



# PREVENTING REMOVALS

TAMMI WINCHESTER – DHS, SOCIAL WORK ADMINISTRATOR, WESTERN SERVICE AREA

- Child safety conferences (CSC)
- Safety plan

# CSC PHILOSOPHY

- One way of assuring family connections are always strengthened and preserved
- Held at times in the life of a child welfare service case when the family is most vulnerable
- An organized and facilitated discussion between family members, DHS, contractors, a Parent Partner, and others **selected by the family**, which provides an opportunity for families to feel respected and engaged. **The goal of all who attend is to keep the family safe and intact.**

# CSC LOGISTICS

3 business days after a referral for FPS is made. A CSC cannot be held without the parent(s).

Parent(s)/caretaker(s) or guardian(s) are encouraged to invite and bring anyone who is identified as part of their support network

A follow up CSC is scheduled within 10 calendar days from the date of the initial CSC. Purpose of follow up is to review the initial CSC plan, identify progress and needs, and assess current safety

# CSC LOGISTICS

Currently held remotely through Zoom due to COVID. In person options will be made available as COVID restrictions are lifted. In person made available upon request.

The team collaborates with the family to design a plan, activities, and results expected to ensure the safety of the child(ren) and maintaining family connections.

# CHILD SAFETY CONFERENCE (CSC) OUTLINE

1. Start with intros and why we are here
2. Share the goal: **Keep child safe at home or if removed - return child home as soon as possible.**
3. Discuss current safety plan in place – modify as needed
4. Discuss supports to keeps kids home (or other types of support)
5. Discuss additional supports
6. After developing an action plan – team discusses a plan B – if child has to be removed -who could move in, who could children stay with etc. Further identify family or fictive kin.

CSC Plan: facilitator completes on approved template and shares with the team – sends to team next business day

# CSC PLAN EXAMPLE

Children's Names		Referral Date (Family Preservation Services)	2/1/21
Financial County	Mills	DHS Referring Worker	
State ID		Family Support Specialist Name	
Parent/Caregiver Name		Contractor Name	FAC
Parent/Caregiver Name		CSC Facilitator Name/Author	

Describe the threats of danger placing the child(ren) at imminent risk of removal/reason for child safety conference.	Mother's positive test for methamphetamine.
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## INITIAL CHILD SAFETY CONFERENCE (WITHIN 3 BUSINESS DAYS OF REFERRAL TO FAMILY PRESERVATION SERVICES)

Initial Child Safety Conference Date/Time	Location
2/5/21 11 a.m.	Zoom/phone

## ACTION PLAN STEPS

WHO:	Agrees to do WHAT:	By WHEN:
Mom	Continue to cooperative with service providers.	ongoing
Mom	Continue to attend therapy sessions and submit to all requests for drug testing by service providers.	ongoing
Mom	Refrain from using any illegal substances.	ongoing

## Report Summary

(Address agreed upon safety plan and interventions to keep child in home with parent, kin, or fictive kin caregivers)

Mom agrees to continued cooperation with all service providers and is willing to submit to any drug tests requested. She also agrees to continue therapy for herself and child, and refrain from any use of illegal substances.

## CRISIS PLAN/BACK UP PLAN (What will be done if a crisis happens or the plan breaks down)

Danger identified and steps to address the danger:	By WHEN:
In the event of relapse or other safety concerns that would require removal of the children, Mom agrees to allow them to be placed with paternal aunt until they can be safely returned to the home.	ongoing

Follow Up CSC Scheduled Date/Time	Location
2/12/21 11 a.m.	Zoom

## FOLLOW UP CHILD SAFETY CONFERENCE (WITHIN 10 CALENDAR DAYS FROM THE DATE OF THE INITIAL CSC)

Follow Up Child Safety Conference Date/Time	Location

## Report Summary

(Address effectiveness of the initial plan, any required follow up on action steps, and any necessary revisions to the Crisis Plan/Back Up Plan)

Initial CSC averages about 30 minutes per conference.

Follow up averages 15 minutes.

# CSC VS FAMILY TEAM DECISION-MAKING (FTDM) MEETINGS

## CSC

- ✓ Focus on the safety or tipping point removal is considered or occurred
- ✓ Family interactions – important for children and families in which children removed or safety planned out of the home
- ✓ Participants: parents and youth, supports, parent partner, DHS – CPW, SWCM, Supervisor and SWA, FCS support specialist, supervisor, director, and attorneys (if invited by the family)

## FTDM

- ✓ Focus on the 5 family functioning domains including Child Well-Being, Parental Capabilities, Family Interactions, Family Safety, and Home environment
- ✓ Case Plan is developed.
- ✓ Approved FTDM Meeting facilitator
- ✓ Participants: Parents & Youth, Supports, Other Service Providers, DHS CPW, SWCM, leadership (area specific), FCS Contractor and Leadership (area specific), Attorneys, if court involved

# SAFETY PLANS

## Purpose:

Written when it has been determined a child is in danger. The plan addresses signs of imminent or impending danger to the child identified during the process of assessing safety and describes ways to keep the child safe from harm.

## Management of Threats by:

- Providing assessment, monitoring and support to maintain and monitor behavior
- Supporting and providing protective supervision
- Monitoring
- Assuring routine and constant contact with family members



# WHEN SHOULD A SAFETY PLAN BE DONE?

## During an assessment

- When there is present/impending danger
- When a child is determined to be conditionally safe
- When a safety plan can be used to address danger

## During an open service case

- When a safety plan was completed during the assessment phase and the need still exists at time of case transition
- When a new present/impending danger arises that can be addressed with a safety plan vs. removal

# WHAT A SAFETY PLAN IS AND IS NOT

## Is

- A temporary plan
- Created to address present or impending danger
- Focused on what needs to happen to assure the child is safe
- Used to avoid the need for removal while still addressing immediate danger present to the child

## Is not

- A to do list to accomplish during the assessment or open case
- A list of services the family need to engage in to achieve case closure
- A long term, out of home placement for a child.



ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES			
Parent(s) or Guardian(s)			Initials
I agree this plan does not conflict with any existing court order or parenting plan, or if it does, that any parties affected by the court order or parenting plan agree.			
This safety plan may be reviewed at any time, if I or DHS decides that a modification is needed due to a change in circumstances.			
I understand if I am unable to carry out this plan or my child is considered to be in a dangerous situation, DHS may refer our family for further services, may ask to place the child out of my home until the situation changes, or may involve the court, which could result in temporary loss of custody of the child.			
If I am asked to have my child stay informally and temporarily with a caregiver, I agree that DHS may share any information with the caregiver that is important for the care and safety of my child, so long as the child is staying in the caregiver's home.			
I am in agreement with this plan and also have the right to withdraw my agreement at any time by speaking <b>directly</b> to my DHS worker or my worker's supervisor.			
I understand that during the timeframe of this Safety Plan, I retain custody, guardianship, and all legal rights to my child.			
Participation in a Safety Plan is not to be construed as a removal of my child from my custody.			
TEMPORARY CAREGIVER (If child temporarily resides outside of the parental home during a Safety Plan)			
If I as the caregiver am unable to carry out this plan or if the child in my care is determined to be in danger, the child may be moved to a different caregiver or further DHS involvement may be necessary, up to and including court involvement.			
FAMILY AND PARTICIPANT AGREEMENT			
Parent or guardian signature:	Date and time:	Temporary caregiver signature:	Date and time:
Parent or guardian signature:	Date and time:	Other signature:	Date and time:
DHS worker signature:	Date and time:	DHS supervisor consulted:	Date and time:
CONTACT INFORMATION			
	Name	Phone number	Email address
DHS Worker			@dhs.state.ia.us
DHS Supervisor			@dhs.state.ia.us
Family-Centered Services Worker			
Family-Centered Services Supervisor			
Other			
Other			
Child Abuse Hotline		1-800-362-2178	