



The Structured Decision Making[®] System

Participant Guide

October 2016



California Department of Social Services

NCCD | Children's
Research Center

TABLE OF CONTENTS

PowerPoint.....	1
Examining the Structured Decision Making® Safety Assessment and Associated Practice Principles	16
Child Vulnerabilities and the Safety Threat Threshold.....	17
Hot Spots in Using the SDM® Safety Assessment	18
Explaining the SDM® Safety Assessment Process to Families	20
Safety Assessment Interviewing and Observation	21
Safety Assessment: How Deep Should I Dig?	25
Ruled Out, Resolved, Controlled, or Discovered?.....	33
Three Questions Structure.....	34

The Children’s Research Center is a nonprofit social research organization and a center of the National Council on Crime and Delinquency (NCCD).

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Interviewing for the SDM® Safety Assessment

Agenda



- Brief review of fundamentals
- Interviewing/observing: How deep should you dig?
- When to update a safety assessment

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The Safety Assessment's Purpose

- Is the child safe?
- Provides the basis for immediate intervention: Safety plan or protective placement



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The Safety Assessment's Structure



- Header information
- Child vulnerabilities
- Safety threats
- Complicating factors
- Protective capacities
- Safety interventions
- Safety decision

The Safety Assessment's Policy and Procedures

Referrals:

- Which cases?
- Who?
- When?
- How?



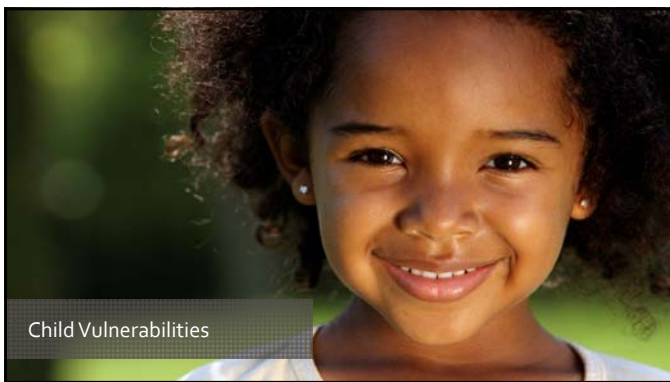
The Safety Assessment's Policy and Procedures



Cases:

- Which cases?
- Who?
- When?
- How?





How much time should you spend on a safety assessment?

- How extensive are your interviews?
- Do you talk to collaterals?
- How much of the house do you look at?
- Do you do body checks?
- Do you ask about sexual abuse?

DO YOU SPEND THE SAME AMOUNT OF TIME ON EVERY REFERRAL?



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Tensions That Impact Sizing the Safety Assessment

- Workload demands result in "fly-by" assessment
- Respect for family's privacy

- Desire to be thorough
- Fear-based practice leads to time-consuming search for everything

Tensions That Impact Sizing the Safety Assessment

- Workload demands result in "fly-by" assessment
- Respect for family's privacy

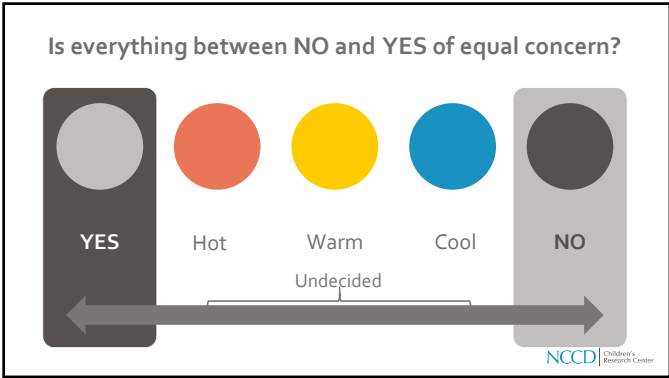
SDM Safety Assessment:
Focus on critical elements

- Desire to be thorough
- Fear-based practice leads to time-consuming search for everything

When is *this* safety assessment complete?*



*A safety assessment is never "complete."



The Three Questions Can Uncover Relevant Details

What are we worried about?

What is working well?

What needs to happen next?

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Exploring for Behavioral Detail

Caregiver action or inaction

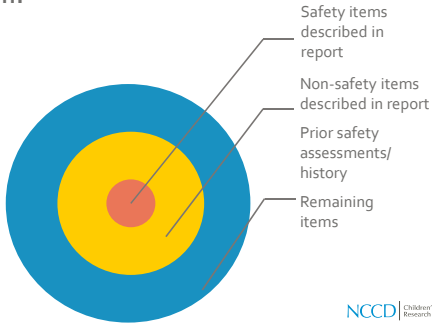
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Impact on the child's safety

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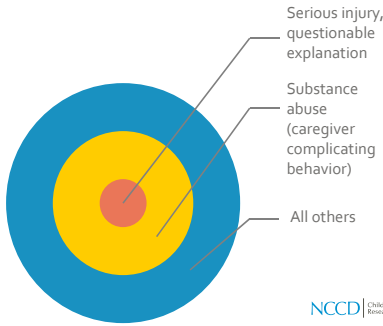
Where do I begin?

Before knocking on the door, prioritize the safety items for THIS report....



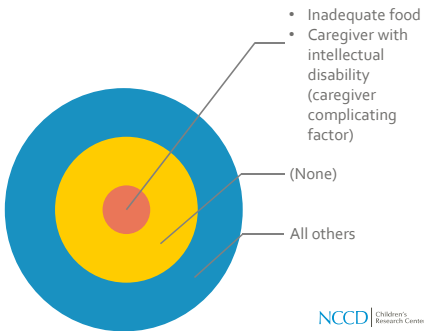
Example

A 1-year-old child has subdural hematoma and retinal bleeding. Parents have no idea how it happened. Doctor suspects inflicted sudden impact. Nurse smells alcohol on dad's breath. No known history.



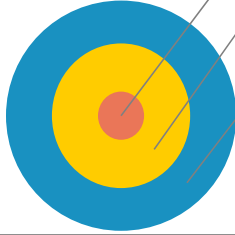
Example

Parents have significant intellectual disabilities and the regional center caseworker reports they have a newborn. Worker is concerned that parents have no idea how to care for a baby. Today they were surprised to hear that their non-breastfeeding infant needs formula. Caseworker has not seen infant.



Example

Report is that mom was high on meth and left 2-year-old alone. Prior history includes information that mom has been diagnosed with bipolar disorder.



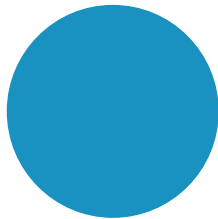
- Inadequate supervision
- Substance abuse (caregiver complicating behavior)
- Caregiver mental health (caregiver complicating behavior)
- All others



How deep should you dig?

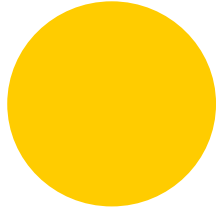
Cool

- No information about item in report or history
- If nothing emerges, safety threat is not present. If something emerges, increase priority and pursue.

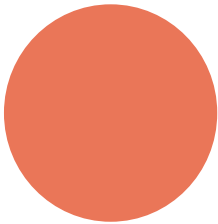


Warm

- Worries about an item that don't rise to the threshold of marking it as a safety threat
- Worries in the family history that once posed a danger or risk
- New information, still not directly pointing to a safety threat, but signs observed that require further inquiry



Hot



- Information in report that points to a safety threat
- New information
 - » If confirmed, it's a safety threat, but it hasn't been confirmed



Cool



- Observe
- Listen for spontaneous statements
- Questions can be very general and open-ended

Warm



- Observe
- Ask more detailed questions
- Use narrative-anchored follow-up questions
- Ask in multiple ways

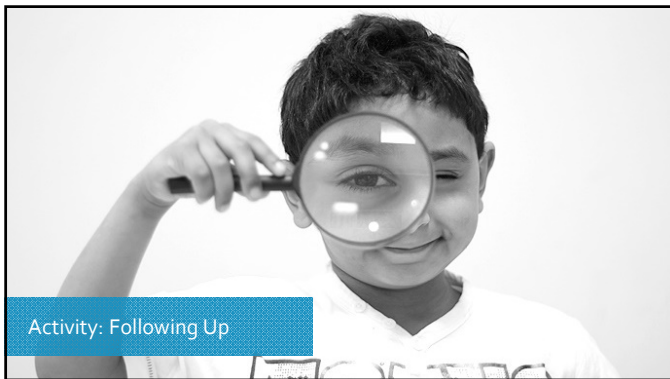


Hot



- Observe/seek information
- Questions should be very specific, to clarify and fine-tune responses
- Get other points of view if necessary
- Pursue until you have a clear yes/no response





How do I adjust during the contact?

Initial interviews and observations may result in some items "heating up" and some items "cooling down."

- Safety items mentioned in the report that have not been quickly ruled out AND any new unconfirmed safety threats
- Non-safety items in report or items in prior safety assessments that have not been quickly ruled out AND any new suspicions
- Remaining items

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Example—remember this report?

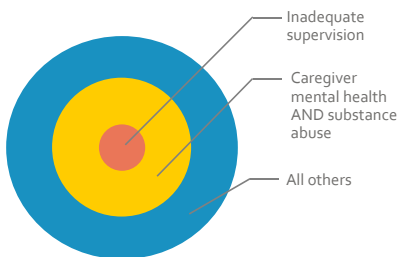
Report is that mom was high on meth and left 2-year-old alone. Prior history includes information that mom is bipolar.

- Inadequate supervision
- Substance abuse (caregiver complicating behavior)
- Caregiver mental health (caregiver complicating behavior)
- All others

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Example

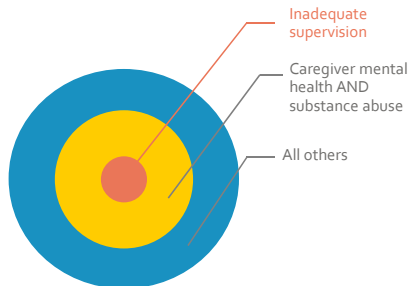
In the first five minutes, as you explain the reason for your visit, you see mom is not high and shows no signs of meth use. She reports that she completed a treatment program a year ago and is active in NA. There are no visible signs of drug use in the home.



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Example

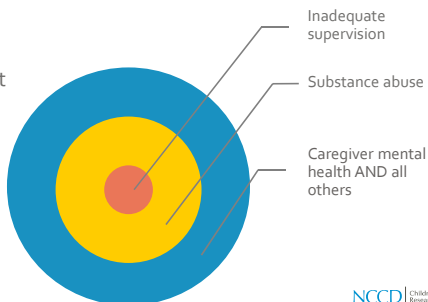
You see the child, who appears healthy, is talking, and seems happy and comfortable. Mom is attentive to child.



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Example

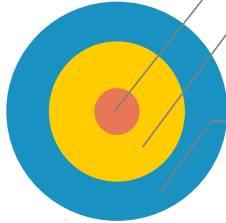
During the first five minutes, mom is angry that CPS is back, but you observe no signs that her mood is unstable or erratic.



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Example

In the first five minutes, mom mentions that her boyfriend will be mad that CPS is there. She seems very worried about his reaction. You observe a hole in the drywall that could have been caused by a fist. Mom has a faded bruise on her jaw.

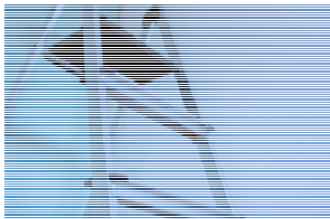


- Inadequate supervision
- Substance abuse AND domestic violence (Caregiver complicating behavior)
- Caregiver mental health AND all others



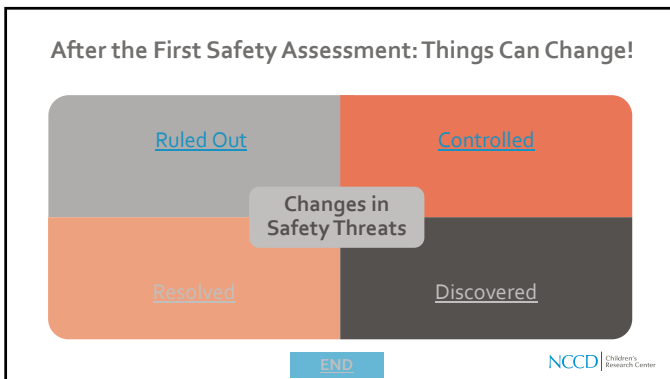
Questioning Style for the Initial Interview

- Open-ended
- Narrative-anchored follow-up questions
- Clarifying and fine-tuning





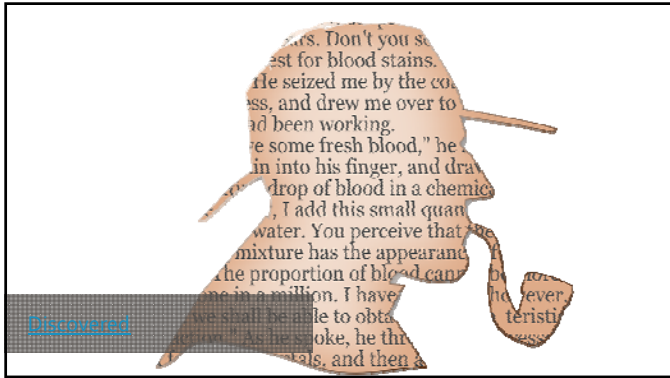


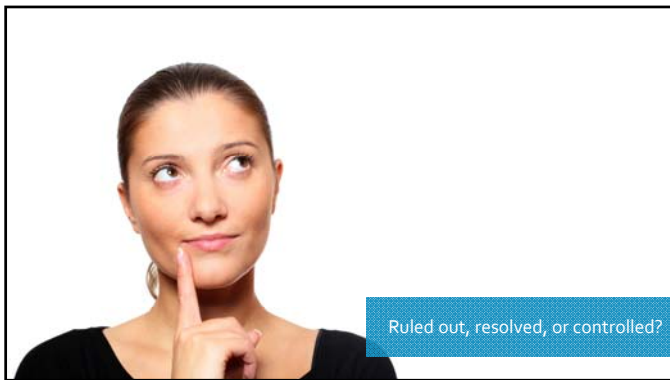












Thank you!

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EXAMINING THE STRUCTURED DECISION MAKING® SAFETY ASSESSMENT AND ASSOCIATED PRACTICE PRINCIPLES

Decision Point	SDM® Assessment/Other Decision Support	Safety-Organized Practice Skills and Tools
<p>Is the child safe?</p> <p>(Is there immediate danger to any child, and what actions need to be taken to control the danger?)</p>	<p>SDM safety assessment: When working through the safety decision, the safety assessment’s three-part structure, supporting definitions, and policies/procedures guide the process used to assess immediate household safety in the field, during the initial face-to-face contact with a family, as well as the ongoing process of reassessing safety as circumstances change throughout child protection’s involvement with the family.</p> <p>What are our worries?</p> <p><u>Child Vulnerabilities:</u> These help the worker determine the appropriate situational threshold for marking any particular safety threat.</p> <p><u>Safety Threats:</u> Caregiver actions/inactions and conditions in the household that pose an immediate and severe danger to a child.</p> <p><u>Caregiver Complicating Behaviors:</u> Conditions of the caregiver that make it more difficult or complicated to create safety for a child, but do not by themselves create a safety threat.</p> <p>What’s working well?</p> <p><u>Household Strengths and Protective Actions:</u> These are resources and actions that should be assessed and built upon when creating a safety plan.</p> <p>What needs to happen next?</p> <p><u>In-Home Protective Interventions:</u> Agreements between the family and the agency about what actions will be taken to control the identified safety threats or dangers while the child remains in the caregiver’s custody. (safe with plan)</p> <p><u>Placement Interventions:</u> A parent’s voluntary actions or the worker’s actions to formally place child out of the home. (unsafe)</p>	<p>The Three Questions interviewing structure supports a balanced assessment of worries and strengths.</p> <p>Reflective facilitation skills use dialogue to support a shared process of information-gathering, decision-making, and planning.</p> <p>Information-gathering focused on behavioral details.</p> <p>A definition of safety that is shared with the family supports a clear explanation of the purpose and process of the safety assessment and safety planning.</p> <p>Solution-focused questions, in combination with the interviewing ladder, support a shared understanding of harm, danger and safety.</p> <ul style="list-style-type: none"> • Scaling questions assess a caregiver’s perspectives on safety, willingness, and capacity. • Exception questions support a balanced assessment and identify caregiver acts of protection. • Relationship questions support a caregiver/network’s recognition of impact on household members. • Coping questions identify acts of protection that are currently mitigating one or more safety threats, and which can be used as resources in safety planning. • Preferred future questions support a caregiver/network’s understanding of behaviors and conditions that support safety. <p>A safety mapping and information framework that includes a genogram, Circles of Support, and a Three Questions structure guided by the SDM safety assessment’s framework and definitions.</p> <p>Danger Statements: Behaviorally specific statements that reflect the family-specific circumstances of the identified SDM safety threat(s). These may be used in safety planning or in petition/detention reports, as appropriate.</p> <p>Identification of Network Resources: Information-gathering/interviewing strategies to support identification of support network members for safety planning.</p> <p>Strategies to Include Voice of the Child: Child-focused interviewing strategies to support the process of safety assessment and safety planning.</p>

CHILD VULNERABILITIES AND THE SAFETY THREAT THRESHOLD

The SDM safety assessment provides a structure for gathering and organizing information, and for answering the essential question *“Is the child safe?”*

Safety threat definitions are calibrated to evaluate whether any child in the household is in **present** danger of immediate/serious harm that requires action—either safety intervention via a safety plan, or removal and protective placement.

Some tips to remember when considering child vulnerabilities:

- The SDM safety assessment evaluates *all* children within the household. Each safety threat item should be considered as it applies to the household’s most vulnerable child, even if he/she is not listed as a victim child in the report.
- Actively inquire about and consider each safety threat in the context of identified child vulnerabilities.
- Use your observational and interviewing skills, and access collateral sources as needed, to consider all potential vulnerabilities.
- The rigorousness and monitoring of any implemented safety interventions must take into account whether they are effective in controlling immediate safety threats for the most vulnerable child in the home.

HOT SPOTS IN USING THE SDM® SAFETY ASSESSMENT

In looking at the SDM safety assessment, you'll notice that California workgroup members worked hard to integrate the structure of the Three Questions, and other key SOP concepts, into the framework itself.

In addition, the safety assessment incorporates the concept of caregiver complicating factors into the consideration of caregiver actions or inactions that may pose a safety threat for a child. The safety assessment prompts the caseworker to engage in a balanced assessment of actions of protection and how the family's network can be accessed to achieve immediate safety.

When gathering the information necessary to conduct the safety assessment, we recommend organizing your conversations with families around the Three Questions mentioned earlier: What are we worried about? What is working well? What do you think needs to happen next to make this better? Social workers can use these questions to start getting critical information about safety threats, protective abilities, and possible interventions, and can then ask more detailed and pointed questions for further information.

When used in the process of assessing immediate safety in a household, the SDM safety assessment provides a helpful framework for making the best safety decision and plan for a household at any point in the referral investigation.

There are some common areas where use of the SDM safety assessment process can be strengthened to get the best results:

- Make sure to pay attention to the definitions of each item on the safety assessment. The definitions have been written to achieve consistency in assessing:
 - » The threshold for when a condition poses an IMMEDIATE and SEVERE danger to a child;
 - » The threshold for demonstrated actions of protection that can be put to use immediately to create safety for a child;
 - » The context of child vulnerabilities when assessing the threshold for danger; and
 - » How the presence of caregiver complicating factors affects that caregiver's behaviors.
- Learn how to explain the process and key decision of the safety assessment and facilitate a meaningful conversation with the family, child, and network about danger and what actions are necessary to ensure immediate child safety.
- As you are assessing safety, make sure that the process of gathering information is balanced and behavioral AND that it is focused on the essential threshold related to immediate danger.

- Consider whether safety can be managed with an in-home intervention, rather than protective removal, whenever possible; develop strong skills in creating and documenting emergency safety plans.
- During an investigation (and throughout the life of a family's case), the SDM safety assessment decision should reflect the current safety decision for that household: safe, safe with a plan, or unsafe. Be sure to complete an updated safety assessment in WebSDM any time the safety decision changes, and make sure that the last safety assessment prior to closing a referral or case shows that conditions in the household are safe, based on the details provided in referral or case narratives.
- Finally, because a child is likely to reside in multiple households, and referrals created in CWS/CMS often list allegations about caregivers living in multiple households, always make sure to assess each household in which there are allegations.

EXPLAINING THE SDM® SAFETY ASSESSMENT PROCESS TO FAMILIES

SDM® Safety Assessment

Explain to the family that the structured safety assessment process helps in these situations.

- When thinking about immediate and severe conditions that commonly place a child in danger within his/her own home.
- Identifying and using a caregiver's actions, resources, and relationships to develop a plan that builds immediate safety for a child.
- When determining whether there is a need for protective placement.
 - » The safety assessment is based on agreed-upon thresholds and research about the impact of these conditions on children.
 - » This assessment helps workers consider the special vulnerabilities of young, disabled, or isolated children.
 - » The assessment describes caregiver behaviors and household conditions that pose severe and immediate danger to a child.
 - » The safety assessment also helps to identify caregiver behaviors and resources that can serve as immediate protection for the child or help control the danger.

SAFETY ASSESSMENT INTERVIEWING AND OBSERVATION

Strategies for Gathering Information Related to Safety Threats

A caseworker can prioritize the required depth of an initial assessment of safety threats based upon specific behavioral details provided in the screener narrative, an examination of family history, and information that emerges during the assessment.

- A safety threat item can be confirmed as a “yes” when a worker has facts that meet the threshold of that item, based on what is currently known.
- Items that remain uncertain can be prioritized for inquiry according to the following structure:
 - » HOT: The item is mentioned in the screener narrative in a way that, if confirmed, constitutes a safety threat; OR information emerges during the investigation that is likely to constitute a safety threat, but it is not quite confirmed.
 - » WARM: An item is mentioned in the referral, but the allegation is less serious than a safety threat; OR there is a family history of difficulty in a safety threat domain; OR information emerges that suggests a possible safety threat, but the information is ambiguous.
 - » COOL: The item is not mentioned in the referral, and no information emerges that suggests the safety threat is present. This category also includes items that were HOT or WARM that have been nearly ruled out, but final confirmation is needed.
- Items are confirmed as “no” when a worker has facts that rule out the presence of the safety item, based on what is currently known.

The evaluation of safety threats in the context of child vulnerabilities is complete when all items have been assessed at the appropriate level and are confirmed as either “yes” or “no.”

Practice Considerations

If the worker is at the end of his/her shift, or there are other logistical barriers to completing a safety assessment the same day it began (e.g., the caregiver is unreachable), the worker must discuss this with his/her supervisor.

- Any already identified safety threats must be addressed immediately. This requires either a safety plan or a protective placement.
- If there are no confirmed safety threats, but there are HOT items, account for child safety while the assessment is continuing. It may be necessary to involve another shift or law enforcement—or to work overtime—to complete the safety assessment promptly. Completion of this safety assessment is a top priority.

The depth and urgency of assessment of each safety threat item should be determined according to whatever information is available. See the “How Deep Should I Dig?” section of this guide.

Safety threat items may increase or decrease in priority as information emerges.

Strategies for Interviewing and Information Gathering

- Using the Three Questions interviewing structure supports a balanced and rigorous assessment of worries and strengths. Consider using mapping strategies that include identification of households and family network supports in combination with safety assessment definitions.
- Reflective facilitation skills use dialogue to support shared processes of information gathering, decision making, and safety planning. Learn how to use solution-focused questions in this dialogue.
- The process of gathering information should be focused on getting behavioral details. The safety assessment considers safety threats related to caregiver actions/inactions and impact on children based on the threshold of minimum sufficient level of care in the context of child vulnerabilities.
- Use the Interview Ladder when assessing safety: Open-ended questions, then narrative-anchored follow-up questions, then fine-tuning/clarifying questions.

The best information is obtained from free narrative expression provided by the person being interviewed, in his/her own words, in response to the most open-ended, non-directional question:

- What did you observe?

If the person being interviewed does not provide enough information to determine if a safety threat is present or not without further questioning, start with open-ended orienting questions:

- What about this situation worries you?
- What are your concerns for the children if nothing changes?

If you need additional information, move on to narrative-anchored follow-up questions, such as:

- I’m hearing that _____ aspect of the situation concerned you; tell me more about that.

Finally, try some fine-tuning questions. Use your safety assessment definitions to ask questions that will allow you to evaluate whether an immediate safety threat is present.

- When the referral does not contain safety threat allegations AND the family is more open, your interviewing style can be more open-ended and start with more general questions.

- When the referral contains allegations that would constitute a safety threat AND/OR the family seems less open to general conversation, your interviewing style should be highly focused on reported issues and safety threats.

Systematically work through the safety assessment, starting with the “hottest” items.

- Assess for any HOT items.

Engage in a rigorous and balanced information-gathering process, using all levels of the Interview Ladder and including multiple sources, including collateral contacts. If safety threats are present, determine whether to proceed immediately to the safety planning stage (engaging the family in understanding the safety threat [danger], evaluating household strengths and protective actions, and—in partnership with the family/network—assessing what safety interventions are immediately possible), or whether the safety assessment can be completed before safety planning commences.

- Assess for any WARM items.

Use observational skills and ask open-ended questions focused on the information you know regarding family history and risk-related behaviors. Then use follow-up questioning and, as appropriate, check with collateral contacts to verify what you learned. If any WARM items increase to HOT as a result of interviews/observations, increase their priority and shift the method of assessing these items, as described above.

- Assess the remaining items, which should all be COOL.

Use open-ended questions and observation to conduct a general assessment of the safety threat item, using the definitions to support your inquiry.

After all items are confirmed either “yes” or “no,” complete a safety plan, if one is needed and has not already been done.

Continue with investigation and assessment of the current situation until you reach a conclusion about the allegations. If your conclusion is that they are either substantiated or inconclusive (rather than unsubstantiated), proceed to the risk assessment.

Safety Reassessment

Caseworkers should continually assess the household safety of children throughout their involvement with a family, during the initial investigation and as part of ongoing case management. Formally update the safety assessment whenever circumstances in a household change the safety decision. Complete a safety assessment at the close of each case, to document household safety.

Changes in Safety Threat Items

- Ruled Out: On a previous safety assessment, a safety threat item was marked, based on the information that was available at the time. New information has emerged that confirms the safety threat never existed in the first place. Complete a new safety assessment showing the item now confirmed as “no.” (Do not revise the previous safety assessment, because it accurately reflects what was known at the time.)

- Resolved: On a previous safety assessment, a safety threat item was marked. Since that time, the safety threat has been resolved and it is likely that the threat will not re-emerge in the immediate future. Complete a new safety assessment showing the item now confirmed as “no.”
- Controlled: On a previous safety assessment, a safety threat was marked. A safety plan was put into place and is working; it remains necessary to continue this plan to keep the threat from re-emerging. You are not required to complete a new safety assessment.
- Uncontrolled: On a previous safety assessment, a safety threat was marked. A safety plan was put into place, but the plan is no longer working and the threat is still present. A new safety assessment and new safety plan is needed, or a protective placement must be made.
- Discovered: A safety threat that was not previously present has now been confirmed. A new safety assessment and safety plan, or protective placement, is required.

Safety Assessment: How Deep Should I Dig? Ideas for Pursuing Undecided Safety Items¹

NOTE: This table is meant as general guidance and is not an exhaustive list of assessment questions or observations. These suggestions are examples and are not intended as a comprehensive list.

Safety Item	Hot	Warm	Cool
<p>Serious physical harm</p>	<ul style="list-style-type: none"> Observe injury, check for other injuries Medical reports, medical opinion, medical exam Forensic interview of child victim, all caregivers, all witnesses (coordinate with law enforcement) Reports from law enforcement related to physical violence during domestic disputes 	<ul style="list-style-type: none"> Questions about reacting to particularly stressful situations Questions about beliefs regarding discipline Ask child about injuries to self or siblings Questions about the presence of physical violence in the home "Tell me how that happened" 	<ul style="list-style-type: none"> Observe for visible injuries, implements used for discipline During interviews, listen for spontaneous reports about injuries, dangerous discipline techniques General questions about discipline General questions about intimate partner relationships and how conflicts between adults are resolved in the home
<p>Sexual abuse</p>	<ul style="list-style-type: none"> Forensic interview (coordinate with law enforcement) Medical exam if needed Detailed questions about non-abusing caregiver's level of belief in the allegations and willingness to protect child Reports from law enforcement/school regarding exploitation and trafficking behaviors Child's perception of safety Location of perpetrator, ability to access child 	<ul style="list-style-type: none"> Ask child age-appropriate, non-leading questions about touching, grooming behaviors Ask caregiver about change in behaviors, sexualized behaviors, contact with persons of concern 	<ul style="list-style-type: none"> During interviews, listen for spontaneous reports about sexual touch, sexual behavior, discomfort/fear related to a person General question about anyone who makes child uncomfortable, any worries, anything child would like help with

¹ Information in this table is adapted from information in the following publication:
Bragg, H. Lien. (2003). *Child protection in families experiencing domestic violence*. US Department of Health and Social Services, User Manual Series. Available at <http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolence.pdf>

Safety Item	Hot	Warm	Cool
Child's immediate needs for supervision/ food/clothing/ health care unmet (for each specific need, see sub-item table on page 32)	<ul style="list-style-type: none"> • Ask detailed questions (of child, caregiver, others) about whether or not a specific need is being met • Detailed questions about efforts to meet need in recent past • Detailed questions about plans to meet need in immediate future • Detailed questions about impact of unmet need on child. May require medical and/or mental health professional input 	<ul style="list-style-type: none"> • Questions about how caregiver is meeting child needs • Ask child about his/her experience related to the specific concern 	<ul style="list-style-type: none"> • During interviews, listen for spontaneous reports • Observe for indicators of unmet needs
Hazardous living conditions	<ul style="list-style-type: none"> • Detailed questions about how long the condition has existed • Detailed questions about efforts to resolve the condition • Detailed questions about efforts to protect child from the condition • Detailed questions about injuries/illnesses to any household member as a result of the condition • Detailed plans for resolving the condition • What harm could come to child as a result of the condition, and what is the likelihood of that harm occurring if the condition is not resolved? For example: <ul style="list-style-type: none"> » A child will likely sustain a very minor injury » A severe injury could result but it's highly unlikely » A severe injury is likely 	<ul style="list-style-type: none"> • For interviews outside the home, follow up on any spontaneous statements or observed illness or injury with general questions (e.g., "How did you get so many bug bites?") • For interviews outside the home where history has raised the item to medium priority, ask about whether any prior concerns are present now (e.g., "Tell me what it's like inside your house now" or "What would I see if I walked in your front door?") • In the home, ask to see operation of the utility in question (e.g., turn on lights; look for stopped-up sinks or inoperable toilets) • To follow up on any observed potential hazards, ask about how long it's been that way, whether anyone has been injured, how caregiver is protecting child from the hazard 	<ul style="list-style-type: none"> • For interviews outside the home, listen for spontaneous reports of hazardous conditions or harm resulting from hazardous conditions • For interviews outside the home, observe for signs of illness or injury resulting from hazards • When in the home, observe for hazards, operating utilities

Safety Item	Hot	Warm	Cool
Emotional harm	<ul style="list-style-type: none"> • Specific details of frequency of incidents, child's reaction to incidents • Specific details about child's emotional status (how long, how severe, behavioral indicators) • Child suicidal/self-harming behavioral detail 	<ul style="list-style-type: none"> • Questions about caregiver's view of child/behavior toward child • Questions about child's emotional/behavioral status 	<ul style="list-style-type: none"> • During interview, listen for spontaneous reports about caregiver behavior toward child and child's emotional status • Observe child for indicators of severe emotional distress
Failure to protect	<ul style="list-style-type: none"> • Detailed questions about caregiver's knowledge of harm/potential harm to child • Detailed questions about caregiver's recent protective behaviors • Detailed questions about caregiver's plans for protecting child in immediate future and capacity to carry out plans 	<ul style="list-style-type: none"> • Ask child about who helps keep him/her safe • Ask child how caregiver responded when child told • Ask caregiver about plans for protecting child 	<ul style="list-style-type: none"> • During interviews, listen for spontaneous reports about harm by a third party • General questions about child's perceptions of safety and who keeps him/her safe • If there is no report or concern of child being harmed by someone other than the caregiver, no further inquiry is needed
Caregiver questionable/inconsistent explanation for injury	<ul style="list-style-type: none"> • In individual interviews, gather each witness's detailed account of incident (including child and alleged perpetrator; coordinate with law enforcement if needed) • At least one medical opinion about cause and potential for injury to have been caused as reported • May require physical evidence (generally handled by law enforcement, but be aware of avoiding contamination of evidence) 	<ul style="list-style-type: none"> • Ask general questions of child and caregiver about how injury occurred • Observation of plausibility of explanation and/or conflicting accounts 	If there is no injury/illness, no further inquiry is needed.

Safety Item	Hot	Warm	Cool
Family refuses access or may flee	<ul style="list-style-type: none"> • Verify specific location of child • Determine whether access is being refused entirely, or whether agreeable arrangements can be made to see child • If access is refused, consult legal authorities • Ask detailed questions about where caregiver will be and how he/she can be reached, and verify the answers • In some instances, an immediate protective order or a security plan may be needed (e.g., parent makes threat to remove very ill child from hospital against medical advice) 	<ul style="list-style-type: none"> • Questions about where family members can be reached in next several days • If indicators of impending flight or refusal of access were observed, ask for explanation 	<ul style="list-style-type: none"> • Are you able to complete interviews as needed? • During interviews, listen for spontaneous statements suggesting flight or intent to avoid further access • Observe for indicators that family may be preparing to leave

Caregiver Complicating Behaviors	Hot ↔	Warm ↔	Cool
Caregiver substance abuse	<ul style="list-style-type: none"> • It is NOT necessary to have an official diagnosis of substance abuse • Observe level of incapacity (e.g., balance, speech, judgment, volatility) • Establish child's age, developmental status, maturity, and vulnerability to determine his/her self-care capability while caregiver is under the influence • If caregiver is not obviously under the influence during interview: <ul style="list-style-type: none"> » Detailed questions about substance use—what is used, how often, how much » Detailed questions about incidents in which child was injured or unattended while caregiver was intoxicated 	<ul style="list-style-type: none"> • To obtain historical information, ask caregiver how he/she has been doing since last contact, any treatment completed, support groups he/she is attending, any use • Ask child how caregiver has been doing, whether child is concerned that use has resumed • To follow up on observed signs of intoxication or use, state observation and ask caregiver's explanation • If use is established but safety is uncertain, ask about effect on child, where child is during use 	<ul style="list-style-type: none"> • During interviews, listen for spontaneous reports • For young children, listen for knowledge of using behavior • Observe caregiver for signs of intoxication • Observe residence for signs of drug/alcohol abuse
Domestic violence NOTE: If there is any indication of domestic violence, interview separately	<ul style="list-style-type: none"> • Detailed questions about violent incidents/threats including frequency, severity, injuries, use of weapons • Location/involvement of children • Impact on child. What does child do when it happens? After it happens? • Police record checks 	<ul style="list-style-type: none"> • Questions about how decisions are made/ conflict is handled • Questions about freedom (e.g., can one parent go out, make phone calls, spend money without fear?) • Questions about how you are getting along with partner • "Do you ever feel afraid of your partner? Have you ever been struck in anger?" 	<ul style="list-style-type: none"> • During interviews, listen for spontaneous reports of violence and/or power/control in caregiver relationship • Observe signs of violent behavior, such as damage to walls, doors, injuries on caregiver

Caregiver Complicating Behaviors	Hot ↔	Warm ↔	Cool
Caregiver mental health AND caregiver developmental/ cognitive impairment	<ul style="list-style-type: none"> • Questions about existing diagnosis/assessment (who, when, what, prescribed treatment) • Questions about existing treatment/support plan and extent to which it is being followed • Questions about impact on caregiver functions 	<ul style="list-style-type: none"> • Ask caregiver to describe his/her understanding of pertinent caregiving responsibilities • Ask caregiver and/or child to describe typical day, who does what • Ask caregiver about how he/she is coping with symptoms 	<ul style="list-style-type: none"> • During interview, listen for caregiver content suggesting lack of understanding of basic caregiving responsibilities, loss of touch with reality, mention of incapacitating depression, etc. • During interview, watch for affect or behavior that might indicate mental health issues or a cognitive deficit • Observe for unmet child needs
Physical condition/health	<ul style="list-style-type: none"> • Questions about existing diagnosis/assessment (who, when, what, prescribed treatment) • Questions about existing treatment/support plan and the extent to which it is being followed • Questions about impact on caregiver functions 	<ul style="list-style-type: none"> • Ask caregiver to describe his/her understanding of pertinent caregiving responsibilities • Ask caregiver and/or child to describe typical day, who does what • Ask caregiver about how he/she is coping with physical challenges 	<ul style="list-style-type: none"> • During interview, listen for caregiver content suggesting lack of understanding of basic caregiving responsibilities, loss of touch with reality, mention of incapacitating depression, etc. • During interview, watch for affect or behavior that might indicate mental health or cognitive deficit • Observe for unmet child needs

Unmet Needs Sub-Items

Basic Need	Hot	Warm	Cool
Supervision	<ul style="list-style-type: none"> Establish age/developmental status/maturity/special needs of child: How capable is child of self-supervision? Detailed questions about recent times child was alone: How long? Under what circumstances? Include whether child is currently home alone Detailed questions about caregiver's plans to provide supervision in the immediate future: Who will watch child when caregiver is away? What do we know about that person? Interview caregiver, child, and perhaps others about any incidents that occurred while child was alone, such as accidents, poor judgment/decisions <p>NOTE: The same questions apply if the concern is that caregiver is present but inattentive.</p>	<ul style="list-style-type: none"> Questions about whether child is ever home alone (or unsupervised in other circumstances) and if so, for how long? Observe extent to which caregiver attends to child during interview Ask child known to be alone at times how he/she would handle various situations; how safe he/she feels 	<ul style="list-style-type: none"> During interviews, listen for spontaneous reports Was young child home alone on arrival?
Food	<ul style="list-style-type: none"> Medical opinion/diagnosis Presence/absence of food in home Size and appearance of child Detailed questions of child related to recent food intake, feelings of hunger Detailed questions of caregiver related to recent feeding, availability of food, ability to secure food In some instances, beliefs about feeding 	<ul style="list-style-type: none"> Ask child about food likes/dislikes; what he/she has eaten in last day; who fixes meals; whether child is hungry (if so, describe more to distinguish from normal hunger) Ask parents to talk about typical meals, whether it's easy or hard to provide enough food for family Ask to see refrigerator and cupboards 	<ul style="list-style-type: none"> During interviews, listen for spontaneous reports of going without food, withholding food Does child appear strikingly underweight, listless, or have other signs of possible malnutrition or failure to thrive?

Basic Need	Hot	Warm	Cool
Clothing	<ul style="list-style-type: none"> • Medical opinion regarding existing or potential hypothermia, frostbite, sunburn, sunstroke, etc. • Determine why clothing being worn was worn (for example, child may be diagnosed with frostbite, but parent had provided gloves to child in the morning and child lost them) 	<ul style="list-style-type: none"> • Ask about whether child has more appropriate clothing 	<ul style="list-style-type: none"> • During interviews, listen for spontaneous reports of dangerously inappropriate clothing • During interview, is child's clothing appropriate to weather?
Medical	<ul style="list-style-type: none"> • Medical consultation regarding child's condition. May require second opinion. Be specific about the following: <ul style="list-style-type: none"> » What will happen if treatment is not provided (include timeframes) » What treatment would accomplish if provided » Details of prior attempts to get treatment to child • Caregiver's understanding of child's condition and treatment plan options 	<ul style="list-style-type: none"> • Ask caregiver about how he/she is addressing child's medical need, and whether there are any difficulties accessing health care or following prescribed treatment plan • Ask child about trips to doctor, medicines taken, how caregiver helps him/her with illness/injury/condition 	<ul style="list-style-type: none"> • During interviews, listen for spontaneous reports of missed medical appointments, untreated medical conditions, treatment plans that are not followed • Observe for general wellness: does child appear ill or does condition appear untreated?
Mental health	<ul style="list-style-type: none"> • Determine acuity and severity of mental health situation. Is child psychotic? Does child have suicide plan? Does child's depression result in child not getting to school? • Determine specific efforts caregiver has made to provide treatment/support. Was caregiver aware? • Determine caregiver's plans to provide treatment in the immediate future • If child is suicidal, determine plan to provide safety 	<ul style="list-style-type: none"> • Ask child age-appropriate questions about mental health • Ask caregiver about child's mental mood, symptoms • Ask caregiver about any barriers to getting help/support for child 	<ul style="list-style-type: none"> • During interviews, listen for spontaneous reports of missed mental health appointments, suicide threats that were not responded to, psychotropic medication that is not provided, etc. • Observe child for affect, behavioral indicators of mental health concerns

Ruled Out, Resolved, Controlled, or Discovered?

	Description	New Safety Assessment?
Ruled out	New information supports that the safety threat was never there in the first place.	Yes
Resolved	The safety threat was present initially, but it is no longer there AND the family does not need further external intervention to maintain safety in that domain.	Yes
Controlled	<ul style="list-style-type: none"> • The safety threat is still there, but it is being mitigated by interventions in the safety plan; <li style="text-align: center;">OR • The safety threat is temporarily resolved, but continued intervention is required to prevent its immediate reappearance. 	No
Discovered	A safety threat that was not previously marked is now confirmed as being present.	Yes

The Three Questions Structure

What are we worried about?	What is working well?	What needs to happen next?