant with the safety intervention data base?
- Can the worker effectively interview and collect information pertinent to and supportive of safety assessment?
- Does the worker expend sufficient level of effort to assure collection of necessary information?
- Does the worker provide convincing rationale for the relationship of family data and indicated safety threats based on the safety threshold?
• Is the worker clear and specific about how the safety threshold applies to indicated safety factors?

• Is the worker able to fully clarify critical aspects of the safety threshold including how something is out of control; what the anticipated severe effect may be and imminence?

• Does the worker identify safety factors correctly in relation to the family database?

Discussion Concerned with Worker Performance

• Does a discussion reveal how he/she approached information gathering; level of effort; sources of information; interviewing?

• Does a discussion highlight worker perception and awareness in discriminating, sorting, analyzing, understanding family data?

• Is it clear whether the worker appreciates the significance of full and comprehensive information collection consistent with the safety intervention information standards?

• What is the worker's comfort with his/her work and capacity concerned with information collection, information utilization and application of the safety threshold?

• How does the worker explain and justify how he or she approached information collection?

• How does the worker explain and justify how he or she arrived at the conclusions reached concerning safety assessment/indicated safety factors?

Is there a problem with this analysis task?

What is the nature of the problem? What contributes to the problem?

Consultation Focus
Specific Case Consultation

- If documentation is limited, irrelevant or lacks precision concerning the necessary data base yet the worker is able to verbally describe how family behavior and conditions presently exist and their relationship to the safety threshold, make suggestions for refining and editing the documentation.

- If the safety assessment is not effectively explained by the family data base, consultation should focus on the person’s knowledge, approach and skill in information collection.

- Level of effort should always be a consideration when helping workers in this area. That includes work organization, work ethic and application of self.

- When preparing to consult with a worker about the quality of information and the safety threshold examine what the problem seems to be.
  - Is information simply absent?
  - Is information superficial?
  - Does the information seem broad and unrelated to a focus on the information standards that support safety intervention?
  - Does the information lack corroborations and input by those who know the family?
  - Is the information factual without worker interpretation or value influence and bias?

- An objective of consultation in this area should be to sort out whether the difficulties a worker is having with information collection, analysis, identification of safety factors and application of the safety threshold is related to limited knowledge or misinformation, limited skill or low application, limited ability to discriminate and weigh the seriousness of information, being overly impressed with limited information and failure to fully appreciate the significance the concept of a safety threshold has for safety assessment and safety management.

Competency Enhancement

- Identify with the worker the worker competency variable appearing to require enhancement:
o Does the worker lack necessary knowledge to complete the task?
o Does the worker lack necessary skill to complete the task?
o Does the worker possess qualities that limit his or her completion of the task?
o Does the worker possess values that influence the completion of the task?

- Discuss and analyze with the worker qualities that characterize the diminished worker competency variable:
  o Is it a matter uniquely associated with the person and his or her capacity?
  o Is it associated with worker awareness and acknowledgement?
  o Is the variable isolated with respect to a single case; a kind of case; current work or worker circumstances?
  o How long has the variable been apparent or operating?
  o Is the variable one that can be seen in operation consistently; routinely; most of the time; in most work?
  o Does the variable pervade all aspects of the person's work; can it be related case specifically; can it be related to safety intervention; or can it be related to this safety intervention analysis task?
  o Are there things influencing the variable - causing it to happen or associated with it when it happens?

- Explore with the worker needs, limitations, perceptions and attitudes associated with the competency deficiency.

- Collaborate with the worker in identifying options and resources that can be generated and acted on that will enhance the competency variable.
Safety Intervention Analysis

First Analysis Question:

*How are safety threats manifested in the family?*

1. How long have conditions in the family posed a safety threat?
2. How frequent or often does the family condition pose a safety threat?
3. How predictable is the safety threat? Are there occasions when the safety threat is more likely to be an active influence?
4. Are there specific times during the day, evening, night, etc., that might require “special attention” due to the way in which the safety threat is manifested?
5. Do safety threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)?

- It must be clear how safety threats are manifested and operating in the family before a determination can be made regarding the type of safety plan required (i.e., in-home safety plan, out-of-home safety plan or a combination of both).

- If indications are that safety threats are constantly and totally incapacitating with respect to caregiver functioning, then an out-of-home safety plan is suggested.
**COMPETENCY**

The worker accurately understands and explains how safety factors are manifested in the family.

- Conversant
- Confident
- Articulate
- Reasonable
- Justifies
- Relates efforts to confirm
- Relates significance

**UNDERSTANDING**

What is the extent to which the worker competently understands and answers the Safety Intervention Analysis question?

**Discussion Concerned with Practice**

- Can the worker detail how negative conditions are safety factors?
- Does the worker provide rationale and justification for his/her conclusions?
- Is it clear how long the safety factors have existed?
- Is there a sense about how often or predictable safety factors are in terms of when they are active?
- Is there indication from either documentation or conversations with the worker regarding the pervasiveness of the safety factors present and their effect in family life and functioning?

**Discussion Concerned with Worker Performance**
• Does a discussion reveal how he/she approached information gathering; level of effort; sources of information; interviewing?

• Does a discussion highlight worker perception and awareness of strengths and limitations apparent in the analysis?

• Is it clear whether the worker appreciates the significance of this task?

• What is the worker’s comfort with his/her work and capacity concerned with this task?

• How does the worker explain and justify how he or she answered the analysis question or had difficulty doing so?

Is there a problem with this analysis task?

What is the nature of the problem? What contributes to the problem?

**Consultation Focus**

**Specific Case Consultation**

• If documentation is non-descriptive or lacks precision yet the worker is able to verbally describe how safety threats are manifested, make suggestions for refining and editing the documentation.

• If it is unclear how safety factors are uniquely manifested, consultation should focus on how this can be determined:
  
  o Why is it unclear?
  o What is the worker's rationale that the child is unsafe?
  o What have been the sources of information that the worker has used to inform the decision that a child was unsafe?
  o Do follow-up interviews by the worker with caregivers or collateral information sources seem indicated?
  o Are there other sources of information that the worker can access to help provide clarity regarding how threats are manifested?
  o Is there need for a professional evaluation to help bring clarity to how safety factors are manifested?
• Once agreement has been reached, plan out necessary steps to successfully answer the analysis question - consider timeliness in view of need to protect.
**Competency Enhancement**

- Identify with the worker the worker competency variable appearing to require enhancement:
  - Does the worker lack necessary knowledge to complete the task?
  - Does the worker lack necessary skill to complete the task?
  - Does the worker possess qualities that limit his or her completion of the task?
  - Does the worker possess values that influence the completion of the task?

- Discuss and analyze with the worker qualities that characterize the diminished worker competency variable:
  - Is it a matter uniquely associated with the person and his or her capacity?
  - Is it associated with worker awareness and acknowledgement?
  - Is the variable isolated with respect to a single case; a kind of case; current work or worker circumstances?
  - How long has the variable been apparent or operating?
  - Is the variable one that can be seen in operation consistently; routinely; most of the time; in most work?
  - Does the variable pervade all aspects of the person's work; can it be related case specifically; can it be related to safety intervention; or can it be related to this safety intervention analysis task?
  - Are there things influencing the variable - causing it to happen or associated with it when it happens?

- Explore with the worker needs, limitations, perceptions and attitudes associated with the competency deficiency.

- Collaborate with the worker in identifying options and resources that can be generated and acted on that will enhance the competency variable.
Second Analysis Question:

Is an in-home CPS managed safety plan an appropriate response for this family?

1. Are caregivers residing in the home?

2. Is the home environment calm and consistent enough at a minimal level so as to assure that a sufficient CPS managed safety response can be provided in the home?

3. Are the caregiver(s) willing to accept and cooperate with an in-home safety plan response?

4. Can an in-home safety intervention be put into place without the results of any scheduled professional evaluations (mental health, substances)?

☐ If the answer to any of the questions listed above is NO: Proceed with an out-of-home safety plan.

☐ If the answer to all of the questions above is YES: Proceed to the next safety intervention analysis question.
**Competency**

The worker rules in or rules out the use of an in-home safety plan.

- Relates facts
- Confident
- Articulate
- Reasonable and believable
- Justifies
- Relates judgments to specific case data

**Understanding**

What is the extent to which the worker competently understands and answers the Safety Intervention Analysis question?

**Discussion Concerned with Practice**

- Is it reasonably clear what the caregiver attitudes, motivation and awareness are based on information the worker collected that is associated with safety factors?

- Does the worker take into specifically take into account caregiver reaction, caregiver justification and differences between agreement, cooperation, acceptance and manipulation?

- Do caregiver motivation and/or the caregiver reaction suggest that caution needs to be taken when proceeding with an in-home safety plan?

- How well is caregiver capacity to participate in safety planning and an in home safety plan understood and justified by the worker?

- Does the worker fully appreciate the implications for this analysis and the relationship each item has related to the direction of safety planning?

- Is it clear how the worker ruled in or ruled out the use of an in-home safety plan? How the worker arrived at the “yes” or “no” answers?
• If a child was placed at some point during the initial assessment (immediate protection plan), has the potential use of an in-home safety plan been routinely reconsidered as intervention continues?

• The decision to not use an in-home safety plan is based on the judgment that at least one of the four analysis questions related to in-home safety planning did not apply.

• The justification for proceeding with an in-home safety plan is reasonable and specific.

Discussion Concerned with Worker Performance

• Does a discussion reveal how he/she approached information gathering; level of effort; sources of information; interviewing that support and justify the judgments?

• Does a discussion highlight worker perception and awareness of strengths and limitations apparent in the analysis?

• Is it clear whether the worker appreciates the significance of considering caregiver attitude, intent, awareness and capacity?

• What is the worker's comfort with his/her work and capacity concerned with this task?

• How does the worker explain and justify how he or she answered the analysis question or had difficulty doing so?

• At any point in the case process when a child is determined to be unsafe, is there a clear indication that the potential for using an in-home safety plan was ruled in or ruled out prior to placement?

• If there is any question about the level of effort that went into assessing the potential for the use of an in-home safety plan, is there need to discuss what the intervention process was for determining that an in-home safety plan would or would not be sufficient?
Were interviews related specifically to safety analysis and planning conducted with caregivers and/or collateral sources?

Were intervention/assessment strategies adequate, appropriate, etc.?

- Does the worker's justification to rule in or out the use of an in-home safety plan coincide with the specific analysis criteria for in-home safety planning: caregivers residing in the home; home environment calm; caregiver willingness and evaluations?

- Of particular interest, is the worker able to provide a convincing justification regarding the caregiver's willingness and cooperation to allow an in-home safety plan?

Is there a problem in completion of this analysis task?

What is the nature of the problem? What contributes to the problem?

**Consultation Focus**

**Specific Case Consultation**

- If documentation is non-descriptive or lacks precision yet the worker is able to verbally describe the status and routine of the home and caregiver reaction and caregiver capacity and understands their importance for safety planning, make suggestions for refining and editing the documentation.

- If the worker is not clear in this analysis, conduct discussion to clarify.

- Together, consider differences in perspective regarding motivation and caregiver reaction and the meaning.

- Discuss and clarify any variation in decision-making regarding the sufficiency of the safety plan based on the caregiver reaction and caregiver capacity.

- If a worker believes that the caregivers' reaction to CPS prohibits the use of an in-home safety plan, thoroughly discuss with the worker his/her rationale.
• If a worker believes that an in-home plan is appropriate in spite of there being very extreme motivational factors operating and/or an extremely concerning caregiver reaction, thoroughly discuss how the in-home safety plan will compensate for those issues.

• Together, consider additional ways that result in answers to the evaluation questions that are acceptable and justifiable.

• Discuss caregiver willingness and cooperation in view of a broader spectrum concerned with adult functioning, responsibility, motive, history and so forth.

• If appropriate, consider together in detail what is needed from evaluations and what the implications are for allowing or not allowing an in-home safety plan while time elapses before the evaluation occurs. In particular, single out what is expected from the evaluation that specifically informs some aspect of in-home safety management.

• Once agreement has been reached, proceed with the next tasks.

**Competency Enhancement**

• Identify with the worker the worker competency variable appearing to require enhancement:
  
  o Does the worker lack necessary knowledge to complete the task?
  o Does the worker lack necessary skill to complete the task?
  o Does the worker possess qualities that limit his or her completion of the task?
  o Does the worker possess values that influence the completion of the task?

• Discuss and analyze with the worker qualities that characterize the diminished worker competency variable:
  
  o Is it a matter uniquely associated with the person and his or her capacity?
  o Is it associated with worker awareness and acknowledgement?
  o Is the variable isolated with respect to a single case; a kind of case; current work or worker circumstances?
- Explore with the worker needs, limitations, perceptions and attitudes associated with the competency deficiency.

- Collaborate with the worker in identifying options and resources that can be generated and acted on that will enhance the competency variable.
Third Analysis Question:

What safety responses, services or actions and providers that can be deployed in the home will adequately control and manage safety factors?

1. Considering how safety factors are manifested, what specific safety responses/services are necessary (an effective match) for controlling threats?

2. How are the selected in-home safety actions intended to control the identified safety concerns? How are safety responses/services going to work?

3. What's the level of effort needed from safety service providers to adequately control and manage safety factors?
   a) How much of a response seems reasonable in order to assure child safety?
   b) How often during the week will the family require assistance and supervision in order to assure child safety?
   c) How long and in what intervals seem necessary?
   d) Are there special periods of time that require specific attention?

4. What natural supports and/or community resources has the family identified as being able to potentially assist in the safety response?

5. What community/service oriented resources are known to the agency that could potentially be used as an in-home safety response?

6. Who is best suited to assist in assuring child protection:
   a. Protective capacities
   b. Trustworthy
   c. Committed
   d. Properly aligned with CPS
   e. Supportive and Encouraging
   f. Flexible access
   g. Promptly available

7. Are all necessary safety planning resources available and accessible to the family at the level of effort, frequency and amount required to assure child protection?
   a. If required safety service providers (extended family, community support service programs) are not immediately available or accessible to the family at the degree of the safety response needed, then proceed with an out-of-home safety plan.
**Competency**

The worker identifies safety management responses that effectively and reasonably match with the way in which safety factors are manifested.

- Explains
- Confident
- Articulate
- Reasonable and believable
- Justifies relationship of safety responses to safety factors
- Relates judgments and plan to resources
- Realistic

The worker considers, identifies, and certifies individuals who can and will participate in the effective implementation of an in-home safety plan.

- Explains
- Confident
- Articulate
- Verifies suitability
- Reasonable and believable
- Justifies judgments
- Relates evidence and corroboration

**Understanding**

What is the extent to which the worker competently understands and answers the Safety Intervention Analysis question?

**Discussion Concerned with Practice**

- Do identified in-home safety services logically match up with the way in which safety factors are manifested?

- Will safety services immediately impact and prevent (control and manage) safety factors from having an effect on children in the home?

- Is adequate action being taken in terms of the quantity/number of safety services being provided to the family?
• Are safety services being provided to the family at the amount of time necessary to sufficiently control safety factors?

• Will safety responses, activities and safety services have an immediate effect?

• Are efforts and intentions clear concerning seeking out family related resources and other varied – non-traditional and traditional providers?

• Were caregivers involved in identifying individuals, resources and/or natural supports that could potentially assist with provision of the in-home safety plan?

• Has the worker conducted an evaluation regarding the appropriateness of safety service providers?

• How does the worker arrive at judgments concerned with criteria for suitability required in this analysis question?

Discussion Concerned with Worker Performance

• Can the worker provide sufficient rationale for the selection of specific safety services?

• Is it absolutely clear to the worker what the safety service involves as related to the provision of the safety plan?

• Can the worker articulate “how” the various in-home safety actions/services are intended to control safety factors?

• Can the worker make a case for how safety services identified can be implemented immediately, can have an immediate effect and will routinely be accessible and available?

• Is the worker creative in his or her consideration of potential providers?

• Is the worker open to non-traditional along with traditional providers?

• Is the worker rigorous in “certifying” providers as suitable?
• Is the worker convincing in his or her rationale concerning the suitability of the providers?

• Is the worker able to adequately justify the question of accessible and available?

Is there a problem in completion of this analysis task?

What is the nature of the problem? What contributes to the problem?

Consultation Focus

Specific Case Consultation

• Discuss and brainstorm possible safety responses, actions or services and providers.

• Consider non-traditional safety responses and providers.

• Discuss reasonable level of effort (i.e., amount and frequency of safety services). Attempt to arrive at a confident agreement about a reasonable match with safety factors.

• Review whether the in-home safety plan instills a high degree of confidence. Consider that possible adjustments may be needed.

• Discuss implications of indicated family involvement and, in particular, consider the degree of responsibility given to caregivers and reliance on caregivers.

• Think about others who agree with or would be supportive of judgments about safety responses and their effectiveness.

• Discuss the following: reality of the plan; contextual issues within the family; agency; community; worker that could affect the plan; reasonableness of plans for non-business hour responses.

• Discuss the approach and amount of effort involved in “certifying” the providers.
• Review the worker’s and other’s confidence in the people involved as providers.

• Discuss caregiver and family member acceptance of and relationship with providers.

• Discuss and seek to come to agreement about trustworthiness and reliability of the providers.

• If the worker is not clear in this analysis or the veracity of the evaluation remains in question; or, the worker is limited in justifying suitability or in personally having comfort about suitability; then, consider ways to proceed to assure a rigorous review of providers and consultation to resolve the question.

• If the worker is not clear in this analysis, conduct discussion about safety services, objectives for in-home responses, accessibility, availability, managing safety factors, criteria for safety services, other content areas, and providers concerned with in-home safety planning.

• Once agreement has been reached, proceed with next tasks: return to planning; writing up plan; meeting with family; etc. Finalize the in-home safety plan and implement it. If questions remain unresolved, agree on next steps to evaluate prospective providers and do so in an expedited manner.

**Competency Enhancement**

• Identify with the worker the worker competency variable appearing to require enhancement:
  
  o Does the worker lack necessary knowledge to complete the task?
  o Does the worker lack necessary skill to complete the task?
  o Does the worker possess qualities that limit his or her completion of the task?
  o Does the worker possess values that influence the completion of the task?

• Discuss and analyze with the worker qualities that characterize the diminished worker competency variable:
o Is it a matter uniquely associated with the person and his or her capacity?
  o Is it associated with worker awareness and acknowledgement?
  o Is the variable isolated with respect to a single case; a kind of case; current work or worker circumstances?
  o How long has the variable been apparent or operating?
  o Is the variable one that can be seen in operation consistently; routinely; most of the time; in most work?
  o Does the variable pervade all aspects of the person's work; can it be related case specifically; can it be related to safety intervention; or can it be related to this safety intervention analysis task?
  o Are there things influencing the variable - causing it to happen or associated with it when it happens?

- Explore with the worker needs, limitations, perceptions and attitudes associated with the competency deficiency.

- Collaborate with the worker in identifying options and resources that can be generated and acted on that will enhance the competency variable.