

## Child and Family Services Policy Manual: Investigation/Assessment Philosophy

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### Philosophy Statement

It is the Division's mission to keep children safe and families strong. Safety of the child takes precedence over all other decisions surrounding child protective services. At the time of investigation, a child may be considered safe when there is an absence of serious threat of harm or when the threat of serious harm to a child is controlled by a response to an unsafe situation; in other words, a child may be considered safe when no present or impending dangers are identified through the investigation/assessment protocols and policies. It is also important to assess whether or not the response is sufficient to maintain the safety of the child from actual serious harm or substantial risk of harm over time.

The strength of families and their capacity to protect their children is always considered when determining whether a child is safe and what interventions must occur. The family's input must be considered when developing a safety plan for a child.

An investigation/assessment should be respectful, thorough, and timely in accordance with CFSD policy manual section 202-3.

### Safety Practice Safe v. Unsafe: The Montana Safety Assessment and Management System (SAMS) Model

The Department has implemented a safety intervention system. The **Montana Safety Assessment and Management System (SAMS)** is designed to ensure that safety assessment guides decision-making throughout the life of the case.

### Key Principles

Excellence in safety intervention systems and practice is contingent upon full appreciation and implementation of key principles.

- A safety intervention system relies on explicit precision in language and application. Consistency of terms and their use in day-to-day work and in all written communications, such as policy, procedure and practice guidelines is critical to creating an effective system of safety for children and families.
- All staff are trained on safety assessment and management and the distinct tasks associated with their

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role and are expected to demonstrate these competencies.

- Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure, including removal and reunification decisions. “Safety in placement” is also a priority, guiding placement decisions.
- A safety intervention system is not incident based. That is, the scope of the work is not defined by determining the presence or absence of injuries or incidents. The scope of the work is identifying safety threats, present and/or impending and working with families to mitigate those threats.
- A decision that a child is unsafe does not equate with removal. It directs the department to make informed decisions about safety planning that will control the threats. These plans may be in-home, out-of-home or some combination of the two.
- Safety interventions control safety threats and focus on enhancing caregiver protective capacities rather than ensuring well-being in all domains of life. The department shall not remain involved in a case once safety threats are mitigated or when caregivers’ protective capacity is sufficient.
- A safety intervention system relies on collection and analysis of discrete information sets rather than evaluating every aspect and detail of each family member’s life.
- A safety intervention system is reliant on good social work practice and is congruent with family-centered and strength-based practice. In safety practice, strengths are important when they truly mitigate safety threats or support protective capacities of the parent(s).

### **SAMS Key Terms and Definitions**

Precision in language and application of key terms is essential to effective implementation of a safety intervention system. The following offers clear and precise definitions of terms in the Montana SAMS.

#### *Safe*

Children are considered safe when there are no present danger or impending danger threats, or the caregivers’ protective capacities control existing threats.

#### *Unsafe*

Children are considered unsafe when they are vulnerable to

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present or impending danger, and caregivers are unable or unwilling to provide protection.

<i>Present Danger</i>	Immediate, significant and clearly observable family condition (or threat to child safety) that is/are actively occurring or "in process" of occurring and will likely result in severe (serious) harm to a child, requiring immediate protective response by the child protection specialist.
<i>Immediate (Imminence)</i>	This refers to the belief that family behaviors, conditions or situations will remain active or become active without delay resulting in or contributing to an event or circumstances that reasonably could result in severe harm to a vulnerable child now or within the next several days. Imminence is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes without intervention.
<i>Significant (Severity)</i>	This refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition, or situation that is out of control. Severity is consistent with severe harm.
<i>Clearly Observable</i>	This refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The connection of these family behaviors, conditions or situations to posing a danger to a child is evidenced in explicit, unambiguous ways. The criterion "observable" does not include suspicion, intuitive or gut feeling, difficulties in worker-family interactions, lack of cooperation, difficulties in obtaining information, or isolated, even provocative information considered exclusive of family behaviors, conditions, or situations.
<i>Impending Danger</i>	This refers to a family circumstance where a child is living in a state of danger, a position of continual danger. Danger may not exist at a particular moment or be an immediate concern (like in present danger), but a state of danger exists. Impending danger to child safety or this state of danger is not always obvious or occurring at the onset of department involvement or in a present context, but these can be identified and understood upon more fully evaluating individual and family conditions and functioning.

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*Safety Threshold* This refers to the point at which a family condition (or risk factor) reaches the level of a safety threat. The safety threshold is met when the following 5 criteria are assessed to apply.

1. **Severity** is consistent with harm that can result in significant pain, serious injury, disablement, grave or debilitating physical health or physical conditions, acute or grievous suffering, terror, impairment, death.
2. **Will likely occur in the immediate to near future:** A belief that threats to child safety are likely to become active without delay; a certainty about an occurrence within the immediate to near future that could have severe effects.
3. **Observable:** Danger is real; can be seen; can be reported; is evidenced in explicit, unambiguous ways.
4. **A Vulnerable Child:** Dependence on others for protection
5. **Out-of-Control:** Family conditions which can affect a child and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation or internal power; are out of the family's control.

*The Six  
Assessment  
Questions*

In the use and application of the Montana SAMS, standardized information gathering is crucial. As indicated above, present danger is readily identifiable and likely apparent to the average person on the street. Impending danger is more elusive, however, and requires focused professional information gathering and assessment. The areas of focus are:

1. Maltreatment
2. Circumstances Surrounding the Maltreatment
3. General Adult Functioning:
4. General Child Functioning
5. Parenting: General
6. Parenting: Discipline

It is the information gathering and assessment of the interplay among these 6 areas that further informs the child protection specialist about unseen, yet very real threats. A complete safety assessment cannot be done without this focused assessment.

*Present Danger  
Plan*

Present Danger Plans are used when there is the identification of specific present danger to a child based on the results of the Present Danger Assessment. They are designed to control and manage the present danger threats so that the child is safe while an initial assessment/investigation continues in the form of the completion of a Family Functioning Assessment. Present

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Danger Plans are short-term in nature and are limited to 30 days, thus making them distinctly different than safety plans and case plans. They are replaced with safety plans when the Family Functioning Assessment is completed. The following areas must be evaluated when considering a Present Danger Plan:

- Parents' willingness to co-operate.
- Description of person(s) responsible for the protective action, check of home for obvious safety threats.
- Confirmation of person responsible for protective action: trustworthiness, reliability, commitment, availability, alliance to plan. Most importantly, does this person believe that the safety threats are real and may result in serious harm to the child? Can the child protection specialist justify that this person can and will protect the child?
- Description of protective action, what it is and the details of how it will work, including communication between the Child Protection Specialist and provider of protective action required by the Present Danger Plan and time frames of protective action and oversight.

### *Safety Plan*

Safety Plans are actions taken that are oriented toward controlling impending danger rather than changing the conditions that cause the impending danger. A safety plan must control or manage impending danger, have an immediate effect, be immediately accessible and available and contain safety services and actions only, not services designed to effect long-term change. It must be sufficient to ensure safety.

Safety Plans are only effective when they meet specified criteria. Safety plans must meet the following criteria:

- They are a written arrangement with the parent(s), those who will help maintain safety and the Child Protection Specialist.
- They clearly specify the impending danger identified from a standardized set of safety threats and individually describe how they are seen within each family.
- Safety Plans identify how each impending danger safety threat will be managed and also specify:
  - Who will perform what types of safety actions?
  - What is the suitability of this person (s)?
  - Under what circumstances will they perform the safety actions (location, who else will be there, for example)?
  - What time frames, (frequency, duration, and exact

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- times and days) will the safety actions occur?
- Are the safety providers available & accessible at the times the threats are present and need managing?
- Safety Plans are representative of the least intrusive/restrictive intervention. This means the most intrusive options are used only after all least intrusive options have been determined to be insufficient to assure safety.
- The child protection specialist maintains responsibility and accountability for the sufficiency of the safety agreement.
- Specifics related to governance of the safety agreement are stated clearly.
- Oversight and administration of the safety agreement is stated and is the responsibility of the child protection specialist.
- A communication strategy among participants is clearly identified.

### *Safety Services*

Safety services are designed to control and manage safety threats, not to effect long-term change. Safety services may include:

- In-home to out-of-home placement (partial to total);
- Different kinds of placements (kinship, foster, emergency shelter, voluntary, court ordered);
- Protective role of parents needs to be evaluated (non-protective to significant);
- Protective role of others (friends, relatives, others);
- Safety service arrangements can be very limited or quite extensive;
- Types of providers may vary from relatives to neighbors, church members, para professionals to professionals for example;
- Parental access to child must be clarified. It may be that no access is needed to ensure safety, or, perhaps, liberal supervised access is fine; and
- Separation (temporary to permanent).

### *Sufficiency*

Once the safety plan is complete, review with the Child Protection Specialist Supervisor is required to make certain that the plan is sufficient to assure safety and that a prudent judgment is made by the Child Protection Specialist that the degree of intrusiveness and level of effort represented in the safety plan will be reasonably effective in protecting a child.

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<i>Protective Capacities</i>	Protective Capacities are personal and parenting behavioral, cognitive and emotional characteristics specifically and directly associated with being protective of one's children. These differ from what we have traditionally identified as strengths or protective factors in their direct relationship to the positive influence they exhibit in controlling or managing safety threats.
<b>Safety Intervention System Processes and Tasks for Investigation/Assessment</b>	Safety Intervention Systems have two primary components: 1) Safety Assessment and 2) Safety Management. Within these functions, there are distinct tasks that the department must complete as well as specific decisions that are made at each point throughout department involvement with the families.
<i>Safety Assessment</i>	The purpose of safety assessment is to determine if there is present and/or impending danger, i.e., are there safety factors that meet the safety threshold? Assessment of safety is an ongoing process that occurs throughout involvement with each family from intake and initial contact until closure. Safety assessments are precise in focus, in that information is gathered and analyzed according to the 6 questions. Information gathered informs the safety assessment, and then standardized criteria that are known through research and literature to be related to the presence of safety concerns are applied and a safety determination is made. Each safety factor identified must meet the safety threshold defined on pages 2-3 of this section.
<i>Safety Assessment Tasks</i>	<ol style="list-style-type: none"> <li>1. At initial contact, assess for present danger.</li> <li>2. If present danger is identified, then implement a Present Danger Plan <b>for not more than 30 days</b>.</li> <li>3. Whether there is present danger or not, continue and complete the Family Functioning Assessment to gather information on the 6 questions and analyze for impending danger according to the safety threshold.</li> <li>4. Apply standardized safety assessment criteria, i.e., safety assessment tool and make a safety decision. Safety decisions are limited. A child is either safe or unsafe. If there is a child who is unsafe, the next steps we take are to ensure safety through a structured approach to safety management.</li> </ol>
<i>Safety Management</i>	Safety management is the identification and implementation of actions intended to control safety threats or threats of harm. Safety actions must match the frequency and duration of the

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threat of harm and be in effect for the period of time when relevant caregiver protective capacities are absent. They must also be accessible in time and physical proximity and have immediate effects that control for safety threats. Child Protection Specialists need to perform the following tasks and processes to ensure effective safety management.

### *Safety Management Tasks*

1. Continuously assess for present and impending danger.
2. If present danger emerges, implement immediate Present Danger Plan.
3. Complete Family Functioning Assessment.
4. If impending danger is identified, implement a safety plan in collaboration with the family. Safety plans are developed along a continuum from least to most intrusive/restrictive. This means that removal of the child from the home occurs only after the use of an in-home safety plan has been ruled out as a safety management option. Safety plans may be developed in family group decision-making meetings.
5. Take responsibility for monitoring the safety plan and assuring its continued effectiveness.
6. Continuously evaluate the need to alter the safety plan, either reducing or increasing the intrusiveness/restrictiveness as indicated by continual safety assessment.
7. Assess need for ongoing services.

### **Substantiation Decision v. Safety Decision**

The determination of whether or not a child is safe from immediate threat of harm, or present or impending danger, does not determine the outcome of the decision as to substantiate child abuse and/or neglect. When investigating and assessing a report, if the child protection specialist makes a determination that sufficient evidence exists to substantiate abuse and/or neglect, the child protection specialist shall substantiate such abuse and/or neglect.

### **References**

Mont. Code Ann. § 41-3-101  
Mont. Code Ann. § 41-3-102

Rev. 10/03  
Rev. 10/07  
Rev. 01/12  
Rev. 02/13