SDM

The Structured Decision Making® System

Safety Assessment Policy and Procedures Manual

July 2018

New Mexico Children, Youth and Families Department

NCCD Children's Research Center

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

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SDM® SYSTEM OVERVIEW
GOALS, OBJECTIVES, AND CHARACTERISTICS

SDM® System Goals

1. Reduce subsequent child maltreatment, including the following.

    a. Investigations
    b. Validated investigations
    c. Injuries
    d. Foster placements

2. Expedite permanency for children.

SDM® System Objectives

1. Identify critical decision points.
2. Increase reliability of decisions.
3. Increase validity of decisions.
4. Target resources to families at highest risk.
5. Use case-level data to inform decisions throughout the agency.

Critical Characteristics of the SDM® System

Reliability: Structured assessments and protocols, such as those used in the Structured Decision Making® (SDM) model, systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by the facts of the case, rather than by individual judgment.

Validity: The cornerstone of the model is the actuarial research–based risk assessment, which accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

Equity: SDM® assessments ensure that critical case characteristics, safety factors, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels.

Utility: The model and its assessments are easy to use and understand. Assessments are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Assessment use provides workers with a means to focus the information-gathering and assessment process. By focusing on critical characteristics, workers can organize case narratives in a meaningful way. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitate communication among community partners and stakeholders.

NEW MEXICO CHILDREN, YOUTH AND FAMLIES DEPARTMENT
SDM® CULTURAL CONSIDERATIONS—GENERAL

Throughout the use of all SDM assessments, the worker will be asked questions concerning characteristics of families being investigated, including environmental, parenting, and mental health issues. It is important that workers do not judge families against their own cultural background and values, nor against a predefined cultural norm. The worker must consider the family's own values and the community in which the family is functioning.

While respecting cultural differences and working to be culturally responsive, it is important to consider the issues from the family's viewpoint and to focus on conditions that may represent risks to children. Remaining responsive to a family's culture is likely to assist in identifying true risk issues and increasing the respect the family feels from the worker.

Developing Cultural Responsiveness
The following recommendations will help workers to work with families in a culturally responsive manner.

- Be aware of your own cultural background, values, and biases.
- Be aware of the history of child welfare, its foundation in Eurocentric ideas and principles, and its struggle to meet the needs of diverse populations, especially when there is distrust based on past actions of child welfare agencies.
- Be aware of the effects of institutional racism and disproportionality during your interactions with the family.
- Recognize that while others' customs and beliefs may be different from yours, there are no right or wrong cultural beliefs.
- Establish personalized contact with individuals and their families.
- Learn about the people you serve, including their cultural beliefs and personal values.
- Call upon the child/safety network for assistance in understanding how to work with families.

- Be aware of stereotypes, and avoid making decisions or assessments based on those stereotypes rather than what you learn from the person with whom you are working. Stereotypes may be developed based on individuals' language, race, sexual preference, body size, or any other characteristic.

- Assist families with issues that are important to them as is reasonable, even if they are not directly related to abuse or neglect of the children.

- Be sensitive to others' cultural perceptions of issues.

- Be sure to use an interpreter if you are not proficient in someone's native language.

- Try to discover some commonalities of experience.

NEW MEXICO CHILDREN, YOUTH AND FAMLIES DEPARTMENT
SDM® ASSESSMENT DEFINITIONS

1. **Caregiver:** An adult, parent, or guardian in the household who provides care and supervision for the child.

Circumstance	Primary Caregiver	Secondary Caregiver
Two legal caregivers living together	The caregiver who provides the most child care. May be 51% of care. *Tie breaker*: If precisely 50/50, select the alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal caregiver
Single caregiver, no other adult in household	The only caregiver	None
Single caregiver and any other adult living in household	The only legal caregiver	Another adult in the household who contributes the most to child care. If none of the other adults contribute to child care, there is no secondary caregiver.

2. **Family:** Caregivers, adults fulfilling the caregiver role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by the family itself.

3. **Household:** All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a caregiver in the household (boyfriend or girlfriend) but may not physically live in the home, or a relative whom the caregiver allows authority in parenting and caregiving decisions.

4. **Which household is assessed?** SDM assessments are completed on households. When a child's caregivers do not live together, the child may be a member of two households.

   Always assess the household of the alleged perpetrator, which may be the child's primary residence or the household of a non-custodial caregiver.

   Additionally: If the alleged perpetrator is a non-custodial caregiver, also assess the household of the custodial caregiver *if there is an allegation of failure to protect*.

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
SDM® OVERVIEW

Assigned worker carries out the following decisions. See policy and procedures sections for each tool for complete details.

Decision	SDM® Tool	Which Cases	When
Can the child remain safely at home?	Safety assessment	• All referrals assigned for in-person response. • All cases transferred from investigations to in-home services (IHS) or contracted IHS. • All cases transferred from investigations to permanency planning worker (PPW) when a child remains in the home. • All cases when there is a change in household circumstances. • All cases when there is a change in supervised visitation and/or a planned home visit. • All cases prior to case closure. See details in the "Which cases need a safety assessment completed?" section.	See details in the "When is the safety assessment complete?" section.

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
SDM® SAFETY ASSESSMENT r: 07–18

Case Name: _____ **Case ID:** _____

Date: _____ **County:** _____

Worker Name: _____ **Worker ID:** _____

Is either caregiver American Indian/Alaska Native or a person with American Indian/Alaska Native ancestry?
○ Yes ○ No ○ Caregiver not available ○ Caregiver unsure

Date of Assessment: _____ **Assessment Type:** ○ Initial ○ Review/update ○ Referral closing ○ Case closing

Names of Children Assessed

1. _____ **4.** _____
2. _____ **5.** _____
3. _____ **6.** _____

Factors Influencing Child Vulnerability
Conditions resulting in child's inability to protect self; select all that apply to *any* child.

☐ Age 0–5 years
☐ Significant diagnosed medical or mental disorder
☐ Not readily accessible to community oversight
☐ Diminished developmental/cognitive capacity
☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)

SECTION 1: DANGER INDICATORS
Assess household for each of the following danger indicators. Indicate whether currently available information results in reason to believe a danger indicator is present. Select all that apply.

Yes	No	
○	○	1. Caregiver caused serious physical harm to the child or made a credible threat to cause serious physical harm as indicated by the following. ☐ Serious injury or abuse to the child other than accidental ☐ Caregiver fears maltreating the child ☐ Threat to cause harm ☐ Domestic violence likely to injure child ☐ Excessive discipline or physical force
○	○	2. Child sexual abuse and/or sexual exploitation is suspected, AND circumstances suggest that the child may be in imminent danger as a result.
○	○	3. Caregiver does not meet the child's immediate and basic needs for care, supervision, food, clothing, and/or medical or mental health intervention; AND the child has been seriously harmed or is in imminent danger of being seriously harmed as a result.
○	○	4. The physical living conditions are hazardous and imminently threatening to the child's health and/or safety.

Yes	No	
○	○	5. Caregiver acts toward the child in negative ways that result in severe psychological/emotional harm, AND these actions result in the child being a danger to self or others.
○	○	6. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others.
○	○	7. Caregiver's explanation for a child's injury is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child may be in imminent danger as a result.
○	○	8. The family refuses to allow CYFD access to the child, or there is reason to believe that the family is about to flee.
○	○	9. Current circumstances, combined with information that the caregiver has or likely has seriously maltreated a child in their care in the past, suggest that the child may be in imminent danger.
○	○	10. Other (specify): _____

SAFETY DECISION

If no danger indicators are present, complete the safety decision below.

○ **Safe.** No danger indicators were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Continue to the risk assessment and complete the investigation as required.

SECTION 1A: COMPLICATING FACTORS

If "Yes" is selected for any danger indicators above, indicate whether any of the following complicating factors are present. These are conditions that make it more difficult or complicated to create safety for the child but do not by themselves constitute danger indicators. These factors should be considered when determining if it is possible to develop a safety plan. Select all that apply to the household.

☐ Substance abuse ☐ Domestic violence ☐ Mental health ☐ Developmental/cognitive impairment
☐ Physical condition ☐ Other (specify): _____

SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

Only complete this section if one or more danger indicators are selected.

Safety-Planning Capacities

Document child and caregiver capacities if present for any child or caregiver based on information gathered (select all that apply).

☐ 1 Caregiver is capable of participating in an in-home safety plan.
☐ 2. Caregiver is willing to participate in an in-home safety plan.
☐ 3. Caregiver has at least one supporting adult who was not involved in the allegation and is willing and able to participate in an in-home safety plan.
☐ 4. Other

For all safety-planning capacities selected, provide details that demonstrate the presence of that capacity.

SAFETY INTERVENTIONS

Consider each identified danger indicator and the safety-planning capacity of the people who care about the child to determine if it is possible to create a safety plan to control for the danger. Remember that a safety plan should describe in detail immediate action steps that the family and their network will take to help keep the child safe from the danger. If this is possible, select "Safe with plan" and the specific intervention being used from the list below, document the safety plan, and continue to the risk assessment. If it is not possible to create a safety plan, proceed below and select "Unsafe."

SAFETY DECISION

○ **Safe with plan.** One or more danger indicators are present; however, the child can safely remain in the home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the danger indicators. Select all in-home interventions used in the safety plan.

☐ 1. Safety interventions provided by the caseworker.

☐ 2. Safety interventions involving caregiver, other household members, or network.
- ☐ Alleged perpetrator will leave the home, either voluntarily or in response to legal action.
- ☐ Non-offending caregiver will move to a safe environment with the child.
- ☐ Extended family members or network will provide brief respite for the child.
- ☐ Extended family members or network will participate as part of a safety plan action step.
- ☐ Other safety intervention involving caregiver, other household members, or network.
  Describe: _____

☐ 3. Safety interventions provided by agencies or service providers.
- ☐ Community agencies or services are part of a safety plan action step.
- ☐ Formal tribal and/or ICWA intervention is part of a safety plan action step.
- ☐ Other safety intervention provided by agencies or service providers.
  Describe: _____

☐ 4. Legal action planned or initiated; the child remains in the home.
NOTE: Legal action cannot be the only item on a safety plan.

SECTION 3: PLACEMENT INTERVENTIONS

SAFETY DECISION

○ **Unsafe.** One or more danger indicators are present. A safety plan was considered but could not be created. As a result, placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of imminent or serious harm.

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
SDM® SAFETY ASSESSMENT
SAFETY PLAN

r: 06/18

Family Name: _____ **Case ID:** _____ **Date:** _____

Worker Name: _____ **Worker Phone Number:** _____

This plan will be reviewed on _____ or no more than 21 days from the safety plan's date.

Who has agreed to be part of this plan?

Name	Relationship to the Child	Phone Number

Action Steps

What is the department and/or the family concerned will happen to the children if nothing else changes?
What action steps need to be taken to ensure the children are safe?
Who is responsible for ensuring this action occurs?

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action.

Caregivers/legal guardians	**Worker/supervisor**
_____ _____	_____ _____
Children	**Other participants**
_____ _____ _____ _____	_____ _____ _____ _____

Whom to Call if the Plan Is Not Working

Assigned child welfare worker name: _____	**Phone number:** _____
Child welfare supervisor name: _____	**Phone number:** _____
After-hours child welfare worker name: (After business hours; weekends and holidays) _____	**Phone number:** _____

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
SDM® SAFETY ASSESSMENT
DEFINITIONS

FACTORS INFLUENCING CHILD VULNERABILITY

Conditions resulting in child's inability to protect self; select all that apply to *any* child in the household.

Age 0–5 years. Any child in the household is age 5 or under. Younger children are considered more vulnerable, as they are less verbal and less able to protect themselves from harm. Younger children also have less capacity to retain memory of events. Infants are particularly vulnerable, as they are nonverbal and completely dependent on others for care and protection.

Significant diagnosed medical or mental disorder. Any child in the household has a diagnosed medical or mental disorder that significantly impairs ability to protect self from harm; OR diagnosis may not yet be confirmed, but preliminary indications are present and testing/evaluation is in process. Examples may include but are not limited to: severe asthma, severe depression, medically fragile (e.g., requires assistive devices to sustain life), etc.

Not readily accessible to community oversight. The child is isolated or less visible within the community. Examples include the family living in an isolated community, the child not attending a public or private school or being routinely involved in other activities within the community, etc.

Diminished developmental/cognitive capacity. Any child in the household has diminished developmental/cognitive capacity, which affects ability to communicate verbally or to care for and protect self from harm.

Diminished physical capacity (e.g., non-ambulatory, limited use of limbs). Any child in the household has a physical condition/disability that affects ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended).

SECTION 1: DANGER INDICATORS

1. Caregiver caused serious physical harm to the child or made a credible threat to cause serious physical harm as indicated by the following.

- Serious injury or abuse to the child other than accidental. The caregiver caused, or could have caused, a fatality or a serious injury. Serious injury is defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, burn, scald, or severe cut, to the point where the child requires medical treatment.

- Caregiver fears maltreating the child. The caregiver has reported fears of hurting the child in a way that would cause serious injury.

- Threat to cause harm. The caregiver has made credible threat that would result in serious harm to the child.

- Domestic violence likely to injure child. There have been incidents of household physical violence that created danger of serious physical injury to the child, AND there is reason to believe that this may occur again (e.g., alleged domestic violence perpetrator and victim are still involved in relationship, or a pattern of household physical violence continues to exist).

- Excessive discipline or physical force. The caregiver used physical methods to discipline a child that resulted or could easily result in serious physical injury to the child.

2. Child sexual abuse and/or sexual exploitation is suspected, AND circumstances suggest that the child may be in imminent danger as a result.

Suspicion of sexual abuse may be based on indicators such as the following.

- The child discloses sexual abuse verbally.

- The child displays behaviors that strongly indicate sexual abuse (e.g., excessive, age-inappropriate sexualized behavior toward self or others).

- Medical findings consistent with sexual abuse.

The child's safety may be of imminent concern if:

- There is reason to believe that dangerous caregiver behavior may continue;

- There is not a non-offending caregiver, or the non-offending caregiver is not protective (blaming the child for the sexual abuse or the investigation, or denying that the sexual abuse occurred); or

- A confirmed sexual abuse perpetrator, especially with known restrictions regarding any child under age 18, has access to a child; and no effective plan exists to protect the child.

  NOTE: Children under 18 years old are sexually exploited when they have engaged in, solicited for, or been forced to engage in sexual conduct or performance of sexual acts (e.g., stripping) in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods, or for financial or some other gain for a third party. The sexual conduct may include any direct sexual contact or performing any acts, sexual or nonsexual, for the sexual gratification of others. These acts constitute sexual exploitation regardless of whether they are live, filmed, or photographed.

3. Caregiver does not meet the child's immediate and basic needs for care, supervision, food, clothing, and/or medical or mental health intervention; AND the child has been seriously harmed or is in imminent danger of being seriously harmed as a result.

The caregiver is unwilling or unable to meet the child's most immediate or basic needs in the following areas, AND this causes the child to be in imminent danger.

- Supervision: The caregiver is present but does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards); and/or the caregiver leaves or exposes the child to circumstances that create opportunities for serious harm, e.g., child left unattended in vehicle (time period varies with age and developmental stage; see appendix).

  NOTE: Select this item for *drug/alcohol-exposed infant* when there is evidence that the mother used alcohol or other drugs during pregnancy AND that the child will be in imminent danger as a result.

- Food: The child's nutritional needs are not met, resulting in danger to the child's health and/or safety, including malnutrition and morbid obesity.

- Clothing: The child is without clothing appropriate to the weather and conditions, and this results in imminent danger.

- Medical, dental, and mental health care: The caregiver does not seek treatment for the child's immediate, chronic, and/or serious medical, dental, or mental health needs, or does not follow prescribed treatment for such conditions, resulting in declining child health status and imminent danger.

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

4. The physical living conditions are hazardous and imminently threatening to the child's health and/or safety.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and imminently threatening, including but not limited to the following.

- Significant structural dangers in home (e.g., leaking gas from stove or heating unit, lack of water or utilities, exposed and accessible electrical wires), and *no* alternative or safe provisions have been made.

- 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., repeated insect and rodent bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked, are not properly secured, and/or are easily accessible with no safe provisions made.
- Drug production/paraphernalia in the home.

5. Caregiver acts toward the child in negative ways that result in severe psychological/emotional harm, AND these actions result in the child being a danger to self or others.

Caregiver actions cause significant and excessive emotional distress for the child. Caregiver actions can include but are not limited to:

- Regularly describes child in a demeaning or degrading manner;
- Scapegoats one particular child in the family for a series of family problems; or
- Places the child in the middle of a custody battle in ways the child struggles developmentally to cope with.

Examples of the emotional distress the child exhibits as a likely direct result of the above include, but are not limited to, the following.

- The child begins to self-harm (cutting, mutilating) or attempts suicide in some way.
- The child begins to act out aggressively and seriously, harming others.
- The child begins to significantly isolate self from family, friends, school, and/or community providers.

6. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others.

The caregiver fails to protect the child from serious harm or threatened harm from others; and, as a result, the child is in imminent danger of physical abuse, neglect, sexual abuse, or sexual exploitation by someone with access to the child. This can include but is not limited to the following.

- An individual with known violent criminal behavior or sexual abuse history resides in the home, and no clear plan to keep the child safe is in place.

- The caregiver regularly takes the child to dangerous locations where drugs are manufactured or regularly administered (e.g., meth labs or drug houses) or to locations used for prostitution or pornography.

NOTE: In domestic violence situations where a non-offending caregiver is unable to protect self and the child from imminent threat of physical and emotional harm, select this and also Danger Indicator 1.

7. Caregiver's explanation for a child's injury is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child may be in imminent danger as a result.

- The injury requires medical attention, AND medical assessment indicates that the injury is likely the result of abuse or is inconsistent with the explanation provided by the caregiver; OR

- There was a suspicious injury that did not require medical treatment but was located anywhere on an infant; OR, for older children

  » Was located on the torso, face, or head;
  » Covered multiple parts of the body;
  » Appeared to be caused by an object; or
  » Had multiple injuries in different stages of healing.

AND

One of the following is true.

- The caregiver denies abuse or attributes injury to accidental causes; OR

- The caregiver's explanation or lack of explanation for the observed injury is inconsistent with the type of injury; OR

- The caregiver's description of the injury or cause of the injury minimizes the extent of harm to the child.

8. **The family refuses to allow CYFD access to the child, or there is reason to believe that the family is about to flee.**
This danger indicator should only be identified when one of the other danger indicators is close to meeting threshold in these definitions, AND the worker has been unable to gain access to the child due to caregiver refusal; OR there is reason to believe the family is about to flee during an ongoing investigation prior to or immediately after an initial safety assessment has been completed. Examples include but are not limited to the following.

- The child's location is unknown to New Mexico Children, Youth and Families Department (CYFD), and the family will not provide the child's current location.

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

9. **Current circumstances, combined with information that the caregiver has or likely has seriously maltreated a child in their care in the past, suggest that the child may be in imminent danger.**
The caregiver previously severely maltreated a child; AND there is a current, immediate concern near the threshold for a danger indicator in these definitions.

To qualify for this item, previous maltreatment must have been serious or severe. Examples includes the following.

- Prior substantiated child death as a result of maltreatment.

- Prior substantiated serious injury or abuse to the child.

- Failed reunification. The caregiver had reunification efforts terminated in connection with a prior CYFD intervention.

- Prior threat of serious harm to a child. Previous maltreatment could have caused severe injury, there was retaliation or threatened retaliation against a child for previous incidents, or prior domestic violence resulted in serious harm or threatened harm to a child.

10. **Other (specify).** Circumstances or conditions that pose an imminent threat of serious harm to a child, which are not already described in danger indicators 1–9.

SAFETY DECISION

Safe. No danger indicators were identified at this time. Based on currently available information, there are no children likely to be in imminent danger of serious harm. Complete the investigation and the risk assessment as required.

SECTION 1A: COMPLICATING FACTORS

These conditions make it more difficult or complicated to create safety for a child but do not by themselves constitute danger indicators. These factors should be considered when determining if it is possible to develop a safety plan. Select all that apply to the household.

Substance abuse. Caregiver has abused legal or illegal substances or alcohol in this incident or in the past to the extent that the caregiver's caregiving abilities are/were significantly impaired.

Domestic violence. Indicators exist of a recent history of one or more physical assaults between intimate members of the household, and/or a pattern of threats/intimidation is present.

Mental health. One or both caregivers appear to have mental health concerns at the time of this incident or have a known history of mental health issues that have or could have affected care of children.

Developmental/cognitive impairment. One or both caregivers may have diminished capacity as a result of developmental delays or cognitive issues that may affect their ability to care for and supervise children.

Physical condition. One or both caregivers have a physical condition that could affect the care and protection of the child in the household.

Other. List other caregiver or household complicating factors.

SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

Safety-Planning Capacities

1. **Caregiver is capable of participating in an in-home safety plan.**
   The caregiver has the ability to participate in an in-home safety plan. Consider caregiver cognitive, physical, and emotional capacity to follow through with all interventions necessary to protect the child from further danger.

2. Caregiver is willing to participate in an in-home safety plan.
The caregiver has agreed to accept the involvement and recommendations of the caseworker and to follow the action steps detailed on an in-home safety plan sufficient to control for the dangers.

3. Caregiver has at least one supporting adult who was not involved in the allegation and is willing and able to participate in an in-home safety plan.
The caregiver has a supportive relationship with at least one other family member, neighbor, or friend who is able to play an active role in an in-home safety plan sufficient to control for the danger.

4. Other.
Note any other present safety-planning capacity that allows you to feel confident the caregiver and the network will be able to control for the danger.

SAFETY INTERVENTIONS

SAFETY DECISION

Safe with plan. One or more danger indicators are present; however, the child can safely remain in the home with a safety plan. In-home protective interventions have been initiated through a safety plan, and the child will remain in the home as long as the safety interventions mitigate the danger indicators. Select all in-home interventions used in the safety plan.

1. Safety interventions provided by the caseworker. Actions taken or planned by the caseworker that specifically address one or more danger indicators. Examples include providing emergency aid such as food, transportation, or mentoring; planning return visits to the home to check on progress; providing information and/or assistance in obtaining services or legal advice; etc.

2. Safety interventions involving caregiver, other household members, or network. Applying the family's own strengths as resources to mitigate danger indicators, or using extended family members, neighbors, tribal members, friends, or other individuals to mitigate the danger. Examples include engaging a grandparent to assist with child care; agreement by a neighbor to serve as a safety resource for a child; commitment by 12-step sponsor/support person to meet with caregiver daily; etc.

   One or more of the following interventions may apply and should be selected.

- *Alleged perpetrator will leave the home, either voluntarily or in response to legal action*. The alleged perpetrator will temporarily or permanently leave the home.

- *Non-offending will caregiver move to a safe environment 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 alleged perpetrator will not have access to the child.

- *Extended family members or network will provide brief respite for the child*. A caregiver has asked a family member, friend, or other person in the family's life to care for the child during the time of the safety plan (no longer than 21 days).

  NOTE: This is not a legal placement, and the safety plan should include action steps for what should occur if the offending caregiver contacts the child during this time.

- *Extended family members or network will participate as part of a safety plan action step*. A family member, friend, or other person in the family's life has agreed to be responsible for a specific activity on the safety plan.

- *Other safety intervention involving caregiver, other household members, or network*.

3. Safety interventions provided by agencies or service providers. Community resources used as a safety intervention should be immediately available to the family and be able to reduce the threat of imminent serious harm. Examples include use of shelters, food pantries, and other services provided by community agencies or providers. *Does not include* long-term therapy or treatment, being put on a waiting list for services, or delays in contact and initiation of services to the family.

   One or more of the following interventions may apply and should be selected.

   - *Community agencies or services are part of a safety plan action step*. Involving a community-based or faith-related organization or other agency in activities to address danger indicators (e.g., using a local food pantry).

   - *Formal tribal and/or ICWA intervention is part of a safety plan action step*. This includes but is not limited to use of tribal services from the child/caregiver's tribe or a tribal consortium, tribal resource center, or tribal health clinic.

- *Other safety intervention provided by agencies or service providers*.

NOTE: For these items, *do not include* services such as long-term therapy or treatment or being put on a waiting list for services.

4. Legal action planned or initiated; the child remains in the home. A legal action has already commenced or will commence that will effectively mitigate identified safety factors. This includes family-initiated (e.g., restraining orders, mental health commitments, change in custody/visitation/guardianship) and caseworker-initiated (apply for a protective intervention order, emergency intervention order and the child remains in the home) actions. *May only be used in conjunction with other safety interventions. Legal action cannot be the only item on a safety plan*.

SECTION 3: PLACEMENT INTERVENTIONS

SAFETY DECISION

Unsafe. One or more danger indicators are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of imminent or serious harm. *The child will be placed in protective custody because a safety plan cannot adequately ensure the child's safety*.

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
SDM® SAFETY ASSESSMENT
POLICY AND PROCEDURES

The purpose of the safety assessment is (1) to help assess whether any child is likely to be in imminent danger of serious harm/maltreatment that requires a protective intervention and (2) to determine what interventions should be initiated or maintained to provide appropriate protection.

Safety versus risk assessment: It is important to keep in mind the difference between safety and risk when completing this assessment. A safety assessment differs from a risk assessment in that it assesses the child's danger of *imminent* and serious harm and the interventions currently needed to protect that child. In contrast, a risk assessment looks at the likelihood of any *future* maltreatment.

WHICH CASES NEED A SAFETY ASSESSMENT COMPLETED?

- All referrals assigned for in-person response.
- All cases transferred from investigations to IHS or contracted IHS.
- All cases transferred from investigations to PPW when there is a child remaining in the home.
- All cases in which there is a change in household circumstances.
- All cases in which there is a change in supervised visitation and/or a planned home visit.
- All cases prior to case closure.

See details below.

NOTE: If a referral alleges maltreatment by a substitute care provider, follow policy and procedure for assessing that household. This safety assessment is not meant to be used for substitute care provider households.

WHAT DOES A SAFETY ASSESSMENT HELP DECIDE?
The safety assessment provides structured information concerning the danger of imminent/serious harm/maltreatment to a child. This information guides the decision about whether the child may remain in the home with no intervention (Safe), may remain in the home with safety interventions in place (Safe with plan), or must be protectively placed (Unsafe).

WHO COMPLETES THE SAFETY ASSESSMENT?
The worker assigned to the case or referral is responsible for completing the safety assessment.

WHEN IS THE SAFETY ASSESSMENT COMPLETED?
In investigation, the safety assessment is completed on first contact/initiation.

- For a child who has already been protectively placed by law enforcement or other means, and for whom no safety assessment has been completed, the social worker will complete a safety assessment and document the findings within two working days of the referral.

- Any time the decision on a safety assessment was "Safe with plan," a safety plan must be created. A "Safe with plan" finding on the safety assessment is the only time a safety plan should be created. A safety plan can last up to 21 days.

- If a safety plan was created, there must be an updated safety assessment completed and documented within 21 days.

- If the family continues to still be "Safe with plan" at 21 days, plan transition to IHS or similar services (no cases can be closed with an active safety plan or if the last safety assessment decision was "Safe with plan").

- Workers *can* complete new safety assessments at any point that they or their supervisors believe would be helpful.

In *IHS*, the safety assessment process should be repeated following these guidelines.

- If family was "Safe with plan" coming out of investigations, complete a new safety assessment on first contact in IHS and document the results within two business days.

- If family was "Safe" coming out of investigation, a new safety assessment should be completed no more than 30 days after transfer to IHS.

- If a safety plan was created, there must be an updated safety assessment completed and documented within 21 days.

- The worker *must* complete a new safety assessment any time there is a change in household circumstances (e.g., changes in caregivers, new caregiver in the home, new children in home).

- The worker *can* complete a new safety assessment at any point that worker or worker's supervisor believes would be helpful.

- If the determination on any safety assessment at any point is "Safe with plan," a safety plan must be created. The plan can last up to 21 days, and then a new safety assessment must be completed.

- Before closing a case, a safety assessment must be completed and documented within 14 days prior to closure (if a judge orders the case closed, staff need to complete the safety assessment prior to case closure). *Note*: A case cannot be closed if a danger indicator is present in the household.

In *PPW/permanency/out-of-home care*, the safety assessment process should be repeated following these guidelines.

- If a child has been taken into care during investigation, a new safety assessment should be completed prior to a trial home visit or a lessening of supervised visitation requirements.

- If the determination on a safety assessment at any point is "Safe with plan," a safety plan must be created. The plan can last up to 21 days, and then a new safety assessment must be completed.

- If a child has been taken into care and there is a different child who continues to live in the household of the caregiver for whom there was an allegation, the following applies.

    » If that second child was "Safe with plan" during the investigation, PPW staff will complete a new safety assessment within 21 days of the previous safety assessment.

    » If that second child was "Safe" during the investigation, PPW staff will complete a new safety assessment within 30 days of the transfer to PPW.

    » If determination on a safety assessment for a second child in the home is "Safe with plan" at either of these points, a safety plan for that child must be created. The plan can last up to 21 days, and a new safety assessment must be completed at that point.

- » PPW staff can complete a new safety assessment on a child *remaining in the household* at any point if worker or supervisor believe it would be helpful.

- » The worker *must* complete a new safety assessment any time there is a change in household circumstances (e.g., changes in caregivers, new caregiver in the home, new children in home), even for a child who remains in the home.

- Before closing a case, a safety assessment must be completed and documented within 14 days prior to closure (if a judge orders the case closed, staff need to complete the safety assessment prior to case closure). *Note*: A case cannot be closed if a danger indicator is present in the household.

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
SDM® SAFETY ASSESSMENT
COMPLETION INSTRUCTIONS

APPROPRIATE COMPLETION

Workers should familiarize themselves with the items that are included on the safety assessment and the accompanying definitions. Workers will notice that the items on the tool are items they are probably already assessing. What distinguishes the SDM model is that it ensures that every worker is assessing the same items in each case and that the responses to these items lead to specific decisions. Once a worker is familiar with the items that must be assessed to complete the tool, the worker should conduct the initial contact as the worker normally would—using good social work practice to collect information from the child, caregiver, and/or collateral sources. The SDM model ensures that the specific items that compose the safety assessment are assessed at some time during the initial contact.

The decision logic for the safety assessment is as follows.

- If no danger indicators are selected, the only possible safety decision is "Safe." No in-home interventions or placement interventions need to be reviewed; the assessment is complete.

- If one or more danger indicators are selected, the worker must determine whether an in-home safety plan will mitigate the danger indicator or whether the child must be placed.

- If a safety plan can be developed with the caregivers, document the plan and action steps in the safety plan and select the appropriate safety interventions that can be selected. In this case the safety decision is "Safe with plan." An updated safety assessment will need to be completed within 14 days.

- If a safety plan cannot be developed with the caregivers, then the safety decision must be "Unsafe."

The safety assessment consists of three sections.

SECTION 1: DANGER INDICATORS

This list of 10 critical dangers (nine identified and defined and an "Other") must be assessed by every worker in every case. These danger indicators cover the kinds of conditions that would render a child in danger of imminent, serious harm.

For this section, rely on information available at the time of the assessment. Workers should make every effort to obtain sufficient information to assess these items prior to terminating their initial contact. However, it is expected that not all facts about a case can be known immediately. Some information is inaccessible, and some may be deliberately hidden from the worker. Based on reasonable efforts to obtain information necessary to respond to each item, review each danger indicator and its accompanying definition.

For each item, consider the most vulnerable child. If the danger indicator is present based on available information, select "Yes" for that item. If the danger indicator is not present, select "No." Because not every conceivable danger indicator can be anticipated or listed on a form, the "Other" category permits a worker to indicate that some other circumstance creates a danger indicator. For circumstances the worker determines to be danger indicators that are not described by one of the existing items, the worker should select "Other" and briefly describe the danger indicator.

Safety Decision: If there are no identified danger indicators in the household, the safety decision is "Safe." Select "Safe," and the safety assessment is completed.

SECTION 1A: COMPLICATING FACTORS

This section is completed only when danger indicators are identified as present in the household. If "Yes" was selected for any of the danger indicators and evidence exists that one or more caregivers are experiencing substance abuse, domestic violence, mental health concerns, or cognitive/developmental or physical health concerns, indicate all that apply to the household. These conditions make it more difficult or complicated to create safety for a child but do not by themselves constitute danger indicators. These behaviors must be considered when assessing for and planning to mitigate danger indicators. In addition to selecting them here, be attentive to these concerns when completing the subsequent risk assessment.

SECTION 2: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

This section is completed only if one or more danger indicators were identified. Select any listed protective capacities present for any child/caregiver. Consider information from the referral; information from worker observations; interviews with children, caregivers, and collaterals; and review of records. For "Other," consider any existing condition that does not fit within one of the listed categories but may support safety-planning interventions.

SECTION 3: PLACEMENT INTERVENTIONS

This section is only completed when the worker determines that placement is the only intervention for protection of the child, *after* considering complicating behaviors that may affect safety planning, household strengths and protective actions, child vulnerability, and available in-home safety interventions.

If one or more danger indicators are identified and the worker determines that a safety plan is not possible, the final option is to indicate that the child will be placed and select "Unsafe."

SAFETY PLAN

The following must be included in all safety plans.

- Each identified danger indicator and a description of the conditions or behaviors in the home that place any child at imminent threat of serious harm. The worker should use language the family understands so it is clear to them what caused the worker to identify the danger indicator.

- Detailed action steps to address the danger indicator(s). Explain how danger indicator(s) will be mitigated. What will the family do to keep the child safe? What will other people outside the family do? This should include a written statement of actions or behaviors, to be taken by a responsible party, that will keep the child safe in the current conditions.

- Who is participating in the plan, the role of each participant, and information that describes how the safety plan will be monitored (e.g., who is responsible for each intervention action), and the time frame in which each intervention will remain in place.

- Signature lines for family members, the worker, and the worker's supervisor.

A safety plan is required when the safety decision is "Safe with plan."

Note: The safety plan should be documented in FACTS.

The safety plan *must* be developed in partnership with and agreed to by the family, and the worker should leave a copy of it with the family. If danger indicators have not been resolved by the end of the investigation, the safety plan will be provided to the ongoing worker, and all remaining interventions will be incorporated into the ongoing case plan.

Practice Considerations

While safety is the prevailing concern of the first face-to-face contact, the manner of engaging the family will depend upon social work clinical skills. Whenever possible, the worker should use a strengths-based approach in the initial contact while remaining observant for the presence or absence of danger indicators. Most danger indicators are salient and can be discerned without invasive questioning. The family's candor will make discovery of other danger indicators easier; this candor will be more likely when the family is approached with respect. The first face-to-face contact may be limited to assessing safety if there are significant safety issues. At other times, the worker will also begin to gather information regarding risk items and additional clinical information.

For all cases in which the child or caregiver knows their tribe and membership status, the social worker must contact the tribe to engage and partner with the designated Indian Child Welfare Act (ICWA) agent or tribal family services department.

Resources for American Indian/Alaska Native children vary depending on a tribe's resources and the location of the child and family (rural versus urban, proximity to tribal resources, or proximity to urban Indian community resources). The child's/parent's/caregiver's tribe may provide resources through tribal family services or through a tribal consortium. Some urban areas have resources through Indian resource centers, Indian health clinics, tribal temporary assistance for needy families (TANF), or Title VII Indian education programs (which may not be affiliated with a tribe). Some counties have a dedicated Indian specialist or specialty unit dedicated to serving Indian children that can assist with engagement and access to resources. They may also have current contact information to assist the child/caregiver in obtaining official membership with the tribe.

It is recommended that children and parents/caregivers who know their tribe or have a tribal affiliation contact the tribe (lists of designated ICWA agents are available at the Bureau of Indian Affairs website: http://www.bia.gov). Many tribes have public websites that provide information about their ICWA or family service programs.

For children/parents/caregivers who have lost contact with their tribe, are from unrecognized or terminated tribes, or are unsure of their status with a tribe, resources will exist through local Indian resource centers, tribal TANF, or Title VII Indian education programs. Resources are available to assist social workers and parents/caregivers in tracing Indian ancestry, such as http://www.doi.gov/tribes/trace-ancestry.cfm and http://www.bia.gov/cs/groups/public/documents/text/idc002656.pdf.

Appendix

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. • 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	• Back-up adult is available to child who is accessible, on call, and able to give assistance. • Child is responsible for supervision of only one or two other children. • 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	• Back-up adult is available to child. • Child has demonstrated ability to self-supervise. • 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.