

Court Improvement Training Academy

*Evolve Leadership  
to Promote Justice  
in Child Welfare*

**Introduction to the ABA  
Safety Guide for Judges  
and Lawyers**

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**A Practical Learning Experience**



# **Worksheets to Accompany Safety Guide Training Materials**



**Threats:**  
**Specific, observable, out of control,  
immediate or imminent, and severe**



**Vulnerability:**  
**Is this child vulnerable to this threat?**



**Protective factors:**  
**Behavioral, cognitive,  
and emotional characteristics**

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***Safe = no threats, child is not vulnerable to threat, or there is sufficient protective capacity to control threats***

***Not safe = threats exist to which child is vulnerable,  
and parents have insufficient protective capacity to control threats***

## **Safety Assessment:** **Key questions for gathering information<sup>1</sup>**

Who do I need information from?

What is the nature and extent of the alleged maltreatment?

What are the circumstances surrounding the maltreatment?

How does the child function on a daily basis?

How is the child disciplined in the home?

What are the overall parenting practices like in the home?

How are the parents functioning outside their role as parent?

<sup>2</sup>The petition is based on the following: the father and mother were divorced in Washington a little more than a year ago. The child has been in the sole and exclusive custody of the mother since the date of divorce. They were living in Oregon until approximately three months ago when they returned to Your Town, WA and checked in at the Happy Days Motel.

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<sup>1</sup> Base on Lund, T. & Renne, J. (2009) *Child Safety: A guide for judges and attorneys*  
[http://nrccps.org/documents/2009/pdf/The\\_Guide.pdf](http://nrccps.org/documents/2009/pdf/The_Guide.pdf) and WA DSHS Form 15-258 (REV. 11/2011)

<sup>2</sup> Drawn from: 18 Ariz.App. 219 Court of Appeals of Arizona, Division 2. In the Matter of the Appeal in PIMA COUNTY JUVENILE ACTION NO. J—31853. (Interesting case to see Appellate Court do Safety Decision – not in so many words - differently than trial court.)

The mother was examined by her family physician and surgeon who made a diagnosis of cancer and surgery was performed right after they moved back to Washington. The mother was recuperating at the motel.

The child has not attended school for the past 4 months, and allegedly is not adequately fed.

Further allegations are that the mother was not emotionally stable, and that a psychiatrist had found the child to be 'emotionally affected' by the mother's illness and resulting recuperation.

The Department is seeking to place the child in foster care, the mother be ordered to participate in psychological evaluation and resulting counseling recommendations and comply with her medical provider's advice. The request includes supervised visitation to protect the child from emotional abuse until the mother-child relationship can be assessed.

**What information do you want for Assessing Safety? From Whom? To inform what part of your assessment of safety?**

## Safety Planning and Case Planning

- A. This family consists of two children, Jasmine, age 4, and James who is three months old, Mother Margaret, and Father Frederick Smith.
- B. The department received a referral regarding 4-year-old Jasmine. The referent, who is known to Jasmine, found Jasmine walking in the street, and called out to Jasmine to come out of the street. It took referent approximately 20 minutes to convince Jasmine to come to her. When asked why she was out in the street Jasmine said her father was on the couch asleep, and her mother was “scary”, so she decided to leave. Asked what Jasmine meant by “scary” Jasmine could not give details. Referent walked Jasmine back home. The mother was at the door calling Jasmine’s name as referent and Jasmine walked up. The mother yelled at Jasmine to “get in the house” and swatted her bottom on the way by as Jasmine entered the house. Jasmine was not injured by the swat, but seemed clearly afraid of going inside. Referent attempted to talk to the Mother, but she just said “thanks for bringing her back” and slammed the door.
- C. The following day the department received a referral from the office of Dr. Friendly, pediatrician for both children. This appointment was supposed to occur when the baby was two weeks old. The mother had scheduled and then canceled the appointment three times. The baby had gained only four ounces of weight since birth, showed signs of excessive time spent on his back (no hair growing on back of head, head appeared flattened, no progress in neck muscle control, no reaction to efforts to stimulate or interact). Mother explained that her 4-year-old was acting out and causing her tremendous stress and that her husband was “not at all helpful”.
- D. This social worker went to The Daisies and Sunshine daycare approximately two blocks from the family home. The owner informed the worker that Jasmine was not at daycare on this day, and that her attendance was “sporadic, to put it generously”.
- E. On the social worker’s visit to the home, it was very dark (2 pm on a sunny day), as all window coverings were closed and few lights were on. The father was asleep on the couch and Jasmine was at the table near the kitchen writing on paper. The mother was in her nightgown and bare feet, and appeared just to have come out of bed. The worker asked to see the baby. The worker approached the crib and observed the baby laying on his back, eyes open, but lying quietly. His diaper smelled strongly, he clearly needed to be changed.
- F. The mother said she was having trouble getting food consistently for the baby, but that she was feeding him at least every day. She did not voluntarily discuss providing any other type of care for the child. The mother restated that she had

her hands full with Jasmine, and that the father “as you can see is worthless – he finds money to drink or whatever every day, but can’t find the time or money to help me out”. When this worker asked if she’d confronted the father about his lack of assistance, she said he just grabbed her arm and pulled her close to his face and said “a good mother doesn’t need help raising her kids” and then threw her back against the wall. She showed this worker a bruise on her arm from where he recently grabbed her. The social worker asked the mother if the father ever mistreated the children. She was reluctant to answer, and then just shrugged her shoulders and said “I don’t think so”.

**During meetings prior to the hearing, parties agree on the following:**

**Threats:**

- No adult in the home is performing basic and essential parenting duties and responsibilities.
- Family lacks sufficient resources, such as food and shelter, to meet the children’s needs.
- One or both parent’s behavior is violent and/or they are behaving dangerously.

**Vulnerabilities:**

- The baby is vulnerable to all threats, as he is unable to care for himself or protect himself from dangerous or neglectful behavior.
- Jasmine is vulnerable to the father’s violent behavior and the family’s lack of resources. She is also vulnerable to the parents’ lack of performance of basic parenting duties, in that she lacks sufficient supervision and is too young to exercise self-control.

**Protective Factors:**

- Although overwhelmed, the mother appears to have appropriate knowledge of basic parental behavior and responsibility.
- Aunts and uncles on both sides of the family are clear of CPS or criminal histories, capable of providing care and protection, and offer their assistance in the form of residence for parents or children as well as oversight in the children’s home.
- The mother recognizes that the father has problems with alcohol and violent behavior, and that as a result they have not adequately cared for the children.
- The father is willing “to do whatever”.

**Safety Plan – In Home:**

In order to address the threat of \_\_\_\_\_,  
circumstances in the home need to change as follows:

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and the specific action that will control the threat will be:

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In order to address the threat of \_\_\_\_\_,  
circumstances in the home need to change as follows:

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and the specific action that will control the threat will be:

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**Case Plan**

In order to address the threat of \_\_\_\_\_,  
the mother / father will change their attitude / knowledge / skills / behavior by

\_\_\_\_\_.

To facilitate this change, the mother / father will be referred for

\_\_\_\_\_.

Progress regarding this threat will look like \_\_\_\_\_

\_\_\_\_\_.

Court jurisdiction will no longer be needed regarding this threat when \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_.

**Visitation Plan components:**

Purpose of visits: \_\_\_\_\_

\_\_\_\_\_.

Location of visits: \_\_\_\_\_

\_\_\_\_\_.

How is time spent during visits?: \_\_\_\_\_

\_\_\_\_\_.

Who attends visits?: \_\_\_\_\_

\_\_\_\_\_.



## **Safety Planning and Case Planning: Part 2**

G. Father Frederick Smith attends his court-ordered treatment services so far but his treatment provider says he still thinks “the whole case is the Mother’s fault” and so he has minimal insight and is making minimal to no progress. He has obtained regular part-time employment and he reports that job may become full-time soon.

H. He visits with Jasmine once a week for four hours supervised by the SW, the mother does not usually attend this visit as it takes place during her one-on-one visit with the baby. The SW says the father’s visits with Jasmine are good in that Jasmine enjoys seeing her father and he is loving and affectionate towards her during the visits. Sometimes the father forgets to bring an activity to do with Jasmine and often they end up playing with whatever toys are provided in the DSHS office or play wrestling. The father does not visit with the baby on his own, and when he visits with the Mother, he doesn’t appear comfortable feeding or diapering the baby.

I. The mother visits regularly with both of her children at the same time three times per week for four hours each visit and the father is allowed to attend these family visits; and one additional four hour visit each week alone with the baby. She provides all the items for the visit with the baby and her toddler. Mother appears to be making progress in her court ordered services but without reliable transportation she struggles to make all of her appointments with her treatment providers. Mother is always on time for visits and brings appropriate snacks and age-appropriate activities for Jasmine and all the items the baby needs. She also tries some age appropriate play with the baby that she learned in her parenting service.

### **Why can’t the child(ren) go home today?**

- **How do you Assess Safety in the home of one or both parents currently?**
- **Are the requirements of a Safety Plan different than they were at the beginning?**
- **How does your assessment of “progress on the caseplan” factor into your Assessment of Safety and the requirements of a Safety Plan?**

## **Safety Planning and Case Planning: Part 3**

J. Father Frederick had started attending a dad-focused support group and finally had a breakthrough on what his role in the family could be and how he contributed to the conditions of dependency. He asked for additional parenting services so he could learn what infants, toddlers, and older young children need. He and the mother were connected to early learning providers who come into the family home and help the parents teach the children through reading and building structure and routine for the children at home. Even though they themselves did not go very far in school, the parents see the benefit of being the first teachers for the children at home.

K. Mother Margaret has decided to go to school to get vocational training and to work part-time so that the father can work less to address his depression. She has also taken a nutrition class and gardening class so she can start making healthier meals on a tight budget.

L. The father is starting to take on more hands-on parenting responsibility for the children and by working part-time he has more time to go to therapy and to do social activities with the other dads he met in the dads group, both of which help address his depressive symptoms.

### **Assuming the children have been home under a safety plan...**

- **How do you Assess Safety in the home of one or both parents currently?**
- **Are the requirements of a Safety Plan different than they were at the beginning? Does the family require a court-ordered and monitored Safety Plan?**
- **Considering your Assessment of Safety, how do we assess progress towards terminating jurisdiction?**

## **Let's run through it again...**

Mother Jones has two children, Attie (age 3) and Timmy (age 7). She has an opioid use disorder. She manages it with a methadone prescription. A CPS intake was received indicating that Mother fell asleep on the Metro bus with her children present and couldn't be woken up. The children looked scared and asked a passenger they didn't know for help. After trying and failing to wake Mother, the stranger informed the bus driver and called 911 for medical assistance.

At the ER, Nurse Triage was able to speak with Mother once she became conscious. Mother denied having a problem with opioid use because she had a prescription and denied that this sort of thing had ever happened before. Nurse Triage spoke with Timmy who told her Mother was "always falling asleep at the wrong times." Nurse triage called CPS, who arrived and asked the mother to take a UA. Mother Jones refused. CPS told her she would be in touch. Before leaving the ER, CPS asked the children if they were scared to be with their mother, Timmy said "No," and Attie shook her head side to side.

CPS looked in her own files and discovered this intake was the 4<sup>th</sup> one, describing similar circumstances of Mother Jones falling asleep while caring for her children since the beginning of the year, The other intakes were screened in for investigation, but were determined to be Unfounded for Negligent Treatment. In the past, when offered, Mother refused to complete either UAs or Chemical Dependency Treatment at the agency's request. Two days later, CPS filed a dependency petition asking for removal of the children at the 72-hour hearing.

Is there a threat to child safety (yes/no)? \_\_\_\_\_

If so, describe one threat you identify in the home? -

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Are the children safe? \_\_\_\_\_

Describe your assessment of the safety of at least one of the children.

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Assuming for this part that a/both child(ren) is determined to be unsafe, describe one component of a Safety Plan for the family:

**Safety Plan:**

In order to address the threat of \_\_\_\_\_,  
circumstances in the home need to change as follows:

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and the specific action that will control the threat will be:

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Assume the Court placed the children out of the home. Express one "Condition for Return" of the child(ren). \_\_\_\_\_

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**Using your Assessment of Safety, what is one component of the Case Plan?**

In order to address the threat of \_\_\_\_\_,  
the mother / father will change their attitude / knowledge / skills / behavior by

\_\_\_\_\_.

To facilitate this change, the mother / father will be referred for

\_\_\_\_\_.

Progress regarding this threat will look like \_\_\_\_\_

\_\_\_\_\_.

Court jurisdiction will no longer be needed regarding this threat when \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_