

## Safety Assessment Interviewing and Observation

1. The extent of assessment per item may vary depending on the initial report, family history, and information emerging during the assessment.

1.1. Confirmed “yes”: Worker has facts that meet the threshold of safety item based on what is currently known.

1.2. Uncertain

1.2.1. “Hot”: The item is mentioned in the referral in a way that, if confirmed, constitutes a safety threat; OR, during assessment, information emerges that is likely to be a safety threat, but is not quite confirmed.

1.2.2. “Warm”: The subject of an item is mentioned in the referral, but the allegation is less serious than a safety threat OR there is a family history in the area of a safety threat OR information emerges that suggests a possible safety threat, but the information is ambiguous.

1.2.3. “Cool”: The item is not mentioned in the referral and no information emerges that suggests the safety threat is present. ALSO includes items that were HOT or WARM that have been nearly ruled out, but final confirmation is needed.

1.3. Confirmed “no”: Worker has facts that rule out the presence of the safety item based on what is currently known.

2. A safety assessment is “complete” when all items have been assessed at the appropriate level and are confirmed as either “yes” or “no.”

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

2.1.1. Any already identified safety threats must be addressed immediately. This requires either a safety plan or a protective placement.

2.1.2. If there are no confirmed safety threats but there are “hot” items, account for child safety while assessment is continuing. Involving another shift, law enforcement, or overtime may be necessary to complete the safety assessment promptly. Completion of this safety assessment is a top priority.

3. Pursuit of safety items at various level of uncertainty. See handout.

4. Items may increase or decrease in priority as information emerges, until item is confirmed “yes” or “no.”

5. Interview styles will vary depending on the nature of the referral and the style of the family.

5.1. When referral does not contain safety threat allegations AND family is more open, interview style may be more open-ended and start with more general questions.

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

6. Worker should systematically work through safety assessment, starting with hottest items.

6.1. Assess for any “hot” items.

6.1.1. If present, determine whether to proceed immediately to the safety plan or if the safety assessment can be completed before starting the plan.

6.2. Assess for any “warm” items.

6.2.1. If any “warm” items increase to “hot” as a result of interviews/observations, go back to 6.1.

6.3. Assess remaining “cool” items.

6.3.1. After all items are confirmed either “yes” or “no,” complete safety plan if needed (and not already done).

6.3.1. Proceed to risk assessment if needed.

7. Safety reassessment

7.1. Ruled out. On a previous safety assessment, a safety threat was marked based on information available at the time. New information has emerged that confirms the 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.)

7.2. Resolved. On a previous safety assessment, a safety threat 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.”

7.3. Controlled. On a previous safety assessment, a safety threat was marked. A safety plan was put into place and is working. The plan is necessary to keep the threat from re-emerging. No safety assessment is required.

7.3.1. Uncontrolled. On a previous safety assessment, a safety threat was marked. A safety plan was put into place. The plan is no longer working and the threat remains. A new safety assessment and new safety plan is needed, or a protective placement is made.

7.4. Discovered. A safety threat that was not present previously is now confirmed. A new safety assessment and safety plan or protective placement is required.

**Safety Assessment: How deeply do I dig?  
Ideas for Pursuing Undecided Safety Items**

*NOTE: That an area of questioning or observing is mentioned below does not confer the legal authority to pursue it. Be sure to know the legal issues in your jurisdiction. If needed, seek legal consultation. 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
Serious harm	<ul style="list-style-type: none"> <li>Observe injury, check for other injuries</li> <li>Medical reports, medical opinion, medical exam</li> <li>Forensic interview of child victim, all caregivers, all witnesses (coordinate with law enforcement)</li> </ul>	<ul style="list-style-type: none"> <li>Questions about reacting to particularly stressful situations</li> <li>Questions about beliefs regarding discipline</li> <li>Ask child about injuries to self or siblings</li> <li>Tell me how that happened</li> </ul>	<ul style="list-style-type: none"> <li>Observe for visible injuries, implements used for discipline</li> <li>During interviews, listen for spontaneous reports about injuries, dangerous discipline techniques</li> <li>General question about discipline</li> </ul>
Sexual abuse	<ul style="list-style-type: none"> <li>Forensic interview (coordinate with law enforcement)</li> <li>Medical exam if needed</li> <li>Detailed questions about non-abusing caregiver's belief, willingness to protect child</li> <li>Child's perception of safety</li> <li>Location of perpetrator, ability to access child</li> </ul>	<ul style="list-style-type: none"> <li>Ask child age-appropriate, non-leading questions about touching, grooming behaviors</li> <li>Ask caregiver about change in behaviors, sexualized behaviors, contact with persons of concern</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports about sexual touch, sexual behavior, discomfort/ fear related to a person, etc.</li> <li>General question about anyone who makes child uncomfortable, any worries, anything child would like help with</li> </ul>
Unable to protect	<ul style="list-style-type: none"> <li>Detailed questions about caregiver's knowledge of harm/potential harm to child</li> <li>Detailed questions about caregiver's recent protective behaviors</li> <li>Detailed questions about caregiver's plans for protecting child in immediate future and capacity to carry out plans</li> </ul>	<ul style="list-style-type: none"> <li>Ask child about who helps keep him/her safe</li> <li>Ask child how caregiver responded when child told</li> <li>Ask caregiver about plans for protecting child</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports about harm by a third party</li> <li>General question about child's perception of safety, who keeps him/her safe</li> <li>If there is no report or concern of child being harmed by someone other than the caregiver, no further inquiry is needed</li> </ul>
Questionable explanation	<ul style="list-style-type: none"> <li>In individual interviews, gather each witness's detailed account of incident (including child and alleged perpetrator; coordinate with law</li> </ul>	<ul style="list-style-type: none"> <li>General question to child, caregiver about how injury occurred</li> <li>Observation of plausibility of explanation and/or conflicting accounts</li> </ul>	<p>If no injury/illness, no further inquiry is needed</p>

Safety Item	Hot	Warm	Cool
	<p>enforcement if needed)</p> <ul style="list-style-type: none"> <li>At least one medical opinion about cause and potential for injury to have been caused as reported</li> <li>May require physical evidence (generally handled by law enforcement, but be aware of avoiding contamination of evidence)</li> </ul>		
Refuses access/flee	<ul style="list-style-type: none"> <li>Specific location of child. Verify.</li> <li>Determine whether access is being refused entirely or if agreeable arrangements can be made to see child</li> <li>If access is refused, consult legal authority</li> <li>Detailed inquiry of where caregiver will be/ how caregiver can be reached. Verify.</li> <li>In some instances, immediate protective order, security plan may be needed (e.g., threat to remove very ill child from hospital AMA)</li> </ul>	<ul style="list-style-type: none"> <li>Questions about where family members can be reached in next several days</li> <li>If indicators of impending flight or refusal of access were observed, ask for explanation</li> </ul>	<ul style="list-style-type: none"> <li>Are you able to complete interviews as needed?</li> <li>During interviews, listen for spontaneous statements suggesting flight or intent to avoid further access</li> <li>Observe for indicators that family may be preparing to leave</li> </ul>
<p>Immediate needs unmet*</p> <p>*See appendix for more detailed description of each type of need</p>	<ul style="list-style-type: none"> <li>Detailed questions (of child, caregiver, others) about the presence or absence of specific need</li> <li>Detailed questions about efforts to meet need in recent past</li> <li>Detailed questions about plans to meet need in immediate future</li> <li>Detailed questions about impact of unmet need on child. May require medical and/or mental health professional input.</li> </ul>	<ul style="list-style-type: none"> <li>Questions about how caregiver is meeting child needs*</li> <li>Ask child about his/her experience specific to concern*</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports*</li> <li>Observe for indicators of unmet needs*</li> </ul>

Safety Item	Hot	Warm	Cool
Hazardous living conditions	<ul style="list-style-type: none"> <li>Detailed questions about how long the condition has existed</li> <li>Detailed questions about efforts to resolve condition</li> <li>Detailed questions about efforts to protect child from condition</li> <li>Detailed questions about injuries/illnesses to any household member as a result of condition</li> <li>Detailed plans for resolving condition</li> <li>What harm could come to child as a result and what is the likelihood of that harm (i.e., a child will likely sustain a very minor injury vs. a severe injury could result but it's highly unlikely vs. a severe injury is likely)?</li> </ul>	<ul style="list-style-type: none"> <li>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?)</li> <li>For interviews outside the home where history has raised the item to middle priority, ask about whether prior concerns are present now (e.g., tell me what it's like inside your house now? What would I see if I walked in your front door?)</li> <li>In home, ask to see operation of utility in question (e.g., turn on lights, look for stopped-up sinks or inoperable toilets)</li> <li>To follow up on observed potential hazard, ask about how long it's been that way, whether anyone has been injured, how he/she is protecting child from hazard</li> </ul>	<ul style="list-style-type: none"> <li>For interviews outside the home, listen for spontaneous reports of hazardous conditions or harm resulting from hazardous conditions</li> <li>For interviews outside the home, observe for signs of illness or injury resulting from hazards</li> <li>When in the home, observe for hazards, operating utilities</li> </ul>
Caregiver substance use	<ul style="list-style-type: none"> <li>It is NOT necessary to have a diagnosis of substance abuse</li> <li>Observe level of incapacity (e.g., balance, speech, judgment, volatility)</li> <li>Establish child's age/developmental status/maturity/vulnerability to determine self-care ability while caregiver is under the influence</li> <li>If caregiver is not obviously under the influence during interview: <ul style="list-style-type: none"> <li>» Detailed questions about use— what is used, how often, how much</li> <li>» Detailed questions about incidents during intoxication in which child was injured, unattended</li> <li>» Use pattern, plan to use in the near future</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>For historical information, ask caregiver how he/she is doing since last contact; any treatment he/she has completed; support groups he/she is attending; any use</li> <li>Ask child how caregiver has been doing, whether child is concerned that use has resumed</li> <li>To follow up on observed signs of intoxication or use, state observation and ask caregiver's explanation</li> <li>If use is established but safety is uncertain, ask about effect on child, where is child during use</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports</li> <li>For young children, listen for knowledge of using behavior</li> <li>Observe caregiver for signs of intoxication</li> <li>Observe residence for signs of drug/alcohol abuse</li> </ul>

Safety Item	Hot	Warm	Cool
Domestic violence  NOTE: If there is any indication of domestic violence, interview separately.	<ul style="list-style-type: none"> <li>Detailed questions about violent incidents/ threats including frequency, severity, injuries, use of weapons</li> <li>Location/involvement of children</li> <li>Impact on child. What does child do when it happens? After it happens?</li> <li>Police record checks</li> </ul>	<ul style="list-style-type: none"> <li>Questions about how decisions are made/ conflict is handled</li> <li>Questions about freedom (e.g., can one parent go out, make phone calls, spend money without fear?)</li> <li>Questions about how you are getting along with partner</li> <li>Do you ever feel afraid of your partner? Have you ever been struck in anger?</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports of violence and/or power/control in caregiver relationship</li> <li>Observe signs of violent behavior, such as damage to walls, doors, injuries on caregiver</li> </ul>
Emotional harm	<ul style="list-style-type: none"> <li>Specific details of frequency of incidents, child's reaction to incidents</li> <li>Specific details about child's emotional status (how long, how severe, behavioral indicators)</li> <li>Child suicidal/self-harm behavior detail</li> </ul>	<ul style="list-style-type: none"> <li>Questions about caregiver's view of child/behavior toward child</li> <li>Questions about child's emotional/behavioral status</li> </ul>	<ul style="list-style-type: none"> <li>During interview, listen for spontaneous reports about caregiver behavior toward child/child's emotional status</li> <li>Observe child for indicators of severe emotional distress</li> </ul>
Caregiver mental health, cognitive ability	<ul style="list-style-type: none"> <li>Questions about specific existing diagnosis/ assessment (who, when, what, prescribed treatment)</li> <li>Questions about existing treatment/support plan and extent to which it is being followed</li> <li>Questions about impact on child</li> </ul>	<ul style="list-style-type: none"> <li>Ask caregiver to describe his/her understanding of pertinent caregiving responsibilities.</li> <li>Ask caregiver and/or child to describe typical day, who does what</li> <li>Ask caregiver about how he/she is coping</li> </ul>	<ul style="list-style-type: none"> <li>During interview, listen for caregiver content suggesting lack of understanding for basic caregiving responsibilities, loss of touch with reality, mention of incapacitating depression, etc.</li> <li>During interview, watch for affect or behavior that might indicate mental health or cognitive deficit</li> <li>Observe for unmet child needs</li> </ul>

**APPENDIX: BASIC NEEDS IN DETAIL**

Basic Need	Hot	Warm	Cool
Supervision	<ul style="list-style-type: none"> <li>Establish age/developmental status/maturity/special needs of child: How capable is child of self-supervision?</li> <li>Detailed questions about recent times child was alone: How long? Under what circumstances? Include whether child is currently home alone.</li> <li>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?</li> <li>Interview caregiver, child, and perhaps others about any incidents that occurred while child was alone, such as accidents, poor judgment/decisions. NOTE: Same type of question applies if concern is that caregiver is present but inattentive.</li> </ul>	<ul style="list-style-type: none"> <li>Questions about whether child is ever home alone (or unsupervised in other circumstances) and if so, how long?</li> <li>Observe extent to which caregiver attends to child during interview</li> <li>Ask child known to be alone at times how he/she would handle various situations; how safe he/she feels</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports</li> <li>Was young child home alone on arrival?</li> </ul>
Food	<ul style="list-style-type: none"> <li>Medical opinion/diagnosis</li> <li>Presence/absence of food in home</li> <li>Size and appearance of child</li> <li>Detailed questions of child related to recent food intake, feelings of hunger</li> <li>Detailed questions of caregiver related to recent feeding, availability of food, ability to secure food</li> <li>In some instances, beliefs about feeding</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> <li>Ask parents to talk about typical meals, whether it's easy or hard to provide enough food for family</li> <li>Ask to see refrigerator and cupboards</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports of going without food, withholding food</li> <li>Does child appear strikingly underweight, listless, or have other signs of possible malnutrition or failure to thrive?</li> </ul>
Clothing	<ul style="list-style-type: none"> <li>Medical opinion regarding existing or potential hypothermia, frostbite, sunburn, sunstroke, etc.</li> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Ask about whether child has more appropriate clothing</li> </ul>	<ul style="list-style-type: none"> <li>During interviews, listen for spontaneous reports of dangerously inappropriate clothing</li> <li>During interview, is child's clothing appropriate to weather?</li> </ul>

Basic Need	Hot	Warm	Cool
Medical	<ul style="list-style-type: none"> <li>• Medical consultation regarding child’s condition. May require second opinion. Be specific about the following:               <ul style="list-style-type: none"> <li>» What will happen if treatment is not provided (include timeframes)</li> <li>» What treatment would accomplish if provided</li> <li>» Details of prior attempts to get treatment to child</li> </ul> </li> <li>• Caregiver’s understanding of child’s condition and treatment plan options</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Ask child about trips to doctor, medicines taken, how caregiver helps him/her with illness/injury/condition</li> </ul>	<ul style="list-style-type: none"> <li>• During interviews, listen for spontaneous reports of missed medical appointments, untreated medical conditions, treatment plans that are not followed</li> <li>• Observe for general wellness—does child appear ill or does condition appear untreated?</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• 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?</li> <li>• Determine specific efforts caregiver has made to provide treatment/support. Was caregiver aware?</li> <li>• Determine caregiver’s plans to provide treatment in the immediate future</li> <li>• If child is suicidal, determine plan to provide safety</li> </ul>	<ul style="list-style-type: none"> <li>• Ask child age-appropriate questions about mental health</li> <li>• Ask caregiver about child’s mental mood, symptoms</li> <li>• Ask caregiver about any barriers to getting help/support for child</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Observe child for affect, behavioral indicators of mental health concerns</li> </ul>

References

Bragg, H. Lien. (2003). *Child protection in families experiencing domestic violence*. U.S. Department of Health and Social Services, User Manual Series. <http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolence.pdf>

## **RULED OUT, RESOLVED, CONTROLLED, OR DISCOVERED?**

	<b>Description</b>	<b>New Safety Assessment?</b>
Ruled out	New information supports that safety threat was never there in the first place.	Yes
Resolved	Situation was present initially but is no longer present AND no longer relies on external intervention to maintain safety.	Yes
Controlled	<ul style="list-style-type: none"> <li>• Safety threat remains but is being controlled by interventions in safety plan; OR</li> <li>• Safety threat is temporarily resolved, but continued intervention is required to prevent imminent reappearance of safety threat.</li> </ul>	No
Discovered	A safety threat that was not previously marked is now confirmed as present.	Yes