

# **Arizona Department of Child Safety**

## **Continuous Child Safety and Risk Assessment (C-CSRA)**

### **Practice Guide**

**Section I. Purpose of Child Safety and Risk Assessment:** A Continuous Child Safety and Risk Assessment is required and should be updated whenever major changes in family circumstances occur and at key decision making points during the life of a case.

**A. Reason for Continuous Child Safety and Risk Assessment:**

- Case Plan reassessment and revision, minimally every 6 months, including changing the permanency goal;
- Changes in household composition (additions or departures of individuals from the household);
- Indication that a child may be unsafe;
- Indication that a child in care has been a victim of sex trafficking or commercial sexual exploration that did not meet report criteria;
- Considering unsupervised visits;
- Considering reunification;
- Considering case closure.

---

**Section II: Analysis of information and conclusions about the presence of risk factors and/or safety threats and type of intervention needed:**

Review the information gathered and documented to make an informed decision on child safety and family risk factors. This includes child's medical records; educational records; parent/ child behavioral health records; DCS history from other jurisdictions; criminal history; court orders restricting or denying custody, visitation or contact; and provider reports. Include the information gathered during monthly contacts with the parents, all children residing in and/or returning to the home, and out-of home care providers. If necessary, review additional information from extended family members, other significant persons, service providers, tribes (if applicable) and any other case participants.

**A. Assessment of Risk Factor(s) for each child in the family and parents, guardian, or custodian and need for intervention:**

- Review the previously identified risk factor(s) related to the child, parents, guardian, custodian, and family risk factors. Assess and document whether the risk factors are still present.
- Identify and document risk factors based on information about the family's history and current functioning in each life domain which include the following:
  - Child Risk factors:** Child Vulnerability/Self Protection; Child's Special Needs (disability)/Behavior Problems (alcohol abuse, drug abuse).
  - Parent, Guardian, Custodian Risk factors:** Parenting Skills/Expectations of child; Parent Empathy, Nurturance, Bonding; Parent Substance Abuse (alcohol abuse, drug abuse); Parent Mental, Emotional, Intellectual or Physical Impairment; General History of Violence by Caregiver towards Peers and/or Children; Domestic Violence in Family; Protection of Child by Non-Abusive Caregiver; Parent History of Child Abuse/Neglect as a Child; Parent Recognition of Problem/Motivation to Change, Level of Cooperation.
  - Family Risks factors:** Economic Resources of Family; Family Social Support System; and Current Family Stressors.
- Document protective factors (behaviors) by the parent, guardian, and custodian that mitigate the level of risk in the family.
- Document family strengths, positive qualities or resources the family can build upon to enable them to care for their child(ren), support case planning.

# Arizona Department of Child Safety

- Prior to closing a case, the family, Child Safety Specialist and other service team members should meet to obtain the thoughts of the parents and children about their unmet needs and develop a aftercare plan to address these needs and improve family functioning.

## B. Continuous Assessment of Impending Danger: Narrative must include:

- Review the previously identified safety threat(s). Assess and document whether the safety threats are still present. For each safety threat, explain how all safety criteria are met.
  - Have the parents, guardians, or custodians made changes in their behaviors or home environments to resolve any or all of the safety threats that were previously identified?
  - If progress is not being made, what are the barriers?
- Review and analyze all current information and Safety Factors. Assess and document whether any new safety threat(s) are currently present and explain how all safety criteria are met.
  - Has any new information been received that reveals a safety threat, or has there been a change in a parent's behavior or home environment that created a new safety threat?
- All safety criteria **must** be met to identify a safety threat.
  - **Vulnerable child:** Is the child victim unable to protect him or herself or seek protection from others, regardless of the child's age? Is the child defenseless, exposed to behavior, conditions, or circumstances the child is powerless to manage?
  - **Out-of-control:** Is there an adult in the home who is able to control the identified safety threat to the child victim? Will the safety threat continue without external intervention?
  - **Severity:** Could the threat cause or result in serious pain, injury, suffering, terror or extreme fear, impairment, or death of child?
  - **Specific Time Frame:** Is the safety threat to the child's safety occurring now or likely to occur within the next 30 days? Could it happen just about any time within the near future- today, tomorrow or during the upcoming month?
  - **Observable Family Condition:** What is the specific behavior, emotion, attitude, perception, or situation by the parent/caretaker that can be seen and described and makes the child victim unsafe? Observable does not include suspicion and gut feeling. It can be clearly described and reported.

## C. Safety Decision:

- Safe - No child is in present or impending danger.
- Unsafe - At least one child is in impending danger.
  - List the name of each unsafe child.
- **Safety Plan:** If a child is unsafe, a safety plan is required. The safety plan must be the least intrusive/restrictive intervention to the family and sufficient to control the safety threats (in-home, out-of-home, or combination).
  - If a child is placed in a licensed home or facility, a safety plan agreement is not required.
  - Document DPS checks for all non-DES licensed safety monitors in a Key Issue case note type.
  - Complete the hard copy safety plan agreement with the family and the safety monitor. Scan the document into a Key Issue case note type.

---

## Section III. Clinical Supervision Discussion: Document Clinical Supervision discussion which should include the topics of child safety, permanency and well- being.

- Review the Continuous Child Safety and Risk Assessment to confirm enough information was gathered and documented to make an informed decision on child safety and family risk factors.
  - child's medical records; child educational records; parent/ child behavioral health records; DCS history from other jurisdictions; criminal history; court orders restricting or denying custody, visitation or contact; and provider reports.
  - include information gathered during monthly in-person meetings and other contacts with the parents, all children residing in and/or returning to the home, and out-of home care providers. If necessary, review

# Arizona Department of Child Safety

additional information from extended family members, other significant persons, service providers, and other case participants.

- Do you agree with the risk factors and the safety threats that were identified? If the child is determined to be unsafe, does the documentation clearly support and describe how each safety threat meets the five safety criteria?
- Discuss how the family is progressing. Are the services working? Are the parents making behavioral progress in the current services? If not, why? Should the services continue, change, or stop?
- If a parent is missing or not participating in services or visits, what efforts have been made to locate, contact, and motivate the parent (this includes detained and incarcerated parent).
- Would the child be able to safely return home? Can the identified safety threats be managed and controlled through a sustainable in-home safety plan? If so, is there a plan to return the child home? If not, what would need to happen before this could occur?
- What efforts were and are being taken to locate and engage kin as placement or in supporting the family?
- Have the children, parents, extended family members, and anyone else who might have knowledge been asked, if the child is or might be an Indian child?
  - Review and ensure ICWA policy is discussed regarding child placement and active efforts are being made to comply with ICWA? Is there ongoing communication and/or involvement with the tribe?
- How is the child doing? If the child is in out-of-home care, what is the current visitation between the parent, guardian, custodian, siblings, family members, other relatives, friends, and any former placement and the child? Have any problems or concerns been noted during the visits?
- Discuss what contact is occurring or what efforts have been made to arrange parent-child visitation with detained or incarcerated parents (should occur unless it is contrary to the child's safety or emotional well-being of the child).
- Has the worker had regular contact with the out-of-home caregiver? Are the out-of-home caregivers providing for the child's needs? How is the worker supporting the out-of-home caregiver?

## Case Planning:

- Discuss and document whether the family has been involved and/or what efforts were taken to actively involve the child, family, and other team members (including tribal social services) in case planning, reassessment, identifying needs, strengths, services, and progress.
- If the family has a poor prognosis of reunification within 12 months, has concurrent planning begun?
- How long has each child in the family been in out-of-home care? Considering the time in care and likelihood of reunification, should the permanency goal for each child continue or change?
- Does the documentation in the case clearly support that reasonable efforts were made to move toward a change in permanency goal?
- If the case plan goal is long term foster care or independent living: Have more permanent goals been considered and ruled out? What actions and activities are occurring to ensure life-long, supportive connections to kin, culture and community?
- For youth transitioning into adulthood, has the Child Safety Specialist discussed and provided services and supports for post-secondary education, employment, life skills training, and other services which would assist in transition into adulthood?
- If the permanency plan is adoption or legal guardianship, are services and supports in place to assist in the success of this plan?

## Case Closure:

- Discuss and review the child safety and risk re-assessment to ensure the safety threats were eliminated or sufficient protective capacities exist within the home to keep the child safe and there are no high risk factors that warrant DCS intervention? **A case cannot be closed with an Unsafe Child or a Safety Plan in place.**
- Discuss and document how the Aftercare Plan was developed with the family? Was the family provided or connected to services and/or family supports that are sufficient to address why the family was involved with DCS?