NCCD | Children's Research Center

MEMORANDUM

to: SDM® Core Team and Melinda Iremonger
from: Rod Caskey, NCCD Children's Research Center
subject: California SDM® Assessment Revisions
date: March 6, 2015

This document provides a summary of proposed changes to the California Structured Decision Making® (SDM) assessments and should be reviewed in conjunction with the assessments. The assessment revisions represent the input of the SDM® 3.0 workgroups, changes in practice in the state and some changes in statute as well. Overall, changes in assessments are linked to a goal of improving the capacity of each assessment to contribute to the information gathering with families and evaluation of that information to assist in decision making.

HOTLINE TOOLS

The following changes to the screening criteria and response priority trees of the hotline tools have been made in order to address issues with items and definitions, increase reliability, and provide additional definitions.

Preliminary Screening

"Review of screening criteria is not required" was moved to the beginning of the screening criteria under the heading of Step I, Preliminary Screening. Screener will review the reporter's concern as with any other call and will mark this section if it meets the definitions. Checking the overall category and specific subcategory is all that will be required to complete the hotline assessment, as overrides or path decision could not be used when checked.

Screening Criteria

Physical Abuse

1. "Death of a child due to abuse" was clarified, with "suspicious" added to the definition.

2. As written, "caregiver action that likely caused or will cause injury" focuses on behaviors of the caregiver, advertent or inadvertent, that are likely to harm a child. Several harms or potential harms that had been listed under excessive discipline or threat of physical abuse on the currently used assessment are represented in this item.

Development of this item provides clarity in several areas and focuses attention on explicit caregiver behaviors and impact on the child.

3. "Prior death of a child due to abuse" has been changed to include only referrals where a death resulted from abuse. A separate item for "prior death of a child due to neglect" is listed in the neglect section.

Emotional Abuse

The "emotional abuse" category has been substantially altered and offers a choice between two maltreatment types.

1. The first item ("Caregiver actions have led or are likely to lead to …") focuses on caregiver actions that have led to or are likely to lead to demonstrated effects on the child, as in the title, combining the prior items on emotional abuse and threat of emotional abuse in a more clear and precise manner. In this revision, the focus is clearly on the specific actions of the caregiver rather than simply the presence of substance abuse or mental health issues in the caregiver. Mental health, substance abuse, and bizarre/cruel behavior are no longer distinct items. Instead, the screener focuses on behavior and impact on the child.

2. The second item, "exposure to domestic violence," focuses on the deleterious impact of domestic violence on children and requires assignment if any of several conditions are met where the child is aware of the domestic violence. This is an attempt to clarify what has been a problematic item for many and ensures the assignments are fair and correct. As before, when a child has been injured in a domestic violence incident, the referral should be scored as an injury.

Neglect

1. Under "severe neglect," the child death item has been revised to specifically refer to death as a result of neglect. The purpose is to add clarity and parallel a similar item under "physical abuse."

2. Under "severe neglect," the "child's health/safety is endangered" item no longer requires an automatic 24-hour response. The worker will determine the response time for this item by completing the neglect response tree.

3. Changes under "general neglect" include the following.

   a. "Hygiene" was added to "inadequate clothing," and the definition was altered. This joins like items and has proved to be reliably identified in other jurisdictions.

b.   The "child has no parent" item was changed to "caregiver absence/abandonment," and the definition was changed as well.

c.   Definitions were revised for several items in order to better separate the items, provide greater reliability in identification for the screening decision, and reduce potential overlap.

d.   The "caregiver is present but not attending to the child" item includes inadequate care arrangements by the caregiver for the child that may be redundant to a phrase under "failure to protect" that says a child is left with a person known to neglect or abuse children. Should this be left under "inadequate supervision" or "failure to protect"?

4.   Under "general neglect, failure to protect," language was added to specifically identify situations where "a child has been exploited by a third party, and the person responsible for the child's care has failed in protecting or been unable to protect the child from being commercially sexually exploited and/or sex trafficked. This includes situations where the person responsible for the care of the child has been coerced or otherwise been unable prevent exploitation." This is in compliance with state law on sex trafficking.

<u>Sexual Abuse</u>

1.   "Physical, behavioral, or suspicious indicators consistent with sexual abuse" was added under "sexual abuse." This is to provide an item that addresses sexualized behaviors that may be indicative of sexual abuse but are not explicitly addressed in the "sexual act(s) among siblings or other children living in the home" item.

2.   A "sexual exploitation" item was added to sexual abuse in order to specifically include a child being exploited or trafficked, either by or with knowledge and consent of the caregiver.

Screening Decision

A tracking mechanism was added, following the screening decision, to indicate whether a child has been commercially sexually exploited and/or sex trafficked and was either in placement at the time of the report or was not in placement. The net impact of the changes concerning sex trafficking is that any child who has been trafficked will be screened in, either under "Neglect, failure to protect," "Sexual Abuse, sexual exploitation," or "Commercially Sexually Exploited and/or Sex Trafficked Information."

Response Priority Decision Trees

<u>Physical Abuse</u>

1. The four sets of questions in boxes that determine response time were cut down to three. Checkboxes were added to identify which question within each box is the primary identification of response time.

2. The boxes are arranged in order of descending priority—for example, the first box would require a response within 24 hours regardless of any other factor if present. If none of those factors are present, the worker proceeds to the second question. If the nonperpetrating caregiver demonstrates a response that is protective and appropriate, then the response is within 10 days. If not, then the third box has three questions to further determine immediacy of response.

3. The second box ("Is there a nonperpetrating caregiver aware of the alleged abuse") replaces/combines the current questions on the tree concerning whether the perpetrator has access within 10 days and whether there is a protective adult in the home, adding more specificity and focusing on the role of the nonperpetrating caregiver. If answered appropriately, this should help resolve one of the most heavily overridden items on the current tool.

4. In the first box, "caregiver's behavior is alleged to be dangerous or threatening" was altered slightly by removing "brutal" from the title to specify a focus on caregiver behavior that may result in harm, absent intervention, in the next 10 days. Examples have been bulleted and language slightly modified to add clarity, with intent to reduce the override rate of the current item. In addition, caregiver substance abuse and mental health concerns that may lead to harm are addressed here.

5. The questions in the third box are similar to existing questions with some clarification. "Domestic violence" was also added to the statement about impact on the child's safety with the next 10 days.

<u>Neglect</u>

1. Some minor changes were made in these items to add clarity. For example, to the "child is currently unsupervised" item, the phrase "and in need of supervision" was added to impact the current override rate for this item by adding clarity.

2. This tree is the least changed, and the overrides for neglect were among the lowest. Remember that this tree will be used to determine the response time for "child's health/safety is endangered" and for "non-organic failure to thrive" in severe neglect.

Emotional Abuse

This and the sexual abuse tree have undergone the most change. The intent is to clarify and reduce overrides, as "emotional abuse" was the most heavily overridden of any of the trees.

1.   The first question has been changed from the child/youth's behavior alone to include caregiver ability/willingness to intervene. The override reason cited frequently in the case reading report was the fact that a child was receiving intervention. By adding this clarification, the assignment of a response within 24 hours should be reduced appropriately and the override rate addressed.

2.   For the second question, the title has been changed to include that the alleged "cruel, bizarre, or dangerous" behavior must be threatening "to the emotional health or safety of the child." Again, this was a heavily overridden question in 2012, so impact on the child was added to clarify whether the response must be within 24 hours.

Sexual Abuse

This tree has been substantially modified as well, reducing the number of questions from three to two and providing clarity on the nonperpetrating adult and access by the offender.

1.   The first question did not change—the response is within 10 days for a historical report.

2.   The second question uses the same process as in the physical abuse tree, asking whether a nonperpetrating caregiver is aware of the allegation, supports the disclosure, and demonstrates the ability to protect and prevent access by the alleged perpetrator. This phrasing eliminates the need for the "access within 10 days" question and simplifies the decision-making process for the screener. This should help with the override rate.

CALIFORNIA SAFETY ASSESSMENT

Factors Influencing Child Vulnerability

Minor changes were made to this section.

1.   All items are defined.

2.   The item "school age, but not attending school" was replaced by "not readily accessible to community oversight." The definition is inclusive of a child not attending school and adds other elements.

Safety Threats

Several significant changes were made to safety threats, including a reduction of the number of threats from 13 to 10.

1. Two items were removed as listed safety threats (substance abuse impairment and impairment as a result of as a result of emotional stability, developmental status or cognitive deficiency), and one item ("domestic violence likely to injure child") was significantly revised.

2. The rationale for removal of these items is that they are based upon the presence of a caregiver condition, rather than a behavior that "seriously impairs his/her current ability to supervise, protect, or care for the child." All of these circumstances are covered in other existing safety threats as a result of behaviors by a caregiver that impact the child to the extent of imminent danger of serious harm.

3. Safety threat 1, "caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation," was expanded with an additional subtype: "Domestic violence likely to injure child," which is defined in a similar manner as previously (child in arms of one caregiver, a weapon used, etc.) Other potential impacts on a child due to domestic violence—serious emotional harm and unable to protect a child—have been added to the definitions of "caregiver does not meet the child's immediate needs" and "caregiver is unable or unwilling to protect the child," respectively.

4. The list of safety threats has been reorganized to first present direct actions by a caregiver that may harm a child (physical harm, sexual harm, basic needs). The item regarding past harm has been moved to the end of the assessment.

5. Definitions have been rewritten to better focus on the actions of the caregiver and then the impact of those actions on the child. This will assist in identifying actions and child impact.

Caregiver Complicating Behaviors

This is an addition to the safety assessment, identified only if a safety threat is present. Complicating behaviors are items that do not represent a direct threat to the child but make it more difficult or complicated to create safety for a child. They are considered when a threat is identified and an in-home safety plan may be developed with the caregiver.

Protective Capacities

Changes here also are significant. As in the past, this section will be completed only if a safety threat has been identified as present. The former list of protective capacities was poorly used and did not lend itself to either an examination of actions taken by a caregiver that could be built upon in a safety plan or separating actions from household strengths. This section has been renamed "Household strengths and protective actions."

Household Strengths and Protective Actions

1. Household strengths are defined as "resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats." These are most similar to the existing protective capacities but are fewer and more direct.

2. Protective actions are defined as "specific actions, taken by one of the child's current caregivers or by the child, that mitigate identified safety threats in the household."

3. These are presented in a table instead of a list for better clarity and ease of use.

Safety Interventions

This section has been divided in two: Section 3, In-Home Protecting Interventions, and Section 4, Placement Interventions. Much of the change here is to facilitate ease of use and to clearly separate interventions between those identified in support of an in-home safety plan and those that are used for an out-of-home placement. Functioning of the sections and the definitions remains substantially the same, with the exception of additional language in the definition of item 2, "Use of family, neighbors, or other individuals in the community as safety resources," and item 9, "Have the caregiver voluntarily place the child outside the home, consistent with WIC 11400(o) and (p)." These changes were made to better distinguish when a worker and the family agree to have the child cared for by a friend or relative for a limited period of time, such as overnight or for a few days, and when a formal voluntary placement agreement is signed by the caregiver.

Safety Decision

Some changes were made to the flow of how the decisions are presented in the paper document, and minor changes were made to titles of the safety decisions. Both changes are consistent with practice and in reporting.

1. Safety decisions are presented in the document as they occur and adhere to the logic of decisions in the SDM safety assessment.

a. "Safe" is presented immediately after the safety threats and is used when no threats have been identified; the definition and description were not changed. "Safe" was added to the title, as this is the term used in common practice and reporting.

b. "Safe with plan" follows the consideration of household strengths and protective actions, where the worker has determined a safety plan with in-home interventions is feasible. This replaces the frequently used reporting title of "conditionally safe" and is a more accurate description of how and when it is used, emphasizing that a plan is required in order for the child to remain in the home.

c. "Unsafe" appears in Section 4, Placement Interventions, and, as is currently true, is used when placement is the only intervention. The definition and description remain the same.

2. As noted, this is similar to how safety decisions are presented in webSDM.

Safety Policy

The policy for safety assessment use and application remains fundamentally the same. Some revisions take into account the changes discussed above, some changes are due to flow, and other additions to the safety plan section as follows. These changes reflect what is generally taught about safety planning in advanced SDM training. Individual counties should use their own safety plan form, which must include the following information.

1. Each identified safety threat 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 threat.

2. Detailed information for each planned safety intervention. What needs to happen to keep the child safe? Explain how safety threat(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.

3. Who is participating in the plan? Describe the role of each participant and how the safety plan will be monitored (e.g., who is responsible for each intervention action). This includes how long the plan will be in place and how long specific participants will be involved.

4. Signatures lines for family members, the worker, and his/her supervisor.

INITIAL RISK ASSESSMENT

1. Risk assessment revalidation resulted in several changes. Such changes come about when, during a validation, risk items on an assessment are compared to subsequent negative outcomes and supplemental risk items are analyzed. Risk assessment changes include the following.

    a. Reduced weight of prior investigation history items.

    b. "Household received CPS" is now separated into cases that were opened and closed prior to the current referral and those that were opened prior to the current referral and are still open.

    c. The neglect weight for "characteristics of children in the household" was reduced.

    d. Many caregiver items now include secondary and primary characteristics. For example, in the currently used risk assessment, only primary caregiver mental health was a neglect and abuse item. On the revised assessment, if either or both caregivers have a mental health issue, risk increases on both indices. Other items for primary and secondary caregivers include criminal arrest history, alcohol and/or drug use, and history of abuse or neglect as a child.

    e. "Primary or secondary caregiver alcohol and/or drug use" was added to the abuse index.

    f. "Primary caregiver assessment of the incident," regarding whether the primary caregiver blames the child, was added to the abuse index.

    g. Physical care of child was removed from the neglect index and the assessment overall.

    h. Primary caregiver domineering was removed from the abuse index and the assessment overall.

    The full validation report is available at
    http://nccdglobal.org/sites/default/files/publication_pdf/risk-assessment-validation.pdf

2. Format has changed from the current double-stream format, which presents the abuse and neglect indices separately, to a single-stream format that presents the risk items as one list of items. This will still result in an abuse scored risk level and a neglect scored risk level, but workers will answer fewer questions to do so. WebSDM will score risk item answers as abuse or neglect as appropriate. Benefits include the following.

      a.   Fewer items and less redundancy in answering risk items, reducing potential scoring errors. The double-stream format has 23 risk items and the single-stream has 16. The reduction comes from combining redundant abuse and neglect items. For example, prior open case history appeared on both indices and was answered twice in double-stream format. In the single-stream version, the question is answered once. The same is true for "number of children involved in the child abuse/neglect incident" and other questions.

      b.   The single-stream format allows a grouping of similar questions to frame the interview. There are separate "Prior Investigations," "Current Investigation," and "Family Characteristics" sections.

3.   Use of neutral language on most items instead of problem-focused language. For example, instead of asking the excessive discipline question as "primary caregiver employs excessive/inappropriate discipline," the assessment now asks the worker to identify to identify disciplinary practices. This helps lead to a more balanced assessment instead of a problem-focused one and encourages open-ended questions to discover how a caregiver typically employs discipline in the household.

4.   New supplemental items. Several new supplemental items have been added to replace those on the current assessment. These were generated by the workgroup.

SDM® 3.0 FSNA BRIEFING

The family strengths and needs assessment (FSNA) likely has the most significant changes of all the SDM 3.0 assessments. While the FSNA's overall intent remains the same—a guide to gathering information with families that informs case planning related to identified safety threats and risk factors—it has a much greater focus on strengths; barriers to creating safety, permanency, and well-being; and contributions to imminent threats of harm to children. The changes in the domain structure will affect the gathering of information with families and children, as well as evaluation of the information, and will present a clearer, more concise path to case planning with families. This will result in an ultimately positive impact on the evaluation of changed behaviors in the risk reassessment and the reunification reassessment. This change is in line with practice changes that have been implemented in California over the past several years.

Changes

1.   The FSNA, in both the caregiver and child/youth/young adult sections, will begin with an evaluation of the household context. This will include the following.

      a.   Identification of several pieces of information not all currently available and which are important to case planning, such as Tribal Affiliation, Sexual Orientation, Gender Identity/Expression, Religious/Spiritual Affiliation, and

Other Cultural Identity important to either the caregiver or the child/youth/young adult.

b. Consideration of whether the caregiver's perspective of culture and cultural identity helps to create safety, permanency, and child/youth/young adult well-being; is not a strength or barrier for safety, permanency, or child/youth/young adult well-being; is a barrier to safety, permanency, or child/youth/young adult well-being; or presents an imminent danger of serious physical or emotional harm to the child/youth/young adult.

c. This replaces the cultural identity domain on the FSNA, is more comprehensive, and allows for a more inclusive look.

2. The domain structure remains the same (choices from A through D) but there are significant changes to the content. The current structure progresses from a strength to appropriate behavior to a moderate need to a severe need.

a. The new structure is a continuum from a strength that aids in creating and maintaining safety to contributing to an imminent danger of serious harm. This provides a clear focus on caregiver behaviors and their impact on the child, as seen below.

  i. Actively helps create safety, permanency, and child/youth/young adult well-being

  ii. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.

  iii. Is a barrier to safety, permanency, or child/youth/young adult well-being.

  iv. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

  Structuring the responses in this manner should aid in communicating concerns in understandable terms to those who are involved with and/or care about the child a well as assisting in clear case plans and measuring progress. This also provides continuity with other SDM assessments that emphasize behaviors and their impact on the child.

b. Prioritization will change in that D responses will be addressed in case planning first, followed by C responses.

c. Point values have been removed. These were primarily used to aid prioritization but are unnecessary in this structure.

d.   In each domain, changes will be more easily observed and useable in reporting and evaluation of overall change.

3.   The number of domains has increased from eight defined domains and an "other" category on the current caregiver portion to 10 defined domains and "other" in SDM 3.0.

a.   Cultural identity is no longer a listed domain, as mentioned above.

b.   "Household and Family Relationships" and "Domestic Violence" have been split into separate caregiver domains in SDM 3.0 to allow a more comprehensive look at these areas.

c.   "Prior Adverse Experiences/Trauma" has been added to the caregiver domains.

d.   "Cognitive/Developmental Abilities" has been added to the caregiver domains.

Child/Youth/Young Adult Strengths and Needs Assessment

1.   Cultural identifiers will be added for each child, as in the caregiver portion.

2.   Addition of the "Household Context" item at beginning of the assessment for similar reasons as mentioned for the caregiver portion.

3.   As with the caregiver portion, this section has a similar A through D structure.

4.   The number of domains has increased from nine defined domains and an "other" category on the current child portion to 11 defined domains and "other" in SDM 3.0.

a.   Cultural identity was removed as a domain, as is addressed at the beginning of the assessment for similar reasons—this allows a more thorough evaluation of culture and the child.

b.   "Trauma" was added as a domain.

c.   For children in placement only, "Relationship With Substitute Caregiver" was added as a domain. This measure of the child in the substitute care home will assist in identifying potential interventions while the child is in placement.

d.   An independent living domain has been added that must be completed for youth age 15.5 or older.

SDM® 3.0 FAMILY RISK REASSESSMENT FOR IN-HOME CASES REVISIONS

The risk reassessment for in-home cases was also validated. As with the initial risk assessment, validation led to some relatively minor changes in the reassessment, all of which improve its classification ability. For more detail on the validation, see Appendix D in the report (http://nccdglobal.org/sites/default/files/publication_pdf/risk-assessment-validation.pdf). The changes from revalidation were as follows.

1.   "Number of prior neglect or abuse CPS investigations" was changed to count prior investigations slightly differently. The difference is in how prior investigations are weighted. Currently, a family is assigned:

- 0 points for no prior investigations;
- 1 point for one investigation; and
- 2 points for two or more investigations.

SDM 3.0 assigns:

- 0 points for no prior investigations;
- 1 point for one or two prior investigations; and
- 2 points for three or more prior investigations.

2.   The weight of "new investigation of abuse or neglect since the initial risk assessment or the last reassessment" changed from 1 point to 2 points if there is an assigned investigation during the review period.

Other Changes

1.   As with the initial risk assessment, language in item titles was changed, with use of neutral language on most items instead of problem-focused language.

2.   The mental health item ("primary caregiver mental health since the last assessment/reassessment") was changed to reflect the structure used for substance abuse, focusing on mental health during the review period and whether identified mental health issues were being addressed. There was a lack of clarity in the existing definition on whether a worker was to assess the existence of a mental health issue at any time or to assess progress toward addressing the issue. The new structure for this item asks the worker to evaluate whether there has been a mental health issue at any time and how whether the caregiver is addressing the issue.

3.   The case plan progress item "caregiver's progress with case plan objectives (as indicated by behavioral change" has been changed to reflect the structure of the similar item in the reunification reassessment (Section A, Reunification Risk Reassessment), providing four choices for the worker instead of two choices as

currently provided. The primary reason for this was that many workers have both family maintenance and family reunification cases, and using a different structure was confusing and could lead to validity issues. The choices for the worker are the same in the two assessments, but the weighting is different. The difference in the weighting is due to the different design of the assessments. The reunification begins with a risk level and either adds or subtracts points, while the risk reassessment only adds points to determine risk. As a result, for the risk reassessment, all indicators of changed behavior demonstrated by the caregiver during the review period are weighted the same.

4. Definitions for each of the progress indicators have been rewritten to focus on changes in the caregiver's behavior and not simply participation in services.

SDM® 3.0 REUNIFICATION REASSESSMENT BRIEFS

There are several notable changes to the reunification reassessment, all designed to update the assessment and to simplify some steps for ease of worker completion. Basic policy and process for completion have not changed. The reunification reassessment is designed to assist workers in evaluating whether a child in placement with a goal of reunification should be returned to a caregiver, whether the child should continue in care while reunification services continue, or whether it is time to implement a new permanency goal and terminate reunification services. It is driven by the case plan developed by the worker, based on the FSNA, in conjunction with the family.

The reunification reassessment evaluates key components of parental behavior at the time when formal recommendations are expected to be made, either at a status review hearing and/or Division 31 required review. These components are as follows.

1. Reduction of risk of subsequent harm. This is measured in Section A, Reunification Risk Reassessment, and is primarily driven by whether the caregiver is demonstrating the desired behaviors specified in the case plan and is able to create and maintain safety for the child.

2. Successful visitation. This is measured in Section B, Visitation Plan Evaluation, and is primarily driven by whether the caregiver demonstrates behaviors through visits with the child as specified in the case plan.

Both of the above are evaluated throughout the review period through observation of individual visits and observation of changed behaviors through contact with the caregiver and collaterals. The reunification reassessment is a formal review of the entire review period and a means to gather individual evaluations into an overall assessment.

3. Mitigation of safety threats. This is measured in Section C, Reunification Safety Assessment, and is primarily driven by the worker's analysis of whether the original

and/or any subsequent safety threats have been mitigated as demonstrated by changed behaviors or may be controlled with a short-term, in-home plan.

Changes

Reunification Risk Reassessment

This section has one major change in the assessment of overall progress. Definitions have been changed to emphasize behaviors and the demonstration of behaviors that reduce risk of subsequent harm to a child. While participation in services remains a factor, the definitions have a much stronger emphasis on behavioral change that will aid the family in creating and maintaining safety.

Visitation Plan Evaluation

1.	Workers will continue to evaluate visitation quality and quantity during the review period. The table used to evaluate quality and quantity in a four-tiered manner has been simplified, condensing the choices into adequate and not adequate visitation.

2.	The definitions of "quality of face-to-face visits" have changed, with a stronger emphasis on parental behaviors that relate to identified safety threats and risk factors and demonstration of those behaviors during visitation.

Reunification Safety Assessment

While the policy for when a safety assessment is completed has not changed (this section is only completed if risk reduced to low or moderate and visitation is acceptable), the structure of the assessment itself has changed substantially. Instead of completing the list of safety threats in a form and then explaining how initial threats were resolved, workers will be asked to list the safety threats that led to removal, indicating whether they have been mitigated. If so, workers must explain how, and if not, the worker is asked whether a safety plan could be established to enable reunification.

Workers are then asked to indicate whether any new safety threats have been identified since the initial safety assessment and whether any are current in the household. If so, workers must list them and explain whether they have been mitigated. If so, workers will be asked to explain how. If unmitigated safety threats are still present, workers must indicate whether a safety plan could be implemented that would allow the child to be returned home.

Considering the above, the worker will make the same safety decisions of safe, safe with plan, or unsafe.