

Safety Planning

1. Effective safety planning depends on effective family engagement.

1.1. Engagement is more than mere involvement.

1.2. Engagement begins with the knock on the door.

1.3. It is possible to be clear and objective about child safety AND practice family engagement.

1.4. Worker actions/characteristics that support engagement include being respectful, empathetic, objective, and culturally aware.

1.5. Introduce the concept of safety planning to family.

1.5.1. Be clear that plan is necessary for child to remain home.

1.5.2. Clearly explain the concern(s) with specifics for THIS family at THIS time. Write this on safety plan document as you do so. Acknowledge different points of view.

1.5.3. Ask family who should be part of safety planning (be aware of time needed).

2. Basic safety planning concepts

2.1. Elements of safety plan

2.1.1. Description of safety concerns

2.1.2. Family-friendly description of facts that create safety concern(s)

2.1.3. Detailed information for each planned intervention (who will do what, when, for how long, how will it get done, etc.)

2.1.4. How plan will be monitored

2.1.5. Signatures

2.2. Safety planning over time. Often, safety plans will need to be adjusted. For example:

2.2.1. During first visit there was no chance to develop a safety plan and child was protectively placed. A safety planning meeting in the next day or so could potentially result in a plan, and the child can return home with plan in place.

2.2.2. During first visit you may be unable to confirm availability of elements of a plan that would last for weeks, but you can confirm a safety plan that would last overnight. Create that short-term plan, have a safety planning meeting the next day and revise the plan.

2.2.3. During the first visit only one caregiver was available. Develop a plan with that caregiver. If the second caregiver is necessary for the plan to work, meet with that caregiver as soon as possible to confirm participation, or modify plan or decision.

2.2.4. Plan was created, but after days or weeks plan is no longer working for any reason. Hold a safety planning meeting to modify plan or decision.

2.3. Special considerations when domestic violence is a safety threat or has not been ruled out as a safety threat.

2.3.1. Discuss safety planning with the adult victim alone.

2.3.2. Only involve and/or discuss safety plan with alleged perpetrator if victim consents AND your professional judgment is that it would be safe to do so.

2.3.3. Some parts of safety plan should never be shared with alleged perpetrator (e.g., escape plans).

2.4. Safety plan vs. case plan

2.4.1. Safety plan begins NOW and is designed to control the specific, immediate safety threat.

2.4.2. Case plan activities are selected after comprehensive assessment; they address underlying dynamics and promote long-term change.

3. Steps. Note that different families and circumstances will require more or less leadership from the worker. Engage the family to the extent that the family is willing and able.

3.1. Identify protective capacities. Protective capacities are skills, abilities, or resources the family already has that can directly mitigate the specific safety threat.

3.1.1. Incorporate what you already know.

3.1.2. Start discussion by telling family about a protective capacity you have already observed, if possible. (If not, describe something that could be a protective capacity if you learned more about family.)

3.1.3. Ask family additional questions as needed. See Table 1.

3.2. Generate ideas. NOTE: Some families will appreciate the ability to put ideas on the table and discuss them. Others will be less likely to engage in this step. Whenever possible, present family with at least one choice between two options that you would support. See Table 2.

3.2.1. When appropriate, ask family first.

3.2.2. When you introduce ideas, generally present them as options rather than requirements at this point.

3.3. Test ideas. Generating and testing ideas is not necessarily a linear sequence.

3.3.1. Restate the safety threat(s) and evaluate available ideas to be sure that, if selected, they would adequately mitigate the threat.

3.4. Finalize written plan

3.4.1. Agree on elements. Be specific about who will do what, by when, for how long, where, etc. These should be concrete actions that can be observed.

3.4.2. Agree on monitoring. For each part of safety plan, be clear about how worker will know that it is being carried out and is working. See Table 3.

4. Additional considerations

4.1. What if worker and family do not agree? Worker is ultimately responsible for child safety.

4.1.1. Exercise professional judgment to determine whether compromising on an element of the safety plan would compromise child safety.

4.1.2. Exercise professional judgment to determine how far to go in encouraging family to accept plan. Are you achieving involvement or engagement?

4.2. What if family agrees but you doubt their willingness/ability to follow through?

4.1.1. Consider incorporating additional monitoring. Check more often, have more monitors involved. Would that increase likelihood of plan working?

4.1.2. If removal is necessary, consider creating opportunities for family to begin implementing part of plan immediately after placement to demonstrate their ability. If successful, return home could be made quickly.

Table 1: Protective Capacities

Protective Capacity (general title)	Question and Observation Ideas
Child	<ul style="list-style-type: none"> • How has [child] avoided being hurt before? • Does [child] know how to call 911? • Does child seem calm or distressed? Developmentally on target? How large is child? Any disability?
Caregiver	Has caregiver been communicating effectively to suggest reasonable cognitive ability? (Beware of mistaking non-English speaker as having cognitive difficulty.) Is caregiver calm or distressed? Any disability? Does he/she look physically capable of protecting against alleged perpetrator?
Willingness to recognize problem	<ul style="list-style-type: none"> • How does caregiver react to description of safety threat? Does he/she acknowledge threat or deny/minimize it? • Do you understand why [child] is in danger because of [safety threat]?
Ability to access resources	Does family have phone? Car or other transportation? Do they have financial means to pay for needed intervention? (Family does not need unlimited means, just the means to access the kind of intervention that will be necessary. If they do not have the means, it does not necessarily mean removal is the only option, but another option for developing the interventions will need to be found.)
Supportive relationships	<ul style="list-style-type: none"> • Who could help you right now? Is there someone you'd like to call to come over right now to help us plan? What do you think he/she could do to help? • Who could get together with us tomorrow (or the next day) to come up with a plan? What do you think he/she could do to help? • If [friend/relative] offered to help, would that be okay with you?
Willing/able to protect	<ul style="list-style-type: none"> • What would you be willing to do to protect [child]? • How would you imagine you would be able to prevent [alleged perpetrator] from harming child again? Have you ever prevented him/her from harming child in the past? Can you tell me about that? • Consider current incident. Did caregiver attempt to intervene? Was he/she successful? NOTE: Attempting to intervene and failing may be less hopeful, since it directly suggests inability despite willingness. Ask how caregiver believes he/she will be successful next time and what help he/she may need to be successful.
Healthy relationship	<ul style="list-style-type: none"> • Observe interactions. • Listen for how caregiver describes child. NOTE: If this is the only protective capacity, it may not be sufficient for a plan.
Committed to meeting child needs	<ul style="list-style-type: none"> • What would you say [child] needs right now to be safe? • How far are you willing to go to meet [child's] needs?
Problem solving	Have you ever been in a situation like this before? How did you solve it?

Table 2: Safety Intervention Ideas

Safety Item (general title)	Safety Intervention Ideas
Serious harm	<ul style="list-style-type: none"> • Alleged perpetrator is arrested • Alleged perpetrator agrees to remain outside the home until investigation concludes • Non-suspected parent will not let alleged perpetrator into house until investigation concludes • Child will remain in hospital • Caregivers agree to not use corporal punishment for the next 30 days • Non-suspected parent will obtain a temporary restraining order
Sexual abuse	<ul style="list-style-type: none"> • Alleged perpetrator is arrested • Alleged perpetrator agrees to remain outside the home until investigation concludes • Non-suspected parent will not let alleged perpetrator into house or have any contact with child until investigation concludes • Non-suspected parent will take child for forensic interview and medical exam • Caregivers will not question child or attempt to influence his/her statement either way • Caregiver will not challenge child’s story while investigation continues
Unable to protect	<ul style="list-style-type: none"> • Caregiver will not let alleged perpetrator into house or have any contact with child until investigation concludes • [Relative/friend] will be available for mother to call if she is tempted to allow alleged perpetrator back home
Questionable explanation	<ul style="list-style-type: none"> • Alleged perpetrator is arrested • Alleged perpetrator agrees to remain outside the home until investigation concludes • Non-suspected caregiver will not let alleged perpetrator into house until investigation concludes • [Relative/friend] will stay in the home and be with child at all times until investigation concludes
Refuses access/ flee	<ul style="list-style-type: none"> • Caregiver will permit worker to see child • Child will attend school every day • [Relative/friend] will stay in the home and be with child at all times until investigation concludes • Caregiver will provide names and contact information for at least three employers/teachers/pastors/friends/relatives to worker, and worker will confirm identity and willingness to provide new phone/address from family • Caregiver will sign a release of information with [DMV/CalWORKs/probation agent, etc.] to obtain new contact information if family moves
Immediate needs unmet	<p><i>See appendix for more detailed description of each type of need.</i></p>
Hazardous living conditions	<ul style="list-style-type: none"> • Child will stay with [approved relative] until hazard is removed • Family will stay with [friend/relative] until hazard is removed • Family will stay in homeless shelter until hazard is removed • Worker will help advocate for landlord to remove hazard • Agency will assist in removing hazard • [Relatives/friends] will help remove hazard • Caregivers will remove hazard
Caregiver substance use	<ul style="list-style-type: none"> • Using caregiver will go to detox • Using caregiver will stay with [relative/friend] until clean/sober • Using caregiver will not be responsible for child care while under the influence • Non-using caregiver will provide all child care and will protect child from using caregiver • [Relative/friend] will stay in home until using caregiver is clean/sober and will provide all child care • Child has a safe place to go if caregiver begins drinking [neighbor/friend]
Domestic violence	<p>Excellent resource for developing a safety plan for a domestic violence victim:</p>

Table 2: Safety Intervention Ideas

Safety Item (general title)	Safety Intervention Ideas
	<p>http://www.aardvarc.org/dv/plan.shtml</p> <ul style="list-style-type: none"> • Victim caregiver will go to shelter with children • Victim caregiver will go to [relative/friend] with children • Victim caregiver will develop and implement a safety plan for domestic violence • Alleged perpetrator caregiver is arrested • Alleged perpetrator caregiver remains out of the home while investigation continues • Caregivers assure that children are out of the home or in safe location in the home if caregivers begin to argue • Child (if older) will not intervene if parents begin to fight. (May leave home and go to neighbor/call 911.)
Emotional harm	<ul style="list-style-type: none"> • Child will have immediate mental health evaluation • Child will stay in shelter/with approved relative/friend for tonight • Caregiver will refrain from [behavior/threats] for 30 days • Non-suspected caregiver will stay with child at all times child is not in school
Caregiver mental health, cognitive ability	<ul style="list-style-type: none"> • Caregiver will have immediate mental health evaluation • Caregiver will resume prescribed medication • Non-affected caregiver will provide all child care and will be with child at all times while child is not in school • [Relative/friend] will stay in home and provide [all or specific] child care while investigation continues • Public health nurse will provide instructions for caregivers and caregivers will follow

APPENDIX

Safety Item (general title)	Safety Intervention Ideas
Supervision	<ul style="list-style-type: none"> • Worker provides information on certified daycare providers • Worker assists family with application for child care funding • [Relative/friend] will stay with child [define times/locations] • Caregiver does not leave home to [do voluntary activity] until appropriate child care is in place • Caregiver's alternate will provide child care for two hours per day so caregiver can leave for personal time
Food	<ul style="list-style-type: none"> • Worker provides groceries • Worker assists family in applying for emergency food stamps • Worker provides information on food pantries • [Relatives/friends] provide money or food • Caregiver provides meals for child (define meal based on child age)
Clothing	<ul style="list-style-type: none"> • Worker provides voucher for necessary clothing • Worker provides information on clothing resources • Caregiver ensures that child is dressed for weather • Caregiver ensures that child has clean clothes • Worker provides voucher for laundromat • [Relative/friend] allows family to wash clothes in their machine for next two weeks
Medical	<ul style="list-style-type: none"> • Caregiver makes and keeps appointment • Caregiver fills prescription and provides medicine to child • Caregiver follows medical recommendations while investigation continues • Worker assists family in applying for [medical, SSI, etc.] • Hospital/provider agrees to let family have service and arrange payment plan • [Agency] provides medicine/medical equipment

Mental health	<ul style="list-style-type: none"> • Caregiver will remove guns from home • Caregiver will stay with child at all times • [Relatives/friends] will help caregiver provide 24-hour observation of child • Caregiver will obtain/provide prescribed medication • Caregiver will take child for immediate mental health evaluation • Caregiver will allow child to begin/resume therapy with [provider]
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Table 3: Monitoring	
Issue	Monitoring Ideas
Monitoring	<ul style="list-style-type: none"> • Worker will check on child [daily/weekly/at least twice] • Worker will call [collateral] to confirm that... • [Collateral] will call worker if caregiver is not following plan • Child will have worker's number plus a 24/7 number and can call any time