SDM

The Structured Decision Making® System
for Child Protective Services

# Instruction Manual

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New Jersey Department of Children and Families,
Division of Child Protection and Permanency

NCCD | Children's Research Center

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

## GENERAL DEFINITIONS

**Household:** A group of people, including the child, who typically reside together and function as a family unit (e.g., share meals, spend time together, participate in caregiving responsibilities). Typically, household members reside together; however:

- A *non-resident is* a household member if they have a familial or intimate relationship with an adult living with the child AND have significant in-home contact with the child (e.g., a person who spends 50% or more time, on average, in the household but who may not actually live there).

- A *resident is not* a household member if they function separately from the child (e.g., a tenant in the residence who does not spend time with child) or are paid staff.

**Primary and secondary caregiver:** When scoring some items on the risk assessment, it is necessary to consistently identify a primary and a secondary caregiver. Select a primary and secondary caregiver from among the household members using the following table, beginning at the top and working down until the primary and secondary caregivers can be identified. If the child's legal parents live in separate households, *each* household will have a primary (and possibly secondary) caregiver who is one of the people residing in that household.

| Situation | Primary Caregiver | Secondary Caregiver |
|---|---|---|
| Single caregiver | The only caregiver | None |
| Two or more caregivers with differing caregiving roles | The caregiver who provides the most care (emotional and physical) for the child | The caregiver who provides the next most care |
| Two or more caregivers with equal caregiving roles, but only one is the legal caregiver | The only legal caregiver | The other caregiver |
| Two or more caregivers with equal caregiving roles AND equal legal status | The caregiver named as the person causing harm | The other caregiver |
| Two or more caregivers with equal caregiving roles, equal legal status, AND equal contribution to harming child | The caregiver whose harm has had greatest impact on child | The other caregiver |

**Which household should be assessed:** Structured Decision Making® (SDM) assessments are completed on households. Always assess the household of the caregiver alleged to have harmed the child. A child may be a member of more than one household.

- If there are allegations on more than one household, SDM® assessments should be completed separately for each household.

- If a child is unsafe with a custodial parent, and plans are to transition the child to the non-custodial parent, the following SDM assessments should be completed for the non-custodial parent, even if there are no allegations on that household.

    » Complete an SDM safety assessment prior to the child being left with another parent.

        - If the child is safe, no further SDM assessments are required, and the child may transition to another parent.

        - If the child is safe with safety protection plan, this will warrant creating a new referral on another parent in most instances. The safety assessment and subsequent risk assessment become part of the new referral and investigation. Provision of intervention services for the parent who is now the custodial parent will depend on the results of the safety and risk assessments. The child may transition to another parent with a safety protection plan in place.

        - If the child is unsafe, AND another parent requests reunification services, you should also complete a risk assessment, and reunification assessment, following the timelines in this manual for when to complete each one. Child will be placed in foster or kinship care.

  The original custodial parent should continue with all relevant SDM assessments regardless of the original non-custodial parent's status.

**Third party reports:** When the reported harm concerns harm to a child by a non-household member, undertake the following.

- Complete an SDM safety assessment for the household where the child resides. If there is a threat to safety, a spin-off case should be opened on that household. An SDM risk assessment is required. If there is no threat to safety, no further SDM assessments are required on that household.

- If other children who may be victims are living in the household with the person causing harm, an allegation concerning those children should be spun off, and an SDM safety and risk assessment will be done on that household.

**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**
**DIVISION OF CHILD PROTECTION AND PERMANENCY**
**SDM® FAMILY SAFETY ASSESSMENT**

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**Case Name:** _____ **Case ID #:** _____ **Assessment Date:** _____

**Primary Caregiver:** _____ **Secondary Caregiver:** _____ ☐ Not applicable

**Worker Name:** _____ **Supervisor Name:** _____

**Local Office:** _____ **CPS Referral Date:** _____

**Assessment Type:** ○ Initial ○ Review ○ Closing

| Child ID # | Child Assessed (Name) | Observed? | Interviewed? |
|---|---|---|---|
| | | ○ Yes ○ No | ○ Yes ○ No |

**FACTORS INFLUENCING CHILD VULNERABILITY**

| Does Factor Apply to Child? | Child ID # | Child Name | Vulnerability |
|---|---|---|---|
| ○ Yes ○ No | | | Younger than 6 years |
| ○ Yes ○ No | | | Medical condition |
| ○ Yes ○ No | | | Behavioral, emotional, or mental health problems |
| ○ Yes ○ No | | | Limited developmental/cognitive capacity |
| ○ Yes ○ No | | | Limited physical capacity |
| ○ Yes ○ No | | | Isolated from the community or has limited contact with other adults and relatives |
| ○ Yes ○ No | | | Prior victimization |

**SECTION 1. THREATS TO SAFETY**

| Yes | No | | |
|---|---|---|---|
| ○ | ○ | 1. | Caregiver caused or is likely to cause serious physical harm to the child. *Select all that apply*.<br>☐ Serious, non-accidental physical harm to the child.<br>☐ Caregiver threatens to hurt or retaliate against the child.<br>☐ Excessive use of physical force on child.<br>☐ Caregiver's reckless behavior places child in danger.<br>☐ Substance-affected newborn is in danger.<br>☐ Caregiver expressed concern that they will maltreat the child.<br>☐ Family violence places the child in danger of physical harm. |
| ○ | ○ | 2. | Child sexual abuse/exploitation is known or suspected. |
| ○ | ○ | 3. | Caregiver has not met, will not meet, or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care. *Select all that apply*.<br>☐ Food<br>☐ Clothing<br>☐ Shelter<br>☐ Medical/dental care<br>☐ Mental health care |
| ○ | ○ | 4. | Caregiver has not provided, will not provide, or is unable to provide care and supervision necessary to protect the child from potentially serious harm from self (child) or other persons living in the home or having access to the child. |
| ○ | ○ | 5. | The child's physical living conditions are hazardous and immediately threatening. |
| ○ | ○ | 6. | Child is experiencing severe emotional distress, AND the caregiver persistently acts in ways that often cause severe emotional distress. |
| ○ | ○ | 7. | Caregiver's explanation for the child's serious injury or physical condition is inconsistent with the nature of the injury or condition. |
| ○ | ○ | 8. | Caregiver refuses access to the child, or there is reason to believe that the caregiver is about to flee, or the child's whereabouts cannot be ascertained. |
| ○ | ○ | 9. | Other factors that place the child in immediate danger of serious harm. *Specify*:_____ |

**IF ONE OR MORE THREATS TO SAFETY ARE PRESENT, PROCEED TO SECTION 2.**

**SAFETY DECISION**

○ **Safe**. Information available at this time does not suggest immediate danger of serious harm. Safety assessment is complete.

**SECTION 2. SAFETY PROTECTION PLANNING**

**A. Contributing Factors**

| Does factor apply to caregiver? | Caregiver Name | Contributing Factor |
|---|---|---|
| ○ Yes ○ No | | Substance use |
| ○ Yes ○ No | | Mental health |
| ○ Yes ○ No | | Physical or medical condition |
| ○ Yes ○ No | | Developmental/cognitive impairment |
| ○ Yes ○ No | | Family violence |
| ○ Yes ○ No | | Prior child protective services (CPS) history |
| ○ Yes ○ No | | Other *(specify)*: _____ |

**B. Protective Actions**

The following are actions that may have been taken by at least one caregiver, child, or other person. However, actions taken are not sufficient to resolve the threat to safety.

☐ 1. At least one caregiver takes some action to protect child from the threat to safety.
☐ 2. At least one safety team member is participating in the safety protection plan.
☐ 3. At least one child currently acts or has previously acted in ways that protect self from a threat to safety.
☐ 4. At least one child has successfully pursued support, previously or currently, from a safety team member, and that person(s) helped reduce the threat to safety and keep the child safe.
☐ 5. Other *(specify)*: _____

**C. Immediate Safety Interventions**

Work with the family and safety team to develop a safety protection plan. Consider relevant contributing factors and protective actions. If a safety protection plan is developed, select which immediate safety interventions (1–5) represent types of activities on the safety protection plan. The safety decision will be "safe with safety protection plan." If a safety protection plan could not be developed, the safety decision will be "unsafe."

<u>Caregiver will act to protect the child</u>.

☐ 1. The caregiver causing harm does one or more of the following (requires consultation with DAG).
  ☐ a. Leaves the residence.
  ☐ b. Will not have unsupervised access to the child.
  ☐ c. Will not have contact with child at this time.
  ☐ d. Will take alternative actions as specified by the safety protection plan.*
☐ 2. The caregiver who has not caused harm does one or more of the following.
  ☐ a. Protects the child from the person causing harm.*
  ☐ b. Moves to a safe place with the child.
  ☐ c. Takes legal action.
  ☐ d. Takes other specific actions described in safety protection plan.

Others will act to protect the child.
☐ 3. Safety team will act to protect the child.
☐ 4. Community resources will be used to protect the child.
☐ 5. The child will participate in the safety protection plan based on child's developmental and emotional competence.*
☐ 6. Other *(specify)*: _____

**Cannot be the only intervention type.*

**SAFETY DECISION**

○ **Safe with safety protection plan**. A safety protection plan is in place and will be monitored.

○ **Unsafe**. It was not possible to develop a safety protection plan using immediate safety interventions 1–6. Child is removed from the home.

## SDM® FAMILY SAFETY ASSESSMENT
## SAFETY PROTECTION PLAN

A safety protection plan must be in place if one or more threats to safety exist and any child remains in the home.

This safety protection plan will be in place until all threats to safety are resolved or the child is protectively placed. This plan may be modified in writing as needed. This plan will be reviewed no later than _____/_____/_____.

| Threat to Safety | | | | Safety Intervention | | |
|---|---|---|---|---|---|---|
| # | Description of Specifics | Who Is Involved | | Specific Action | Responsible Party | How will this action be implemented and monitored? |
| | | Child | Caregiver | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Signatures of All Active Participants | Date |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**Comments:**

**SDM® FAMILY SAFETY ASSESSMENT**
**DEFINITIONS**

## FACTORS INFLUENCING CHILD VULNERABILITY

**Younger than 6 years.** Any child in the household is under 6 years old.

**Medical condition.** Any child in the household has a diagnosed (or is observed with a) medical condition that significantly impairs the child's ability to protect him/herself from harm (e.g., severe asthma, medically fragile [requires assistive devices to sustain life]).

**Behavioral, emotional, or mental health problems.** Any child in the household has a mental health, emotional, or behavioral problem that impairs the child's ability to protect him/herself from harm or increases the risk of being violated or harmed (e.g., habitually lying, stealing, running away from home, or having diagnosed or observed emotional or mental disorders). Select "Yes" if diagnosed by a professional or if worker observed such behaviors.

**Limited developmental/cognitive capacity.** Any child in the household has diminished intellectual capacity due to developmental or cognitive delay (e.g., speech impairment), which affects the child's ability to communicate or to care for and protect him/herself from harm.

**Limited physical capacity.** Any child in the household has a physical condition/disability (e.g., impaired mobility) that affects the child's ability to protect him/herself from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended).

**Isolated from the community or has limited contact with other adults and relatives.** The child is isolated or less visible within the community (e.g., family is not in contact or not allowing child to contact other adults and relatives, the child is not attending school regularly and is not routinely involved in other community activities).

**Prior victimization.** Any child in the household has experienced physical or sexual violence, emotional harm, or intimidation in the home or community.

## SECTION 1. THREATS TO SAFETY

**1. Caregiver caused or is likely to cause serious physical harm to the child. *Select all that apply*.**

Serious physical harm refers to harm inflicted on the child's body that requires medical treatment, e.g., broken bones, sprains, concussions or other brain injuries, internal injuries, burns, bites, cuts that require closure, ingestion requiring medical care.

- Serious, non-accidental physical harm to the child. Child has an injury that meets the definition for serious physical harm, and there is no basis to conclude that the harm was accidental. Include serious injuries that occur during episodes of family violence.

- Caregiver threatens to hurt or retaliate against the child. Threat of action that would result in serious physical harm, or household member plans to retaliate against child as a result of the investigation.

- Excessive use of physical force on child. The caregiver used physical force on a child that could reasonably result in serious physical harm; OR caregiver injured or nearly injured a child by using physical force for reasons other than discipline.

  For example:

  - Caregiver pushed the child against the wall with great force, though child escaped serious injury.

  A caregiver who very rarely uses a hand to lightly strike the child on the palm of the hand one time, while in control, would not meet the definition.

- Caregiver's reckless behavior places child in danger. Caregiver engages in behavior that is likely to result in serious harm, without regard for child safety.

  For example:

  » Caregiver uses alcohol or drugs (illegal, legal, or prescription) that impair sense of reality, judgment, or attentiveness to the extent that a child in caregiver's care or presence is endangered; or

  » Caregiver repeatedly drives while impaired by use of substances with a child in the car; or had a single incident that resulted in arrest, an accident, or observed dangerous driving such as disobeying a red light, driving erratically, or driving at high speed.

- Substance-affected newborn is in danger. A newborn (i.e., not yet released from the hospital) is substance affected. A substance-affected newborn[1] is one, for example:

  .

  » Whose mother had a positive toxicology screen for a controlled substance or metabolite thereof during pregnancy or at the time of delivery; and/or

[1] Definition based on N.J. Admin. Code § 3A:26.

» Who had a positive toxicology screen for a controlled substance after birth reasonably attributable to maternal controlled substance use during pregnancy; and/or

» Who is affected by prenatal controlled substance exposure or has symptoms of withdrawal resulting from prenatal controlled substance exposure; and/or

» Who has symptoms of a fetal alcohol spectrum disorder at birth.

AND

» The parent does not demonstrate ability to provide safe care to the newborn upon discharge.

Examples include:

- Parent is high or intoxicated at the hospital;
- Parent does not safely hold newborn at the hospital; or
- Parent does not demonstrate skill providing necessary care child will require after discharge.

- Caregiver expressed concern that they will maltreat the child. Caregiver states concern that if the child remains at home, the caregiver is extremely likely to seriously harm the child.

- Family violence places the child in danger of physical harm. There is evidence of family violence involving adults in the home, AND the child has been or could be physically harmed.

  For example:

  » Throwing objects (e.g., knives, breakable or heavy objects) in the presence of the child without consideration of whether the child will be seriously injured in the process;

  » Continuing with acts of violence even if child is in caregiver's arms; or

  » Child physically comes between the adults during episodes of violence.

**2. Child sexual abuse/exploitation is known or suspected.**

It is known or highly suspected that a caregiver sexually abused or exploited a household child.

- Sexual abuse or exploitation by a caregiver is indicated by one or more of the following.
  - » Disclosure that a caregiver engaged in sexual acts with the child.
  - » Disclosure that an *unnamed* person engaged in sexual acts with the child, AND caregiver cannot be ruled out.
  - » Medical findings are consistent with sexual abuse, and caregiver cannot be ruled out.
  - » Sexual act was witnessed by someone and is evidenced by photographs or other material, or a confession was made by the caregiver.
  - » Caregiver has forced or encouraged the child to engage in sexual performances or activities.
  - » Caregiver uses the child in a sexual way to gain advantage or profit.
- Sexual abuse by a caregiver may be highly suspected despite the absence of disclosure, medical findings, witnessed act, or other evidence. A single indicator, especially if isolated, is rarely sufficient to form a level of suspicion that a child is in imminent danger. Consider the extent to which each of the following are present.
  - » Child's behaviors strongly indicate sexual abuse (i.e., reactive sexual behavior toward self or others that is not appropriate for child's age and stage of development, and no other explanation is reasonable). See table in Appendix B.
  - » Caregiver's boundaries around nudity or exposure to sexual activity, content, or language are inappropriate for child's developmental level; e.g., caregiver watches pornographic content with child present or frequently discusses sexual matters with child (other than developmentally indicated information).
  - » A caregiver who has a history of sexually abusing a child, and who has not successfully completed treatment, has access to child. Having a history includes criminal conviction or charges pending, OR substantiated child sexual abuse history with any child protection agency, OR being currently investigated for child sexual abuse.

**3. Caregiver has not met, will not meet, or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care. *Select all that apply*.**

Food
Child's nutritional needs are not met, resulting in danger to the child's health, including malnutrition as verified by a medical professional.

Examples include the following.

- Documented growth failure.
- Stick-like limbs, muscle wasting, unexplained weight loss, thin skin folds, aged appearance.
- Underfeeding accompanied by at least one of the following:
  - » Dry, flaky skin;
  - » Dry, dull hair or hair loss.
- Swelling of abdomen or legs.
- For children about age one to two, change in hair color to listless red, gray, or blond; face round with swollen abdomen and legs, skin dry with splits or stretch marks.

Clothing
Caregiver does not provide child with clothing sufficient for the weather to the extent that child has experienced serious harm (e.g., frostbite, hypothermia) or is consistently in conditions where serious harm is highly likely to occur.

Shelter
Family is or will soon be homeless, and temporary living arrangements put the child in danger.

For example:

- Family is living on the street or in a car AND circumstances such as the following endanger the child.
  - » There is no electricity to refrigerate child's required medication or operate required medical equipment.

» Current weather conditions create danger of hypothermia, frostbite, OR heat stroke or severe sunburn.

» Area is high crime or has hazards such as rivers or highways.

» Family is staying with friends, acquaintances, strangers, or family, AND circumstances endanger child (e.g., child has no safe place to sleep).

Medical/dental care
One or more of the following apply.

- The caregiver does/did not seek treatment for the child's immediate, dangerous, or chronic medical or dental condition(s) or does not follow prescribed treatment for such conditions, resulting in declining health status.

  Examples include:

  » Not providing insulin for a child with diabetes;
  » Not providing follow-up care for an infected wound;
  » Not following meal plan for child with morbid obesity; or
  » Not providing care for a broken bone.

  *Note*: The pursuit of traditional or alternative practices rather than prescribed treatment is included IF there is evidence that the child's health status is declining, AND there is evidence that the prescribed treatment would likely be effective.

- The child has exceptional needs, such as being medically frail, that the caregiver does not or cannot meet.

Mental health care
The child is suicidal and/or is seriously self-harming, and the caregiver does not take protective action.

**4. Caregiver has not provided, will not provide, or is unable to provide care and supervision necessary to protect the child from potentially serious harm from self (child) or other persons living in the home or having access to the child.**
Child has been injured or become ill, or is likely to become injured or ill, because caregiver has not provided the level of supervision required.

Examples include the following.

- Caregiver leaves child alone (length of time for concern varies with age and developmental stage; see Appendix C).

- Caregiver's whereabouts are unknown.

- Caregiver does not or cannot attend to the child such that care needs go unnoticed or unmet (e.g., although the caregiver may be present, the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).

- Caregiver does not or is unable to protect the child from violence in the home, criminal activity, and/or other harmful behaviors between adults or children in or having access to the home.

- Caregiver cannot control the behavior of a child living in the home, including serious harm or threat of serious harm to self or others.

  Examples include the following.

  » Child is suicidal or severely self-harming.

  » Child is using alcohol or drugs to an extent that child has required medical care, been arrested, or had drug or alcohol use interfere with education or employment.

  » One child is physically assaultive toward another either a single time or repeatedly, causing serious injury.

  » One child is sexually abusive toward another.

  » One child is gang-involved in ways that endanger another child.

- Caregiver leaves child with a person unwilling or unable to provide safe care.

  Examples include the following.

  » Caregiver has left the child with someone but has not returned according to plans.

  » Caregiver did not express plans to return for the child.

  » Caregiver has been gone longer than the person keeping the child expected or is willing to wait.

  » Caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for child's care.

**5. The child's physical living conditions are hazardous and immediately threatening.**
The child has become ill or injured, or is likely to become ill or injured, due to conditions in the residence. Include the interior and any exterior property that is the caregiver's responsibility.

Examples include the following.

- Gas is leaking from stove or heating unit.
- Dangerous substances or objects are stored in unlocked lower shelves or cabinets, under a sink, or in the open. Include regulated or illicit drugs and/or drug paraphernalia.
- There is a lack of water or utilities (heat, plumbing, electricity) and no alternate provisions made, or alternate provisions are inappropriate (for example: stove, unsafe space heaters).
- There are open, broken, or missing windows without screens or guards.
- There are exposed electrical wires.
- There is excessive garbage or rotted or spoiled food that threatens health.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- There is evidence of human or animal waste throughout living quarters.
- Guns and other weapons are accessible to the child.
- There are hazardous exterior areas/conditions (unprotected pools, holes in yard, a refrigerator with door attached, etc.) that could result in serious harm. Do not include if caregiver follows all available safety precautions (e.g., locked gate and alarm for pool) AND, if necessary, caregiver provides safety information and training for the child so that the child demonstrates safe behavior around potential hazards.

**6. Child is experiencing severe emotional distress, AND the caregiver persistently acts in ways that often cause severe emotional distress.**
Severe emotional distress is evidenced by a child who is suicidal, self-harming, severely depressed or anxious, or observed to have severely affected functioning in areas such as school or relationships. For infants, this may appear as atypical behavior, such as not crying, cooing, or smiling.

Examples of caregiver actions include:

- Persistently describing the child as evil, stupid, or ugly; or in some other demeaning or degrading manner;
- Cursing at the child or repeatedly putting the child down;
- Scapegoating a particular child in the family;
- Expecting a child to perform or act in a way that is impossible or improbable for the child's age and/or developmental status (for example: babies and young children expected not to cry, expected to be still for extended periods, expected to be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone);
- Blaming the child for the caregivers' problems;
- Using sexualized language to describe child or in name-calling (e.g., whore, slut);
- Behaving in ways that exclude, isolate, and/or separate the child from the family unit; or
- Threatening bodily harm or injury when talking to the child.

**7. Caregiver's explanation for the child's serious injury or physical condition is inconsistent with the nature of the injury or condition.**

The child has a serious injury, illness, or other physical condition, AND while the cause is undetermined, non-accidental cause cannot be ruled out due to absent, conflicting, or inconsistent accounts.

Examples include the following.

- Caregiver denies knowledge of a child's injury or condition, and such denial appears implausible.
- Caregiver's explanation for how an injury occurred is contrary to the nature of the injury (e.g., linear welt marks on the thigh are explained as child tripped on the sidewalk and fell).
- Medical statements from a physician indicate that an injury could be the result of abuse, but caregiver denies abuse.

- There are significant discrepancies between explanations given by the caregiver(s), the child, other household members, and/or other collateral sources of information.

- Facts related to the condition, incident, and injury, as observed by CPS and/or supported by medical or other professionals, contradict the caregiver's explanation.

**8. Caregiver refuses access to the child, or there is reason to believe that the caregiver is about to flee, or the child's whereabouts cannot be ascertained.**
One or more of the following apply.

- The family has removed the child from a hospital against medical advice to avoid investigation.

- The family has previously fled in response to a CPS investigation.

- The family has a history of keeping the child at home and away from peers, school, and other outsiders for extended periods of time to avoid investigation.

- The caregiver intentionally coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation.

- The caregiver denies access to areas of the home where it is expected the child may be (basement, attic, bedroom).

- The caregiver is highly transient and unlikely to be located for investigation follow-up.

- The family currently refuses access to the child, hides the child, or cannot/will not provide the child's location.

**9. Other factors that place the child in immediate danger of serious harm.**
Conditions that create imminent danger of serious harm to the child are present but do not fit within items 1–8. Specify other threat to safety.

Examples include the following.

- Household member has past convictions regarding violent behaviors and acts toward others (e.g., assault and battery, homicide, sexual assault or rape, or criminal acts involving weapons) AND has been violent recently AND has access to the child.

- There was a previous involuntary termination of parental rights, AND current conditions are consistent with conditions that led to prior harm to a child.

- There was previous death or serious injury of a child due to abuse or neglect, AND current conditions are consistent with conditions that led to previous harm to a child.

## SECTION 2. SAFETY PROTECTION PLANNING

### A. Contributing Factors

Substance use
Caregiver uses alcohol or drugs to the point of intoxication or impairment.

Mental health
Caregiver has a known or observed mental health issue or erratic and unpredictable emotions.

Examples include the following.

- Caregiver is unable to perform essential daily living activities such as eating, maintaining personal hygiene, or bathing.

- Caregiver is unable to use appropriate and safe methods to manage emotions (e.g., unable to inhibit self-harm or suicide attempts).

- Caregiver acts out of or appears to have distorted perception (e.g., delusional behavior, paranoid thought, hearing voices).

Physical or medical condition
Caregiver has a known or observed severe medical condition or physical disability.

Examples include the following.

- Caregiver has a severe illness and cannot get out of bed.
- Caregiver has severe arthritis and frequently experiences limited mobility.
- Caregiver has paraplegia.

Developmental/cognitive impairment
Caregiver has a known or observed intellectual impairment.

Examples include the following.

- Caregiver is unable to comprehend information about child development and safety.

- Due to an intellectual disability, the caregiver demonstrates a lack of basic parenting skills by one or more of the following.

    » Does not know that infants need regular feedings.
    » Fails to access and obtain basic/emergency medical care.
    » Provides a severely inadequate or inappropriate diet.
    » Provides inadequate supervision.

Family violence

Caregiver actions include engaging in physical violence, sexual or emotional assault, or coercive or controlling behavior toward another adult in the household; this item also includes the caregiver being a victim of such ongoing actions taken by a person no longer living in the household.

Examples include:

- Controlling or restricting behavior (e.g., movement, access to money, communications, social contacts) for the purpose of exerting power;

- Repeated actions of demeaning or shaming (such as use of vulgarities);

- Property damage during assault or to threaten or control;

- Physical assault;

- Sexual assault;

- Use of knives, weapons or other objects in a violent, threatening, or intimidating manner; or

- Threats to harm another caregiver, adult household member, or pet.

Prior child protective services (CPS) history

An adult previously abused or neglected any child (whether part of current household or not).

Examples include:

- Prior screened-in reports;

- New information about prior screened-out incidents that, based on the new information, would have been screened in; or

- An unreported incident that would have been screened in if it had been reported.

Other (*specify*)
Some other condition or situation in the family is making it more difficult for the caregiver to keep the child safe or may directly or indirectly contribute to threat to safety (e.g., an extraordinarily stressful situation).

**B. Protective actions**

**Protective actions** are specific actions taken OR activities performed by the caregiver or safety team that directly reduce the threat to safety. These are observed activities that have been demonstrated in the past to reduce similar threats to safety or that have already been taken in response to the current threat to safety. In some circumstances, they may also include actions taken by the child.

1. **At least one caregiver takes some action to protect child from the threat to safety.**
   At least one caregiver has demonstrated specific action that reduces the identified threat to safety. The action may be:

   - Action taken prior to developing a safety protection plan; or
   - Carrying out a responsibility from the safety protection plan.

2. **At least one safety team member is participating in the safety protection plan.**
   At least one safety team member has demonstrated all of the following.

   - Has been informed of the threat to safety.
   - Agreed to participate in safety protection planning.
   - When applicable, carried out an action they are responsible for as part of a safety protection plan.

3. **At least one child currently acts or has previously acted in ways that protect him/herself from a threat to safety.**
   Prior to the current threat to safety in response to similar circumstances, or in response to the current threat to safety, child has acted to protect him/herself (e.g., the child left the situation, called 911 to seek assistance, or found another way to reduce the threat to safety).

**4. At least one child has successfully pursued support, previously or currently, from a safety team member, and that person(s) helped reduce the threat to safety and keep the child safe.**

When faced with one of the threats to safety, past or present, the child sought help from and received the necessary assistance from someone on the identified safety team (e.g., immediate or extended family members, friends, professionals).

**5. Other (*specify*).**

Other protective actions taken by a caregiver, household member, safety team member, or child, that reduced one or more of the threats to safety.

### C. Immediate Safety Interventions

Caregiver will act to protect the child. Caregiver has taken or will take specific actions to directly reduce the threat to safety.

**1. The caregiver causing harm does one or more of the following (requires consultation with DAG).**

Consultation with the deputy attorney general (DAG) is required when using any of the following interventions in a safety protection plan IF the caregiver has a legal right to be in the home or have contact with the child.

a. Leaves the residence. A caregiver causing harm, or suspected of causing harm, has already arranged to stay in another location for the time being, or will leave to stay in another arranged location while worker or safety team member are still present. Include arrest only if there is commitment to remain away from the residence upon release.

b. Will not have unsupervised access to the child. Until further decisions are made, caregiver causing or suspected of causing harm agrees to have a worker or designated safety team member present whose responsibility will be to protect the child.

c. Will not have contact with the child at this time. Until further decisions are made, caregiver causing or suspected of causing harm will not contact the child in any way, including in person, over the phone, electronically, in the mail, within sight, or any other way.

d. Will take alternative actions as specified by the safety protection plan. The caregiver who harmed or is suspected of harming the child will take specific actions detailed in the safety protection plan that will keep the child safe.

**2. The caregiver who has not caused harm does one or more of the following.**

a. Protects the child from the person causing harm. A caregiver not suspected of harming the child is able and willing to protect the child from the person suspected of causing harm.

| **PRACTICE GUIDANCE** |
| --- |
| When safety protection planning with families where family violence is present, a victim of family violence should not be placed in a position to protect the child from an aggressor of family violence. |

b. Moves to a safe place with the child. A caregiver not suspected of harming the child has taken or plans to take the child to an alternative location where the person causing harm will have no access (e.g., a crisis shelter or a friend/relative's home).

c. Takes legal action. Legal action has already commenced, or will commence, that will effectively reduce identified threats to safety (e.g., caregiver has applied for and will invoke a personal protection order [PPO] or a domestic exclusion order [DEO]).

d. Takes other specific actions described in safety protection plan. A safety protection plan action that does not fit under options a–c in this section is the responsibility of a caregiver.

**3. Safety team will act to protect the child.**
Individuals (family members, neighbors, friends, or professionals):

- Acknowledge the threat to safety; AND
- Are engaged and willing to participate as safety team members; AND
- Have the ability and capacity to perform or support the specific responsibilities detailed in the safety protection plan.

**4. Community resources will be used to protect the child.**
Community-based organizations or other agencies are involved in activities to reduce threats to safety (e.g., providing food, emergency accommodation, babysitters, child care, student care, immediate hospitalization for a child who is a threat to safety to self or others and who agrees to hospitalization).

*Does not include* resources provided that do not directly reduce threat to safety, e.g., services attended by caregiver or child.

**5. The child will participate in the safety protection plan based on child's developmental and emotional competence.**

Child has a specific responsibility in the safety protection plan such as identifying an item that is a direct indicator of a child's feeling of safety or uncertainty to Child Protection and Permanency (CP&P) worker or safety team, making a phone call, or otherwise telling a support person or other person specific information.

Example: Child hugs bear versus sets bear on the table.

**6. Other (*specify*).**

The family or worker has identified a unique intervention for an identified safety concern that does not fit within items 1–5.

## SDM® FAMILY SAFETY ASSESSMENT POLICY

### PURPOSE

The purposes of the SDM family safety assessment are:

- To help assess whether any child is likely to be in immediate danger of serious harm that requires immediate safety intervention; and

- To determine what specific safety intervention (safety protection plan or placement) should be initiated or maintained to provide appropriate protection if needed.

### WHICH CASES

All investigation and permanency cases that are open because of reported child abuse or neglect.

This does not apply to institutional, foster care, or relative care. Use the resource family safety assessment for foster care or relative care investigations.

### WHO

The worker assigned to the investigation or permanency case.

### WHEN

Safety and risk are assessed *throughout the life of a case*. This policy describes when safety must be *documented* on the safety assessment in NJ SPIRIT.

- **Initial assessment:** During first face-to-face contact following a report when investigating a CPS allegation in a new, open, or previously closed case.

  If there are one or more threats to safety, the worker must consult with their supervisor before leaving the home. The safety assessment must be documented in NJ SPIRIT within three business days.

- **Review:** If new information changes what was previously scored as threats to safety, or changes the safety decision, a safety assessment review document should be created in NJ SPIRIT upon completion of the safety assessment.

It is NOT necessary to create a safety assessment review document in NJ SPIRIT if there are no changes, or changes *only* to vulnerabilities, protective actions and strengths, or which in-home interventions are being used in the safety protection plan.

- **Closing:** Before closing a permanency case, assess child safety and create a closing safety assessment document in NJ SPIRIT. If threat to safety is still present, the case must remain open.

  Investigation: A closing safety assessment must be completed *only* if a previous safety assessment was unsafe or safe with safety protection plan and the case will not be transferred to permanency services.

**DECISIONS**

| Safety Result | Immediate Safety Action |
|---|---|
| **Safe.** No immediate threats to safety. | Child remains in home. No safety protection plan needed. |
| **Safe with safety protection plan.** One or more immediate threats to safety AND ability to implement a safety protection plan. | Child remains in home with a safety protection plan. Plan must be monitored and, if necessary, adapted. |
| **Unsafe.** One or more immediate threats to safety cannot be controlled with a safety protection plan. | A safety protection plan could not be developed. Child is removed. |

**SDM® FAMILY SAFETY ASSESSMENT**
**COMPLETION INSTRUCTIONS**

**HEADER**

**Case Name:** Enter the case name.

**Case ID #:** Enter the case number.

**Assessment Date:** Enter the date this assessment is completed with the family.

**Primary Caregiver:** Select the household caregiver who provides the most care for the child. If caregiving is equal, select the caregiver who has legal responsibility. If caregiving is equal and legal responsibility is shared, select the caregiver causing the most harm. If harm is equal, select any one caregiver.

**Secondary Caregiver**: Select the household caregiver who provides the next most care for the child. Select "Not applicable" if there is only one caregiver.

**Worker Name:** Enter the name of the worker completing this assessment.

**Supervisor Name:** Enter the name of the supervisor reviewing this assessment.

**Local Office:** Select the office the worker is from.

**CPS Referral Date**: Enter the date of the referral for the investigation that led to the opening of the current case.

**Assessment Type:**

- Initial: Select if this is the first contact of a new investigation. There should be only one initial safety assessment for an investigation case.
- Review: Any additional safety assessment that is not an initial or closing safety assessment.
- Closing: Select this response if this is known to be the *last* safety assessment that will be completed by CP&P prior to case closure.

**Child ID #** and **Child Assessed (Name):** Enter the ID number and name of each child in the household on a separate line.

**Observed?:** Select "Yes" if at some point in this safety assessment, you had face-to-face interaction with child. Select "No" if you have not seen the child.

**Interviewed?:** Select "Yes" if you had some verbal interaction with the child related to the facts of the referral and the child's safety. Select "No" if you were unable to interview the child for any reason (e.g., child is too young or developmentally unable to be interviewed, or child is unavailable for interview).

**FACTORS INFLUENCING CHILD VULNERABILITY**

For each vulnerability factor that applies to one or more children, enter the ID number and name of each child meeting the definition of that factor. Select all that apply.

While considering whether threats to safety are present, keep in mind the increased vulnerability of children for whom any of these factors apply. Vulnerability factors are not threats to safety in and of themselves.

**SECTION 1. THREATS TO SAFETY**

Select "Yes" for each item for which information gathered at the point of assessment completion reached the threshold for the definition, considering the most vulnerable child in the household for that item. Select "No" for each item for which current information is not sufficient to conclude that the definition is met.

> **SAFETY DECISION: SAFE.** If "No" was selected for all threats to safety, the safety decision is "Safe." The safety assessment is complete.
>
> - If the safety assessment is being done during an investigation, proceed with the investigation, including the risk assessment.
> - If the safety assessment is being done during permanency, resume work on the current case plan.

If "Yes" was selected for one or more threats to safety, proceed to safety protection planning. Further assessment is required to distinguish which immediate intervention to initiate.

**SECTION 2. SAFETY PROTECTION PLANNING**

If one or more threats to safety are selected, and the family is willing to develop and follow a safety protection plan that would allow the child to remain at home, work with the family and the support system to develop a detailed plan.

**A. Contributing Factors**

Select "Yes" for each item for which information gathered at the point of assessment completion reached the threshold for the definition.

Select "No" for each item for which current information is not sufficient to conclude that the definition is met.

**B. Protective Actions**

Select all actions that have already been demonstrated. This includes actions taken in response to the current threat to safety or, if similar situations have occurred previously, demonstrated in the past.

| **Practice Guidance** |
| --- |
| Consideration of safety protection plan.<br><br>If the family and their safety team along with the worker can agree on a safety protection plan that would be immediately carried out, document the plan for the family and everyone who is part of the plan using the template that follows the safety assessment. Summarize the plan in part C.<br><br>If a safety protection plan cannot be developed, proceed to part D. |

**C. Immediate Safety Interventions**

Upon completion of the safety protection plan, if one has been developed, a written copy of the plan should be created and placed in the investigation file, and copies should be provided to the family and any safety team members who are participating in the plan. Signatures of all participants should be obtained, if possible. A copy of the plan should also be provided to the child if the child participated in the plan and if developmentally appropriate, or an alternative and more child-friendly version of the plan could be provided.

On the safety assessment, select any intervention items (1–6) that are being used in the safety protection plan. Note that most safety protection plans will use a combination of interventions. In particular, interventions 2a and 5 (individually or in combination) should never be the only interventions in a safety protection plan.

**SAFETY DECISION: SAFE WITH SAFETY PROTECTION PLAN.**

If any immediate safety intervention to remain at home is selected, the safety decision is "Safe with safety protection plan." As long as the safety protection plan is being followed and is working to keep the child safe, the child will not require protective placement.

**SAFETY DECISION: UNSAFE.**

If it is impossible to develop a safety protection plan (e.g., no caregiver is available, all caregivers refuse to participate in safety protection planning, caregiver is intoxicated/under the influence/hallucinating), OR if a proposed safety protection plan is insufficient to reduce the threat to safety, the child will require removal and the safety decision is "Unsafe." At least one child requires immediate removal. An unsafe child cannot remain in the home.

## SDM® SAFETY ASSESSMENT
## PRACTICE GUIDANCE

The child's immediate safety is always the first priority. In the first contact with a family and at all times after, the worker must identify whether there is a threat to safety. If there is, acting to create safety takes precedence over all other responsibilities.

The SDM safety assessment helps create a systematic review of immediate threats to safety and creates consistent standards for the presence of imminent threats to safety.

A threat to safety is present when current circumstances meet the definition. Once selected, a threat to safety remains until it is resolved or ruled out.

- **Resolved:** Protective actions have been consistently demonstrated over time and show the worker and the safety team that the family has established new behaviors that keep the child safe.

- **Ruled out:** New information establishes that the threat to safety was not present in the first place. For example, new medical information indicates that a previously assessed serious injury was accidental.

- **Controlled:** A previously identified threat to safety has not been resolved but is being controlled through a safety protection plan or child placement.

- **Discovered:** A new threat to safety has been identified after a previous safety assessment.

Identification of a threat to safety is made through worker observations and information from child, caregiver, any other person with relevant information, or document review.

An established working relationship between the worker and family is necessary to learn about threats to safety that may be difficult to observe otherwise. Information related to safety assessment may emerge when using other tools such as the collaborative assessment and planning (CAP) framework, the Three Houses, the Safety House, or circles of safety and support.

**STEPS**

**Investigation**

Pre-Conference

a. Review referral information to determine the alleged threat to safety. If one exists, review the definitions for items suggested by the referral to be clear about the standards.

b. Review history to determine whether threats to safety were selected for prior safety assessments.

During First Contact With the Family

a. Complete observations and conversations as required.

b. Notice any information suggesting the presence of a threat to safety. If there is any, seek further detail as needed, per definition, to determine whether a threat to safety is present.

c. If no threat to safety is identified, continue learning the family's story, directing attention toward information that could be useful for the risk assessment.

d. If a threat to safety is identified, it must be addressed immediately.

   If the family is willing, explore the possibility of a safety protection plan. Use best practice for safety protection plan development. Consider relevant contributing factors and ensure that the safety protection plan addresses them.

   i. If a safety protection plan is established, document it. On the SDM family safety assessment, indicate which intervention types were used (Section 2, Part C).

   ii. If the family is not willing, or if a safety protection plan could not be established, the child is unsafe. Provide an alternative safe place for the child that night.

e. Supervisor consultation is required prior to concluding the contact if:

   i. The decision is "Unsafe" and placement is being considered;

   ii. The decision is "Safe with safety protection plan" and a plan has been proposed; or

   iii. No threats to safety have been selected; however, not all necessary contacts or observations have been made.

During Remainder of Investigation

a. If the child was safe, continue investigation and remain alert for new threats to safety. If a new threat to safety is discovered, complete a safety assessment review. If no new threat to safety is discovered and the investigation is complete, it is not necessary to complete a new safety assessment.

b. If the child was safe with safety protection plan, monitoring the plan is top priority. Ensure the plan is being followed and providing sufficient safety for the child. The plan may need to be strengthened with additional activities, monitoring, or safety team members. The plan may be less intensive (e.g., lower level of monitoring) if the threat to safety is resolving. It is not necessary to complete a new safety assessment unless the presence or absence of a threat to safety changes or the safety decision changes. Remain alert for new threats to safety.

    i. Monitor for whether the previously identified threats to safety are resolved or ruled out. A review safety assessment is required if threats to safety are resolved or ruled out.

    ii. If a new threat to safety is discovered, a review safety assessment must be completed. Select the new threat to safety (discovered), and unless it has been resolved or ruled out, also select the prior threats to safety (controlled). Then, follow these steps to determine the course of action.

        1. Review the current safety protection plan to decide whether it can continue to keep the child safe with the new threat to safety.

        2. If the current safety protection plan will not protect against the new threat to safety, revise the current safety protection plan to address the new threat to safety if possible.

        3. If the safety protection plan cannot be revised to keep the child safe, the decision must be changed to "Unsafe."

c. If child was unsafe, continue to work with family and safety team.

    i. If the original threat to safety is resolved or ruled out, and the child is now safe, the child should be returned home.

    ii. If the original threat to safety remains, continue to explore with the caregiver and safety team what safety protection plan could be put in place and allow the child to return home rather than remain in care.

**Permanency**
When assigned to a new permanency case, review the current SDM safety and risk assessments to determine the following.

- Were threats to safety selected? If so, what?
- What are the worries and goal statements?
- Is there a safety protection plan? If so, it is the worker's responsibility to monitor the plan and revise it as needed until the child is safe.

Intervention work will help the family to:

- Resolve the threat to safety;
- Reduce the likelihood of future harm; and
- Work toward the safety protection plan.

Child Is Safe

a. Continue vigilance for emerging threats to safety. If new threat to safety is discovered, complete a new safety assessment. Also, consult with intake as to whether a new investigation should be initiated.

b. Work with the family and family team to complete a case plan.

Continue working with the family until the risk reassessment reflects low or moderate risk and the child is safe.

Child Is Safe With Safety Protection Plan

a. Continue to monitor safety protection plan as long as it is required. The safety protection plan must remain in place until the threat to safety is resolved or the child is placed. The safety protection plan may require revisions.

b. Work with the family and family team to complete case plan.

c. Continue working with the family until the risk reassessment reflects low or moderate risk and the child is safe.

Child Is Unsafe

a. Consider whether a safety protection plan could allow child to return home prior to completion of case plan.

b. Work with the family and family team to complete a case plan.

c. Continue working with the family until the reunification assessment recommends one of the following.

- *Reunification (return home)*. Continue working with the family until the risk reassessment reflects low or moderate risk and the child is safe.

- *Change permanency goal*. No further SDM assessments are required.

**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**
**DIVISION OF CHILD PROTECTION AND PERMANENCY** r: 09-19
**SDM® RESOURCE FAMILY SAFETY AND SUPPORT ASSESSMENT**

**Assessment Type:** ○ Initial ○ Follow-up ○ Review

**NJS Case ID #:** _____ **Intake ID #:** _____

**Safety Assessment Conducted On:** _____(date)_____(time) **By:**_____ **Unit:**_____

**Follow-Up Conducted On:** _____(date)_____(time) **By:**_____ **Unit:**_____

**Resource Parent or Other Caregiver's Name:** _____ **Resource ID #:** _____

**Secondary Resource Parent or Other Caregiver's Name:** _____ **Resource ID #:** _____
☐ Not applicable

**ALL PERSONS IN RESOURCE HOME**
List **all** children residing in the resource home at the time of the safety assessment home visit:

| Name of Child | Case ID # Person ID # | Date of Birth | Relationship to Resource Parent or Other Caregiver | On Cover Sheet | Interviewed or Observed | Date Seen |
|---|---|---|---|---|---|---|
| | | | | ○ Yes<br>○ No | ○ Interviewed<br>○ Observed | |

List **all** adults residing in or having access to the child in a caregiving role in the resource home.

| Name of Adult | Date of Birth | Relationship to Resource Parent or Other Caregiver | On Cover Sheet | Interviewed or Observed | Date Seen | CARI Check | CHRI Check |
|---|---|---|---|---|---|---|---|
| | | | ○ Yes<br>○ No | ○ Interviewed<br>○ Observed | | ○ Yes<br>○ No | ○ Yes<br>○ No |

**FACTORS INFLUENCING CHILD VULNERABILITY**

| Does Factor Apply to Child? | Child Name | Vulnerability |
|---|---|---|
| ○ Yes ○ No | | Younger than 6 years |
| ○ Yes ○ No | | Medical condition |
| ○ Yes ○ No | | Behavioral, emotional, or mental health problems |
| ○ Yes ○ No | | Limited developmental/cognitive capacity |
| ○ Yes ○ No | | Limited physical capacity |
| ○ Yes ○ No | | Isolated from the community or has limited contact with other adults and relatives |
| ○ Yes ○ No | | Prior victimization |

**SECTION 1. THREATS TO SAFETY**

**Yes No**

○ ○ 1. Resource parent or other caregiver caused or is likely to cause physical harm to the child. *Select all that apply*.
- ☐ Non-accidental physical harm to the child.
- ☐ Resource parent or other caregiver threatens to hurt the child or retaliate against the child.
- ☐ Use of physical force on the child.
- ☐ Resource parent or other caregiver's reckless behavior places the child in danger.
- ☐ Resource parent or other caregiver expressed concern that they will maltreat the child.
- ☐ Family violence places the child in danger of physical harm.

○ ○ 2. Child sexual abuse or exploitation by resource parent or other caregiver is known or suspected.

○ ○ 3. Resource parent or other caregiver has not met, will not meet, or is unable to meet the child's needs. *Select all that apply*.
- ☐ Food
- ☐ Clothing
- ☐ Shelter
- ☐ Medical/dental care
- ☐ Mental health care

○ ○ 4. Resource parent or other caregiver has not provided, will not provide, or is unable to provide care and supervision necessary to protect the child from potential harm, including harm from self (child) or other persons living in the home or having access to the child.

○ ○ 5. Child's physical living conditions in the resource residence are harmful.

○ ○ 6. Child is experiencing emotional distress, AND resource parent or other caregiver acts in ways that often cause emotional distress.

| Yes | No | |
|---|---|---|
| ○ | ○ | 7. Resource parent or other caregiver's explanation for the child's injury or condition is inconsistent with the nature of the injury or condition. |
| ○ | ○ | 8. Resource parent or other caregiver refuses access to the child, or there is reason to believe that the resource parent or other caregiver is about to flee, or the child's whereabouts cannot be ascertained. |
| ○ | ○ | 9. Child is in imminent danger due to the following AND is refusing services AND resource parent or other caregiver is willing but unable to protect. *Select all that apply*.<br>☐ Homeless<br>☐ Human trafficking<br>☐ Sexually exploited<br>☐ Caused or is at immediate risk of causing harm to self or to another person<br>☐ Harm by a person outside the resource family household |
| ○ | ○ | 10. Other factors that place the child in immediate danger of harm *(specify)*:_____ |

**SAFETY DECISION**

**IAIU/Local office/PDCU/RFSW/Other investigating worker**

○ **Safe.** All threats to safety are selected "No." Information available at this time does not suggest immediate threat to safety. Complete IAIU observations. Resource family safety and support assessment is complete.

○ **Notification to CP&P required.** One or more safety threats are selected "Yes." Complete IAIU observations. Resource Family Safety and Support Assessment is complete.

IAIU Observations

A. Interviews
B. Injuries
C. Home observations
D. Immediate safety concerns ("Yes" selected for support for threats to safety)
E. Remedial actions
F. Recommendations
G. History

OR

**CP&P Follow-up or review**

○ **Safe.** All threats to safety are now selected "No." Information available at this time does not suggest immediate threat to safety. Resource family safety and support assessment is complete.

○ **Continue to SAFETY PROTECTION PLANNING**

**SECTION 2. SAFETY PROTECTION PLANNING**
*To be completed by CP&P worker.*

**A. Contributing Factors**

| Does Factor Apply to Resource Parent or Other Caregiver? | Resource Parent or Other Caregiver Name | Contributing Factor |
|---|---|---|
| ○ Yes ○ No | | Substance abuse |
| ○ Yes ○ No | | Mental health |
| ○ Yes ○ No | | Physical condition |
| ○ Yes ○ No | | Developmental/cognitive impairment |
| ○ Yes ○ No | | Prior maltreatment of a child |
| ○ Yes ○ No | | Financial stress |
| ○ Yes ○ No | | Ineffective parenting approach |
| ○ Yes ○ No | | Other *(specify)*: _____ |

**B. Protective Actions**
*The following are actions that may have been taken by at least one resource family member, the child, or safety team. However, actions taken are not sufficient to resolve the threat to safety.*

○ 1. Resource parent or other caregiver acts to protect the child from the threat to safety
○ 2. At least one safety team member is participating in the safety protection plan.
○ 3. At least one child currently acts or has previously acted in ways that protect him/herself from a threat to safety.
○ 4. Other *(specify)*: _____

**C. Immediate Safety Interventions to Remain at This Placement**
*Work with resource parent or other caregiver and safety team to develop a safety protection plan. Consider relevant complicating factors. If safety protection plan is developed, select which immediate safety interventions (1–6) represent types of activities on the plan. If a safety protection plan could not be developed, select intervention 7.*

☐ 1. Resource parent or other caregiver causing harm does one or more of the following.
- ☐ a. Leaves the residence.
- ☐ b. Will not have unsupervised access to the child.
- ☐ c. Will not have any contact with the child.
- ☐ d. Will take alternative actions as specified in the safety protection plan.*

o 2. Resource parent or other caregiver who has not caused harm does one or more of the following.
- ☐ a. Protects the child from the person causing harm.*
- ☐ b. Moves to a safe place with the child.
- ☐ c. Takes legal action.
- ☐ d. Takes other specific actions described in safety protection plan.

Others will act to protect the child.
☐ 3. Safety team will act to protect the child.
☐ 4. Community resources will be used to protect the child.
☐ 5. Child will participate in the safety protection plan based on the child's developmental and emotional ability.*
☐ 6. Other *(specify)*: _____

**Cannot be the only intervention type.*

**D. Safety Interventions: Placement Change Required**

☐ 7. Child is moved to a safe placement.
- ☐ Other kinship home.
- ☐ Other foster home.
- ☐ Reunified to removal household or another parent.
- ☐ Other *(specify)*: _____

**SAFETY DECISION**

○ **Safe with safety protection plan.** A safety protection plan is in place and will be monitored.

| |
|---|
| |

○ **Unsafe.** Child is moved to a safe placement.

**SDM® RESOURCE FAMILY SAFETY ASSESSMENT**
**SAFETY PROTECTION PLAN**

A safety protection plan must be in place if one or more threats to safety exist and any child remains in the resource family home.

This safety protection plan will be in place until all threats to safety are resolved or the child's placement is changed. This plan may be modified in writing as needed. This plan will be reviewed no later than _____/_____/_____.

| Threat to Safety | | | | Safety Intervention | | |
|---|---|---|---|---|---|---|
| # | Description of Specifics | Who Is Involved | | Specific Action | Responsible Party | How will this action be implemented and monitored? |
| | | Child | Resource Parent or Other Caregiver | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Signatures of All Active Participants | Date |
|---|---|
| | |
| | |
| | |
| | |
| | |

**Comments:**

## SDM® RESOURCE FAMILY SAFETY AND SUPPORT ASSESSMENT DEFINITIONS

### FACTORS INFLUENCING CHILD VULNERABILITY

**Younger than 6 years.** Any child in the household is under 6 years old.

**Medical condition.** Any child in the household has a diagnosed (or is observed with) a medical condition that significantly impairs the child's ability to protect him/herself from harm (e.g., severe asthma or medically fragile [requires assistive devices to sustain life]).

**Behavioral, emotional, or mental health problems.** Any child in the household has a mental health, emotional, or behavioral problem that impairs the child's ability to protect him/herself from harm or increases the risk of being violated or harmed (e.g., habitually lying, stealing, running away from home, or other diagnosed or observed emotional or mental disorders).

**Limited developmental/cognitive capacity.** Any child in the household has diminished intellectual capacity due to developmental or cognitive delay (e.g., speech impairment) that impacts the child's ability to communicate or to care for and protect him/herself from harm.

**Limited physical capacity.** Any child in the household has a physical condition/disability (e.g., impaired mobility) that impacts the child's ability to protect him/herself from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended).

**Isolated from the community or has limited contact with other adults and relatives.** The child is isolated or less visible within the community (e.g., family is not in contact or not allowing child to contact other adults and relatives, the child is not attending school regularly and is not routinely involved in other activities within the community).

**Prior victimization.** Any child in the household has experienced physical or sexual violence, emotional harm, or intimidation in the home or community.

### SECTION 1. THREATS TO SAFETY

**1. Resource parent or other caregiver caused or is likely to cause physical harm to the child. *Select all that apply*.**

Other caregiver includes any child or adult listed on the safety assessment. Physical harm includes any injury, including internal injuries or harm due to ingestion.

- Non-accidental physical harm to the child. Child has an injury, and there is no basis to conclude that the harm was accidental. Include injuries that occur during episodes of family violence and harm caused by giving the child medication other than as prescribed.

- Resource parent or other caregiver threatens to hurt the child or retaliate against the child. Threat of action that would result in physical harm, or resource parent or other caregiver plans to retaliate against child as a result of the investigation.

- Use of physical force on the child. The resource parent or other caregiver used physical force on a child.

- Resource parent or other caregiver's reckless behavior places the child in danger. Resource parent or other caregiver engages in behavior that is likely to result in harm, without regard for child safety.

  For example:

  » Resource parent or other caregiver uses alcohol or drugs (illegal, legal, or prescription) that impair sense of reality, judgment, or attentiveness to the extent that a child in the resource parent or other caregiver's care or presence is endangered; or

  » Resource parent or other caregiver's adult child drives while impaired by use of substances with a child in the car.

- Resource parent or other caregiver expressed concern that they will maltreat the child. Resource parent or other caregiver anticipates using physical force. This may be based on belief that physical force is necessary or on concern that for any reason, they may resort to physical force in a stressful moment.

- Family violence places the child in danger of physical harm. There is evidence of family violence involving adult(s) in the home.

**2. Child sexual abuse or exploitation by resource parent or other caregiver is known or suspected.**

Other caregiver includes any child or adult listed on the safety assessment. It is known or suspected that a resource parent or other caregiver sexually abused or exploited a household child.

- Sexual abuse is indicated by one or more of the following.

  » Disclosure by child that a resource parent or other caregiver engaged child in sexual acts.

» Disclosure by child that an *unnamed* person engaged child in sexual acts AND resource parent or other caregiver cannot be ruled out.

» Medical findings are consistent with sexual abuse.

» Act was witnessed by someone, is evidenced by photographs or other materials, or a confession was made by the resource parent or other caregiver.

- Sexual abuse by a resource parent or other caregiver is suspected despite the absence of disclosure, medical findings, witnessed act, or other evidence. Consider the extent to which each of the following are present.

  » Child's behaviors indicate sexual abuse (e.g., reactive sexual behavior toward self or others that is not appropriate for child's age and stage of development, and no other explanation is reasonable). See Appendix B.

  » Resource parent or other caregiver actively seeks access or creates opportunities to be alone with child.

  » Sexual boundaries by resource parent or other caregiver around nudity or exposure to sexual activity, content, or language are inappropriate for child's developmental level (e.g., resource parent or other caregiver watches pornographic content with child present or frequently discusses sexual matters with child, other than developmentally indicated information).

  » A person with a previous history of sexual abuse of a child, and who has not successfully completed treatment, has access to child. A previous history includes criminal conviction or charges pending, OR substantiated child sexual abuse history with any child protection agency.

  Other indicators of sexual abuse may be considered in combination with the above.

**3. Resource parent or other caregiver has not met, will not meet, or is unable to meet the child's needs. *Select all that apply*.**

<u>Food</u>
Child's nutritional needs are not met, including malnutrition as verified by a medical professional.

Examples include the following.

- Documented growth failure.

- Stick-like limbs, muscle wasting, unexplained weight loss, thin skin folds, aged appearance.

- Underfeeding accompanied by at least one of the following:

  » Dry, flaky skin;
  » Dry, dull hair or hair loss.

- Swelling of abdomen or legs.

- For children about age 1 to 2, change in hair color to listless red, gray, or blond; face round and abdomen and legs swollen, skin dry with splits or stretch marks.

Clothing
Resource parent or other caregiver does not provide child with clothing sufficient for the weather to the extent that child has experienced harm (e.g., frostbite, hypothermia) or is consistently in conditions where harm is highly likely to occur.

Shelter
Resource parent or other caregiver is or will soon be homeless, and temporary living arrangements put the child in danger.

Medical/dental care
One or more of the following apply.

- Resource parent or other caregiver does/did not seek treatment for the medical or dental condition(s) or does not follow prescribed treatment for such conditions, resulting in declining health status.

  Examples include:

  » Not providing insulin for a child with diabetes;
  » Not providing follow-up care for an infected wound;
  » Not following meal plan for child with morbid obesity; or
  » Not providing care for a broken bone.

  NOTE: The pursuit of traditional or alternative practices rather than prescribed treatment is included IF there is evidence that the child's health status is declining, AND there is evidence that the prescribed treatment would likely be effective.

- The child has exceptional needs, such as being medically frail, that the resource parent or other caregiver does not or cannot meet.

Mental health care
The child is suicidal and/or is seriously self-harming, and the resource parent or other caregiver does not take protective action.

**4. Resource parent or other caregiver has not provided, will not provide, or is unable to provide care and supervision necessary to protect the child from potential harm, including harm from self (child) or other persons living in the home or having access to the child.**
Child has been injured or become ill, or is likely to become injured or ill, because resource parent or other caregiver has not provided the level of supervision required.

Examples include the following.

- Resource parent or other caregiver leaves child alone (length of time for concern varies with age and developmental stage; see Appendix C).

- Resource parent or other caregiver's whereabouts are unknown.

- Resource parent or other caregiver does not or cannot attend to the child such that care needs go unnoticed or unmet (e.g., although the resource parent may be present, the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).

- Resource parent or other caregiver does not or is unable to protect the child from violence in the home, criminal activity, and/or other harmful behaviors between adults or children in or having access to the home.

- Resource parent or other caregiver does not control the behavior of a child living in the home, including harm or threat of harm to self or others.

  Examples include the following.

  » Child is suicidal or self-harming.

  » Child is using alcohol or drugs.

  » One child is physically assaultive toward another, either a single time or repeatedly.

  » One child is sexual toward another.

» One child is gang involved.

- Resource parent or other caregiver leaves child with a person unwilling or unable to provide safe care.

  Examples include the following.

  » Resource parent or other caregiver has left the child with someone but has not returned according to plans.

  » Resource parent or other caregiver did not express plans to return for the child.

  » Resource parent or other caregiver has been gone longer than the person keeping the child expected or is willing to wait.

  » Resource parent or other caregiver makes inadequate and/or inappropriate babysitting or child care arrangements, or demonstrates poor planning for child's care.

**5. Child's physical living conditions in the resource residence are harmful.**
The child has become ill or injured, or is likely to become ill or injured, due to conditions in the resource parent or other caregiver's residence. Include the interior and any exterior property that is the resource parent or other caregiver's responsibility.

Examples include the following.

- Gas is leaking from stove or heating unit.

- Dangerous substances or objects are stored in unlocked lower shelves or cabinets, under a sink, or in the open. Include regulated or illicit drugs and/or drug paraphernalia.

- There is a lack of water or utilities (heat, plumbing, electricity), and no alternate provisions made, or alternate provisions are inappropriate (for example: stove, unsafe space heaters).

- There are open, broken, or missing windows without screens or guards.

- There are exposed electrical wires.

- There is excessive garbage or rotted or spoiled food that threatens health.

- Illness or injury has occurred due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).

- There is evidence of human or animal waste throughout living quarters.

- Guns and other weapons are accessible to the child.

- There are hazardous exterior areas/conditions (unprotected pools, holes in yard, a refrigerator with door attached, etc.) that could result in serious harm. Do not include if resource parent or other caregiver follows all available safety precautions (e.g., locked gate and alarm for pool) AND, if necessary, resource parent or other caregiver provides safety information and training for the child so that the child demonstrates safe behavior around potential hazards.

**6. Child is experiencing emotional distress, AND resource parent or other caregiver acts in ways that often cause emotional distress.**

Emotional distress is evidenced by a child who is suicidal, self-harming, depressed, or anxious, or observed to have severely affected functioning in areas such as school or relationships. For infants, this may appear as atypical behavior, such as not crying, cooing, or smiling.

Examples of resource parent or other caregiver actions include the following.

- Describing the child as evil, stupid, or ugly, or in some other demeaning or degrading manner.

- Cursing at the child or repeatedly putting the child down.

- Scapegoating a particular child in the resource family.

- Expecting a child to perform or act in a way that is impossible or improbable for the child's age and/or developmental status (e.g., babies and young children expected not to cry, expected to be still for extended periods, expected to be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).

- Blaming the child for the resource parent or other caregiver's problems.

- Using sexualized language to describe the child or name calling (e.g., whore, slut).

- Behaving in ways that exclude, isolate, and/or separate the child from the resource family unit.

- Threatening bodily harm or injury when talking to the child.

**7. Resource parent or other caregiver's explanation for the child's injury or physical condition is inconsistent with the nature of the injury or condition.**

Other caregiver includes any child or adult listed on the safety assessment. The child has an injury, illness, or other physical condition, AND while the cause is undetermined, non-accidental cause cannot be ruled out due to absent, conflicting, or inconsistent accounts.

Examples include the following.

- Resource parent or other caregiver denies knowledge of a child's injury or condition, and such denial appears implausible.

- A person who was caring for child in resource parent or other caregiver's absence while injury occurred provides an explanation for how an injury occurred that is contrary to the nature of the injury (e.g., linear welt marks on the thigh are explained as child tripped on the sidewalk and fell).

- Medical statements from a physician indicate that an injury could be the result of abuse, but resource parent or other caregiver denies abuse.

- There are significant discrepancies between explanations given by resource parent or other caregiver, the child, other household members, or other collateral sources of information.

- Facts related to the condition, incident, and injury, as observed by CPS or supported by medical or other professionals, contradict the resource parent or other caregiver's explanation.

**8. Resource parent or other caregiver refuses access to the child, or there is reason to believe that the resource parent or other caregiver is about to flee, or the child's whereabouts cannot be ascertained.**

One or more of the following apply.

- Resource parent or other caregiver has removed the child from a hospital against medical advice to avoid investigation.

- Resource parent or other caregiver has previously fled in response to a CPS investigation.

- Resource parent or other caregiver has a history of keeping the child at home and away from peers, school, and other outsiders for extended periods of time to avoid investigation.

- Resource parent intentionally coaches or coerces the child, or allows others to coach or coerce the child, in an effort to hinder the investigation.

- Resource parent denies access to areas of the home where it is expected the child may be (basement, attic, bedroom).

- Resource parent is highly transient and unlikely to be located for investigation follow-up.

- Resource parent currently refuses access to the child, hides the child, or cannot/will not provide the child's location.

**9. Child is in imminent danger due to the following AND is refusing services AND resource parent or other caregiver is willing but unable to protect. *Select all that apply*.**

The child is affected by or involved in one of the four actions or conditions listed AND

- Child's refusal: Child refuses any professional intervention and will not engage in informal intervention. For example, a child being taken to a therapy appointment may refuse intervention by refusing to talk.

- Resource parent or other caregiver is willing but unable: The resource parent or other caregiver is diligently following, or attempting to follow, any aspects of a plan to support and protect the child, but the child's actions continue. If the resource family is NOT following the plan, review threats to safety #4 and #6.

Child Actions and Conditions

*Homeless*

Child runs away from the resource family home AND

- Child remains away more than 72 hours, OR has run away three or more times; AND

- While away, child sleeps on the street, returns to caregiver from whom they were removed, or stays in places that create danger.

*Human trafficking*

Human trafficking includes sex trafficking and labor trafficking. Sex trafficking is a commercial sex act in which the person performing the act is under age 18, regardless of that person's consent, and when an adult is involved in performing such an act as a result of force, fraud, or coercion. Labor trafficking involves the recruitment, harboring, transportation, provision, or obtaining of a person under age 18 for labor or services through the use of force, fraud, or coercion for the purposes of subjecting the individual to involuntary servitude, peonage, debt bondage or slavery.

*Sexually exploited*
Child is being engaged in sexual activity that is abusive or that provides a benefit for another person (regardless of whether the child perceives a benefit).

*Caused or is at immediate risk of causing harm to self or to another person*
Child is suicidal, is self-harming, is taking ill-advised risks, or is violent toward others. This may be a single severe situation (e.g., suicide attempt, self-harm requiring medical care, planning a school shooting), or is a pattern of action (e.g., preoccupation with suicidal thoughts, daily self-harming, or constantly getting into fights).

*Harm by a person outside the resource family household*
Child is being harmed by a person who is not a resource family member, and child continues to be in a position to be harmed. For example, child is being persistently and severely bullied to the point of emotional distress, or child is being coerced into gang activity.

**10. Other factors that place the child in immediate danger of harm *(specify)*.**
Conditions that create imminent danger of harm to the child are present but do not fit within items 1–9. Specify other threat to safety.

Examples include the following.

- A new member of the resource family household has past convictions regarding violent behaviors and acts toward others (e.g., assault and battery, homicide, sexual assault or rape, or criminal acts involving weapons).

## SECTION 2. SAFETY PROTECTION PLANNING

### A. Contributing Factors
Other caregiver includes any child or adult listed on the safety assessment.

Substance abuse
Resource parent or other caregiver uses alcohol or drugs to the extent of intoxication or impairment.

Mental health
Resource parent or other caregiver has a known or observed mental health issue or persistently erratic and unpredictable emotions.

For example:

- Resource parent or other caregiver is unable to perform essential activities of daily living such as eating, maintaining personal hygiene, or bathing;

- Resource parent or other caregiver's live-in boyfriend is unable to use appropriate and safe methods to manage emotions (e.g., engaging in self-harm or suicide attempts); or

- Resource parent or other caregiver acts out or exhibits distorted perception (e.g., delusional behavior).

Physical condition

Resource parent or other caregiver has a known or observed medical condition or physical disability that affects caregiving.

For example:

- Resource parent or other caregiver has a severe illness and cannot get out of bed;

- Resource parent or other caregiver's parent, who often cares for child, has severe arthritis and frequently experiences limited mobility; or

- Resource parent or other caregiver is paraplegic.

Developmental/cognitive impairment

Resource parent or other caregiver has a known or observed intellectual impairment.

For example:

- Resource parent or other caregiver is unable to comprehend information about child development and safety but is still able to demonstrate actions to keep the child safe.

Prior maltreatment of a child

An adult in the resource family previously abused or neglected any child (whether part of current household or not).

For example:

- Prior screened-in reports;

- New information of prior unreported incidents that meet screening criteria;

- New information of prior screened-out incidents that, based on the new information, would have been screened in.

Financial stress
Resource parent or other caregiver is facing financial stressors that affect their capacity to provide adequate care.

Ineffective parenting approach
Resource parent or other caregiver is unable to identify and implement parenting interventions to effectively manage the child's behaviors.

Other *(specify)*
Some other condition or situation in the resource family is making it more difficult for them to keep the child safe or may directly or indirectly contribute to a threat to safety.

For example:

- Extraordinarily stressful situation; or
- Foster parent lacks willingness to collaborate with worker.

**B. Protective Actions**

**Protective actions** are specific actions taken OR activities performed by the resource family or safety team that directly reduce the threat to safety. These are observed activities that have been demonstrated in the past to reduce similar dangers or that have already been taken in response to the current danger. They may also include actions taken by the child in some circumstances.

**1. Resource parent acts to protect the child from the threat to safety.**
At least one resource parent has demonstrated specific action that reduces the identified threat to safety. The action may be:

- Action taken prior to harm happening; or
- Taking any other unplanned action that directly prevents the threat to safety.

**2. At least one safety team member is participating in the safety protection plan.**
At least one person has become a part of the safety team by demonstrating all of the following.

- Has been informed of the threat to safety.
- Has agreed to participate in safety protection planning.
- When applicable, has carried out an action they are responsible for as part of a safety protection plan.

**3. At least one child currently acts or has acted in ways that protect him/herself from a threat to safety.**

Prior to the current threat to safety, in response to similar circumstances or in response to the current threat to safety, child acted to protect him/herself (e.g., the child left the situation, called 911 to seek assistance, or found another way to reduce the threat to safety).

**4. Other *(specify)*.**

Other protective actions taken by a resource family member, safety team member, or child that reduce one or more of the threats to safety.

**C. Immediate Safety Interventions to Remain at This Placement**

Resource family will act to protect the child.
Resource family has taken or will take specific actions to directly reduce the threat to safety.

**1. The resource family member causing harm does one or more of the following.**

a. Leaves the residence. A person causing harm, or suspected of causing harm, has already arranged to stay in another location for the time being, or will leave to stay in another arranged location while worker or support system are still present. Include arrest only if there is commitment to remain away from the residence upon release.

b. Will not have unsupervised access to the child. Until further decisions are made, person causing or suspected of causing harm agrees to have a worker or designated support person present whose responsibility will be to protect the child.

c. Will not have any contact with the child. Until further decisions are made, person causing or suspected of causing harm will not contact the child in any way, including in person, over the phone, electronically, in the mail, within sight, or any other way.

d. Will take alternative actions as specified by the safety protection plan. The person who harmed or is suspected of harming the child will take specific actions detailed in the safety protection plan that will keep the child safe. This cannot be the only intervention type.

**2. The resource family member who has not caused harm does one or more of the following.**

a. Protects the child from the person causing harm. A person not suspected of harming the child is able and willing to protect the child from the person suspected of causing harm. This cannot be the only intervention type.

| **PRACTICE GUIDANCE** |
| --- |
| When safety protection planning with resource families where family violence is present, a victim of family violence should not be placed in a position to protect the child from an aggressor of family violence. |

b. Moves to a safe place with the child. A person not suspected of harming the child has taken or plans to take the child to an alternative location where the person causing harm will have no access (e.g., a crisis shelter or a friend/relative's home).

c. Takes legal action. Legal action has already commenced, or will commence, that will effectively reduce identified threats to safety (e.g., resource family member has applied for and will invoke a personal protection order [PPO] or a domestic exclusion order [DEO]).

d. Takes other specific actions described in safety protection plan. A safety protection plan action that does not fit under options a–c in this section is the responsibility of a caregiver.

Others will act to protect the child.

**3. Safety team will act to protect the child.**
Individuals (family members, neighbors, friends, or professionals):

- Acknowledge the threat to safety; AND
- Are engaged and willing to participate as support system members; AND
- Have the ability and capacity to perform or support the specific responsibilities detailed in the safety protection plan.

**4. Community resources will be used to protect the child.**
Community-based organizations or other agencies are involved in activities to reduce threats to safety (e.g., providing food, emergency accommodation, babysitters, child care, student care, immediate hospitalization for a child who is a danger to self or others and who agrees to hospitalization).

*Does not include* resources provided that do not directly reduce threats to safety, e.g., services attended by resource family member or child.

**5. Child will participate in the safety protection plan based on the child's developmental and emotional ability.**
The child has a specific responsibility in the safety protection plan such as identifying an item that is a direct indicator of a child's feeling of safety or uncertainty to CP&P worker or support system, making a phone call, or otherwise telling a support person or other person specific information.

Example: Child hugs bear versus sets bear on the table.

**6. Other *(specify)*.**
The resource family or worker has identified a unique intervention for an identified safety concern that does not fit within items 1–5.

**D. Safety Interventions: Placement Change Required**

**7. Child is moved to a safe placement.**
The placement cannot be made safe for the child at this time. Child must be moved to a different placement. The new placement may be to any of the following.

- Other kinship home.
- Other foster home.
- Reunified to removal household or another parent.
- Other *(specify)*. State type of new placement.

## SDM® RESOURCE FAMILY SAFETY AND SUPPORT ASSESSMENT POLICY

### PURPOSE

The purposes of the SDM resource family safety and support assessment are:

1. To help assess whether any child in a resource family home is likely to be in danger of harm that requires immediate intervention; and

2. To determine what specific intervention (safety protection plan or moving child to a safe placement) should be initiated or maintained to provide appropriate protection if needed.

### WHICH CASES

All investigation cases that are open because of reported child abuse or neglect where the alleged person causing harm is a member of the household of a resource family, including foster homes and kinship homes.

This does not apply to institutional placements.

### WHO

The worker assigned to the investigation completes section 1. If there is no threat to safety, the investigating worker completes the assessment.

If there are one or more threats to safety, the worker assigned to the child completes the rest of the assessment, beginning with Section 2.

### WHEN

The safety of a child in placement is assessed *throughout the time of placement*. This policy describes when the safety assessment process must also be *documented* on the SDM resource family safety and support assessment form in NJ SPIRIT.

- **Initial assessment:** During the first face-to-face contact following report when investigating a resource family's abuse or neglect of a child in placement.

- **Review:** If the child remained in the placement with a safety protection plan, the worker assigned to the child completes a second resource family safety and support assessment when the threat to safety is resolved or the child has moved.

**DECISIONS**

| Safety Result | Immediate Safety Decision |
|---|---|
| **Safe.** No immediate threats to safety. | Child remains in placement. No safety protection plan needed. |
| **Safe with safety protection plan.** One or more immediate threats to safety AND ability to implement a safety protection plan. | Child remains in placement with a safety protection plan. Plan must be monitored and adapted if necessary or if safety decision changes. |
| **Unsafe.** One or more immediate threats to safety cannot be controlled with a safety protection plan. | Child is moved to a safe placement. |

## SDM® RESOURCE FAMILY SAFETY AND SUPPORT ASSESSMENT COMPLETION INSTRUCTIONS

**HEADER**
Enter information as indicated. In NJ SPIRIT, many of these items will be prepopulated.

**Assessment Type:**

- Initial. Select if this is the first contact made by a worker investigating a report related to this resource family.
- Follow-up. Select if this is a follow-up by a CP&P worker to a notification from the investigating worker that a safety assessment result required notification.
- Review. Select if this is a subsequent assessment by a CP&P worker.

**NJS Case ID #:** Enter the NJS ID number assigned to the resource family.

**Intake ID #:** Enter the NJS Intake ID number.

**Safety Assessment Conducted On:** Enter the date the observations and decision were made (e.g., if the first contact is on Wednesday, and the form is completed within 24 hours [on Thursday], enter Wednesday's date). Enter the time that the safety decision was reached.

**By:** Enter the name of the worker who is completing this assessment. NOTE: If this is an initial assessment, this will be the investigating worker. If this is a review, this will be the CP&P worker.

**Unit:** Select the unit type of the worker conducting the investigation, or the local office of the CP&P worker conducting the review: (IAIU/PDCU/SPRU/RFSW/Other) (list of local offices).

**NOTE:** *This section is only available in an initial follow-up*

**Follow-Up Conducted On:** Enter the date and time the CP&P worker began face-to-face contact with the child. NOTE: If the safety decision by the investigating worker is "safe" this section is not enabled.

**By:** Enter the name of the CP&P worker.

**Unit:** Select the local office of the CP&P worker (list of local offices).

**Resource Parent or Other Caregiver's Name:** Enter the name of the resource parent or other caregiver. If there is only one resource parent or other caregiver, select "Not applicable" for secondary resource parent or other caregiver.

**Resource ID #:** Enter the NJS Resource ID number for the resource parent or other caregiver.

**Secondary Resource Parent or Other Caregiver's Name:** If there is a secondary resource parent or other caregiver, enter that person's name. If there is only one resource parent or other caregiver, select "Not applicable" for secondary resource parent or other caregiver.

**Resource ID #:** Enter the NJS Resource ID number for the secondary resource parent or other caregiver, if applicable.

## ALL PERSONS IN RESOURCE HOME

### Child Table

Name of Child: Enter the name of each child in the resource family household on a separate line. Assign child numbers consecutively (e.g., enter 1 for the first child, 2 for the second, etc.). Include all children in the household who have been placed. Include children who are biological children of the resource parent or other caregiver and any child residing in the home.

| **PRACTICE GUIDANCE** |
| --- |
| If a child who is not in the resource home because of a DCF placement is a potential victim of abuse or neglect, list the child on this assessment as residing in the resource home, AND there should be a separate report and corresponding SDM family safety assessment related to that child. |

Case ID #: Enter the case ID number for that child.

Person ID #: Enter the person ID number for that child.

Date of Birth: Enter the date of birth for that child.

Relationship to Resource Parent or Other Caregiver: Select from dropdown list based on the relationship to the resource parent or other caregiver. If there is more than one resource parent or other caregiver, base response on the resource parent or other caregiver providing the most care.

- *Child in placement*. Select if the child is in the home because of a court-ordered placement.
- *Biological, adoptive*. Select if the resource parent or other caregiver is a biological parent of the child or has legally adopted the child.
- *Legal guardian*. Select if the resource parent or other caregiver has legal guardianship of the child.

- *Step parent*. Select if the resource parent or other caregiver is married to the child's biological or adoptive parent.

- *Other relative*. Select if the resource parent or other caregiver is otherwise related to the child (e.g., grandparent, aunt or uncle, adult sibling).

- *Other non-relative*. Select if the resource parent or other caregiver does not fit any other category.

On Cover Sheet: Select "Yes" if the child is listed on the case cover sheet in NJS. Select "No" if the child is not listed on the cover sheet.

Interviewed or Observed:

- *Interviewed*. Select if you had some verbal interaction with the child related to the facts of the referral and the child's safety. Do not select if you were unable to interview the child for any reason (e.g., the child is too young or is developmentally unable to be interviewed, or the child is unavailable for interview).

- *Observed*. Select if at some point in this safety and support assessment, you had face-to-face interaction with the child. Do not select if you have not seen the child.

Date Seen: Enter the date this child was first observed in relation to this investigation. NOTE: This field is enabled only if the child is selected as having been observed.

**Adult Table**

Name of Adult: List all adults who live in the home of the resource parent or other caregiver. Also list all adults who frequent the home (i.e., have more than occasional in-home contact with one or more children listed in the above table). Also list any adult who is present during the safety and support assessment who is not already listed.

Date of Birth: Enter the birthdate for that adult.

Relationship to Resource Parent or Other Caregiver: Select from dropdown list based on the relationship to the resource parent or other caregiver. If there is more than one resource parent or other caregiver, base response on the resource parent or other caregiver providing the most care.

- *Resource parent or other caregiver*. Select if the adult is the foster parent of the child or is named as a kinship resource parent.

- *Intimate partner*. Select if the adult is in a current intimate relationship with the resource parent or other caregiver, whether legally married or not.

- *Other relative*. Select if the adult is otherwise related to the resource parent or other caregiver.

- *Paid staff*. Select if the adult is paid for services that result in living in or frequenting the home (e.g., nanny, babysitter).

- *Other adult*. Select if the adult does not fit any other category.

On Cover Sheet: Select "Yes" if the adult is listed on the case cover sheet in NJS. Select "No" if the adult is not listed on the cover sheet.

Interviewed or Observed:

- *Interviewed*. Select if you had some verbal interaction with the adult related to the facts of the referral and the child's safety. Do not select if you were unable to interview the adult for any reason (e.g., the adult is developmentally unable to be interviewed, the adult is unavailable for interview, or the adult refuses to be interviewed).

- *Observed*. Select if at some point in this safety and support assessment, you had face-to-face interaction with the adult. Do not select if you have not seen the adult.

Date Seen: Enter the date this adult was first observed in relation to this investigation.
NOTE: This field is enabled only if the adult is selected as having been observed.

CARI Check: Select "Yes" if a CARI Check was completed for this adult. Select "No" if a CARI Check was not completed.

CHRI Check: Select "Yes" if a CHRI Check was completed for this adult. Select "No" if a CHRI check was not completed.

**FACTORS INFLUENCING CHILD VULNERABILITY**

For each vulnerability factor that applies to one or more children, enter the child ID number of the child meeting the definition of that factor. You may select more than one child for a vulnerability selected "Yes." Select all vulnerabilities that apply.

While considering whether threats to safety are present, keep in mind the increased vulnerability of a child for whom any of these factors apply. Vulnerability factors are not threats to safety in and of themselves.

**SECTION 1. THREATS TO SAFETY**

Select "Yes" for each item for which information gathered at the point of assessment completion reached the threshold for the definition, considering the most vulnerable child in the household for that item. Select "No" for each item for which current information is not sufficient to conclude that the definition is met. A threat to safety present in the household is considered present for all children in that household.

If "Yes" was selected for one or more threats to safety, further assessment is required to distinguish which immediate intervention to initiate. The investigating worker is to notify the assigned worker for each child in the household. The investigating worker is responsible for child safety until the assigned worker responds in person.

**Safety Decision**

Only one safety decision will appear in NJ SPIRIT. After "Yes" or "No" is selected for each threat to safety, the safety decision is prefilled by NJ SPIRIT based on what is selected for each threat to safety.

For initial assessment:

*Safe*. If "No" was selected for all threats to safety, the safety decision is "Safe." The safety and support assessment is complete. Complete IAIU observations.

*Notification to CP&P required*. If "Yes" was selected for one or more threats to safety.

NOTE: After reaching the safety decision, complete the comments section. No additional parts of the safety and support assessment are enabled.

OR

For CP&P follow-up of an initial assessment or for a review:

NOTE:

- For an initial assessment follow-up, Section 1 opens filled out as it was completed by the investigating worker and "Continue to SAFETY PROTECTION PLANNING" is selected. If nothing has changed, the CP&P worker proceeds to Safety Protection Planning. However, if the CP&P worker determines that anything has changed, Section 1 may be revised.

- For a review, Section 1 opens unselected.

*Safe*. At the point of follow-up or review, "No" was selected for all threats to safety. The safety and support assessment is complete.

*Continue to SAFETY PROTECTION PLANNING*: At the point of follow-up or review, "Yes" was selected for one or more threats to safety. Proceed to Safety Protection Planning.

## SECTION 2. SAFETY PROTECTION PLANNING

If one or more threats to safety are selected and the resource family is willing to develop and follow a safety protection plan that would allow the child to remain in this placement, work with the resource family and the safety team to develop a detailed plan using the safety protection plan template that follows the safety assessment form.

### A. Complicating Factors

Select "Yes" for each item for which information gathered at the point of assessment completion reached the threshold for the definition.

Select "No" for each item for which current information is not sufficient to conclude that the definition is met.

Consider complicating factors when developing a safety protection plan.

### B. Protective Actions

Select all actions that have already been demonstrated. This includes actions taken in response to the current threat to safety or, if similar situations have occurred previously, demonstrated in the past.

### C. Immediate Safety Interventions to Remain at This Placement

If the worker is satisfied that a safety protection plan that has been developed will reduce the threat to safety for now, a written copy of the plan should be created and placed in the investigation file, and copies should be provided to the resource family and any support people who are participating in the plan. Signatures of all participants should be obtained, if possible. Note that a copy of the plan should also be provided to the child if developmentally appropriate, or an alternative and more child-friendly version of the plan could be provided.

On the safety and support assessment, select any intervention items (1–6) that are being used in the safety protection plan. Note that most safety protection plans will use a combination of interventions. In particular, interventions 1d, 2a, and 5 should never be the only interventions in a safety protection plan.

> **SAFETY DECISION:** If any immediate safety intervention to remain at home is selected, the safety decision is "Safe with safety protection plan." As long as the safety protection plan is being followed and is working to keep the child safe, the child will not require a placement change.

**D. Safety Interventions: Placement Change Required**

If it is impossible to develop a safety protection plan (e.g., no resource family is available, or all resource family members refuse to participate in safety planning), OR if a proposed safety protection plan is insufficient to reduce the threat to safety, the child will require a placement change. Select item 7.

> **SAFETY DECISION:** After selecting at least one safety intervention, the safety decision will be auto-populated based on the interventions selected. If interventions 1–6 are selected, the child will be "Safe with safety protection plan." If intervention 7 is selected, the child will be "Unsafe." Note that selecting item 7 will cancel any items 1–6 that were selected, and selecting any item 1–6 will cancel 7 if it was selected. A child cannot have both in-home interventions and placement change required.

## SDM® RESOURCE FAMILY SAFETY AND SUPPORT ASSESSMENT PRACTICE GUIDANCE

The safety of children in care is always the first priority. In the first contact with the resource family, and at all times after that, the worker must identify whether there is any threat to safety. If there is, acting to create safety takes precedence over all other responsibilities.

The SDM resource family safety and support assessment helps to create a systematic review of potential threats to safety and creates consistent thresholds for the presence of imminent threats to safety.

A threat to safety is present when current circumstances meet the definition. Once selected, a threat to safety remains until it is resolved or ruled out.

- **Resolved:** Protective actions have been consistently demonstrated over time and show the worker and the support system that the resource family has established new behaviors that keep the child safe.

- **Ruled out:** New information establishes that the threat to safety was not present in the first place. For example, new medical information indicates that an injury that was previously assessed was accidental.

- **Controlled:** A threat to safety previously identified has not been resolved but is being controlled through a safety protection plan or child placement.

- **Discovered:** A new threat to safety has been identified after a previous resource family safety and support assessment.

Threats to safety are identified through worker observations and information from the child, resource family, support system, any other person with relevant information, or document review.

Threats to safety are often readily observable. However, threats to safety can sometimes be noticeable only when there is sufficient relationship between the worker and resource family and support system to reveal information about the threat to safety. Establishing a working relationship between the worker and the family is often necessary to learn about a threat to safety that may be difficult to observe otherwise. Information related to the resource family safety and support assessment may emerge when using other tools, such as the collaborative assessment and planning (CAP) framework, the Three Houses, the Safety House, or circles of safety and support.

**STEPS**

**Initial Assessment**

Prior to First Contact With the Resource Family

a. Review referral information to determine whether the reported concern would meet any threat to safety items if confirmed. If so, review the definitions for items suggested by the referral to be clear about the threshold.

b. Review prior history to determine whether threat to safety items were selected for previous safety and support assessments.

During First Contact With the Resource Family

a. Complete observations and conversations as required.

b. Notice any information suggesting the presence of a threat to safety. If so, seek further detail as needed, per definition, to determine whether any threat to safety is present.

c. If no threat to safety is identified, continue by assessing the placement for licensing concerns or other concerns that are not at the level of a threat to safety. Complete the "comments" section when documenting the initial assessment.

d. If a threat to safety is identified, worker must immediately notify the DP&P child worker for every child in the household. The investigating worker remains responsible for child safety until the child worker responds. If there are children in the home who do not have an assigned worker, the investigating worker determines whether the threat to safety applies to these children as well. If so, a referral is generated related to those children, and the investigating worker will complete a resource family safety and support assessment related to that referral.

**PRACTICE GUIDANCE**

While the investigation focuses on foster children in the home, the worker should observe whether the threat to safety may have an impact on the resource family's own children or any other child in the household. If so, the worker should take any required immediate protective actions and should report the matter to intake to be considered for possible investigation related to those children.

Initial Assessment Follow-Up

a. The CP&P worker determines whether the child can be safe with a safety protection plan, or the child must be moved. If there is more than one child in the resource home, a decision is made for each child decision individually.

    i. Review the threats to safety. Revise if any threat to safety has been ruled out, resolved, or discovered. If one or more safety threats remain, continue to step ii.

    ii. Identify whether the resource family has already taken any protective action.

    iii. If the resource family is willing, explore the possibility of a safety protection plan. Consider relevant complicating factors and ensure that the safety protection plan addresses these factors.

    iv. If a safety protection plan is established, indicate which intervention types were used (Section 2, Part C).

    v. If the resource family is not willing or if a safety protection plan could not be established, provide an alternative safe place for the child for that night, either with agreement of child's family or through legal intervention.

b. Supervisor consultation is required prior to concluding the contact if:

    i. The decision is "Unsafe" and placement change is being considered;

    ii. The decision is "Safe with safety protection plan," and a plan has been proposed; or

    iii. No threat to safety items are selected, but not all necessary contacts or observations have been made.

During Remainder of Investigation

a. If the child was safe, continue investigation, assess the placement for licensing concerns or other concerns that are not at the level of a threat to safety., and remain alert for new threats to safety. If a new threat to safety is discovered, complete a second resource family safety and support assessment. If no new threat to safety is discovered and the investigation is completed, it is not necessary to complete a new resource family safety and support assessment.

b. If the child was safe with safety protection plan, monitoring the plan is top priority. Ensure the plan is being followed and is providing sufficient safety for the child. The plan may need to be strengthened with additional activities, monitoring, or safety team members. The plan may be less intensive (e.g., lower level of monitoring) if the threat to safety is resolving. It is not necessary to complete a new resource family safety and support assessment unless the presence or absence of threats to safety changes or the safety decision changes. Remain alert for new threats to safety as well.

    i. Monitor for whether the previously identified threats to safety are resolved or ruled out. A second resource family safety and support assessment would be required if threats to safety are resolved or ruled out.

    ii. If a new threat to safety is discovered, a second resource family safety and support assessment would need to be completed. Consider the following steps.

        1. Review the current safety protection plan to decide whether it can continue to keep the child safe with the new threat to safety.

        2. Revise the current safety protection plan to address the new threat to safety.

        3. If the safety protection plan cannot keep the child safe, the decision must be changed to "Unsafe."

c. If child was unsafe:

    i. Secure a new placement for child; and

    ii. Review whether the resource family:

        1. Requires additional support prior to caring for another child;

        2. Might be better suited to care for a different child (e.g., younger, older, less complex needs); or

        3. May be unsuitable for further placements.

**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**
**DIVISION OF CHILD PROTECTION AND PERMANENCY** r: 08-20
**SDM® FAMILY RISK ASSESSMENT**

**Case Name:** _____ **Case ID #:** _____ **Assessment Date:** _____

**Primary Caregiver:** _____ **Secondary Caregiver:** _____ ☐ Not applicable

**Worker Name:** _____ **Supervisor Name:** _____

**Local Office:** _____ **CPS Referral Date:** _____

**Allegations in This Household:** ○ Yes ○ No

| **PRIOR HISTORY** | **Neglect** | **Abuse** |
|---|---|---|
| **1. Prior CPS investigations** | | |
| ○ a. No | 0 | −1 |
| ○ b. Yes | 1 | 0 |
| *If "No," skip to question 2.* | | |
| **1a. For neglect** | | |
| ○ a. None | 0 | 0 |
| ○ b. One or two | 2 | 0 |
| ○ c. Three or more | 3 | 0 |
| **1b. For abuse** | | |
| ○ a. None | 0 | 0 |
| ○ b. One | 1 | 0 |
| ○ c. Two or more | 1 | 1 |
| **2. Prior child welfare services (CWS) assessments** | | |
| ○ a. None | 0 | 0 |
| ○ b. One or more | 1 | 1 |
| **3. Prior ongoing child protective services (CPS)** | | |
| ○ a. None | 0 | 0 |
| ○ b. One or more | 1 | 1 |
| **4. Prior physical injury to a child resulting from abuse/neglect** | | |
| ○ a. No | 0 | 0 |
| ○ b. Yes | 0 | 1 |

| **CURRENT INVESTIGATION** | **Neglect** | **Abuse** |
|---|---|---|
| **5. Current referral is for:** (*select a and/or b OR c*) | | |
| ☐ a. Neglect | 1 | 0 |
| ☐ b. Physical or emotional abuse | 0 | 1 |
| ☐ c. Sexual abuse only | 0 | 0 |
| **6. Number of children involved in the current child abuse/neglect investigation** | | |
| ○ a. One, two, or three | 0 | 0 |
| ○ b. Four or more | 1 | 1 |

| CURRENT INVESTIGATION | Neglect | Abuse |
|---|---|---|
| **7. Age of youngest child in the home** | | |
| ○ a. 2 or older | 0 | 0 |
| ○ b. Under 2 | 1 | 0 |
| | | |
| **8. Alleged perpetrator in current investigation is:** | | |
| ○ a. Primary caregiver's significant other | 1 | 1 |
| ○ b. Primary caregiver, or adult household member who is not a significant other of the primary caregiver. | 0 | 0 |
| | | |
| **9. Primary caregiver's explanation of incident** | | |
| ○ a. Not applicable | 0 | 0 |
| ○ b. One or more apply (*select all applicable*): | 0 | 1 |
| ☐ Blames child for incident | — | — |
| ☐ Justifies maltreatment of a child | — | — |
| | | |

| FAMILY CHARACTERISTICS | Neglect | Abuse |
|---|---|---|
| **10a. Characteristics of children in household (Neglect)** | | |
| ○ a. Not applicable | 0 | 0 |
| ○ b. One or more apply (*select all applicable*): | 1 | |
| ☐ Medically needy/failure to thrive | | |
| ☐ Positive toxicology report for alcohol or another drug at birth | | |
| ☐ Physical disability | | |
| ☐ Developmental disability | | |
| | | |
| **10b. Characteristics of children in household (Abuse)** | | |
| ○ a. Not applicable | | 0 |
| ○ b. One or more apply (*select all applicable*): | | |
| ☐ Developmental disability | | 1 |
| ☐ Delinquency history | | 1 |
| ☐ Mental health/behavioral problem | | 1 |
| | | |
| **11. Primary caregiver's mental health** | | |
| ○ a. No past or current mental health problem | 0 | 0 |
| ○ b. Past or current mental health problem | 1 | 0 |
| | | |
| **12. Primary or secondary caregiver's alcohol and/or drug use** *(select more serious for either caregiver)* | | |
| ○ a. No past or current alcohol and/or drug problem | 0 | 0 |
| ○ b. Primary or secondary caregiver has a past or current alcohol or drug problem (*select all applicable*) | 1 | 0 |
| ☐ Alcohol problem | — | — |
| ☐ Drug problem | — | — |
| | | |
| **13. Primary caregiver's history as a child** | | |
| ○ a. No history of abuse or neglect as a child | 0 | 0 |
| ○ b. History of abuse or neglect as a child | 1 | 1 |
| | | |

| FAMILY CHARACTERISTICS | Neglect | Abuse |
|---|---|---|
| **14. Primary or secondary caregiver's criminal history** *(select more serious for either caregiver)* | | |
| ○ a. No prior arrest or criminal conviction | 0 | 0 |
| ○ b. Prior arrest only | 0 | 0 |
| ○ c. Prior criminal conviction | 1 | 0 |
| | | |
| **15. Primary caregiver's characteristics** | | |
| ○ a. Not applicable | 0 | 0 |
| ○ b. One or more apply *(select all applicable)* | 0 | 1 |
| ☐ Provides insufficient emotional/psychological support | — | — |
| ☐ Overbearing caregiver | — | — |
| | | |
| **16. Use of corporal punishment** | | |
| ○ a. No concern, past or present | 0 | 0 |
| ○ b. Concern noted in prior or current investigation | 0 | 1 |
| | | |
| **17. Parenting issue** | | |
| ○ a. None noted in current investigation | 0 | 0 |
| ○ b. Concern noted in current investigation | 0 | 1 |
| | | |
| **TOTAL** | | |

**SCORED RISK LEVEL**

Assign the family's scored risk level based on the highest score they attained on either the neglect or the abuse index, using the following chart:

| Neglect Score | Abuse Score | Scored Risk Level |
|---|---|---|
| ○ 0 to 2 | ○ −1 to 0 | ○ Low |
| ○ 3 to 5 | ○ 1 to 3 | ○ Moderate |
| ○ 6 to 8 | ○ 4 to 6 | ○ High |
| ○ 9+ | ○ 7+ | ○ Very High |

**CASE CONDITIONS THAT CREATE VERY HIGH RISK**

Select "Yes" if any condition shown below is applicable in this case. If yes, the final risk level is "very high."

○ Yes 1. Sexual abuse case (current) AND the perpetrator may have access to the child victim
○ Yes 2. Non-accidental injury (current) to a child under age 3
○ Yes 3. Severe non-accidental injury to a child of any age (current)
○ Yes 4. The caregiver's action or inaction resulted in death of a child due to abuse or neglect (previously or during the current investigation)

**DISCRETIONARY OVERRIDE**
If yes, select the new risk level (after the override is applied) and indicate the reason. Risk levels may be overridden one level higher.

O Yes, discretionary override  Risk level after override (*select one*): ☐ Moderate ☐ High ☐ Very High

Discretionary override reason:

| |
|---|
| |

**FINAL RISK LEVEL** (*select final level assigned*): O Low O Moderate O High O Very High

**RECOMMENDED ACTION:**

| Risk Level | Case Opening/Closing Recommendation |
|---|---|
| Low | Close, unless there is an unresolved threat to safety |
| Moderate | |
| High | Transfer to permanency services/case remains open. |
| Very High | |

**ACTION TAKEN**
After consulting with the supervisor.

O Close case
O Transfer to permanency services/case remains open.

If recommended action and action taken do not match, provide justification for the action taken.

| |
|---|
| |

**Supervisor Review/Approval:** _____ **Date:** _____

**SUPPLEMENTAL RISK ITEMS**

These items are recorded but are not used to determine risk level in the current investigation.

**S1. Secondary caregiver's characteristics**

- ○ No secondary caregiver
- ○ Secondary caregiver:
  - Provides insufficient emotional/psychological support: ☐ Yes ☐ No
  - Overbearing caregiver: ☐ Yes ☐ No

**S2. Is the family supported by extended family, friends, and/or informal supports?**

- ○ a. No
- ○ b. Yes

**S3. Unrelated adults are living in the household**

- ○ a. No
- ○ b. Yes

**S4. Domestic violence in the household in the past year**

- ○ a. No
- ○ b. Yes

**S5. Housing** *(select all that apply)*

- ☐ a. Current housing is physically unsafe
- ☐ b. Family is homeless
- ☐ c. Housing instability
- ☐ d. Inadequate housing
- ☐ e. None of the above

**S6. Prior ongoing child welfare services**

- ○ a. No
- ○ b. Yes

**SDM® FAMILY RISK ASSESSMENT**
**DEFINITIONS**

## PRIOR HISTORY

### 1. Prior CPS investigations

Check *all* previous Department of Children and Families history through NJ SPIRIT. Include child protective services in other states, if known. Do not include investigations by the Institutional Abuse Investigation Unit (IAIU) of abuse/neglect allegations in placement settings.

- Do not include I&R and information-only referrals that were not assigned for investigation.

a. No. There were no investigations prior to the current investigation. (Skip to question 2.)

b. Yes. There was at least one investigation, regardless of finding, prior to the current investigation. *If yes, answer questions 1a and 1b below.*

### 1a. For neglect

a. None. There were no investigations for neglect prior to the current investigation.

b. One or two. There were one or two investigations, whether substantiated or not, for any type of neglect prior to the current investigation.

c. Three or more. There were three or more investigations, substantiated or not, for any type of neglect prior to the current investigation.

### 1b. For abuse

Abuse includes physical abuse, emotional abuse, and sexual abuse/sexual exploitation.

a. None. There were no investigations for abuse prior to the current investigation.

b. One. There was one investigation for abuse, substantiated or not, prior to the current investigation.

c. Two or more. There were two or more investigations for abuse, substantiated or not, prior to the current investigation.

**2. Prior child welfare services (CWS) assessments**

a. None. There were no CWS assessments prior to the current investigation.

b. One or more. There were one or more CWS assessments prior to the current investigation.

**3. Prior ongoing child protective services (CPS)**

Include services received following an investigation for abuse or neglect. Do not include services that may have been provided during an open investigation (e.g., emergency financial aid, assessments). Do not include services the family received following a CWS assessment.

a. None. No adult in the household has received post-investigation child protective services.

b. One or more. An adult in the household has previously received post-investigation child protective services or is currently receiving these services (whether services were received in New Jersey or in another state).

**4. Prior physical injury to a child resulting from abuse/neglect**

a. No. There is no record of a prior physical injury, and there is no new information indicating that a prior physical injury due to abuse or neglect occurred and was not reported.

b. Yes. A child sustained a physical injury resulting from abuse and/or neglect *prior* to the current referral. Injuries sustained as a result of abuse or neglect may range from bruises, cuts, and welts to an injury that requires medical treatment to an injury that requires hospitalization, such as a bone fracture or burn. Evidence of a prior injury may include:

- Prior substantiated physical abuse;
- Prior substantiated neglect that resulted in injury to a child; and/or
- Information, learned during the current investigation, that a child sustained a physical injury from abuse or neglect in the past that was not reported, or was reported but not substantiated.

**CURRENT INVESTIGATION**

**5. Current referral is for:**
Include allegations made by the reporter and allegations added during the investigation. If a and b both apply, select both.

a. Neglect. The current allegations include neglect (of any type), and there are no allegations of physical or emotional abuse.

b. Physical or emotional abuse. The current allegations include physical abuse or emotional abuse, and there are no allegations of neglect.

c. Sexual abuse only. The only allegation is sexual abuse.

**6. Number of children involved in the current child abuse/neglect investigation**
Include children in the household for whom abuse or neglect was alleged in the current investigation.

a. One, two, or three. Three or fewer children in the household are reported as alleged victims in the current investigation.

b. Four or more. Four or more children in the household are reported as alleged victims in the current investigation.

**7. Age of youngest child in the home**
If a child has been removed as a result of the current investigation, count the child as residing in the home.

a. 2 or older. The youngest child in the household is 2 years of age or older.
b. Under 2. The youngest child in the household is under age 2.

**8. Alleged perpetrator in current investigation is:**
A "significant other" is a person who has an intimate relationship with the primary caregiver AND has no legal relationship to the primary caregiver or biological relationship to the child victim. Includes boyfriend or girlfriend of the primary caregiver. Does not include biological, adoptive, or stepparent or legal guardian. It is not necessary that there be a finding.

a. Primary caregiver's significant other. The alleged perpetrator is a significant other of the primary caregiver. Include a significant other who is not a household member. If both the primary caregiver and significant other are alleged perpetrators, select "b."

b. Primary caregiver, or adult household member who is not a significant other of the primary caregiver. The alleged perpetrator is the primary caregiver OR another adult in the household who is not a significant other of the primary caregiver.

**9. Primary caregiver's explanation of incident**

a. Not applicable. Primary caregiver does not blame child or justify their own maltreatment of a child.

b. One or more apply (*select all applicable*):

- *Blames child for incident*. Primary caregiver states that the maltreatment incident occurred because of child's action or inaction (for example, claiming that child seduced him/her, or child deserved beating because they misbehaved).

- *Justifies maltreatment of a child*. Primary caregiver states that their action or inaction, which resulted in harm to the child, was appropriate (for example, claiming that this form of discipline was how caregiver was raised).

**FAMILY CHARACTERISTICS**

**10a. Characteristics of children in household (Neglect)**

a. Not applicable. No child in the household has any of the conditions listed below.

b. One or more apply. Any child in the household has any of the following (*select all conditions that apply*):

- *Medically needy/failure to thrive*. Child has a long-term (six months or more) physical condition requiring medical intervention or is diagnosed as failure to thrive.

- *Positive toxicology report for alcohol or another drug at birth*. There is a record of a positive toxicology report at birth for the child, regardless of their current age.

- *Physical disability*. Child is diagnosed with a significant physical handicap.

- *Developmental disability*. Child is diagnosed with intellectual disability disorder (IDD), learning disability, or another developmental problem.

**10b. Characteristics of children in household (Abuse)**

a. Not applicable. No child in the household has any of the conditions listed below.

b. One or more apply. Any child in the household has any of the following (*select all conditions that apply*):

- *Developmental disability*. Child is diagnosed with IDD, learning disability, or another developmental problem.

- *Delinquency history*. Any child has previous juvenile court involvement. Offenses not brought to the court's attention, but which create stress within the household, should also be scored—such as children who run away or are habitually truant.

- *Mental health/behavioral problem*. Any child in the household has mental health or behavioral problems not related to a physical or developmental disability (this would include ADD/ADHD). Examples include:

  » A diagnosis by a qualified professional;
  » Receiving mental health treatment;
  » Currently taking psychotropic medication.

**11. Primary caregiver's mental health**

a. No past or current mental health problem. There is no evidence that primary caregiver has a past or current mental health problem.

b. Past or current mental health problem. Select "b" if, based on credible and/or verifiable statements by the primary caregiver or others, the primary caregiver has been diagnosed by a qualified professional.

In the absence of a diagnosis, also select "b" if primary caregiver has been repeatedly referred for mental health/psychological evaluations but has not gone, or was recommended for treatment/hospitalization or treated/hospitalized for emotional problems at any time.

**12. Primary or secondary caregiver's alcohol and/or drug use** (*select more serious for either caregiver*)

a. No past or current alcohol and/or drug problem. There is no evidence that either caregiver has a past or current problem with alcohol or drugs.

b. Primary or secondary caregiver has a past or current alcohol or drug problem (*select all applicable*). Either caregiver has a past or current alcohol/drug abuse problem (including prescription drug abuse) that interferes with the caregiver's or the family's functioning.

Evidence of an alcohol or drug problem may include:

- An arrest in the past two years for driving under the influence or refusing breathalyzer testing;
- Self-report of a problem;
- Treatment received currently or in the past;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use; or
- Child was diagnosed with fetal alcohol syndrome or exposure (FAS or FAE) or child had a positive toxicology report for alcohol or another drug at birth AND the primary caregiver was the birthing parent.

Evidence of interference with family functioning may include substance use that affects or affected the caregiver's:

- Employment;
- Criminal involvement;
- Marital or family relationships; or
- Ability to provide protection, supervision, and care for the child.

**13. Primary caregiver's history as a child**

a. No history of abuse or neglect as a child. There is no evidence that the primary caregiver experienced abuse or neglect in childhood.

b. History of abuse or neglect as a child. Based on NJ SPIRIT history or credible statements by the primary caregiver or other sources, including collaterals, there is evidence that the primary caregiver was maltreated as a child (maltreatment includes neglect and physical, sexual, or other abuse). The severity and extent to which the caregiver was abused or neglected as a child is significant in their parenting style and ability to parent.

**14. Primary or secondary caregiver's criminal history** (*select more serious for either caregiver*)

a. No prior arrest or criminal conviction. Neither the primary nor the secondary caregiver has ever been arrested or convicted for a criminal offense.

b. Arrest only. Either the primary or the secondary caregiver has a prior juvenile or criminal arrest. Include recent arrests that have not been adjudicated as well as arrests that have been adjudicated, but which did not result in conviction.

c. Criminal conviction. Either the primary or the secondary caregiver has a prior juvenile or criminal conviction.

**15. Primary caregiver's characteristics**

a. Not applicable. None of the following apply to the primary caregiver.

b. One or more apply. One or both of the following are characteristics of the primary caregiver:

- *Provides insufficient emotional/psychological support*. The primary caregiver provides insufficient emotional/psychological support to the child, such as persistently berating/belittling/demeaning child or depriving child of affection or emotional support; AND/OR

- *Overbearing caregiver*. The primary caregiver is overbearing, indicated by controlling, abusive, overly restrictive, or unfair behavior, or unrealistic rules.

**16. Use of corporal punishment**

A concern over the use of corporal punishment requires that physical punishment is used to an extent that it has caused or is likely to cause significant physical or emotional harm to the child. (For example, the child has been physically injured, or experiences traumatic stress.) To evaluate whether the punishment is likely to cause harm, the following elements must be assessed: age, size, and condition of the child; the degree of force used; whether the action was repeated; location of injuries on the body; use of an instrument to punish; and the punishment's duration.

a. No concern, past or present. There is no concern over the use of corporal punishment by the primary or secondary caregiver, either in the current investigation or in the past. Corporal punishment may have been used, but it has never resulted in, or nearly resulted in, a physical injury or traumatic stress to a child.

b. Concern noted in prior or current investigation. During a prior or current investigation, there was or is a concern about the use of excessive corporal punishment.

**17. Parenting issue**

The primary or secondary caregiver demonstrates actions that reflect serious lapses in decision making and judgment related to the care of the child, and these actions are having, or are likely to have, a serious adverse impact on the child.

Do not include concerns about provision of basic needs or use of corporal punishment in this item. Examples of situations in which this item should be selected include:

- The caregiver has serious gaps in their knowledge about child development.
- The caregiver has an inability to exercise safe management of child actions.
- The caregiver has serious cognitive delays that prevent their understanding of and ability to carry out essential parenting tasks.
- The caregiver consistently overlooks threats to safety, harm, or potential harm to the child and takes no action to protect him/her.

a. None noted in current investigation. There is no parenting issue noted for either the primary or the secondary caregiver in the current investigation.

b. Concern noted in current investigation. Based on observations during the current investigation, issues related to the primary or secondary caregiver's parenting skills were identified.

## CASE CONDITIONS THAT CREATE VERY HIGH RISK

**1. Sexual abuse case (current) AND the perpetrator may have access to the child victim**

The current investigation includes an allegation of sexual abuse that has not been ruled unfounded, and there is a possibility that the alleged perpetrator may have access to the child victim or to another child in the household. Access includes direct physical contact and contact by phone, letter, email, social media, or any other means.

**2. Non-accidental injury (current) to a child under age 3**

The current investigation includes any child under 3 years old having a physical injury resulting from abuse or neglect by a caregiver.

**3. Severe non-accidental injury to a child of any age (current)**
The current investigation includes an allegation of a serious non-accidental injury to a child of any age. A serious injury is one that requires or required medical treatment—for example, broken bones, head injuries, internal injuries, and cuts requiring a medical procedure to close.

**4. The caregiver's action or inaction resulted in death of a child (previously or during the current investigation) due to abuse or neglect**
A caregiver in the current household caused the death of a child from abuse or neglect in the current incident, OR at any time in the past.

## SUPPLEMENTAL RISK ITEM DEFINITIONS

**Supplemental risk items** are included for the purposes of collecting data to test hypotheses about possible risk factors. These items have been added to discover whether there are any other factors that may contribute to risk of subsequent abuse or neglect and should be included on a future risk assessment. It is not known whether any risk factor in a supplemental item contributes to the risk level, or whether any supplemental risk items will replace current items on the risk assessment. Supplemental risk items are not used to calculate the scored risk level.

**S1. Secondary caregiver's characteristics**
If there is a secondary caregiver, select "Yes" for each response that applies to the secondary caregiver.

Provides insufficient emotional/psychological support
The secondary caregiver provides insufficient emotional/psychological support to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.

Overbearing caregiver
The secondary caregiver is overbearing, indicated by controlling, abusive, overly restrictive, or unfair behavior, or unrealistic rules.

**S2. Is the family supported by extended family, friends, and/or informal supports?**

a. No. Caregivers in household do not have friends or family within a two-hour drive of the residence. Also select this response if the primary or secondary caregiver does have family or friends within a two-hour drive but does not or cannot rely on these individuals for help. Examples include but are not limited to: the family resides nearby but is estranged from caregiver; the family resides nearby but family members encourage or support negative behaviors by caregiver, such as drug/alcohol abuse or inappropriate discipline.

b. Yes. At least one caregiver has friends, family members, neighbors, or other members of a community who provide emotional support and concrete assistance regularly and often for multiple purposes (e.g., child care, help moving, problem solving).

**S3. Unrelated adults are living in the household**

a. No. All adults in the home are related to the child by blood or marriage.

b. Yes. One or more adults who live in the household are not related to the child by blood or by marriage to child's parent.

**S4. Domestic violence in the household in the past year**

a. No. There has been no serious or repeated physical violence in the past year, and there is no pattern of intimidation, threats, or harassment among adults in the household.

b. Yes. In the previous year:

- Two or more physical assaults occurred, resulting in either no injury or minor physical injury;
- One or more serious incidents occurred, resulting in serious physical harm and/or involving use of a weapon; or
- Multiple incidents of intimidation, threats, or harassment occurred between caregivers or between a caregiver and another adult(s).

Incidents may be identified by caregiver self-report, credible report by a family or other household member, credible collateral contacts, and/or police reports.

**S5. Housing**

Assess and determine whether any of the conditions below are present, or were present at any time during the investigation. Select all that apply.

a. Current housing is physically unsafe. The family has housing, but the physical structure and/or presence of hazards are potentially hazardous to the extent that the home may not meet the health or safety needs of the child.

b. Family is homeless. The family was homeless (sleeping on street, in car, or living in an emergency shelter) or was about to be evicted (i.e., within 14 days) at the time of the alleged incident, or has become homeless or about to be evicted during the course of the investigation.

c. Housing instability. The household has moved two or more times in the past 12 months OR has not had a lease or ownership interest in a housing unit in the last 60 or more days and is likely to continue to be unstably housed (for example, caregiver has a disability or has multiple barriers to employment).

d. Inadequate housing. The family is living in transitional housing, a hotel/motel, or is exiting a residential treatment center without access to stable housing.

e. None of the above. None of the above conditions apply.

**S6. Prior ongoing child welfare services**

Include services received following a CWS assessment. Do not include services that may have been provided during an open assessment (e.g., emergency financial aid, assessments). Do not include services following a child protective services investigation.

a. No. No adult in the household has received post-investigation CWS.

b. Yes. An adult in the household has previously received post-investigation CWS or is currently receiving services (whether services were received in New Jersey or in another state).

## SDM® FAMILY RISK ASSESSMENT
## POLICY

The SDM risk assessment classifies families according to low, moderate, high, or very high likelihood of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. Higher-risk families have significantly higher rates of subsequent referrals and substantiations than lower-risk families and are more often involved in serious incidents of abuse or neglect.

When risk is clearly defined and objectively quantified, the choice between serving one family or another is simplified: agency resources are targeted to families at higher risk because of the greater potential to reduce subsequent maltreatment.

The risk assessment is based on research involving New Jersey abuse/neglect cases; this research examined the relationships between family characteristics and outcomes related to subsequent abuse and neglect incidents. The risk assessment instrument *does not predict* recurrence but simply assesses whether a family shares characteristics with a group of families that are more or less likely to have another incident without agency intervention.

### WHICH FAMILIES

- All families for which a child abuse/neglect (CA/N) investigation has been initiated, including new investigations on currently open cases.

- Non-custodial parents who will be provided with reunification services.

### WHEN

Safety and risk are assessed *throughout the life of a case*. This policy describes when actuarial risk must be documented using the risk assessment in NJ SPIRIT.

After the safety assessment has been completed and the worker has reached a conclusion regarding the allegation AND prior to the closure of the investigation. This should be no later than 45 days from receipt of the referral.

If the investigation is being held open pending receipt of final information, complete the risk assessment according to the 45-day timeframe. If the final information is received more than 30 days following completion of the risk assessment, review the completed risk assessment in light of the final information.

- If the risk level is unchanged, indicate that no changes are needed.
- If the new information would change the risk level, revise the risk assessment and take action as needed.

**WHO**
The worker who is completing the investigation.

**DECISIONS**
For new cases, the risk assessment *guides* the decision of whether to close a case after investigation or transfer a case to permanency services, based on the family's assessed risk level. The case opening/closing guidelines for all cases, regardless of finding, are as follows:

| Risk Level | Case Opening/Closing Recommendation |
|---|---|
| Low | Close, unless there are one or more unresolved threats to safety. |
| Moderate | |
| High | Transfer to permanency services/case remains open. |
| Very High | |

This table represents the default recommendation for each risk level. The worker should discuss action (close after investigation or case remains open and should be transferred to permanency services) with their supervisor. When completing the risk assessment in NJ SPIRIT, if the action taken differs from the recommendation in the table, the worker must provide a brief rationale in the provided text box.

Additionally, for cases that will be opened for permanency services, or were open at the time of the current investigation, the risk level guides minimum monthly visitation requirements with caregivers and children (see SDM Minimum Visitation Requirements section).

## SDM® FAMILY RISK ASSESSMENT
## COMPLETION INSTRUCTIONS

The risk assessment should be completed based on conditions that exist at the time the incident is reported and investigated, as well as the family's prior history.

Only one household can be assessed on the risk assessment form. Choose the household in which the CA/N incident or CWS concern is alleged. If the allegations involve more than one household, complete separate risk assessments on each household.

Also complete a baseline risk assessment for a non-custodial parent who will be provided with reunification services.

### HEADER

**Case Name:** Enter the case name.

**Case ID #:** Enter the case number.

**Assessment Date:** Enter the date this assessment is completed with the family.

**Primary Caregiver:** Select the household caregiver who provides the most care for the child. If caregiving is equal, select the caregiver who has legal responsibility. If caregiving is equal and legal responsibility is shared, select the caregiver causing the most harm. If harm is equal, select any one caregiver.

**Secondary Caregiver:** Select the household caregiver who provides the next most care for the child. Select "Not applicable" if there is only one caregiver.

**Worker Name:** Enter the name of the worker completing this assessment.

**Supervisor Name:** Enter the name of the supervisor reviewing this assessment.

**Local Office:** Select the office the worker is from.

**CPS Referral Date:** Enter the date of the referral for the investigation that led to the opening of the current case.

**Allegations in This Household:** Select "Yes" if this assessment is being done on a household for which there are current allegations. Select "No" if there are no allegations in this household.

**SCORING INDIVIDUAL ITEMS**

The worker should score each item based on record review, interviews with family and collaterals, and their observations of the family. Some items ask about objective facts (such as prior CA/N history or the age of the child). Other items require the worker to use discretionary judgment, based on their assessment of the family. For these items, the worker may use statements by the child, caregiver, or collateral persons; their own observations; reports; or other reliable sources to arrive at an answer.

The worker should refer to the definitions to help him/her determine how to score each item. Each item may affect the family's risk level on the neglect index, the abuse index, or both. When all items have been scored, risk levels for future neglect and risk levels for future abuse are calculated. The highest risk level reached on either index is the family's overall (scored) risk level.

**OVERRIDES**

Review the list of case conditions that automatically create very high risk, and select any that are applicable. Consider whether a discretionary override should be applied and, if so, describe your rationale.

**CASE CONDITIONS THAT CREATE VERY HIGH RISK**

When the scored risk level is low, moderate, or high, it is necessary to review the list of case conditions that automatically create very high risk to see if any apply. If the family's scored risk level is already very high, this section does not need to be completed. The case conditions listed reflect serious incidents and/or child vulnerability concerns, and have been determined by the agency to warrant a risk level designation of "very high," regardless of the family's scored risk level. Supervisory consultation and review is required whenever any of these conditions are present.

**DISCRETIONARY OVERRIDE**

A discretionary override is applied by the worker or supervisor to increase the risk level in cases where their best judgment is that the scored risk level is too low, based on unique case circumstances. This may occur when the worker is aware of conditions affecting risk that were not captured within the items on the risk assessment. Discretionary overrides may increase the risk level by one (e.g., from low to moderate, or moderate to high, but *not* from low to high). Discretionary overrides recommended by workers require supervisor consultation and review.

**FINAL RISK LEVEL**

Indicate the final risk level recommended by the assessment instrument, based on the following logic:

- If none of the case conditions that create very high risk is applicable, and no discretionary override was applied, the final risk level is the same as the scored risk level.

- If one or more of the case conditions that create very high risk is present, the final risk level is automatically "very high."

- If a discretionary override was applied, the final risk level is one level higher than the risk level recommended by the instrument (i.e., the scored risk level).

The supervisor's review and approval, including approval of the use of any override option, is indicated when they sign and date the form.

**RECOMMENDED ACTION**

Based on the final risk level, NJ SPIRIT will indicate whether the default recommendation is to close after investigation or to transfer to permanency services. The worker should discuss this recommendation with their supervisor before making a final decision. If there are unresolved threats to safety, the case must be transferred to permanency services regardless of risk level.

**ACTION TAKEN**

Indicate whether the case will be closed after investigation or will remain open and be transferred to permanency services. If the action taken differs from the recommended action, a text box will require a brief explanation. For example:

- If a low- or moderate-risk family is transferred to permanency services:

  » *There is an unresolved threat to safety*.

- If a high- or very high-risk family is closed after investigation:

  » *Family was informed of risk and interventions were offered. Family refused, and matter is not petitionable.*

  » *Family is aware of risk and is connected with community resources and a strong social support system and will manage the risk with these supports*.

**SUPPLEMENTAL RISK ITEMS**

Completion of the supplemental risk items is required for purposes of data collection for a future validation study.

## SDM® FAMILY RISK ASSESSMENT
## PRACTICE GUIDANCE

The risk level is vital information for helping to get the most suitable intervention for a family, as motivation for the family, and for making the best use of agency resources. It is completed at the end of an investigation to help guide decisions about whether further intervention is indicated, and if so, which type of intervention is the best fit. When intervention will be provided, it informs the frequency of contact between the worker and the family, so that the highest-risk families have more frequent contact.

### TALKING TO THE FAMILY ABOUT RISK

Families should know that part of the investigation includes forming an estimate of the likelihood of future child protection involvement with their household. Helping families understand the importance of the concept of risk, and how it will inform your recommendations, can help in several ways.

- The family learns that the role of your agency is not to punish them for anything that has happened in the past, but to partner with the family to reduce the risk of something happening in the future.
- The family understands that you are not acting based on personal beliefs, or individual judgment, but rather you are using research-based tools to help reach your decision.
- The family, knowing their risk level, can make an informed choice about their own future.

### GATHERING INFORMATION

Some risk items can be scored at the beginning of the investigation, based on prior records and details of the current referral.

Information for other items is likely to emerge as you learn the family's story, and the details of what happened, and the context in which it happened, as you would during an investigation. Keep the risk items in mind as you listen, and note when information that emerges connects to any of the risk items. Knowing the definitions, you may ask for a particular detail about an area that is being discussed, based on what you need to know to score the item.

It is good practice to begin to score the risk assessment several days or a week before you conclude the investigation. This will allow you to note which items can be scored confidently based on what you already know, which items remain uncertain because some important piece of information needed is missing, and which items you have not yet discussed with the family. You can then create a mental list of what you still need to learn, and plan for how to gather the remaining information.

Building a trusting working relationship with the family will increase the quality and completeness of the information you will gather. You can use all the tools at your disposal for gathering information, including the CAP framework, Three Houses, Safety House, circles of safety and support, and all the solution-focused questions

**SCORING ITEMS**

Many items have very concrete, indisputable answers (e.g., age of youngest child, number of prior reports).

Other items require some judgment. For example, whether a caregiver blames a child may not be a clear yes or no. Use the definition, and consider the facts against the definition.

Other items could be answered differently depending on which person's information you are considering. For example, one caregiver denies having a substance abuse problem, but the other tells you they do. Weigh all the information you have. If there are different views, consider obtaining an objective appraisal.

In the end, if you have enough facts to support scoring an item in such a way that it adds points to the risk level, it should be selected. If not, score it in the way that does not add to the score. In other words, unless you have sufficient information to support the "Yes" answer, select "No."

**OVERRIDES**

Case conditions that create very high risk are straightforward; they are included for situations that are so serious that, even if the risk of future harm is lower, the agency will work with the family as if the risk were very high because even a low risk of a very serious event warrants intensive intervention, at least until there is time for the family to demonstrate actions of protection.

Discretionary overrides should be considered if, after reviewing the scored risk level, your judgment is that the risk of future abuse or neglect is higher. This can happen when a condition is present that is strongly connected to patterns of abuse or neglect, but that condition was not one of the items used to construct the actuarial risk assessment. To apply a discretionary override, you should provide a brief description of the condition.

A discretionary override requires a supervisor approval. This is to ensure that at least one other person considers your rationale to be a sound basis for overriding.

Discretionary overrides cannot be used to decrease the risk level. This is because the assessment is done very soon after meeting a family. Items are scored in ways that add to risk level only when there is sufficient information to do so, thus it is more likely that risk would be under-scored than over-scored. Underestimating risk would lead to a lower level of intervention, or even no intervention. Course-correcting if risk is underestimated, then, is often not an available option. As a result, overriding to a lower risk level is not permitted until the risk reassessment.

**TALKING WITH THE FAMILY ABOUT THEIR RISK LEVEL**

Once the final risk level is determined, the family should be informed. Most families want to prevent future harm, and if the risk is very high, would want to take some action. If risk is low, this may be reassuring to families.

Discuss with the family the recommended action, based on the case opening guide. Explain why this recommendation is being made, given their safety status and risk.

- If the risk level is high or very high, the family is recommended for permanency services.

- If the risk level is low or moderate, permanency services are NOT recommended. However, if the most recent safety assessment status is safe with safety protection plan, or unsafe, the case cannot close. (If the family's safety status has changed, be sure that the current safety assessment reflects their current status. Create a review safety assessment if needed.)

If a family that is high or very high risk refuses services, there are two options:

1. Seek a court order.
2. Close the case.

If there is a threat to safety, a court order should be sought. If the family is safe, a court order MAY be sought if the facts of the case support a petition AND it is reasonable to expect that court ordered intervention will improve child safety.

There are a number of reasons for which closing a safe but high- or very high-risk case is supportable. For example:

- The family and their support system understand their risk and have plans in place to manage their risk.

- The family refuses intervention, and current conditions do not meet the threshold for petitioning court.

Low- or moderate-risk families who are safe would not be considered for permanency services, and no court order would be sought even if they decline an offer of services. Many families in this group will not require any referral. Those that do would be referred for non–case management intervention.

**DURING INTERVENTION WORK**

Intervention workers should be aware of the risk level for each family on their caseload. Refer to contact guidelines for the recommended contact frequency for families at each risk level.

## WORKER MINIMUM VISITATION REQUIREMENTS

### In-Home Cases

| Risk Level | Overall Visitation Requirements | Guidelines |
|---|---|---|
| Low | *One* face-to-face visit per month by the worker with the child and caregiver(s); and<br><br>*One* collateral contact per month by the worker. | The worker must have a face-to-face visit with all children and caregiver(s) at least once per month *in the family home*. The child and caregiver must be *seen together* at least once per month. |
| Moderate | *One* face-to-face visit per month by the worker with the child and caregiver(s); and<br><br>*Two* collateral contacts per month by the worker. | The worker must have a face-to-face visit with all children and caregivers at least once per month *in the family home*. The child and caregiver must be *seen together* at least once per month. |
| High | *Two* face-to-face visits per month with the child and caregiver(s) by the worker or a service provider acting on behalf of Child Protection and Permanency (CP&P); and<br><br>*Three* collateral contacts per month by the worker. | The worker must have a face-to-face visit with all children and caregivers at least once per month *in the family home*. The child and caregiver must be *seen together* at least once per month.<br><br>Up to one face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by either a written narrative that is provided to the worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT; OR a verbal report that the worker documents in a Contact Activity Note in NJ SPIRIT. |
| Very High | *Three* face-to-face visits per month with child and caregiver(s) by the worker or a service provider acting on behalf of CP&P; and<br><br>*Three* collateral contacts per month by the worker. | The worker must have a face-to-face visit with all children and caregivers at least twice per month. At least one of these visits must be *in the family home*. The child and caregiver must be *seen together* at least once per month.<br><br>Up to one face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by either a written narrative that is provided to the worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT; OR a verbal report that the worker documents in a Contact Activity Note in NJ SPIRIT. |

For all in-home cases, regardless of the risk level, all household members/active case participants must be seen together in the home at least once per month.

Collateral contacts are communications between a worker and another professional, a safety team member, or another relevant source of information, for the purposes of:

- Assessment;
- Monitoring of progress on case plans or safety protection plans; or
- Coordinating service delivery.

Communication may be in person, in team meetings, by phone, or by email.

**Out-of-Home Cases**

| Placement Type | MVR With the Child* | MVR With the Placement Provider | Guidelines |
|---|---|---|---|
| Resource family homes including foster, relative, kinship or legal guardianship; adoptive; independent living; group homes; shelters; child placements in-state and within 50 miles of the New Jersey state border | *Two* face-to-face visits with the child the first two months the child is in placement, and any subsequent placement.<br><br>*One* face-to-face visit per month thereafter, as long as the child is in out-of-home placement. | The worker must have *one* face-to-face visit per month with the placement provider; and<br><br>*One* collateral contact per month. | The first of the two visits may be at the time of placement.<br><br>The visit with the child must take place in the resource family home or facility where the child is placed.<br><br>The worker must have a face-to-face visit with the child within five working days of placement, in the home/facility where the child is placed. |
| Treatment-based out-of-home placement programs, in-state and within 50 miles of the New Jersey state border | *Two* face-to-face visits per month with the child the first two months the child is in placement, and any subsequent placement.<br><br>*One* face-to-face visit per month thereafter, as long as the child is in out-of-home placement. | The worker must have *one* face-to-face visit per month with a member of the child's treatment team.<br><br>*One* collateral contact per month. | The first of the two visits may be at the time of placement.<br><br>At least *four* face-to-face visits per year; aim to coincide with scheduled treatment team meetings.<br><br>The worker must have a face-to-face visit with the child at the facility within five working days of placement. |
| Resource family homes and treatment-based out-of-home placement programs: *out-of-state, beyond 50 miles* of the NJ state border | *Four* face-to-face visits per year, *once every three months (quarterly)* by the worker or a local state CPS agency representative.<br><br>NOTE: This schedule must be approved by the local office manager. | The worker must have *two* face-to-face visits per year with the child's resource family parent, facility social worker, or a member of the child's treatment team.<br><br>*Monthly* telephone contacts. | The CP&P worker must have a face-to-face visit with the child at the resource family home or facility at least twice a year.<br><br>A representative from the local state CPS agency must have a face-to-face visit with the child at the resource home or facility at least twice a year (three months apart from the visit by the CP&P worker) on behalf of CP&P (acting in accordance with the Interstate Compact on the Placement of Children [ICPC]).<br><br>The CP&P worker must have a face-to-face visit with the child in the resource family home, or visit the child and attend the conference to develop the treatment plan at the facility where the child is placed, within one month (30 calendar days) of placement. |

*Minimum visitation requirements. MVR with the parent is three per month for very high risk and two per month for all others.

Collateral contacts are communications between a worker and another professional, a safety team member, or another relevant source of information, for the purposes of:

- Assessment;
- Monitoring of progress on case plan or safety protection plans; or
- Coordinating service delivery.

Communication may be in person, in team meetings, by phone, or by email.

**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**
**DIVISION OF CHILD PROTECTION AND PERMANENCY**
**SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES**

r: 09-16

**Case Name:** _____ **Case ID #:** _____ **Assessment Date:** _____

**Primary Caregiver:** _____ **Secondary Caregiver:** _____ ☐ Not applicable

**Worker Name:** _____ **Supervisor Name:** _____

**Local Office:** _____

| | | Score |
|---|---|---|
| **R1.** | **Prior investigations** | |
| | ○ a. None ..... 0 | |
| | ○ b. One ..... 1 | |
| | ○ c. Two or more ..... 2 | _____ |
| **R2.** | **Prior ongoing child protective services** | |
| | ○ a. No ..... 0 | |
| | ○ b. Yes ..... 1 | _____ |
| **R3.** | **Primary caregiver's history as a child** | |
| | ○ a. No history of abuse or neglect as a child ..... 0 | |
| | ○ b. History of abuse or neglect as a child ..... 1 | _____ |
| **R4.** | **Characteristics of children in household** *(select applicable responses and add for score)* | |
| | ☐ a. No child has any of the characteristics below ..... 0 | |
| | ☐ b. One or more children is developmentally or physically disabled ..... 1 | |
| | ☐ c. One or more children is medically needy or diagnosed with failure to thrive ..... 1 | _____ |

**The following case observations pertain to the period since the last assessment/reassessment.**

| | | |
|---|---|---|
| **R5.** | **New investigation for abuse/neglect** | |
| | ○ a. No ..... 0 | |
| | ○ b. Yes ..... 2 | _____ |
| **R6.** | **Caregiver's substance use** *(select one)* | |
| | ○ a. No history of substance use problems ..... 0 | |
| | ○ b. No current substance use problem; no intervention needed ..... 0 | |
| | ○ c. Current substance use problem and the caregiver is addressing the problem ..... 0 | |
| | ○ d. Current substance use problem and the caregiver is not addressing the problem ..... 1 | _____ |
| **R7.** | **Relationships between adults in household** | |
| | ○ a. Not applicable ..... 0 | |
| | ○ b. Harmful/problematic relationships ..... 1 | |
| | ○ c. Domestic violence ..... 2 | _____ |
| **R8.** | **Child's basic physical care** | |
| | ○ a. Needs are met by primary caregiver ..... 0 | |
| | ○ b. Needs are not met by primary caregiver ..... 1 | _____ |

**R9. Household's progress with case plan** **Score**

*(score based on the caregiver demonstrating the least progress*)

○ No secondary caregiver

| P | S | | |
|---|---|---|---|
| ☐ | ☐ | a. Demonstrates new skills and behaviors consistent with all case plan goals and is actively engaged in maintaining goals.....0 | |
| ☐ | ☐ | b. Demonstrates some new skills and behaviors consistent with case plan goals and is actively engaged in activities to achieve goals.....0 | |
| ☐ | ☐ | c. Minimally demonstrates new skills and behaviors consistent with case plan goals and/or has been inconsistently engaged in attaining the goals specified in the case plan.....0 | |
| ☐ | ☐ | d. Does not demonstrate new skills and behaviors consistent with case plan goals or refuses engagement.....1 | _____ |

**TOTAL SCORE** _____

**SCORED RISK LEVEL**

Assign the family's risk level based on the following chart:

| **Score** | **Risk Level** |
|---|---|
| ○ 0–2 | ○ Low |
| ○ 3–5 | ○ Moderate |
| ○ 6–8 | ○ High |
| ○ 9+ | ○ Very High |

**CASE CONDITIONS THAT CREATE VERY HIGH RISK**

Select "Yes" for any of the following conditions that are applicable during the current reassessment period, whether they are based on the initial allegation or on a new allegation. If "Yes" is selected for any condition below, the final risk level is "very high."

○ Yes 1. Sexual abuse case AND the perpetrator may have access to the child victim AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.

○ Yes 2. Non-accidental injury to a child under age 3 AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.

○ Yes 3. Severe non-accidental injury to a child of any age AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.

○ Yes 4. The caregiver's action or inaction resulted in the death of a child *due to abuse or neglect* (previously or during this reassessment period) AND perpetrator has not made progress with case outcomes AND still poses risk to a child.

**DISCRETIONARY OVERRIDE**

If "Yes," select the new risk level (after the override is applied) and indicate the reason. Risk levels may be overridden one level higher or lower.

○ Yes 5. If yes, risk level after override (*select one*): ☐ Low ☐ Moderate ☐ High ☐ Very High

Discretionary override reason:

| |
|---|
| |

○ No discretionary override

**FINAL RISK LEVEL** (*select final level assigned*): ○ Low ○ Moderate ○ High ○ Very High

**RECOMMENDED ACTION**

| Risk Level | Case Opening/Closing Recommendation |
|---|---|
| Low | Close, unless there are one or more unresolved threats to safety |
| Moderate | |
| High | Continue permanency services |
| Very High | |

**Action Taken**

○ Close

○ Continue permanency services

If recommended action and action taken do not match, provide justification for the action taken.

| |
|---|
| |

**Supervisor Review/Approval:** _____ **Date:** _____

## SDM® RISK REASSESSMENT FOR IN-HOME CASES
## DEFINITIONS

**R1. Prior investigations**

Include all investigations, regardless of findings, that were assigned for investigation by child protective services for any type of abuse or neglect, *prior to* the investigation resulting in the current case. Check all previous history through NJ SPIRIT. Include child protective services the family received in other states, if this information is known.

- Do not include investigations by the Institutional Abuse Investigation Unit (IAIU) or investigations of out-of-home perpetrators (e.g., day care) unless one or more caregivers failed to protect.

  » Do not include I&R and information-only referrals that were not assigned for investigation.

  » Do not include the investigation that resulted in the current open case.

a. None. No prior investigations for abuse or neglect.
b. One. One prior investigation for abuse or neglect.
c. Two or more. Two or more prior investigations for abuse or neglect.

**R2. Prior ongoing child protective services**

- Include services received as a result of a prior investigation for abuse or neglect.
- Do not include services that were provided as part of the investigation (e.g., emergency financial aid, assessments).
- Do not include the current open case unless it was open at the time of the investigation.

a. No. No adult in the household has received post-investigation child protective services as a result of a prior investigation.

b. Yes. An adult in the household has received child protective services as a result of a prior investigation (whether these services were received in New Jersey or in another state).

**R3. Primary caregiver's history as a child**

a. No history of abuse or neglect as a child. There is no evidence that the primary caregiver experienced abuse or neglect in childhood.

b. History of abuse or neglect as a child. Based on NJ SPIRIT history or credible statements by the primary caregiver or other sources, including collaterals, there is evidence that the primary caregiver was maltreated as a child (maltreatment includes neglect as well as physical, sexual, or other abuse). The severity and extent to which the caregiver was abused or neglected as a child is significant in the caregiver's parenting style and their ability to parent.

**R4. Characteristics of children in household** (*select applicable responses and add for score*)
Select "b" or "c" for this item based on credible information from a caregiver that a child has been diagnosed, statements from a physician or mental health professional, or a review of records.

a. No child has any of the characteristics below. No child has a developmental or physical disability, is medically needy, or diagnosed with failure to thrive.

b. One or more children is developmentally or physically disabled. At least one child in the household has been diagnosed with intellectual disability disorder (IDD), another developmental problem, or a significant physical handicap.

c. One or more children in household is medically needy or diagnosed with failure to thrive. At least one child in the household has a long-term (six months or more) physical condition requiring medical intervention or is diagnosed with failure to thrive.

**R5. New investigation for abuse/neglect**

a. No. No investigations have been initiated during the current review period.
b. Yes. At least one investigation has been initiated during the current review period.

**R6. Caregiver's substance use** (*select one*)
Indicate whether the primary and/or secondary caregiver's current use of substances (alcohol or drugs, including legally prescribed drugs with misuse/abuse potential) interferes with the caregiver's or the family's functioning and the caregiver is not addressing the problem. If both caregivers have a substance use problem, rate the more negative behavior of the two caregivers.

a. No history of substance use problems. Neither caregiver has a prior or current substance use problem.

b. No current substance use problem; no intervention needed. Primary or secondary caregiver has a history of substance use problems; however, they have been in stable recovery and no intervention is needed at this time. Caregiver may be participating in ongoing support groups.

c. Current substance use problem and the caregiver is addressing the problem. Primary or secondary caregiver is actively participating in interventions to address a substance use problem. (Documentation of treatment is required.) Brief relapse may occur, but does not result in any of the circumstances in "d."

d. Current substance use problem and the caregiver is not addressing the problem. Primary or secondary caregiver has a current substance use problem and is not addressing the problem. For example:

- The caregiver's substance use results in failure to fulfill major role obligations at work, school, or home, including their ability to provide protection, supervision, and care for the child;
- An arrest since the last assessment/reassessment for driving under the influence or refusing breathalyzer testing;
- Self-report of a current problem;
- Multiple positive drug screens during this review period;
- Current health/medical problems resulting from substance use;
- Inconsistent attendance/participation in treatment during this review period; and/or
- There has been a birth, and the child was diagnosed with fetal alcohol syndrome or fetal alcohol exposure (FAS or FAE), or the child had a positive toxicology report for alcohol or another drug at birth and the primary or secondary caregiver was the birthing parent.

**R7. Relationships between adults in household**

Score this item based on the current status of relationships involving adults in the household, including intimate relationships and other household relationships:

a. Not applicable. Relationships involving adults in household do not involve either characteristic below.

b. Harmful/problematic relationships. Adult relationships are harmful to domestic functioning or care of the child (severity does not rise to the level of domestic violence);

c. Domestic violence. Household has had, since the most recent assessment, physical assault(s) or periods of intimidation/threats/coercive control or harassment — either between caregivers, or between a caregiver and another adult.

**R8. Child's basic physical care**

Basic physical care includes food, clothing, shelter, hygiene, and medical care.

a. Needs are met by primary caregiver. Child's physical care needs are met either directly by primary caregiver, or primary caregiver demonstrates responsibility for ensuring child's physical care needs are met by obtaining assistance from collaterals or another caregiver.

b. Needs are not met by primary caregiver. Primary caregiver does not provide basic physical care for child; another caregiver may be meeting some or all of the child's physical care needs. Select "b" if child's needs are unmet or if primary caregiver is not taking responsibility for, or ensuring that, the child's needs are met.

Examples include:

- Repeated failure to obtain required immunizations;
- Failure to obtain medical care for severe or chronic illness;
- Persistent vermin infestations;
- Inadequate or inoperative plumbing, heating, or electricity;
- Poisonous substances or dangerous objects lying within reach of small child;
- Repeated failure to provide child with clothing appropriate to the weather;
- Child is wearing soiled clothes for extended periods of time; and/or
- Child is not being bathed on a regular basis.

**R9. Caregiver's progress with case plan (score based on the caregiver demonstrating the least progress)**

A caregiver's progress should be evaluated based on behavioral change. Compliance with/attendance of services is not sufficient to indicate behavioral change.

Identify whether a caregiver is actively engaged in achieving the goals specified in the case plan AND is demonstrating the skills/behaviors that will enable him/her to create and maintain safety for the child (e.g., ability to manage substance use/abuse; ability to resolve conflict constructively and respectfully; using age-appropriate, non-physical discipline in conjunction with appropriate setting of boundaries; developing a mutually supportive relationship with partner).

If there are two caregivers, rate progress for each. If progress differs between caregivers, score based on the caregiver demonstrating the least amount of participation/progress.

a. Demonstrates new skills and behaviors consistent with all case plan goals and is actively engaged in maintaining goals. The caregiver is regularly demonstrating all behavioral changes identified in the case plan goals and is able to create long-term safety for children in the household. The caregiver is actively engaged in activities that will help him/her maintain these achievements.

b. Demonstrates some new skills and behaviors consistent with case plan goals and is actively engaged in activities to achieve goals. The caregiver is demonstrating some new skills and behavioral changes consistent with case plan goals and is actively engaged in achieving these goals, but is not consistently demonstrating the behaviors necessary to create long-term safety in all areas.

c. Minimally demonstrates new skills and behaviors consistent with case plan goals or has been inconsistently engaged in attaining the goals specified in the case plan. The caregiver is demonstrating minor behavioral change consistent with case plan goals but has made little progress toward changing their behavior and is not actively engaged in achieving the goals. The caregiver's behavior continues to make it difficult to create safety or may contribute to immediate danger of serious harm.

d. Does not demonstrate new skills and behaviors consistent with case plan goals or refuses engagement. The caregiver has not demonstrated behavioral change consistent with case plan goals. The caregiver refuses services, follows the case plan only sporadically, or has not demonstrated the necessary skills/behaviors due to a failure or inability to participate. The caregiver is unable to create or maintain safety, and their behavior is likely to contribute to danger of serious harm.

**OVERRIDES**

**Case Conditions That Create Very High Risk**
Items 1, 2, and 3 are applicable if, for each item, the investigation that led to this case included that condition; these items also apply if there has been a new incident while the case is open. Item 4 should be applied if a child death related to abuse or neglect occurred in the household at any time (previously or during this reassessment period) AND the perpetrator has not made sufficient progress with case plan goals.

1. **Sexual abuse case AND the perpetrator may have access to the child victim AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.**

    - Sexual abuse was alleged and not ruled out; AND
    - There is a possibility that the alleged perpetrator may have access to the child victim or to another child in the household. Access includes direct physical contact and contact by phone, letter, email, social media, or any other means; AND
    - The alleged perpetrator has not engaged in treatment, or their treatment provider advises that alleged perpetrator still poses a risk to the child.

2. **Non-accidental injury to a child under age 3 AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.**

    - Any child under 3 years old had a physical injury resulting from actions or inactions of a caregiver; AND
    - The alleged perpetrator has not engaged in interventions or has not demonstrated actions of protection that mitigate the threat to safety.

3. **Severe non-accidental injury to a child of any age AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.**

    - A child of any age had a serious non-accidental injury. A serious injury is one that required medical treatment. For example, broken bones, head injuries, internal injuries, or cuts requiring a medical procedure to close; AND
    - The alleged perpetrator has not engaged in interventions or has not demonstrated actions of protection that mitigate the threat to safety.

**4. The caregiver's action or inaction resulted in the death of a child due to abuse or neglect (previously or during this reassessment period) AND perpetrator has not made progress with case outcomes AND still poses a risk to a child.**

- At any time, a caregiver in the current household caused the death of a child; AND

- The alleged perpetrator has not engaged in interventions or has not demonstrated actions of protection that mitigate the threat to safety.

## SDM® RISK REASSESSMENT FOR IN-HOME CASES
## POLICY

The SDM risk reassessment for in-home cases combines items from the original SDM risk assessment instrument with additional items that help the worker evaluate a family's progress toward achieving case plan goals.

The risk reassessment instrument is composed of a single index.

### WHICH FAMILIES

All families with ongoing cases receiving child protective services in which all children remain in the home.

### WHEN

Safety and risk are assessed *throughout the life of a case*. This policy describes when risk must be *documented* on the risk reassessment in NJ SPIRIT.

- Three months from the original transfer to permanency services, and every three months thereafter.
- May be completed sooner if there is new information that would affect the family's risk level.
- If a new referral is received while a case is open, an initial risk assessment (not a risk reassessment) will be completed during the investigation, according to the policy for the risk assessment. Continue to complete risk reassessments on the original schedule, every three months, regardless of when a new investigation is conducted.
- Before a case can be closed, an SDM risk reassessment must be completed within the 30 days immediately preceding the date of case closure. The SDM safety assessment must also be completed prior to case closure.

NOTE: The risk reassessment involves evaluation of the caregiver's progress toward attaining case plan goals; it should not be used during investigation or assessment, even if the investigation remains open more than 30 days after completion of the risk assessment.

### WHO

The assigned permanency worker.

**DECISIONS**

The risk reassessment guides the decision to close a case.

| Risk Level | Case Opening/Closing Recommendation |
|---|---|
| Low | Close, unless there are one or more unresolved threats to safety |
| Moderate | |
| High | Continue permanency services |
| Very High | |

This table represents the default recommendation for cases at each risk level. The worker should discuss action (whether to close or continue permanency services) with their supervisor. When completing the risk reassessment in NJ SPIRIT, if the action taken differs from the above table, the worker must provide a brief rationale in the provided text box.

Additionally, for cases that remain open for permanency services, the risk level guides workers' minimum monthly visitation requirements with caregivers and children (see section on worker minimum visitation requirements).

## SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES
## COMPLETION INSTRUCTIONS

### HEADER

**Case Name:** Enter the case name.

**Case ID #:** Enter the case number.

**Assessment Date:** Enter the date this assessment is completed with the family.

**Primary Caregiver:** Enter the name of the caregiver identified as primary.

**Secondary Caregiver:** Enter the name of a caregiver identified as secondary, or select "Not applicable."

**Worker Name:** Enter the name of the worker completing this assessment.

**Supervisor Name:** Enter the name of the supervisor reviewing this assessment.

**Local Office:** Select the office the worker is from.

**Items R1–R4:** Using the definitions, determine the appropriate response for each item and enter the corresponding score. Note that items R1 and R2 refer to the period of time *prior* to the investigation that led to the opening of the current case. Scores for these two items will be identical to the scores from the corresponding items on the initial risk assessment, unless additional information has become available.

The appropriate response for item R3 may change if new information is available or if there has been a change in primary caregiver.

The appropriate response for item R4 may change if a child's condition has changed, or if a child with one of the conditions listed is no longer part of the household. (Children who are temporarily out of the home but expected to return—in the hospital, at camp, etc.—are considered part of the household.)

**Items R5–R8:** These items should be scored based *only* on observations during the current review period (i.e., since the most recent assessment or reassessment).

Using the definitions, determine the appropriate response for each item and enter the corresponding score.

**Item R9:** Rate the primary and secondary caregivers' progress separately. Score this item based on the caregiver who has made the least progress.

**SCORED RISK LEVEL**

After entering the score for each individual item, enter the total score and indicate the corresponding risk level.

**CASE CONDITIONS THAT CREATE VERY HIGH RISK**

When the scored risk level is low, moderate, or high, it is necessary to review the list of case conditions that create very high risk to see if any apply. As on the initial risk assessment, the Department of Children and Families has determined that there are certain conditions that are so serious that a risk level of "very high" should be assigned, regardless of the risk assessment's recommendation. If the scored risk level is already "very high," this section should not be completed.

The conditions in items 1–3 refer to:

- Incidents that occurred **during this review period**; OR
- Incidents that were previously identified as creating a very-high-risk case condition AND there is no evidence that the condition has changed.

The condition in item 4 is present if there was a child death at any time in the household, and the perpetrator of that incident has not made progress with case plan goals and still poses a risk to any child remaining in the household.

If one or more of the listed case conditions exists, select the applicable condition(s) and select "Very high" as the final risk level. Supervisory review and consultation is required when any of these conditions are present.

**DISCRETIONARY OVERRIDE**

Discretionary overrides are used by the worker or supervisor whenever unique case circumstances suggest that the risk level does not accurately portray the family's actual risk level. Unlike the initial risk assessment, in which the risk level could only be increased, the risk reassessment permits the worker or supervisor to *increase or decrease* the risk level by one step, because after a minimum of three months, the worker has acquired significant knowledge of the family. The reason for a discretionary override should be clearly documented, and the new risk level (after the override) should be indicated. If the worker is recommending a discretionary override, supervisory review and consultation is required.

After completing the override section, indicate the final risk level.

The supervisor's review and approval, including approval of the use of any override option, is indicated when they sign and date the form.

**FINAL RISK LEVEL**

The final risk level is the scored risk level if no discretionary overrides were applied and none of the listed case conditions that create very high risk were selected. If a discretionary override was applied, provide the resulting final risk level. If any of the listed case conditions that create very high risk were selected, the final risk level is "very high."

**RECOMMENDED ACTION**

Based on the final risk level, NJ SPIRIT will indicate whether the default recommendation is to close or to continue permanency services. The worker should discuss this recommendation with their supervisor before making a final decision. If risk is low or moderate, but there are unresolved threats to safety, the case must remain open.

**ACTION TAKEN**

Indicate whether the case will be closed or continue in permanency services. If the action taken differs from the recommended action, a text box will require a brief explanation. For example:

- If action is to continue permanency services for low or moderate risk:
  - » Unresolved threats to safety remain
- If action is to close high or very high risk:
  - » Family was informed of risk and continuing intervention was offered. Family refused and matter is not petitionable.
  - » Family is aware of risk and is connected with community resources and a strong social support system and will manage the risk with these supports.

## SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES
## PRACTICE GUIDANCE

### TALKING WITH THE FAMILY ABOUT THE RISK REASSESSMENT

At the start of an ongoing case, you should explain to the family the structure and process for conducting the risk reassessment, and how progress on the case plan is an important element in reassessing risk.

It is important for the family to understand that while you will speak with them about progress during every contact, every three months you will pause to summarize the progress to that point, and review key aspects of how the family is doing. Based on these reviews, you will recommend continuing intervention, or closing the case.

Case workers should use formal and informal family engagement strategies during in-person contacts or periodically scheduled family meetings to gather information about change over time, which should be documented in the case record. This aggregate information can then form the basis for scoring the formal risk reassessment.

Use of formal engagement strategies, such as family team meetings to conduct the formal risk-R and develop an updated case plan or engage in planning for case closure, is highly recommended.

### GATHERING INFORMATION

Every contact with the family should focus on progress toward case plan goals and safety status. Discussion with the family should identify where progress is being made, where it is not, and what may be getting in the way. The worker's task is as much to facilitate progress as it is to evaluate progress. Identify barriers, and help the family develop solutions.

Always be watchful for any changes in safety, and complete a safety assessment review if required.

It is a good practice to check in on preliminary risk scoring shortly before the formal review. Determine whether there are any items that remain unclear how they would best be scored. This allows time to develop any missing information prior to risk assessment due date.

Caregiver, child, and social support system views of progress and status should all be sought.

**SCORING ITEMS**
When conducting the final scoring, be sure to read the definitions. Score the item based as much as possible on a common understanding among worker, family, and family team. Where views differ, worker must weigh the different points of view and select the response they view as best supported by the whole of the information related to the item.

**TALKING WITH THE FAMILY ABOUT RESULTS**
Inform the family about their updated risk level and what it means in terms of your recommendations for future intervention.

Discuss the recommended action and determine if there is agreement on that course of action.

As before, unless the family is already under a court order, if continuing intervention is recommended, the family may express a preference to discontinue work. CP&P then must decide whether it is advisable to seek a court order to continue intervention.

**ACTION TAKEN**
If the case will remain open, it is generally advisable for the case to remain with the same worker. The working relationship between the worker and the family is among the most important predictors of success, so changing workers should be avoided unless absolutely necessary.

If the case will close, indicate whether any referrals for continuing service will be provided. It is not necessary to provide referrals, and families should not be referred for services they neither want or need. However, if continuing support would help address any unresolved needs, referrals would be beneficial. Consider the closing family agreement for the family in determining whether referrals will be made.

If the action taken differs from the action recommended, briefly describe the rationale.

For example:

> *Worker advised family that risk remained high and continued intervention was recommended, but family prefers to discontinue intervention. Court order was ruled out because while risk is high, the family is not currently experiencing conditions that would permit a court order.*
>
> *The case is eligible for closure, and it will be closed upon completion of the 12-week parenting class that has five weeks remaining, and for which eligibility requires an open case.*

**NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES**
**DIVISION OF CHILD PROTECTION AND PERMANENCY**
**SDM® FAMILY REUNIFICATION ASSESSMENT**

r: 09-20

**Case Name:** _____ **Case ID #:** _____ **Assessment Date:** _____

**Primary Caregiver:** _____ **Secondary Caregiver:** _____ ☐ Not applicable

**Worker Name:** _____ **Supervisor Name:** _____

**Local Office:** _____

**Number of Prior Reassessments:** _____ **Removal Household?** (*select one*)**:** ○ Yes ○ No

Complete for cases where *any* child has been removed from the home and remains in placement with a permanency goal of reunification.

## A. REUNIFICATION RISK ASSESSMENT

**R1. Risk level from the most recent risk assessment (not reassessment)** **Score**

○ a. Low ..... 0
○ b. Moderate ..... 3
○ c. High ..... 4
○ d. Very High ..... 5 _____

**R2. Household's progress with case plan**

○ No secondary caregiver

| P | S | | |
|---|---|---|---|
| ○ | ○ | a. Demonstrates new skills and behaviors consistent with all case plan goals and is actively engaged in maintaining goals. | –2 |
| ○ | ○ | b. Demonstrates some new skills and behaviors consistent with case plan goals and is actively engaged in activities to achieve goals | –1 |
| ○ | ○ | c. Minimally demonstrates new skills and behaviors consistent with case plan goals and/or has been inconsistently engaged in attaining the goals specified in the case plan | 2 |
| ○ | ○ | d. Does not demonstrate new skills and behaviors consistent with case plan goals or refuses engagement | 4 _____ |

**R3. Has there been a new substantiated or established report (in this household) during this review period?**

○ a. No ..... 0
○ b. Yes ..... 6 _____

**TOTAL SCORE** _____

**RISK LEVEL**
Assign the family's risk level based on the following chart.

| Score | Risk Level |
|---|---|
| ○ −2 to 1 | ○ Low |
| ○ 2 to 3 | ○ Moderate |
| ○ 4 to 5 | ○ High |
| ○ 6+ | ○ Very High |

**CASE CONDITIONS THAT CREATE VERY HIGH RISK**
Select "Yes" for any of the following conditions that are applicable during the current reassessment period, whether they are based on the initial allegation or on a new allegation. If "Yes" is selected for any condition below, the final risk level is "very high."

○ Yes 1. Sexual abuse case AND the perpetrator may have access to the child victim AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.
○ Yes 2. Non-accidental injury to a child under age 3 AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.
○ Yes 3. Severe non-accidental injury to a child of any age AND perpetrator has not made progress with case outcomes AND still poses a risk to the child.
○ Yes 4. Caregiver's action or inaction resulted in death of a child *due to abuse or neglect* (previously or during this reassessment period) AND perpetrator has not made progress with case outcomes AND still poses risk to a child.

**DISCRETIONARY OVERRIDE**
If "Yes," select the new risk level (after the override is applied) and indicate the reason. You may *increase or decrease* the final risk classification by one level.

○ Yes 5. If yes, risk level after override (*select one*): ☐ Low ☐ Moderate ☐ High ☐ Very High

Discretionary override reason:

○ No discretionary override

**FINAL RISK LEVEL** (*select final level assigned*): ○ Low ○ Moderate ○ High ○ Very High

**B. VISITATION EVALUATION**

Rate visitation with each child separately. For each child, rate each caregiver separately. If any caregiver's visitation is unacceptable, visitation is considered unacceptable for that child.

**Child Name:** _____

| Caregiver Name | Visitation Frequency | Quality of Visitation | Visitation Evaluation | Overall Visitation for Child | Override? |
|---|---|---|---|---|---|
| [select] | ○ Routine<br>○ Sporadic<br>○ Rare/never | ○ Strong/adequate<br>○ Limited<br>○ Harmful | ○ Acceptable<br>○ Unacceptable | ○ Acceptable<br>○ Unacceptable | ○ Yes (detail required)<br>○ No |
| [select] | ○ Routine<br>○ Sporadic<br>○ Rare/never | ○ Strong/adequate<br>○ Limited<br>○ Harmful | ○ Acceptable<br>○ Unacceptable | | |

**Visitation Evaluation Overrides**

○ Policy: Visitation is being supervised for safety or has been suspended. Visitation is considered unacceptable because the agency has determined that reunification will not be considered if there is a requirement in place that all visits must be supervised for the child's safety or if visitation has been suspended.

○ Discretionary. Indicate if changing to:
- ☐ Acceptable
- ☐ Unacceptable

Reason:

**IF RISK LEVEL IS LOW OR MODERATE AND VISITATION IS ACCEPTABLE, COMPLETE THE REUNIFICATION SAFETY REVIEW. OTHERWISE PROCEED TO PERMANENCY PLANNING GUIDELINES**

**C. REUNIFICATION SAFETY REVIEW**

**Threats to Safety**

**1. Are any of the threats to safety that were identified on the safety assessment that resulted in the child's removal still present?**

○ No. List the initial threats to safety and describe below how each threat to child safety was resolved.
○ Yes. Describe the unresolved threats to safety.

**2. Have any new threats to safety been identified since the child's removal, or are there any other conditions present in the reunification household that, if the child were reunified, would present an immediate danger of serious harm?**

O No.

O Yes. Describe new threats to safety.

**3. If the answer to item 1 or item 2 is "Yes," can a safety protection plan be used to mitigate these safety concerns?**

O No. There are no safety interventions available and appropriate to mitigate safety concerns if the child were reunified at this time.

O Yes. One or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed, with an in-home safety protection plan in place.

**Safety Decision**

Select the appropriate reunification safety decision below. This decision should be based on the assessment of all threats to safety, all safety interventions, and any other information known about the case.

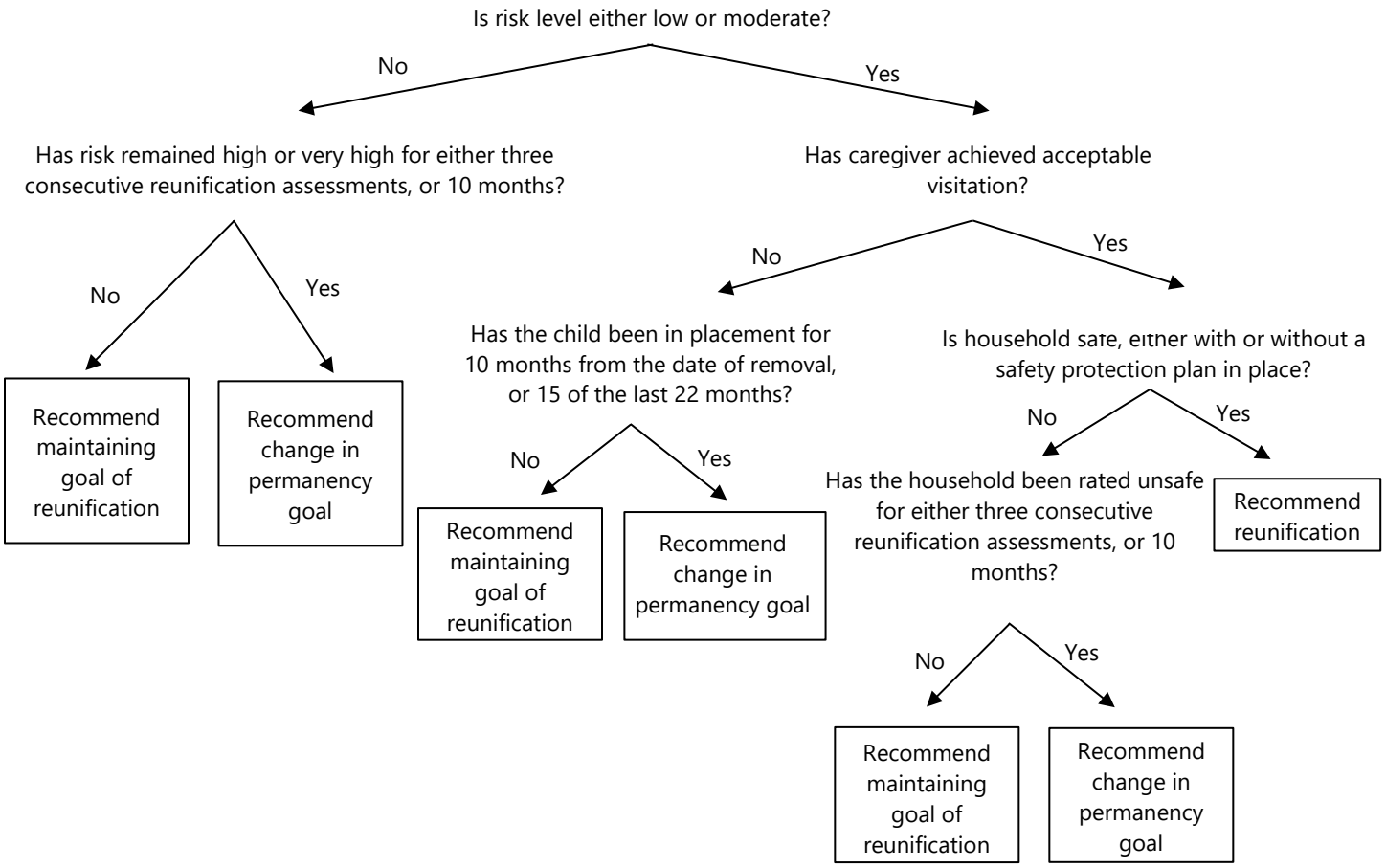
O Safe. No threats to safety were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm if reunification occurs.

O Safe with safety protection plan. One or more threats to safety are present, and protective safety interventions have been planned or carried out. Based on these safety interventions, the child would be safe with an in-home safety protection plan in place upon their return home. *Safety protection plan required*.

O Unsafe. One or more threats to safety are present, and continued placement is the only protective intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

**D. PERMANENCY PLANNING GUIDELINES**

Complete the decision tree below for each child in out-of-home care and enter results in Section E.



**E. PERMANENCY PLAN RECOMMENDATION**

Record the recommendation for each child on a separate line.

| **Child's Name** *(List in same order as in Section B)* | **Removal Date** | **Permanency Plan Recommendation From Section D** *(select one)* | **Override** *(Indicate reason below)* | **Worker's Final Permanency Plan Recommendation** | **New Permanency Goal** |
|---|---|---|---|---|---|
| | | O Reunification<br>O Maintain a goal of reunification<br>O Change permanency goal | O None<br>O Child has been in placement for 15 of the past 22 months<br>O Conditions exist to recommend changing the permanency goal<br>O Caregiver is making significant progress toward case outcomes<br>O Child is a member of sibling group who will be kept together<br>O Other | O Reunification<br>O Maintain a goal of reunification<br>O Change permanency goal | O Adoption<br>O Independent living (age 16 or 17)<br>O Individual stabilization (age 18 or older)<br>O Kinship or legal guardianship<br>O Living with legal parent<br>O Living with other relative<br>O Other long-term specialized care |

**F. CURRENT CASE STATUS** *(select one)*

- ○ 1. Case remains open and at least one child will remain in placement. (Future reunification assessments will be required.)
- ○ 2. Case remains open. All children have been or will be reunified. (Child protective services continue, and future risk reassessments will be required.)
- ○ 3. Permanency plan approved by the court and/or TPR granted. (No future reunification assessments are required.)
- ○ 4. Other (*specify*):

**Worker Signature:** _____ **Date:** _____

**Supervisor Review/Approval:** _____ **Date:** _____

## SDM® FAMILY REUNIFICATION ASSESSMENT
## DEFINITIONS

### A. REUNIFICATION RISK ASSESSMENT

**R1. Risk level from the most recent risk assessment (not reassessment)**

The family's final risk level from the most recent risk assessment is used to score this item. If an initial risk assessment was not completed for the household currently being assessed, select "c," high risk. If there has been an investigation while the current case was open, resulting in completion of a new risk assessment, use the most recent risk assessment's final risk level. Do not use a risk level from a risk reassessment or from a reunification risk assessment.

**R2. Household's progress with case plan**

Rate the caregiver's level of progress with case plan goals, as indicated by behavioral change. **Compliance with/attendance of services is not sufficient to indicate behavioral change.** Identify whether the caregiver is actively engaged in achieving the case plan goals specified in the case plan and is demonstrating the skills/behaviors that will enable him/her to create and maintain safety for the child (e.g., the ability to manage substance use/abuse; the ability to resolve conflict constructively and respectfully; using age-appropriate, nonphysical discipline in conjunction with appropriate boundary setting; demonstrating behavior that promotes the emotional well-being of the child; developing a mutually supportive relationship with significant other).

If there are two caregivers, rate progress for each. If progress differs between caregivers, score this item based on the caregiver demonstrating the least amount of participation/progress.

a. Demonstrates new skills and behaviors consistent with all case plan goals and is actively engaged in maintaining goals. The caregiver is regularly demonstrating all behavioral changes identified in the case plan goals and is able to create long-term safety for children in the household. The caregiver is actively engaged in activities to maintain the goals.

b. Demonstrates some new skills and behaviors consistent with case plan goals and is actively engaged in activities to achieve goals. The caregiver is demonstrating some new skills and behavioral changes consistent with case plan goals and is actively engaged in efforts to attain the goals, but is not regularly demonstrating the behaviors necessary to create long-term safety in all areas.

c. Minimally demonstrates new skills and behaviors consistent with case plan goals and/or has been inconsistently engaged in attaining the goals specified in the case plan. The caregiver is demonstrating minor behavioral change consistent with positive case plan outcomes, but has made little progress toward changing their behavior and is not actively engaged in efforts to attain case plan goals. The caregiver's behavior continues to make it difficult to create safety or may contribute to immediate danger of serious harm.

d. Does not demonstrate new skills and behaviors consistent with case plan goals or refuses engagement. The caregiver has not demonstrated behavioral change consistent with family case plan goals. The caregiver refuses services, sporadically follows the case plan, or has not demonstrated the necessary skills/behaviors for reunification to be possible, due to a failure or inability to participate. The caregiver is unable to create or maintain safety, and their behavior is likely to contribute to immediate danger of serious harm.

**R3. Has there been a new substantiated or established report (in this household) during this review period?**

Score this item based on whether there has been a substantiated or established report for this household during this review period.

- For the first review, the review period begins on the day of the initial risk assessment and ends on the day of this reunification assessment.
- For a subsequent review, the review period begins on the day of the last review (whether reviewed with a reunification assessment or risk reassessment) and ends on the day of this reunification assessment.

a. No. No reports have been received, or there has been no finding of abuse or neglect during this review period.

b. Yes. A new report was received, and abuse or neglect has been substantiated or established during this review period.

**OVERRIDES**

**Case Conditions That Create Very High Risk**
Items 1, 2, and 3 are applicable if, for each item, that condition was present during the investigation that led to this case; items 1, 2, and 3 also apply if there has been a new incident while the case is open. Item 4 is applicable if a child death related to abuse or neglect occurred in the household at any time and the alleged perpetrator has not made progress with case plan goals and would still pose a risk to the child being considered for reunification, if they were to be returned home at this time.

1. **Sexual abuse case AND the perpetrator may have access to the child victim AND perpetrator has not made progress with case outcomes and still poses a risk to the child.**

    - Sexual abuse was alleged and not ruled out; AND
    - There is a possibility that the alleged perpetrator may have access to the child victim or to another child in the household. Access includes direct physical contact and contact by phone, letter, email, social media, or any other means; AND
    - The alleged perpetrator has not engaged in treatment, or alleged perpetrator's treatment provider advises that they still pose risk to the child.

2. **Non-accidental injury to a child under age 3 AND perpetrator has not made progress with case outcomes and still poses a risk to the child.**

    - Any child under 3 years old had a physical injury resulting from actions or inactions of a caregiver; AND
    - The alleged perpetrator has not engaged in interventions or has not demonstrated actions of protection that mitigate the threat to safety.

3. **Severe non-accidental injury to a child of any age AND perpetrator has not made progress with case outcomes and still poses a risk to the child.**

    - A child of any age had a serious non-accidental injury. A serious injury is one that required medical treatment — for example, broken bones, head injuries, internal injuries, or cuts requiring a medical procedure to close — AND
    - The alleged perpetrator has not engaged in interventions or has not demonstrated actions of protection that mitigate the threat to safety.

**4. Caregiver's action or inaction resulted in death of a child due to abuse or neglect (previously or during this reassessment period) AND perpetrator has not made progress with case outcomes and still poses a risk to a child.**

- At any time, a caregiver in the current household caused the death of a child; AND

- The alleged perpetrator has not engaged in interventions or has not demonstrated actions of protection that mitigate the threat to safety.

## B. VISITATION EVALUATION

### Visitation Frequency

Routine: Caregiver regularly attends visits or calls in advance to reschedule.
Sporadic: Caregiver visits inconsistently and may not reschedule.
Rare: Caregiver rarely visits and does not reschedule.
Never: Caregiver does not visit.

### Quality of Face-to-Face Visit

The worker should base their determination of visitation quality on direct observation whenever possible, supplemented by observations of the child in other settings, reports of foster parents, and so forth.

| Quality of Face-to-Face Visit | |
|---|---|
| **Strong or Adequate**<br>Consistently or often demonstrates: | **Caregiver consistently or often demonstrates:**<br>• Acts of protection and supportive behaviors toward the child that are consistent with case plan goals.<br>• Setting appropriate roles and boundaries for child (e.g., caregiver preserves parent-child relationship or takes on adult roles and responsibilities).<br>• An ability to recognize child's behaviors and cues, and generally responds appropriately to behaviors and cues.<br>• Identification of the child's physical and emotional needs, and responds adequately to these needs.<br>• Effective limit-setting and discipline strategies.<br>• A focus on the child during visits; shows empathy to child.<br>• Interest in school, child's other activities, medical appointments, etc.<br><br>NOTE: Visitation may have progressed to include unsupervised and/or extended visits, but progression to extended visits is not required in order to score the quality of visits as adequate or strong. |

| Quality of Face-to-Face Visit | |
|---|---|
| **Limited** | **Caregiver:**<br><br>• Has not progressed toward less restrictive visitation (e.g., increased time or increased independence).<br>• Does not demonstrate acts of protection and supportive behaviors toward the child that are consistent with case plan goals.<br>• May struggle or have severely limited ability to reinforce appropriate roles and boundaries for child (e.g., preserving the parent-child relationship, taking on adult roles and responsibilities); may require prompting to do so.<br>• Demonstrates an ability to recognize child's cues and behaviors, but needs guidance in establishing an appropriate response to these cues and behaviors, OR is unable to respond appropriately.<br>• May demonstrate an ability to identify child's physical and/or emotional needs, but may need assistance with consistently responding to the child in an appropriate manner.<br>• Recognizes a need to set limits with child, but enforces limits or behavior management in an inconsistent or detrimental manner, OR may not recognize a need to set limits. |
| **Harmful** | **Caregiver:**<br><br>• Has ignored redirection by the supervising worker.<br>• Does not focus on child during parenting time and/or conducts self inappropriately during visit (e.g., arriving for parenting time while substance-impaired, reinforcing "parentification" of child, knowingly making false promises to child, cursing at/violently arguing with worker in presence of child).<br>• Has had significant visitation setbacks, which have required increasing levels of supervision due to safety concerns for the child. |

## C. REUNIFICATION SAFETY REVIEW

### Threats to Safety

Consider how safe the child would be if they were to be returned home at this time. Consider current conditions in the home, current caregiver characteristics, current child characteristics, and interactions between the caregiver and child during visitation.

**1. Are any of the threats to safety that were identified on the safety assessment that resulted in the child's removal still present?**

a. No. All the threats to safety that resulted in the child's removal have been resolved.

b. Yes. One or more of the threats to safety that resulted in the child's removal is still present.

**2. Have any new threats to safety been identified since the child's removal, or are there any other conditions present in the reunification household that, if the child were reunified, would present an immediate danger of serious harm?**

a. No. No additional threats to safety are present.
b. Yes. One or more new threats to safety are present.

**3. If the answer to item 1 or item 2 is "Yes," can a safety protection plan be used to mitigate these safety concerns?**
Identify whether any safety interventions are available and appropriate to mitigate any newly identified safety concerns.

a. No. It is not possible to develop a safety protection plan that would provide sufficient safety if the child were to be returned home at this time.

b. Yes. A safety protection plan has been developed and will be in place immediately upon the child's return home.

**Safety Decision**

Safe. No threats to safety were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm if reunification occurs.

Safe with safety protection plan. One or more threats to safety are present, and protective safety interventions have been planned or carried out. Based on these safety interventions, the child would be safe with an in-home safety protection plan in place upon their return home. *Safety protection plan required*.

Unsafe. One or more threats to safety are present, and continued placement is the only protective intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

## D. PERMANENCY PLANNING GUIDELINES

**Is risk level either low or moderate?**
Use the final risk level from Section A.

- Yes. Final risk level is low or moderate.
- No. Final risk level is high or very high.

**Has caregiver achieved acceptable visitation?**
Use the visitation evaluation from Section B.

- Yes: All caregiver visitation evaluations are acceptable. This requires routine frequency and adequate or strong quality.

- No: At least one caregiver's visitation evaluation is unacceptable. This occurs if frequency is less than routine OR quality is less than adequate.

**Is household safe, either with or without a safety protection plan in place?**
Use the safety assessment from section C.

- Yes: Safety decision is safe OR safe with safety protection plan.
- No: Safety decision is unsafe.

**Has risk remained high or very high for either three consecutive reunification assessments, or 10 months?**
Use the final risk level from this reunification assessment and the two most recent final risk levels from any of the following: reunification assessment, risk reassessment, or risk assessment.

- Yes: This is the third consecutive high- or very high-risk rating across any SDM final risk level, OR the risk level has been high or very high for 10 months or longer.

- No: There have been only one or two risk levels determined, OR at least one of three most recent final risk levels (Section A of this assessment and the two most recent final risk levels prior to this assessment) was low or moderate.

**Has the child been in placement for 10 months from the date of removal, or 15 of the last 22 months?**
Use a calculation of the number of months in the current placement episode, or the number of months in placement out of the last 22 months.

- Yes: The current placement episode duration is 10 months or more, OR child has spent at least 15 months out of the most recent 22 months in placement.

- No: The current placement episode duration is less than 10 months, AND in the last 22 months, child has spent less than 15 months in placement.

**Has the household been rated unsafe for either three consecutive reunification assessments, or 10 months?**
Use the safety decision from Section C of this reunification assessment and the two most recent reunification assessments, if applicable. Do not use the safety assessment that led to removal.

- Yes: The current safety decision is unsafe, AND the two most recent safety assessment decisions were also unsafe.

- No: At least one safety decision among this or the two most recent safety assessment decisions have been safe or safe with safety protection plan, OR this is only the first or second reunification assessment.

## E. PERMANENCY PLAN RECOMMENDATION

*Applies to recommendation from Section D and worker's final recommendation.*

**Reunification**
Based on the reunification assessment results, recommend reunification. Specify whether reunification is with the removal household or with the other parent.

**Maintain a Goal of Reunification**
Based on the reunification review results, recommend to keep the child in placement and continue reunification efforts with the removal household.

**Change Permanency Goal**
Based on the reunification assessment results, recommend a change in the child's permanency goal. Indicate the new recommendation.

## F. CURRENT CASE STATUS

Self-explanatory.

## SDM® FAMILY REUNIFICATION ASSESSMENT
## POLICY

The SDM reunification assessment consists of six components, which are used to evaluate risk, visitation compliance, safety, and permanency planning decisions. The results are used to reach a permanency plan recommendation and to guide decisions about whether to return a child home.

### WHICH FAMILIES

- Households with an open child protective services or child welfare case in which at least one child is in placement (including placements with a relative) and has a permanency goal of reunification.

- Households of non-removal parents, if the parent is being considered as a reunification resource.

If more than one household is receiving reunification services, complete a separate reunification assessment for each household.

### WHEN

Safety and risk are assessed *throughout the life of a case*. This policy describes when safety and risk must be *documented* as parts of the reunification assessment in NJ SPIRIT.

- No later than three months from the date of placement and every three months thereafter.

- Prior to any court hearing at which the permanency goal or progress toward case plan goals and goals is being reviewed.

- At any time a child is being considered for return home.

### WHO

The assigned ongoing worker.

### DECISIONS

The reunification assessment guides the decision of whether to recommend reunification or to change the permanency goal.

If a family has effectively reduced their risk level to low or moderate and has achieved acceptable visitation, a reunification safety review is conducted and the results are used to determine whether the home environment is safe. The permanency plan guidelines and permanency plan recommendation (Sections D and E) guide the decision of whether to return a child home or to change the permanency goal.

## SDM® FAMILY REUNIFICATION ASSESSMENT
## COMPLETION INSTRUCTIONS

### HEADER

**Case Name:** Enter the case name.

**Case ID #:** Enter the case number.

**Assessment Date:** Enter the date this assessment is completed with the family.

**Primary Caregiver:** Select the household caregiver who provides the most care for the child. If caregiving is equal, select the caregiver who has legal responsibility. If caregiving is equal and legal responsibility is shared, select the caregiver causing the most harm. If harm is equal, select any one caregiver.

**Secondary Caregiver:** Select the household caregiver who provides the next most care for the child. Select "Not applicable" if there is only one caregiver.

**Worker Name:** Enter the name of the worker completing this assessment.

**Supervisor Name:** Enter the name of the supervisor reviewing this assessment.

**Local Office:** Select the office the worker is from.

**Number of Prior Reassessments:** Enter the number of reunification assessments done prior to the current reunification assessment in the current open case.

**Removal Household?:** Select "Yes" if this assessment is being done on the household from which the child was removed. Select "No" if this assessment is being done relating to a parent who has left the removal household or was not part of the removal household.

### SECTION A. REUNIFICATION RISK ASSESSMENT

For item R1, enter the appropriate score, based on the family's risk level from the most recent risk assessment (do not use the risk level from a prior risk reassessment or reunification assessment). If an initial risk assessment has not been completed, select response "c."

For item R2, assess the household's progress toward case plan goals. Rate the primary and secondary caregiver separately, and base scoring for this item on the caregiver who has made the least progress.

For item R3, enter the appropriate score based on whether the household has experienced any new substantiated child abuse or neglect investigations or established findings during the reassessment period.

If the scored risk level is low, moderate, or high, review the list of case conditions that create very high risk to see if any are applicable. If any of those case conditions apply, the final risk level is "very high." If none of the conditions apply, assess the appropriateness of a discretionary override and determine the final risk level. For the reunification assessment, a discretionary override may be used to *increase or decrease* the risk level by one step.

**SECTION B. VISITATION EVALUATION**

Complete one visitation evaluation table for each child. On each child's table, rate each caregiver's visitation separately.

First, review the frequency of visits during this review period and select the appropriate response. Second, review the quality of visitation, and select the appropriate response.

If the frequency is routine and the quality is strong or adequate, the caregiver's visitation is considered acceptable for that child. Otherwise, that caregiver's visitation with that child is considered unacceptable.

If any caregiver's visitation with a particular child is unacceptable, the overall visitation evaluation is considered unacceptable for that child for the purposes of this assessment.

Next, determine whether the visitation evaluation should be overridden. Select "Yes" if any visitation override will be applied. Indicate whether a policy or discretionary override is to be applied. Select "No" if visitation evaluation is not overridden. Complete a visitation evaluation for each child.

If risk has been reduced to low or moderate AND the caregivers have acceptable visitation for at least one child, complete the reunification safety review in Section C. If risk has *not* been reduced to low or moderate, or caregiver's visitation with all children is unacceptable, proceed to Section D, Permanency Plan Guidelines; there is no need to complete Section C.

**SECTION C. REUNIFICATION SAFETY REVIEW**

The reunification safety review is one component of the SDM reunification assessment; it is used to determine whether any child would likely be in immediate danger of serious harm in the household if they were to be returned home.

Review the safety assessment that led to removal. Identify all threats to safety that were selected.

1. For each threat to safety that led to the child's removal, select "Yes" or "No" based on whether the threat to safety has been resolved, or if it would still be present if the child were returned home. For each threat to safety, provide either facts that demonstrate it has been resolved, or facts demonstrating its continuing presence.

   It is possible that some threats to safety will have been resolved and some will remain. If at least one threat to safety remains, select "Yes" for this item.

2. Indicate whether any new threats to safety have been identified since the child's removal; if so, list each one and provide a description. Also identify whether there are any other conditions present in the household that would present an immediate danger of serious harm if the child were returned to that household. If there are no new threats to safety or other conditions, skip item 3 and proceed to the safety decision.

3. For any unresolved or new threat to safety, describe either:

   - How an in-home safety protection plan could address the threat to safety if the child were returned home; OR

   - Why an in-home safety protection plan will not mitigate the threat to safety at this time.

**Safety Decision**

If no unresolved or new threats to safety are present, select "Safe" to indicate that the child can be recommended for reunification.

If one or more unresolved or new threats to safety are present, but interventions are available and appropriate to address the threat to safety, select "Safe with safety protection plan" to indicate that the child may be recommended for reunification, as long as an in-home safety protection plan will be in place immediately upon the child's return home.

If one or more unresolved or new threats to safety are present, and no interventions can be put in place that will mitigate safety concerns, select "Unsafe" to indicate that the child will remain in placement. The child *may not* be recommended for reunification with a household that is currently rated "unsafe."

**SECTION D. PERMANENCY PLANNING GUIDELINES**

The decision tree in this section is used to determine whether a child should be recommended for reunification, should be maintained in placement with a goal of reunification, or should have a change in the child's permanency goal. Proceed down the tree until a recommendation is reached.

**SECTION E. PERMANENCY PLAN RECOMMENDATION**

Enter the name and date of placement for each child in placement, and select that child's recommended permanency goal based on Section D.

Consider the list of permanency decision overrides and indicate whether any of them are appropriate and will be applied. Indicate your final permanency goal recommendation.

If "change permanency goal" is selected, you *must* enter the new permanency goal.

**SECTION F. CASE STATUS**

Indicate what the case status will be following the reunification assessment process (i.e., what recommendation will be made to the court). If this is different from the case status recommended by the reunification assessment instrument, describe the rationale for recommending a different case status to the court.

## SDM® FAMILY REUNIFICATION ASSESSMENT
## PRACTICE GUIDANCE

Following the principles of family-centered practice, the reunification assessment should be completed together with the members of each appropriate household and should begin when an intervention case is first opened. The case plan and reunification assessment form should be shared with the household at the beginning of intervention services. This allows the household members to understand what is expected, what will be used to evaluate reunification potential, and the threshold they must reach.

Specifically:

- Inform the family members of their original risk level, and explain that this will serve as their baseline risk level for the reunification assessment (unless a recurrence occurs, in which case likelihood of future harm will be assessed and the new risk level will be used as the new baseline).

- Explain that a new substantiated recurrence or failure to progress toward the case plan goals will increase their risk level, and that progress toward the case plan goals will reduce their risk level.

- Explain that both the quantity and the quality of their contacts with the child will be considered. Family members must regularly attend their contact visits, and those contacts must have at least adequate quality (provide the definition for adequate quality).

- Provide information on the safety assessment portion of the reunification assessment, and explain that if everything else would permit reunification, the final consideration is safety. Family members must demonstrate that either no threats to harm are currently present, or that there is a safety protection plan in place to reduce any identified threats to harm.

At the time of review, for each household participating in reunification services, using the definitions and instructions, complete the following.

### A. REUNIFICATION RISK ASSESSMENT

At the time of review, the worker will determine the initial risk level and whether there were new substantiated or established abuse or neglect investigations since the last review or case opening.

The worker then must determine progress toward goals in the case plan. For each goal, review what has and has not been accomplished. Focus on behaviors that are consistent with the goal. It may be helpful to list all goals for each caregiver. Review them one at a time and rate the extent to which the caregiver is demonstrating action consistent with each goal.

Discussion of progress should take place at each contact throughout the review period. This will ensure that there are no surprises at the time of formal review and provide an opportunity to address barriers the caregiver may be experiencing.

**B. VISITATION EVALUATION**

Visitations should be arranged as soon as possible to facilitate an ongoing relationship between the child and the caregiver, minimize disruptions in the child's relationship with the caregiver, and build/strengthen attachment between the child and the caregiver. As much as possible, visitation should be arranged in settings that are natural and familiar to the child.

The objective of visitation is to build bonds and attachment between the natural family and the child, and for the caregiver to demonstrate behavioral changes identified in the case plan and practice new skills they have learned in order to achieve sustainable safety.

Every child in care should have a visitation plan. A visitation plan is a joint agreement between the caregiver, child, and agency, and by following it, the caregiver can safely interact with the child. A visitation plan states the frequency, nature, and safety protection plan during visitation.

It is important to have frequent conversations with the caregiver about their visitations with the child to review their progress toward the identified goals in the visitation plan (e.g., what has been going well and what can be done differently). While workers will not be observing most visitations, information about the visitation can be gathered through conversations with the caregiver and with the child, or with any support system members who were present. Additionally, some visitations can be mutually selected for the worker to observe first hand. Some caregivers may benefit from more direct coaching during visitations. This collaborative, safety-focused, and family-centered approach makes the best use of visitations for moving toward the goal and providing the worker the opportunity to determine progress, while still affording the family ample opportunity for simple visitation without direct agency intervention.

For visitations that have been assessed to be adequate, the visitations should progress to include unsupervised or extended visitation, but progression to extended visitation is not a requirement to score the quality of visitation as adequate.

For visitations that have been assessed to be limited, the visitations may be facilitated and supported (e.g., visitation agencies, support system, family members that are assessed to be safe, or community partners).

For visitations that are assessed to be destructive, the visitations should be supervised. If visitations are persistently destructive and/or there are recurring breaches to the visitation plan, visitations should be suspended. Visitations can be resumed after review and adherence to a safe visitation plan.

## C. REUNIFICATION SAFETY REVIEW

The worker should determine which threats to safety were present on the most recent safety assessment. Review previous threats to safety and determine whether these have been ruled out or resolved. To evaluate whether an item is resolved, consider whether over time the caregiver has taken action consistently that directly reduces the threat to safety. If so, select "No" to indicate the threat is not present, and briefly describe the actions that were taken. Otherwise, "Yes" should remain selected for the item.

Consider whether any new threats to safety are present. For example, a new person joined the household and family violence exists where there was none before, and the violence may result in physical harm (Threat to Safety 1) or emotional harm (Threat to Safety 6) if the child were back in the home.

Remember to assess the household to which the child would be reunified.

If "Yes" is selected for reunification safety assessment item #1 or #2, consider whether a safety protection plan would allow the child to return home. The process of safety planning for reunification is similar to the process for efforts to prevent a removal.

If a safety protection plan cannot be developed, no interventions will be selected and the child will be unsafe.

## NEXT STEPS

The following table describes possible recommendations from the reunification tool and corresponding next steps to be taken upon tool completion. The third column of the table lists the name of the next SDM reassessment required and when it is due.

| Recommendation/ Action | Next Steps | Next SDM® Reassessment |
|---|---|---|
| Reunification | Begin process of reunification. If court is involved, make recommendation to court and proceed once court supports the recommendation. Prepare all participants for return home (child, caregivers, foster parents, and support system). | Risk reassessment in three months |
| Maintain goal of reunification | Continue family reunification services. Be sure everyone is aware of the time limits. Consider concurrent planning if not already begun. | Reunification assessment in three months |
| Change permanency goal | Recommend changing permanency goal. Determine the most appropriate new goal (e.g., adoption, legal guardianship). NOTE: Decisions about terminating parental rights may be made at this time or at a later time, based on legal requirements and professional judgment. | None |

# Appendix A

## Working Across Difference

## WORKING ACROSS DIFFERENCE

Every interaction between two people is an interaction across difference. The fewer characteristics shared by the people, the greater the difference. When a worker interacts with a family reported to child protective services, there is one major difference that is inherent in the interaction. The worker has the power to make the most profound decision about the family: to remove a child. In contrast, the family experiences relative powerlessness. If the family is from a traditionally marginalized group in any respect, the difference from the worker grows.

Because of the position of the worker, the responsibility to build a bridge to facilitate working across difference rests with the worker. The worker is NOT responsible for solving systemic oppression. However, the worker is responsible for recognizing the presence and impact of difference, and for using empathic, skillful means to conduct assessments and to support the family through a change process. This brief overview of frequently encountered differences and selected skills for overcoming difference serves simply as a reminder that using the SDM® system well depends on effective working across difference.

Frequently encountered differences include the following.

| Potential Differences | |
|---|---|
| Power | • The role of the worker carries power over the family.<br>• Some cultures have greater deference to government officials.<br>• A family may have substantial power based in the caregiver role.<br>• Workers will differ in their comfort with the power they hold. |
| Status | • Families encountered may be, or may identify as, at a lower status than the worker.<br>• The worker may be, or may identify as, at a lower status than the family.<br>• Workers may earn more and have more wealth than families.<br>• Families may earn more and have more wealth than workers.<br>• Families may ascribe a level of status to the worker.<br>• Caregiver may have more or less education than the worker. |
| Gender | • The worker may be the same gender as, or a different gender from, each member of the family served.<br>• Some cultures have greater or less equality between genders and more or less uniquely differentiated roles.<br>• Workers will vary in their own relation to gender constructs. |
| Age | • Workers will be older than, and younger than, members of the family served.<br>• Some cultures have different traditions influencing interactions between younger and older individuals. In particular, when a worker is in a position that requires respect for an older family member, while at the same time that worker needs to exercise the responsibility of the power of the worker's role, the dissonance can be difficult to negotiate. |
| Race | When the worker's race differs from the client's race, there can be differences in traditions, language, cultural norms, nuances of meaning, and more. When unexpressed and unexplored, these differences can lead to misunderstanding, despite best intentions. |
| Religion | When the worker's religious beliefs differ from the client's belief system, there can be differences in perceptions and parenting practices. These differences may lead to misunderstandings that can affect the relationship between the worker and the family. |

| Potential Differences | |
|---|---|
| Impact of trauma | • Family members may have experienced trauma to the extent that current actions and reactions are shaped by traumatic experiences. Workers may interpret these actions and reactions without using a trauma lens and ascribe a negative meaning that adversely affects how the worker views the family.<br>• Workers may have experienced trauma on or off the job. Traumatic stress can affect how a worker navigates their work, and specific family characteristics or situations may unwittingly serve as trauma triggers. |
| Impact of historical and systemic oppression | Each person experiences some degree of privilege and some degree of oppression. For some, there are few areas of privilege and many ways they experience oppression. This may be due to race, gender, class, education, age, or other characteristics. |

It is possible for families previously known to child protection to minimize the harm that is currently happening to the child for fear of being sanctioned again.

Caregiver beliefs and practices in such areas as infant care, healing practices, and discipline can vary significantly across cultures. It is important to be aware of these potential differences when initially assessing a report. In general, unfamiliar cultural behaviors or practices that are not harmful should not be assessed as harmful because they are different; conversely, behaviors that do cause harm should not be defended or dismissed on cultural grounds.

**Frequently Encountered Issues for Maltreatment Types**

Assessment of potential physical abuse should consider the following points.

- In some instances, caregivers may provide cultural explanations for abusive behaviors. While it may be important to capture any cultural explanation to understand the intent of the behavior, caseworkers are to focus on the impact of the behaviors and not accept cultural defenses or excuses for abusive behaviors. Abusive behaviors are defined as any acts that cause harm to the child, that result in fear, or that cause physical injuries that may require medical treatment, regression, and so forth.

Assessment of potential neglect should consider the following points.

- The ability of caregivers to meet basic care needs can be compromised by mental health issues; inadequate financial resources; a non-existent support system; or unfamiliarity with social service systems, such as the child protection system, laws, housing, and the medical system.

- How caregivers understand adequate parenting, supervision, and care can be influenced by their own parenting experiences. These experiences could affect, for example, how caregivers perceive "adequate" levels of food, appropriate housing, acceptable household hygiene, or medical attention.

- Intergenerational conflict and family violence can place significant stress on caregiver-child relationships. Victims of family violence may be less able to exercise protective measures over the child in their care.

- Cultural expectations around education may vary according to parental and familial beliefs, such as the significance placed on the value of education, or differential expectations based on gender or age at which a child should be in the educational system.

- For some families, an overcrowded home may be an improvement over the conditions in which they previously lived. These individuals may have gone through long periods of homelessness or faced difficulties navigating the housing system.

Points regarding alternative care arrangements include the following.

- A child may have prearranged suitable and safe supervision from a capable child, family member, extended family member, elder, or community member. This may be an informal arrangement without the presence of an adult.

Role expectations for the child include the following.

- Some culturally appropriate role expectations for children (e.g., increased levels of responsibility within the family) or culturally appropriate adult-child interactions (e.g., parental use of language or intonation that may appear aggressive) could be wrongly interpreted as emotionally abusive by some reporters. Consultation may be required to help differentiate among actions/expectations that are culturally appropriate and those that should be considered abusive.

Assessment of potential emotional harm should consider the following points.

- Cross-cultural variations in expressions of bonding and attachment (e.g., low levels of physical contact or emotional expression) may reflect cultural practices rather than maltreatment.

- Parents who have been exposed to family violence and are experiencing marital conflicts can experience reduced emotional availability and parental capacity.

**Examples of Selected Tools for Working Across Difference**

Tools for working across difference are ways of consistently thinking and acting more so than a discrete tool that is used in a discrete moment. In your work, you should strive to be guided by these tools in all your interactions. When you feel stuck, you may find that a tool helps us discover a place where you have not bridged the differences, which has resulted in misunderstanding.

Curiosity

Curiosity about difference is a way to open dialogue without judgment. Holding a position of curiosity keeps you open minded and helps you avoid making mistaken assumptions about others. Curiosity places the family in the expert role on their own culture. Curiosity is gentle, genuine interest.

Essence Versus Behavior

- The hardest thing to do is to *separate* this idea that feedback about your behavior is an attack on your goodness, your character, your intention, or your commitment. Feedback about behavior should be about the specific behavior and the impact or consequences of that behavior, of the interplay between privilege and oppression.

- When you are receiving feedback from your place of privilege, it is *very* hard to see it as a "gift"; someone is essentially giving you a window into what it is like to work with/be in contact with you. And if you can stay in the conversation and in a place of curiosity, you will actually receive the "gift." It is the gift of now knowing how to be with that person—a gift that does not feel offensive, disrespectful, dehumanizing, and so forth. Who would not want to know this? Especially when, from your place of privilege, you so desperately want to "get it right" and/or "say the right thing."

- It is important to hold the idea that sometimes, from your place of privilege, you are carrying the burden of your group membership and or of actions occurring at the institutional and cultural levels in our society. That alone makes the interaction more complicated right from the beginning.

- From the place of oppression, if you can be crystal clear what you are talking about and what the "ask" is to another, you can shift the way others communicate or engage with you. You also get to do two things.

    » Teach people how to treat you—it is our birth right to be treated in a humanizing manner.

    » Have some ownership in the strategy the other person will use (because if they have to come up with it on their own, it likely will not work for you).

- You may feel the need to be and expect others to be "perfect." It is hard to hold this concept that good people often can and do cause harm unconsciously and unintentionally. This happens in child welfare daily. Well-meaning staff make mistakes and are unwilling to examine their behavior critically because they are defending their "goodness," their good nature, their good intentions, or the fact that they have been doing this good work for a long time. They feel that any critique is a critique on their essence, and they cannot hear it as a "call in" to examine their behavior.

Intent and Impact

In the interaction between two people, it is impossible for one to know the intent of the other, or to know the impact of one's actions on another, without conversation. Relying on assumptions creates fertile ground for misunderstanding in the following ways.

- You may know that your intent is good.
    - » You may assume that, therefore, the impact of your words or actions will be good. You may be blind to harm that you cause.
    - » The other person, especially if the impact was harmful, may assume that your intent was harmful.
    - » If there is damage in the interaction, you may respond negatively because your intent was good. Therefore, if there is damage, it must be the other person's fault.
- You may feel harmed by the other person's words or actions.
    - » You may assume that, therefore, their intent was harmful.
    - » Your next words or actions may reflect your view that their intent was harmful.
    - » The other person may respond to your words or actions with their own hurt related to what they perceive as unprovoked.

Using awareness of intent and impact means pausing to clarify, particularly when an interaction becomes uncomfortable.

RUAD is a simple way to remember stages toward working across difference.

- *Recognize*. Be aware of a difference and name it. Acknowledge the difference rather than act as if the difference does not exist.
- *Understand*. Ask questions about the difference. Be curious. Think about what the difference may mean, especially as it relates to the work of assessing or intervening in child protection. What does the difference mean to you? To the other person?
- *Appreciate*. Move beyond merely tolerating a difference to actually valuing it.
- *Difference*. Use and intentionally focus on the difference.

# Appendix B

## Abusive Sexual Behavior Versus Age-Typical Sexual Behavior

Following are examples of what is considered "normal" versus "abusive" sexual behavior for different age groups.

| Age-Typical Sexual Behaviors | Abusive Sexual Behaviors |
|---|---|
| **Ages 0–5** | |
| • Masturbation as self-soothing behavior<br>• Touching self or others in exploration or as a result of curiosity<br>• Sexual behaviors without inhibition<br>• Intense interest in bathroom activities | • Curiosity about sexual behavior becomes obsessive preoccupation<br>• Exploration becomes re-enactment of specific adult sexual activity<br>• Behavior involves injury to self or others<br>• Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts |
| **Ages 6–10** | |
| • Fondling/touching own genitals and masturbation<br>• More secrecy regarding self-touching<br>• Interest in others' bodies becomes more game-playing than exploratory curiosity (e.g., "I'll show you mine if you show me yours")<br>• Boys may begin comparing penis size<br>• Extreme interest in sex, sex words, and dirty jokes may develop<br>• Beginning to seek information or pictures that explain bodily functions<br>• Touching may involve stroking or rubbing | • Sexual penetration<br>• Genital kissing<br>• Oral sex<br>• Simulated intercourse<br>• Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts |
| **Ages 11–12** | |
| • Continuation of masturbation<br>• Focus on establishing relationships with peers<br>• Sexual behavior with peers such as kissing and fondling<br>• An interest in others' bodies that may take the form of looking at photos or other published material | • Sexual play with younger child (e.g., inappropriate touching of private areas or exposure of private areas to others)<br>• Any sexual activity between children of any age that involves coercion, bribery, aggression, or secrecy; or involves a substantial power or age difference |

| Age-Typical Sexual Behaviors | Abusive Sexual Behaviors |
|---|---|
| **Ages 13–17** | |
| • Masturbation in private<br>• Mutual kissing<br>• Sexual arousal<br>• Sexual attraction to others<br>• Consensual sexual activity among peers<br>• Behavior that contributes to positive relationships | • Masturbation causing physical abuse or distress to self and others<br>• Public masturbation<br>• Unwanted kissing<br>• Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering)<br>• Non-consensual groping or touching of others' genitals<br>• Coercive sexual intercourse/sexual assault<br>• Coercive oral sex<br>• Behavior that isolates child and is destructive of child's relationships with peers and family |

## REFERENCES


Araji, S. K. (2004). Preadolescents and adolescents: Evaluating normative and non-normative sexual behaviors and development. In G. O'Reilly, W. L. Marshall, A. Carr, & R. Beckett (Eds.), *The handbook of clinical intervention with young people who sexually abuse* (pp. 4–35). Hove, England: Brunner-Routledge.

Australian Childhood Foundation, Protecting Children. (2005). *Children who engage in problem sexual behaviors: Context, characteristics and treatment*. Victoria, Australia: Author.

Boyd, C., & Bromfield, L. (2006, December). *Young people who sexually abuse: Key issues* (NCPC Practice Brief No. 1). Melbourne, Australia: Australian Institute of Family Studies.

## Appendix C

## Acceptable Circumstances When Child Is Left Alone

| Acceptable Circumstances When Child Is Left Alone | | |
|---|---|---|
| **Age/Developmental Age of Oldest Child** | **Time Alone** | **Circumstances** |
| Infant/toddler | May be briefly unattended with caregiver in another room | • Another responsible adult is present.<br>• Child is asleep or in safe setting (e.g., playpen, child seat, protected area) while caregiver sleeps or attends to other responsibilities, including self-care. |
| Preschool | Five to 15 minutes, caregiver within hearing of child | Child is asleep, quietly playing, or in safe circumstances and has been given instructions child is capable of following for remaining where they are. |
| 5–7 years | 15–60 minutes, caregiver within hearing of child | |
| 8–9 years | Two to four hours | Child is in safe circumstances and has been given instructions child has previously demonstrated capability for following. |
| 10–13 years | 12 hours | • Backup adult is available to child who is accessible, on call, and able to give assistance.<br>• Child is responsible for supervision of only one or two other children.<br>• Child knows how to leave the house and/or contact help in case of emergency, e.g., fire outbreak, illness, or injury. |
| 14–16 years | 24 hours | • Backup adult is available to child.<br>• Child has demonstrated ability to self-supervise.<br>• Child is responsible for supervision of only one or two other children. |
| 16–17 years | More than 24 hours | Child has demonstrated ability to stay safe and meet own basic needs for extended periods of time. |