

The Structured Decision Making® System
for Child Protective Services

Safety Assessment Policy and Procedures Manual

Manual Date: February 2013



MANITOBA CHILD AND FAMILY SERVICES

SDM[®] SYSTEM GOALS

SDM[®] Goals

1. Reduce subsequent child maltreatment.
 - a. Reduce subsequent referrals.
 - b. Reduce subsequent substantiations.
 - c. Reduce subsequent injuries.
 - d. Reduce subsequent foster placements.
2. Expedite permanency for children.

SDM[®] Objectives

1. Identify **critical decision points**.
2. Increase **reliability** of decisions.
3. Increase **validity** of decisions.
4. **Target resources** to families at **highest probability of future maltreatment**.
5. **Use case-level data** to inform decisions throughout the agency.

Critical Characteristics of the SDM[®] System

Reliability: Structured assessments and protocols systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the case rather than by individual judgment.

Validity: Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect, as evidenced by reduced rates of subsequent referrals, substantiations, injuries to children/youth, and placements in foster care. The cornerstone of the model is the actuarial research-based probability assessment, which accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest probability of subsequent maltreatment.

Equity: Structured Decision Making[®] (SDM) assessments ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates racial equity of the probability assessment in classifying families across probability levels. The reunification assessment has demonstrated expedited permanency for children/youth, regardless of race.

Utility: The model and its assessments are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Use of the assessments provides workers with a means to focus the information-gathering and assessment processes. By focusing on critical characteristics, workers are able to organise case narratives in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitate communication among community partners and stakeholders.

SDM[®] GENERAL DEFINITIONS

1. Caregiver: Parents, guardians, or other adults in the household who provide care and supervision for the child/youth.

Household Situation	Primary Caregiver	Secondary Caregiver
Two or more persons living together	The person who provides most care	The person who provides the next most care
Single person living alone	The caregiver	None

If more than two household members are caregivers, the caregiver strengths and needs assessment will facilitate assessment of additional caregivers if needed.

2. Family: Parents, adults fulfilling the parental role, guardians, children/youth, and others related by ancestry, adoption, or marriage; or as defined by family.
3. Household: All persons who have significant in-home contact with the child/youth, including those who have a familial or intimate relationship with any person in the home.

WHICH HOUSEHOLD IS ASSESSED? SDM[®] assessments are completed on households. When a child/youth's caregivers do not live together, the child/youth may be a member of two households.

Always assess the household of the alleged perpetrator. This may be the child/youth's primary residence if it is also the residence of the alleged perpetrator, or the household of a non-custodial caregiver if it is the alleged perpetrator's residence.

Conditionally assess:

If the alleged perpetrator is a non-custodial caregiver, also assess the custodial caregiver's household *if there is an allegation of failure to protect.*

If a child/youth is being removed from a custodial caregiver's household, *also assess safety of any non-custodial caregiver's household identified* if he/she will receive services from a mandated agency.

**MANITOBA CHILD AND FAMILY SERVICES
SDM® SAFETY ASSESSMENT**

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Primary Caregiver's Name: _____ Secondary Caregiver's Name: _____
 No Secondary Caregiver

Case Reference: _____

Agency/Regional Office: _____ Assessment Completed By: _____

Referral Date: ____/____/____ Assessment Date: ____/____/____ Initial ____ Review ____ Closing ____

Are the current allegations in this household? Yes No (specify: _____)

	Child/Youth's Name	Observed?	Interviewed?
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, briefly describe:

Factors Influencing Child/Youth's Vulnerability (conditions resulting in child/youth's reduced ability to protect self; mark all that apply to any child/youth)

- Age 0 to 5 years
- Significant medical condition
- Not attending school or otherwise socially isolated
- Significant psychiatric or psychological issues
- Diminished developmental/cognitive capacity (e.g., developmental delay, nonverbal)
- Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
- Other (specify): _____

SECTION 1A: IDENTIFICATION OF HARM AND IMMINENT DANGER

The following list of harm and danger items are behaviours or conditions that may be associated with a child/youth being in imminent danger of serious harm. Identify the presence or absence of each danger by marking either yes or no.

- Yes No
1. Child/youth suffered **serious physical injury** or the child/youth is in imminent danger of serious physical injury due to an act or omission. *Mark all that apply.*
- Serious physical injury by caregiver or adult household member
 - Serious suspicious injury by unknown individual, and caregiver or other household member cannot be ruled out
 - Excessive discipline or physical force
 - Drug-exposed infant
 - Caregiver fears he/she will seriously injure child/youth and/or requests placement
 - Threat of serious injury

If yes, briefly describe:

Yes No

2. There is confirmed or reasonably suspected **sexual abuse and/or exploitation** of a child/youth by a caregiver or other household member.

Mark all that apply.

- Sexual abuse by caregiver or other adult household member
 Sexual abuse by unknown individual, and caregiver or other adult household member cannot be ruled out

If yes, briefly describe:

3. Caregiver **does not or is unable to protect** the child/youth from actual serious harm or risk of serious harm (includes physical or sexual abuse) by others (even though he/she may be trying).

If yes, briefly describe:

4. Caregiver/family **does not provide access** to the child/youth, hinders the investigation, or there is reason to believe that the **family may flee**.

If yes, briefly describe:

5. Caregiver does not meet the child/youth's **immediate needs for food, shelter, clothing, and/or medical/mental health care** to the extent that it results in serious harm or the threat of serious harm to the child/youth.

If yes, briefly describe:

6. Caregiver does not provide **supervision** necessary to protect the child/youth, based on the child/youth's age and development.

If yes, briefly describe:

7. The **living situation is physically hazardous** and immediately threatening to the child/youth's health or safety, based on the child/youth's age or development.

If yes, briefly describe:

8. Caregiver's **drug or alcohol use** seriously affects his/her current ability to supervise, protect, or care for the child/youth.

If yes, briefly describe:

9. **Domestic/family violence** exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child/youth.

If yes, briefly describe:

Yes No

10. Caregiver's physical health, mental health, emotional stability, or cognitive functioning poses an imminent danger of serious physical and/or emotional harm to the child/youth.

If yes, briefly describe:

11. Caregiver describes the child/youth in predominantly negative terms or acts toward the child/youth in negative ways that result in severe psychological harm and as a result, the **child/youth is a danger to self or others**, is acting out aggressively, or is severely withdrawn and/or suicidal.

If yes, briefly describe:

12. **There are previous serious concerns about safety, either a pattern or a single severe incident, AND the current circumstances are close but do not meet the definition for any other danger item.**

If yes, briefly describe:

13. Other (specify): _____

SECTION 1B: CURRENT PROTECTIVE ABILITIES *(If no harm and danger items are present, skip to Section 3.)*

Mark all that apply to at least one child/youth or caregiver.

Child/Youth

1. Child/youth has the **cognitive, physical, and emotional capacity** to participate in a safety plan.

Caregiver

2. A caregiver has the **cognitive, physical, and emotional capacity** to participate in a safety plan.
3. A caregiver **recognizes problems** and threats placing the child/youth in imminent danger and is **willing to actively participate** in a safety plan.
4. A caregiver demonstrates the ability to **access resources/services** to provide necessary safety interventions.
5. A caregiver has **supportive relationships** with one or more appropriate persons who may be willing to participate in safety planning, AND the caregiver is willing and able to accept their assistance.
6. A caregiver in the home is willing and able to take **action to protect** the child/youth from the person suspected of causing harm.
7. A caregiver is willing to **engage and cooperate with agencies**, including cooperation with ongoing agency investigation/assessment.
8. There is evidence of a **healthy relationship** between a caregiver and at least one of his/her children.
9. A caregiver is aware of and committed to **meeting the needs** of the child/youth.
10. A caregiver has historically **solved problems** and resolved conflict.

Other (specify):

11. _____

Provide a brief description of supporting observations and evidence of any protective abilities marked for any caregiver.

SECTION 2: SAFETY PLANNING INTERVENTIONS (If no harm and danger items are present, skip to Section 3.)

For each identified safety threat, review current protective abilities. Given these protective abilities, can safety plan interventions adequately control the threat to safety?

If safety interventions 1 through 8 will allow the child/youth to remain in the home for the present time, mark the item number for all safety plan interventions that will be implemented. **A SAFETY PLAN IS REQUIRED.** (See safety plan requirements, page 26.)

If there are no available safety interventions that will allow the child/youth to remain in the home, select one of the placement interventions (item 9 or 10) and follow procedures for initiating a voluntary agreement or taking the child/youth into agency care.

Mark all that apply.

IN-HOME SAFETY PLAN INTERVENTIONS

- 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
- 2. Specific actions by household members.
- 3. Specific actions by non-resident parent, extended family, friends, or other individuals.
- 4. Use of community agencies or services as safety resources.
- 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.
- 6. The caregiver will move to a safe environment with the child/youth.
- 7. The caregiver makes or requests that arrangements be made for the child/youth to stay with an appropriate non-resident parent or substitute caregiver. **FOR GA AGENCIES ONLY:** If this intervention is selected, then a Place of Safety is required to be completed on the non-resident or substitute caregiver
- 8. Other (specify): _____

PLACEMENT INTERVENTIONS

- 9. Have the caregiver voluntarily place the child/youth outside the home (pursuant to s. 14(1) to 14(6) of *The Child and Family Services Act*, C.C.S.M. c. C80).
- 10. Child/youth apprehended and placed in the care of an agency because interventions 1 through 8 do not adequately ensure the child/youth's safety.

SECTION 3: SAFETY DECISION

Identify the safety decision for the household or for each child/youth if there are different safety decisions for children/youth in the household. This decision should be based on the assessment of all harm and danger items, current protective abilities, safety interventions, and any other information known about the case. If any harm and danger item has been identified in the household, the safety decision must be either “conditionally safe/safe with plan” or “unsafe.” If the safety decision is the same for all children/youth, mark the appropriate decision below. If different for any one child/youth, record each child and decision in the **Child/Youth Safety Decision** table below.

- Safe:** No harm and danger items were identified at this time. Based on currently available information, the child/youth is unlikely to be in immediate danger of serious harm.
- Conditionally safe/safe with plan:** One or more harm and danger items are present. Without effective preventive services, the planned arrangement for the child/youth will be placement outside the home (e.g., kinship care, foster family, residential facility). Safety interventions have been initiated and the child/youth will remain with a protective caregiver as long as the safety interventions mitigate the harm and danger. **A SAFETY PLAN IS REQUIRED FOR THE CHILD/YOUTH TO REMAIN IN THE HOME.***
- Unsafe:** One or more harm and danger items are present, and placement outside the home is the only protecting intervention possible. Without removal, the child/youth will likely be in danger of immediate or serious harm.

Child/Youth Safety Decision (Complete only if at least one child/youth is removed and at least one is not removed.)	
Child/Youth’s Name	Safety Decision
1.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
2.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
3.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
4.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
5.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
6.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
7.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
8.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
9.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe
10.	<input type="checkbox"/> Safe <input type="checkbox"/> Conditionally safe/safe with plan <input type="checkbox"/> Unsafe

*The following must be included in any safety plan.

1. A description of each harm and danger item identified, written in a family-friendly manner. Use language the family understands so it is clear to them what caused you to identify each harm and danger item.
2. Detailed information for each planned safety intervention. What needs to happen to keep the child/youth safe, and who will assume responsibility for the actions needed? Explain how each of the safety threats will be contained. Who will take action? What will he/she do? When does his/her task need to be accomplished? For how long must the intervention continue?
3. Information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action). Describe how the family and the worker will know everyone is completing their assigned tasks.
4. Signature lines for family members, the worker, and his/her supervisor.

Acknowledgement of Receipt of Safety Plan

I acknowledge that I have received this safety plan document.

Caregiver(s) Signature(s): _____

Date: ____ / ____ / ____

Worker Signature: _____

Date: ____ / ____ / ____

Supervisor Signature: _____

Date: ____ / ____ / ____

MANITOBA CHILD AND FAMILY SERVICES
SDM[®] SAFETY ASSESSMENT
DEFINITIONS

CHILD/YOUTH VULNERABILITIES: Indicate (mark) whether any child/youth vulnerabilities are present. Consider these vulnerabilities when reviewing harm and danger items. Note that these vulnerability issues provide a context for the safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child/youth is unsafe or that there is a danger to the child/youth in the household.

Age 0 to 5 years: Any child/youth in the household is under the age of 5 years. Younger children/youth are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger children also have less capacity to retain memory of events. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

Significant medical condition: Any child/youth in the household has a diagnosed medical disorder that significantly impairs his/her ability to protect self from harm, or diagnosis may not yet be confirmed but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to severe asthma, severe depression, medically fragile (e.g., requires assistive devices to sustain life), etc. For developmental disabilities, mark the item for “diminished developmental/cognitive capacity”.

Not attending school or otherwise socially isolated: The child/youth is isolated or less visible within the community (e.g., the family lives in a very remote/isolated community; the child/youth may not attend a public or private school and is not routinely involved in other activities within the community; etc.).

Significant psychiatric or psychological issues: Any child/youth in the household has a diagnosed disorder that significantly impairs his/her ability to protect self from harm. Examples may include but are not limited to depression, suicidal ideations/acts, or other self-harming behaviour.

Diminished developmental/cognitive capacity (e.g., developmental delay, nonverbal): Any child/youth in the household has diminished developmental/cognitive capacity, which impacts his/her ability to communicate verbally or to care for and protect self from harm. Examples include but are not limited to autism, fetal alcohol effect, etc.

Diminished physical capacity (e.g., non-ambulatory, limited use of limbs): Any child/youth in the household has a physical condition/disability that impacts his/her ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended).

Other: Circumstances or conditions that increase the vulnerability of a child/youth in the household that are not already identified in one of the prior items.

SECTION 1A: IDENTIFICATION OF HARM AND IMMINENT DANGER

1. **Child/youth suffered serious physical injury or the child/youth is in imminent danger of serious physical injury due to an act or omission.**

- Serious physical injury by caregiver or adult household member: Serious injury or abuse to the child/youth was caused by the caregiver or other adult household member. Serious injury is defined as an injury that requires professional medical treatment; e.g., brain damage, skull/bone fracture, subdural hemorrhage/hematoma, serious bruising/soft tissue damage, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, impairment of any organ, or fatality. Include injuries to child/youth that occurred in the course of household violence.
- Serious suspicious injury by unknown individual, and caregiver or other household member cannot be ruled out: Serious injury or abuse to the child/youth other than accidental was caused by an undetermined person. The caregiver or other adult household member cannot be ruled out and/or provides an explanation inconsistent with the type of injury. Serious injury is defined as an injury that requires professional medical treatment; e.g., brain damage, skull/bone fracture, subdural hemorrhage/hematoma, serious bruising/soft tissue damage, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, impairment of any organ, or fatality.
- Excessive discipline or physical force: Caregiver has used torture or physical force (e.g., shaking or choking) that has resulted in injury. If the child/youth sustained a serious injury, mark “serious physical injury by caregiver or adult household member.” Include use of confinement or restraints that results in physical trauma to the child/youth; actions by the caregiver intended for disciplinary purposes that are likely to result in serious injury to the child/youth; or if the caregiver has punished the child/youth beyond the child/youth’s physical endurance. The caregiver or other adult household member denies causing the injury and/or provides an explanation inconsistent with the type of injury.
- Drug-exposed infant: There is evidence that the mother used alcohol or other drugs (illicit or prescribed) during pregnancy AND this has created imminent danger to the infant.
 - » Indicators of drug use during pregnancy include drugs found in the mother’s or child/youth’s system, mother’s self-report, diagnosis of high-risk pregnancy due to drug use, efforts on mother’s part to avoid toxicology testing, withdrawal symptoms in mother or child/youth, and pre-term labour due to drug use.
 - » Indicators of harm and imminent danger include the level of toxicity and/or type of drug present; the infant is diagnosed as medically frail* as a result of drug exposure; and the infant suffers adverse effects from introduction of drugs during pregnancy.

- Caregiver fears he/she will seriously injure child/youth and/or requests placement.
- Threat of serious injury: The parent/caregiver has made a threat to cause harm or retaliate against the child/youth that would result in serious harm, or household member plans to retaliate against the child/youth for the agency's investigation.

*Medically frail: Infant has a medical condition that requires technological intervention and the condition, if untreated, is likely to result in death or serious harm. For example, child requires a trach/vent or central feeding line.

2. There is confirmed or reasonably suspected sexual abuse and/or exploitation of a child/youth by a caregiver or other household member.

- Sexual abuse by caregiver or other adult household member. Caregiver or other adult in household had sexual contact with child/youth, or assessment is still pending and there is evidence to reasonably suspect sexual contact.
- Sexual abuse by unknown individual, and caregiver or other adult household member cannot be ruled out. There is evidence to reasonably suspect sexual contact with child/youth occurred. The caregiver or other adult household member cannot be ruled out and/or provides an explanation inconsistent with evidence or assessment.

Suspicion of sexual abuse may be based on indicators such as the following.

- The child/youth discloses sexual abuse either verbally or behaviourally (e.g., age-inappropriate or sexualized behaviour toward self or others).
- Medical findings consistent with sexual abuse.
- The caregiver or others in the household have had an allegation made against them; been investigated for, charged with, or convicted of a sex offence; or have had other sexual contact with any child/youth.
- The caregiver or others in the household have forced or encouraged the child/youth to engage in sexual performances or activities (including forcing child/youth to observe sexual performances or activities).
- The child/youth has been sexually exploited or is at risk of being sexually exploited.
- The child/youth has been exposed to pornography, or the child/youth has engaged in or been depicted as engaging in explicit sexual activity in photographs, film, video, or other visual representations. See section 163.1 of the Criminal Code (Canada).

3. Caregiver does not or is unable to protect the child/youth from actual serious harm or risk of serious harm (includes physical or sexual abuse) by others (even though he/she may be trying).

For example:

- The caregiver does not protect or is unable to protect the child/youth from serious harm or threatened serious harm by other family members, other household members, or others having regular access to the child/youth;
- Access by known sexual offenders, if prior sexual abuse history is confirmed and caregiver knew about history but allowed access to child/youth; OR if caregiver did not know history previously but upon learning it indicates that he/she is unwilling OR unable to prevent future access;
- Caregiver has not, will not, or is unable to protect the child/youth from ongoing exposure to violence to the extent that the child/youth is suffering serious emotional harm (e.g., child/youth is so afraid that a caregiver will be seriously hurt that the child/youth cannot eat or sleep; child/youth is so angry that he/she is getting into serious physical fights in the home or community; child/youth is self-harming; child/youth is running away); and/or
- Caregiver minimizes the extent of harm to the child/youth caused by others and as a result continues to allow access between the child/youth and the person causing serious harm.

4. Caregiver/family does not provide access to the child/youth, hinders the investigation, or there is reason to believe that the family may flee.

- The family currently refuses access to the child/youth or cannot/will not provide the child/youth's location.
- The family has removed the child/youth from the hospital against medical advice to avoid investigation.
- The family has previously fled in response to an agency's investigation.
- The family has a history of keeping the child/youth at home or away from peers, school and other outsiders for extended periods of time for the purpose of avoiding investigation.
- The caregiver intentionally coaches or coerces the child/youth, or allows others to coach or coerce the child/youth, in an effort to hinder the investigation.

5. Caregiver does not meet the child/youth's immediate needs for food, shelter, clothing, and/or medical/mental health care to the extent that it results in serious harm or the threat of serious harm to the child/youth.

"Immediate needs" refers to food, clothing, and medical/mental health care. Examples include but are not limited to the following.

- Nutritional needs of the child/youth are not met, resulting in danger to the child/youth's health and/or safety, and/or the child/youth appears malnourished.
- The caregiver does not seek treatment for the child/youth's immediate, chronic, and/or dangerous medical condition(s) or does not follow prescribed treatment for such conditions, resulting in declining health status.
- The child/youth has exceptional needs, such as being medically frail, which the caregiver does not or cannot meet.
- The child/youth is suicidal and/or is seriously self-harming and the caregiver will not/cannot take protective action.

6. Caregiver does not provide supervision necessary to protect the child/youth, based on the child/youth's age and development.

Caregiver does not provide supervision necessary to keep the child/youth safe, based on age and development, and as a result the child/youth has suffered or is likely to suffer serious harm.

- The caregiver is present but does not supervise the child/youth to the extent that the child/youth is exposed to serious hazards (e.g., can wander outdoors alone in unsafe areas or play with dangerous objects).
- The caregiver leaves the child alone (time period varies with age and developmental stage) in circumstances that create opportunities for harm.
- The caregiver is unavailable (e.g., incarceration, hospitalization, abandonment, whereabouts unknown), and there are no arrangements for the child/youth that would ensure his/her safety.
- The caregiver makes inappropriate or inadequate child-minding arrangements that do not provide minimal safety for the child (e.g., temporary caregiver is intoxicated, has limited mobility, or is unable to ensure the child/youth's safety for any reason).

7. The living situation is physically hazardous and immediately threatening to the child/youth's health or safety, based on the child/youth's age or development.

The child/youth's physical living conditions are hazardous and immediately threatening. Consider the conditions relative to the child/youth's ability to safely manage the surroundings. Some conditions will be hazardous for all children/youth all of the time. Others will depend on the child/youth's age and development, physical ability, reasoning, preparation to be safe in the surroundings, and the degree of parental guidance and supervision. This may include but is not limited to the following.

FOR ALL CHILDREN/YOUTH:

- Leaking gas from stove or heating unit;

- Lack of water or utilities (heat, plumbing, electricity), and no alternate or safe provisions are made;
- Excessive garbage or rotted or spoiled food, which threatens health;
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites);
- Evidence of human or animal waste throughout the living quarters;
- Guns or other dangerous weapons not locked; or
- Methamphetamine production in the home.

TYPICALLY FOR TODDLERS AND YOUNGER CHILDREN:

- Open/broken/missing windows or exposed electrical wires; or
- Substances or objects routinely accessible to the child that are likely to endanger his/her health and/or safety.

TYPICALLY FOR INFANTS:

- Sleeping arrangements likely to result in suffocation or other serious harm.

8. Caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child/youth.

The caregiver has abused legal or illegal substances or alcoholic beverages to the extent that control of his/her actions is significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child/youth; has harmed the child/youth; or is likely to harm the child/youth.

9. Domestic/family violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child/youth.

- Child/youth was injured in conflict between caregivers or between caregiver and another adult, or is at risk of physical harm. CONSIDER HOUSEHOLD MEMBERS.
- Child/youth has suffered or is at risk of suffering emotional harm as demonstrated by serious anxiety (e.g., nightmares, insomnia), aggressive behaviour, self-destructive behaviour, delayed development, or withdrawal related to situations associated with exposure to partner/adult conflict.
- Child/youth demonstrates signs of fear (e.g., cries, cowers, cringes, trembles) as a result of exposure to partner/adult conflict in the home.

- Child/youth's behaviour increases risk of physical injury (e.g., attempting to intervene or participate during violent dispute).
- Adults use weapons or other instruments in a violent, threatening, and/or intimidating manner.
- There is evidence of property damage resulting from partner/adult conflict.

10. Caregiver's physical health, mental health, emotional stability, or cognitive functioning poses an imminent danger of serious physical and/or emotional harm to the child/youth.

Caregiver appears to be mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed.

- The caregiver is physically unable to supervise, protect or care for the child/youth
- The caregiver's refusal to follow prescribed medications impedes his/her ability to parent the child/youth.
- The caregiver's inability to control emotions impedes his/her ability to parent the child/youth.
- The caregiver acts out or exhibits a distorted perception that impedes his/her ability to parent the child/youth.
- The caregiver's mental health status impedes his/her ability to parent the child/youth.
- The caregiver expects the child/youth to perform or act in a way that is impossible or improbable for the child/youth's age or developmental stage (e.g., babies and young children expected not to cry, to be still for extended periods, to be toilet trained, to eat neatly; expected to care for younger siblings; or expected to stay alone).
- Due to cognitive delay, the caregiver lacks the basic knowledge related to parenting skills such as:
 - » Not knowing that infants need regular feedings;
 - » Failure to access and obtain basic/emergency medical care;
 - » Proper diet; or
 - » Adequate supervision.

11. Caregiver describes the child/youth in predominantly negative terms or acts toward the child/youth in negative ways that result in severe psychological harm and as a result, the child/youth is a danger to self or others, is acting out aggressively, or is severely withdrawn and/or suicidal.

Examples of caregiver actions include the following.

- The caregiver describes the child/youth in a demeaning or degrading manner (e.g., as evil, stupid, ugly).
- The caregiver curses and/or repeatedly puts down the child/youth.
- The caregiver scapegoats a particular child/youth in the family.
- The caregiver blames the child/youth for a particular incident or family problems.

12. There are previous serious concerns about safety, either a pattern or a single severe incident, AND the current circumstances are close but do not meet the definition for any other danger item.

There must be both current circumstances that fall just below the definition of harm and danger items 1 through 11 AND related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

Previous maltreatment includes any of the following.

- Prior death of a child/youth as a result of maltreatment.
- Prior injury or abuse to the child/youth. The caregiver caused injury, defined as brain damage, skull/bone fracture, subdural hemorrhage/hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impaired the health or well-being of the child/youth *and required medical treatment*.
- Failed reunification: The caregiver had reunification efforts terminated in connection with a prior agency investigation.
- Prior removal of a child/youth: Removal/placement of a child/youth by Child and Family Services or concerned party was necessary for the safety of the child/youth.
- Prior substantiation: A prior agency investigation was substantiated for maltreatment.
- Prior inconclusive investigation: Factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
- Prior threat of harm to a child/youth: Previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child/youth for previous incidents; prior domestic violence that resulted in serious harm or threatened harm to a child/youth.
- Prior service failure: Failure to successfully complete agency-directed or voluntary services.

13. **Other (specify).** Circumstances or conditions that pose an immediate threat of serious harm to a child/youth not already described in harm and danger items 1 through 12.

SECTION 1B: CURRENT PROTECTIVE ABILITIES

Child/Youth

1. **Child/youth has the cognitive, physical, and emotional capacity to participate in a safety plan.**
- The child/youth has an understanding of his/her family environment in relation to any real or perceived threats to safety and is able to communicate at least two options for obtaining immediate assistance if needed (e.g., calling 911, running to neighbour, telling teacher); AND
 - The child/youth is capable of acting independently to protect his/her own safety despite allegiance to his/her caregiver or other barriers, including informing appropriate adults of dangers to him/herself; AND
 - The child/youth has sufficient physical capability to defend him/herself and/or escape if necessary.

Caregiver

2. **A caregiver has the cognitive, physical, and emotional capacity to participate in a safety plan.**
The caregiver is able to understand that the current situation poses a threat to the safety of the child/youth. He/she is able to follow through with any actions required to protect the child/youth.
3. **A caregiver recognizes problems and threats placing the child/youth in imminent danger and is willing to actively participate in a safety plan.**
The caregiver understands the harm and danger and is willing to do what is required to mitigate the threats, and accepts feedback and recommendations from the worker. The caregiver expresses a willingness to participate in problem solving to ensure that the child/youth is safe.
4. **A caregiver demonstrates the ability to access resources/services to provide necessary safety interventions.**
The caregiver demonstrates the ability to access resources or community services that are available to address identified harm and danger (e.g., able to obtain food, provide safe shelter, provide medical care/supplies).
5. **A caregiver has supportive relationships with one or more appropriate persons who may be willing to participate in safety planning, AND the caregiver is willing and able to accept their assistance.**

The caregiver has a supportive relationship with an appropriate family member, neighbour, or friend who may be able to assist in safety planning. Assistance includes but is not limited to the provision of child care or securing necessary informal community support.

6. A caregiver in the home is willing and able to take action to protect the child/youth from the person suspected of causing harm.

The non-offending caregiver understands that continued exposure between the child/youth and the person causing harm poses a threat to the safety of the child/youth. The non-offending caregiver is able and willing to protect the child/youth by ensuring that the child/youth is in an environment in which the offending person will not be present.

If necessary, the non-offending caregiver is willing and able to ask the offending person to leave the residence. As the situation requires, the non-offending caregiver will not allow the offending person to have other forms of contact (telephone calls, electronic correspondence, mail, correspondence through third-party individuals, etc.) with the child/youth.

7. A caregiver is willing to engage and cooperate with agencies, including cooperation with ongoing agency investigation/assessment.

The caregiver accepts the involvement, recommendations, and services of the worker or other individuals working through referred community agencies. The caregiver cooperates with the ongoing investigation/assessment, allows the worker and agencies to have contact with the child/youth, and supports the child/youth in all aspects of the investigation or ongoing interventions.

8. There is evidence of a healthy relationship between a caregiver and at least one of his/her children.

There are clear indications through both verbal and nonverbal communication that the caregiver is concerned about the emotional well-being and development of the child/youth. The child/youth interacts with the caregiver in a manner that shows that a positive relationship exists, and the child/youth demonstrates behaviours that indicate that the child/youth feels nurtured and safe.

9. A caregiver is aware of and committed to meeting the needs of the child/youth.

The caregiver is able to demonstrate acts of protection over time, including supervision, stability, basic necessities, mental/medical health care, and developmental/educational services. The caregiver is able to express his/her commitment to the continued well-being of the child/youth.

10. A caregiver has historically solved problems and resolved conflict.

The caregiver has historically sought to solve problems and resolve conflict using a variety of methods and resources, including assistance offered by friends, neighbours, community members, and service providers. The caregiver has shown an ability to identify a problem, outline possible solutions, and select the best means to resolution in a timely manner.

SECTION 2: SAFETY PLANNING INTERVENTIONS

Safety interventions are acts of protection taken to specifically mitigate any identified harm and danger. They should address immediate safety considerations rather than long-term changes.

IN-HOME SAFETY PLAN INTERVENTIONS

- 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)**
Actions taken or planned by the worker or other agency staff that specifically address one or more harm and danger items. Examples include providing information in language suited for the family about nonviolent disciplinary methods, child/youth development needs, or parenting practices; providing emergency material aid such as food; planning return visits to the home to check on progress; providing information on obtaining orders of protective relief, including but not limited to protection orders, prevention orders, and peace bonds; and providing definitions of child protection legislation and informing involved parties of consequences of violating these laws. DOES NOT INCLUDE the investigation/ assessment itself or services provided to respond to family needs that do not directly affect safety.
- 2. Specific actions by household members.**
Applying the family's own strengths as resources to mitigate harm and danger. Examples include the family's agreement to use nonviolent means of discipline or the caregiver removing hazards from the living space.
- 3. Specific actions by non-resident parent, extended family, friends, or other individuals.**
Examples include:
 - Engaging a non-resident parent or grandparent to assist with child care;
 - Agreement by a neighbour to serve as a safety net for an older child/youth; or
 - Commitment by an adult trusted by and acceptable to the family and the agency to meet with the caregiver daily and call the worker if the caregiver is not meeting safety plan expectations.
- 4. Use of community agencies or services as safety resources.**
Involving community-based organizations or other agencies in activities to address harm and danger (e.g., a local charity providing food, emergency accommodation, family daycare, or child care). DOES NOT INCLUDE long-term therapy/treatment or being put on a waiting list for services.
- 5. The alleged perpetrator will leave the home, either voluntarily or in response to legal action.**
Temporary or permanent removal of the alleged perpetrator. Examples include arrest of alleged perpetrator; non-perpetrating caregiver "kicking out" alleged perpetrator who has no legal right to residence; or perpetrator agrees to leave.

6. **The caregiver will move to a safe environment with the child/youth.**
A caregiver not suspected of harming the child/youth has taken or plans to take the child/youth to an alternate location where there will be no access to the suspected perpetrator. Examples include shelter, home of a friend/relative, or motel.
7. **The caregiver makes or requests that arrangements be made for the child/youth to stay with an appropriate non-resident parent or substitute caregiver. FOR GA AGENCIES ONLY: If this intervention is selected, then a Place of Safety is required to be completed on the non-resident or substitute caregiver**
The caregiver chooses to have the child/youth temporarily stay with a relative or other suitable person, or in a hospital or treatment facility. This may include a non-resident parent or other appropriate caregiver.
8. **Other.**
The family or worker identified a unique intervention for an identified harm and danger item that does not fit within items 1 through 7.

PLACEMENT INTERVENTIONS

9. **Have the caregiver voluntarily place the child/youth outside the home (pursuant to s. 14(1) to 14(6) of *The Child and Family Services Act*, C.C.S.M. c. C80).**
For example, a temporary care arrangement is entered into by the caregiver and agency, pursuant to s.14(1) to 14(6) of *The Child and Family Services Act*, C.C.S.M. c. C80.
10. **Child/youth apprehended and placed in the care of an agency because interventions 1 through 8 do not adequately ensure the child/youth's safety.**
One or more children/youth are removed or their care is assumed pursuant to s. 21(1) of *The Child and Family Services Act*, C.C.S.M. c. C80.

SECTION 3: SAFETY DECISION

1. **Safe.** No harm and danger items were identified at this time. Based on currently available information, the child/youth is unlikely to be in immediate danger of serious harm.
2. **Conditionally safe/safe with plan.** One or more harm and danger items are present. Without effective preventive services, the planned arrangement for the child/youth will be placement outside the home (e.g., kinship care, foster family, residential facility). Safety interventions have been initiated and the child/youth will remain with a protective caregiver as long as the safety interventions mitigate the harm and danger. A SAFETY PLAN IS REQUIRED FOR THE CHILD/YOUTH TO REMAIN IN THE HOME.
3. **Unsafe.** One or more harm and danger items are present, and placement outside the home is the only protecting intervention possible. Without removal, the child/youth will likely be in danger of immediate or serious harm.

**MANITOBA CHILD AND FAMILY SERVICES
SDM[®] SAFETY ASSESSMENT
POLICY AND PROCEDURES**

The purpose of the safety assessment is as follows: (1) to help assess whether any child/youth is likely to be in immediate danger of serious harm that requires a protecting intervention, and (2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Safety assessment versus probability assessment: It is important to keep in mind the difference between harm and danger and probability of future harm when completing this form. The safety assessment differs from the probability assessment in that it assesses the child/youth's present harm and danger and the interventions currently needed to protect the child/youth. In contrast, the probability assessment looks at the likelihood of future maltreatment.

Which Cases: All children/youth in need of **protection** intakes except those involving (1) a perpetrator who is not a member of the household and (2) alleged maltreatment by a substitute care provider.

Open cases in which changing circumstances require a safety assessment due to:

- Change in family circumstances;
- Change in information known about the family; or
- Change in ability of safety plans to mitigate harm and danger items.

Who: The assigned worker.

When:

- For a new investigation, the safety assessment *process* is initiated with the family during the first face-to-face contact during the investigation. A preliminary safety decision is made by the worker during that first contact, subject to review by the supervisor.

If the preliminary decision is “unsafe,” consultation with the supervisor should occur immediately. Circumstances may warrant postponing the completion of the safety assessment *form*. The form should be completed within 24 hours of the first contact.

- For a newly assigned ongoing case for which no safety assessment was completed during the investigation, a safety assessment is completed during the first visit and recorded within 24 hours of the visit.
- For a child/youth who has already been protectively placed by police or another agency and for whom no safety assessment has

been completed, the worker will complete a safety assessment within 24 hours of the report.

- For open cases in which changing circumstances prompt a new safety assessment, the safety assessment *process* is completed immediately. The form should be completed within 24 hours of the first contact.
- If a safety plan was initiated, a safety assessment must be completed before closing the case. If harm and imminent danger items remain unresolved, a case should remain open.*
- Prior to closing an ongoing case. A case will not be closed if harm and imminent danger items are present.*
- At every 90-day review, in conjunction with the probability reassessment.

*If child/youth is no longer living in the household that has unresolved harm and danger items, the case may be closed.

Decisions

The safety assessment provides structured information concerning the danger of immediate harm to a child/youth. This information guides the decision about whether the child/youth may remain in the home with no safety plan; may be returned to the parent/guardian under the supervision of an agency, subject to the conditions and for the period that the judge considers necessary; or must be placed with such other person the judge considers best able to care for the child/youth with or without transfer of guardianship, subject to the conditions and for the period the judge considers necessary.

Appropriate Completion

Workers should familiarize themselves with the items that are included on the safety assessment and the accompanying definitions. Once a worker is familiar with the items used to complete the assessment, the worker should conduct his/her contact as he/she normally would—using good social work practice, including, for the General Authority, principles of the integrated practice model, to collect information from the child/youth, caregiver, and/or other sources. The SDM system ensures that the specific items that compose the safety assessment are assessed at some time during the contact.

Header Information

Enter the primary caregiver's name, and if applicable, the secondary caregiver's name. If there is no secondary caregiver, mark "No Secondary Caregiver."

Enter the case reference, agency/regional office, and the name of the person completing the assessment.

Referral date: Record the date that the referral for this protection intake was received.

Assessment date: Record the date the safety assessment was completed with the family, not the date the form was completed.

Check the type of safety assessment, which will be one of the following.

- *Initial.* This should be completed during the first face-to-face contact with a household where there are allegations. However, if there are allegations in two households within a single report, there may be two initial safety assessments. The initial assessment is typically completed during the investigation.

However, an agency may begin to provide ongoing services with a family for whom a different agency completed the investigation but did not complete a safety assessment. In this case, the receiving agency will complete a safety assessment and this will be considered the initial safety assessment.

- *Review.* A safety assessment completed on a second household where there are no allegations against that household is considered a review. New safety assessments must be completed whenever there are significant changes in family circumstances, changes in information known about the family, changes in the ability of safety plans to mitigate harm or danger items, OR if there are new allegations.
- *Closing.* Completed when considering closing a case.

If the current investigation includes allegations in which a household member is an alleged perpetrator, mark yes. If there are no allegations in the household being assessed (for example, a non-resident parent who is being considered as a temporary placement resource), mark no.

Enter the name of each child/youth in the household. Indicate whether you observed and interviewed the child/youth in the course of completing this assessment.

Assessment

If the worker is unable to interview/observe all children/youth and caregivers and to observe the living environment in one day, he/she should consult with his/her supervisor on appropriate actions and plan the next steps to be taken. If, following consultation, further contacts are deferred to the following day, complete the safety assessment based on what is known at the time of the decision, and commence any required action (e.g., apprehension or implementation of the safety plan, if harm and danger items are present).

If, following consultation, further contacts are deferred and subsequent information changes any harm and danger items, protective abilities, interventions, or safety decisions, complete a safety assessment review.

Indicate (mark) whether any child/youth vulnerabilities are present. Consider these vulnerabilities when reviewing harm and danger items. Note that these vulnerability issues provide a context for the safety assessment. The presence of one or more vulnerabilities does not automatically mean that the child/youth is unsafe.

The safety assessment consists of four sections.

SECTION 1A: IDENTIFICATION OF HARM AND IMMINENT DANGER

This is a list of conditions that constitute harm or danger that must be assessed by every worker in every case. Because not every conceivable harm and danger can be anticipated or listed on a form, an “other” category permits a worker to indicate that some other circumstance creates harm or danger; that is, something other than the listed categories causes the worker to believe that the child/youth is in immediate danger of being harmed.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some may be deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each of the 12 harm and danger items and accompanying definitions. For each item, consider the most vulnerable child/youth. If the harm and danger is present, based on available information, mark that item yes. If the harm and danger is not present, mark that item no. If there are circumstances that the caseworker determines to be harm or danger and the circumstances are not described by one of the existing items, the worker should mark item 13, “other,” and briefly describe the harm or danger. For any harm and danger item marked yes, a brief description of supporting observations and evidence must be provided in the space following the item. The description should include the observations by the worker that led to the yes identification.

For Authorities using safety mapping, harm and danger items correspond with the far-left column of the map. The map can be used to state the facts that support marking the item, in clear language that the family understands.

SECTION 1B: CURRENT PROTECTIVE ABILITIES

This section is completed only if one or more harm and danger items were identified. Mark any of the listed current protective abilities that are present for any child/youth or caregiver. Consider information from the report; worker observations; interviews with the child/youth, caregivers, and collaterals; and review of records. For “other,” consider any existing condition that does not fit within one of the listed categories but may support protective interventions for the harm and danger items identified in Section 1A. If any protective ability is marked as being present for any parent/caregiver, a brief description of supporting observations and evidence must be provided in the following space, specifying for which parent/caregiver the ability is present.

For Authorities using safety mapping, protective abilities are generally considered strengths when first observed and may become signs of safety when demonstrated over time. The map can be used to state the facts that support marking the item, in clear language that the family understands.

SECTION 2: SAFETY PLANNING INTERVENTIONS

This section is completed only if one or more harm and danger items are identified. If one or more harm and danger items are present, it does not automatically follow that a child/youth must be placed. In many cases, it will be possible to initiate a safety plan that will mitigate the harm and danger sufficiently so that the child/youth may remain in the home while the investigation continues. Consider the relative severity of the harm and danger, the caregiver's protective abilities, and the vulnerability of the child/youth. In considering whether an in-home intervention may be successful, consider especially whether protective abilities 2, 3, and 7 are present. If a caregiver does not have the capacity to participate, does not recognize the danger, or is unwilling to participate and engage with agencies, in-home interventions may not be successful in mitigating the danger and the safety of the child/youth in question.

The safety intervention list contains general categories of interventions rather than specific programs. There are two types of interventions: in-home safety plan interventions, which allow the child/youth to remain in the home, and placement interventions. When assessing the appropriateness of safety plan interventions, it is critical to review the assessed current protective abilities in Section 1B. For example, if protective capacity 2 (a caregiver has the cognitive, physical, and emotional capacity to participate in a safety plan) is not marked, the rationale for implementing any safety plan interventions to keep the child/youth in the home must be clearly documented.

The worker should consider each potential category of safety plan interventions and determine whether that intervention is available and sufficient to mitigate the harm and danger and whether there is reason to believe the caregiver will follow through with a planned intervention. Simply because an intervention exists in the community does not mean it should be used in a particular situation. The worker may determine that even with an intervention, the child/youth would be unsafe, or the worker may determine that an intervention would be satisfactory but have reason to believe the caregiver would not follow through. The worker should keep in mind that any single intervention may be insufficient to mitigate the harm and danger, but a combination of interventions may provide adequate safety. Also keep in mind that the safety intervention is not the case plan—it is not intended to solve the household's problems or provide long-term answers. A safety plan permits a child/youth to remain home during the course of the investigation.

If one or more safety plan interventions will be implemented, mark each category that will be used. If an intervention will be implemented that does not fit in one of the categories, mark item 8 ("other") and briefly describe the intervention.

For Authorities using safety mapping, use the "What needs to happen next" section of the safety map to record details of the safety plan for each category that is/will be marked on the SDM safety assessment.

If one or more harm and danger items are identified and the worker determines that in-home safety plan interventions are unavailable, insufficient, or may not be used by the caregiver, the final option is to select one of the placement interventions. This may be a voluntary placement agreement, or the agency may place the child/youth in an out-of-home placement.

- Placement intervention 9 should only be used in accordance with s. 14(1) to 14(6) of *The Child and Family Services Act*, C.C.S.M. c. C80.
- Placement intervention 10 is used only when a child/youth is in need of protection, as defined in s. 17(1): a child/youth is in need of protection where the life, health, or emotional well-being of the child/youth is endangered by the act or omission of a person.

SECTION 3: SAFETY DECISION

In this section, the worker records the results of the safety assessment for all children/youth in the household. There are three choices:

1. **Safe.** No harm and danger items were identified at this time. Based on currently available information, the child/youth is unlikely to be in immediate danger of harm.
2. **Conditionally safe/safe with plan.** One or more harm and danger items are present. Without effective preventive services, the planned arrangement for the child/youth will be placement outside the home (e.g., kinship care, foster family, residential facility). Safety interventions have been initiated and the child/youth will remain with a protective caregiver as long as the safety interventions mitigate the harm and danger. **A SAFETY PLAN IS REQUIRED FOR THE CHILD/YOUTH TO REMAIN IN THE HOME.**
3. **Unsafe.** One or more harm and danger items are present, and placement outside the home is the only protecting intervention possible. Without removal, the child/youth will likely be in danger of immediate or serious harm.

If the safety decision is the same for all children/youth in the household, mark one of the three safety decisions: “safe,” “conditionally safe/safe with plan,” or “unsafe.” If no harm and danger items are identified, the decision for the household must be “safe.” If any harm and danger item has been identified in the household, the decision for the household and for each child/youth who is a member of the household must be either “conditionally safe/safe with plan” or “unsafe.” If all children/youth in the household have the same safety decision, mark the appropriate decision.

In some limited circumstances, it is possible that the worker will determine that safety planning interventions make it possible for one child/youth to remain in the home while another must be apprehended and placed in out-of-home care. If at least one child/youth has been apprehended and placed and other children/youth remain in the home, or the caregiver makes other arrangements per item 7 of the safety planning interventions above, a safety plan must be completed for all children/youth who will remain in the home. If some are unsafe or others are conditionally safe/safe with plan, list each child/youth in the **Child/Youth Safety Decision** table and indicate the appropriate decision for the child/youth.

Accurate identification of the safety decision assessment follows these rules.

- If no harm and danger items are identified, there should be no interventions marked, and the only possible safety decision is “safe.”
- If one or more harm and danger items are marked for the household, there must be at least one intervention marked, and the only possible safety decisions are “conditionally safe/safe with plan” or “unsafe.”

Safety Plan

A SAFETY PLAN IS REQUIRED WHEN THE SAFETY DECISION IS “CONDITIONALLY SAFE/SAFE WITH PLAN.”

Each Authority will provide a specific safety planning format for staff use.

The safety plan **MUST** be completed **with** the family.

The following must be included in any safety plan.

1. A description of each harm and danger item identified, written in a family-friendly manner. Use language the family understands so it is clear to them what caused you to identify each harm and danger item.
2. Detailed information for each planned safety intervention. What needs to happen to keep the child/youth safe, and who will assume responsibility for the actions needed? Explain how each of the safety threats will be contained. Who will take action? What will he/she do? When does his/her task need to be accomplished? For how long must the intervention continue?
3. Information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action). Describe how the family and the worker will know everyone is completing their assigned tasks.
4. Signature lines for family members, the worker, and his/her supervisor.

If any harm and danger items relate to a specific child/youth and not others, indicate which child/youth relate to which child/youth in the description of harm and danger items.

The caregiver(s) should sign the safety plan to indicate that he/she has read it or had it read to him/her, and that he/she understands and agrees with the plan. For authorities using safety mapping, the safety plan can be incorporated into a safety map in the “what needs to happen next” section.

If harm and danger items have not been resolved by the close of the investigation/assessment, ongoing services will commence and remaining interventions will be incorporated into the ongoing case plan.