



Safety Assessment FAQ, Frequently Encountered Scenarios and Critical Thinking Questions (2.2022)

1. When might two safety assessments be necessary? *Note: examples are frequently encountered scenarios and not all-inclusive.*
 - a. If it appears two safety assessments are necessary, is there a possibility that two separate referrals should have been made and assigned?
 - i. Example: Domestic violence between parents who do not live together and have separate households, both with children who were present for the incident. For example, an incident occurs between a Dad with his two children (who have a different mother they reside with the majority of the time) with his partner, who has her own children also. There likely should be multiple global assessments (one for each household where children reside).
 1. Are two referrals/assessments needed in order to include all of the victim children and assess for their safety in each household?
 2. Are children in one household safe while children in the other are not? Does one parent have protective capacities that create safety in their household?
 - ii. Example: One parent is arrested/cannot care for the child and leaves child with an unsafe caregiver (could be a parent/other kin).
 1. Who is the legal caregiver/whose household needs to be assessed for safety?
 2. Will this change depending on where the child will be residing long term?
 - iii. Example where two safety assessments may be necessary within one global assessment: Both parents are using substances and live in separate households but share 50/50 custody.
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2. Whose household is assessed when there is an informal, long-term caregiving arrangement but parents still hold legal custody?
 - a. Who is responsible for caring for the child currently/when we are assessing for safety?
 - i. A caregiver is considered parent, stepparent, guardian, legal custodian, relative, or any other person who resides in the child's home or who is regularly in the child's home for the purpose of exercising care over the child.
 - b. Who is the alleged perpetrator?



- c. See 7.304.21 for additional information regarding assessing for safety when children are residing with kin.
3. What if there is no current incident or allegation of abuse/neglect?
 - a. Example: Historical sex abuse allegation (potentially where the perpetrator has no access to the victim)
 - i. What is our purpose in assessing this historical allegation?
 - ii. Do we have any current allegations or worries about child safety?
 - iii. Whose household are we assessing - the current household or historical household at the time of the abuse?
 - iv. Are there concerns about the current caregivers' /parents' protective capacities or how they have addressed the sexual abuse?
 - b. Example: Parental rights have been terminated/parents do not have custody and children disclose historical but previously unreported abuse
 - i. What is our purpose in assessing this historical allegation?
 - ii. Do we have any current allegations or worries about child safety?
 - iii. Whose household are we assessing - the current household or historical household at the time of the abuse?
 - iv. Are there concerns about the current caregivers' protective capacities or how they have addressed the concerns?
 - c. Example: PA4/Youth in Conflict assessments with no current allegations of abuse/neglect
 - i. What is the purpose of completing a safety assessment as part of a PA4 assessment? Who is included in the household and who is the legal caregiver for the youth?
 - d. Example: Children are in foster care and abuse/neglect allegations occur during a visit with parents or child discloses past abuse/neglect while in the care of parents
 - i. Paid providers/foster parents are not selected as caregivers on the safety assessment
 - ii. What information from the foster parents could be used to assess for current safety of the children?
 4. How should the safety assessment be completed when someone is temporarily restrained from the home or a newborn is being cared for in the hospital?
 - a. Would there be a safety concern if the adult were in the home or the newborn were home with parents/caregivers? Is there a current or impending safety concern at the time of initial response?
 - b. What needs to be documented in terms of why there is or is not a current safety concern?
 - c. Is there a need for a new safety assessment at time of discharge/if the adult is returning to the home (new or renewed threat to child safety)?
 5. General documentation of current or impending danger/harm



- a. How to document the explanations for the five threshold criteria if there are similar reasons for each?
 - i. Can one sentence/explanation cover multiple threshold criteria? Does this explanation justify the need for safety intervention?
- b. What if there appears to have been a current safety concern at the time of referral but not when the worker responds?
 - i. What are the protective capacities of the family? What are the strengths/changes the family has made in the time prior to response that can be continued or built upon?
 - ii. What intervention can be taken to continue to mitigate the safety concern?

