

Adapting Safety Planning for the Real World

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Answers to Questions Asked During the Webinar

Responses in this document are from NCDHHS DSS.

- 1. Question: (Regarding the parents' report that their 2-year-old child fell down the stairs at the grandparents') What would the safety plan look like for the parents while the child is in the hospital, pending the visit with the grandparents?**

Answer: It depends on what information you have. It could have been an accidental injury. At this point, you don't know, and you are obtaining more information. You need to have a safety plan with the family, for example, who could stay in the hospital with the family while you are completing your assessment? Could one caseworker be with the family and another caseworker go to the paternal grandparents' home to assess the scene? Would the parents agree to stay in the waiting room until you return, only going into the room while medical providers are there giving an update?

2. Question: With the amount of CPS history being considered a distraction (whether no CPS history or extensive CPS history), what would be some good examples of how-to safety plan around danger indicator number 12?

Answer: A distraction can impact your safety plan. For example, if there's no history, we might think we don't have anything to worry about, but that may not be true. Stick to the facts of the case. The CPS history, whether there is plenty or none, can be a distractor. For example, if there is a 2-month-old child with multiple fractures. There is no CPS history, no 911 calls to the home, no other concerns noted for DV or substance use. But that doesn't negate that the child currently has multiple fractures, so you have to safety plan with that information.

For item #12 on the safety assessment, you have a current, immediate concern near the threshold for one of the danger indicators. In this case, for item 12, the family has CPS history that includes a substantiation for abuse or neglect that resulted in a child fatality or near fatality. OR the caretaker that was alleged to be the perpetrator in a previous case failed at reunification efforts. This indicates that along with current and immediate concerns, you have substantial history that points to safety concerns for the current child.

3. If we are waiting for notes from another county where a child victim is in, what do you recommend for doing a safety assessment? Do we wait for the notes or safety plan with the current information at the time?

Answer: If you are not receiving timely responses for assists, you may need to work with your management to address this concern, as it can greatly impact safety planning. You do however have to plan with the information you have. If you need the information from the assisting county, you should call them. Counties that request assists from other counties should be engaged in the safety planning with the assisting county. Often, both counties need to share information so the correct safety plan can be made.

4. Question: What is the best practice when the parents don't have a definitive explanation for an injury, and the child attends daycare?

Answer: Make a strong timeline. Review any recent pictures on their phone. Does the daycare have any recent video images? You have to protect the child as you have a concern for maltreatment. Also, utilize your partners at the NC Division of Child Development and Early Education. They may also be investigating a report on the daycare. In addition, if there is a concern for maltreatment and you can't identify the perpetrator, you must protect the child while you obtain additional information (possibly a CME or additional collateral information). This is why the timeline is so important and must be supported by facts gathered during the assessment.