

PARTICIPANT GUIDE

**ADVANCED SDM® TRAINING: RIGOROUS
AND FAMILY-CENTERED SAFETY PLANNING**



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

December 2023

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ABOUT EVIDENT CHANGE

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ESSENTIAL ELEMENTS OF A WELL-WRITTEN SAFETY PLAN

- ❑ Identification of SDM safety threats that would prompt protective placement unless immediate actions are taken to protect the child in the home.
- ❑ A clear and specific description of a **legal** caregiver's actions or inactions that resulted in a specifically described **impact** on the child that needs to be controlled.
- ❑ A specific set of actions/change in location that will occur **immediately** so that the present danger to the child is controlled.
- ❑ Involvement of a **safety and support network** beyond the legal caregiver(s) and children. No network, no plan.
- ❑ A way to **monitor** whether the plan is working, and a backup action that will be taken if the plan is not working.
- ❑ A specific **time limit** (no more than 30 days) for the plan to remain in effect, or a specific date on which it will be reviewed and either renewed or allowed to expire.
- ❑ **Signatures that indicate agreement**, and they always must include at least one **legal** caregiver, the child welfare worker, and any person from the safety and support network who agrees to be responsible for an action or task. Verbal approval must be obtained from the child welfare worker's supervisor.

SKILLS LAB 1: STRENGTHENING SAFETY PLAN ACTIVITY

Instructions: Review the following safety plan, using one of the provided Safety Plan CQI tools or checklists. Identify the key opportunities for strengthening this plan, and propose alternative language or adjustment.

JOHNSON FAMILY SAFETY PLAN

Family Name: Maria Johnson **Referral/Case #:** xxxxxxx **Date:** March 20, 2022

This plan will be reviewed on _____ or no more than 30 days from the safety plan’s date.

Today, at least one child in the Johnson family is in some danger, and immediate actions must be taken so everyone feels sure that the child will be safe. The family, its support network, and the agency have worked together to identify ways to ensure the safety of the children while everyone works together to resolve the identified worries. Everyone in the family, its support network, and the _____ County child protective services workers believe that if we work together, we can help all children in the family stay at home safely while these worries are resolved. This plan describes our shared understanding of why people are worried and what we agree to do to make sure the children remain safe until the plan is reviewed.

WHAT IS THE DANGER? (SDM SAFETY THREAT)

| Safety Threat # | Describe the specific situation or actions that cause the child to be unsafe (danger statement). | Name(s) of Child(ren) in Danger | Safety Goal |
|-----------------|--|---------------------------------|--|
| 1 | Excessive discipline used with children in the home by mother (Maria) and stepfather (Chris). | Christian (5), Julianne (9) | Maria and Chris will work with the agency and aunt Tonya to not excessively discipline Christian and Julianne. |
| 9 | Domestic violence between the mother and stepfather in the home in front of the children. | Christian (5), Julianne (9) | Maria and Chris will work with Aunt Tonya and the agency to show that Christian and Julianne will be looked after by adults who will make it safe for the children to stay home. |

WHAT IS THE PLAN TO KEEP THE CHILD SAFE?

| Safety Threat # | What are the actions that will be taken to address the danger? | Who will take these steps? | What will be done if these actions are not working? |
|-----------------|--|--|--|
| 1 | <ul style="list-style-type: none"> Mother and stepfather will need to meet with the agency for a family meeting on March 23. Aunt Tonya (maternal) will maintain continuous supervision of children in the home and report any physical discipline to police and/or the agency, depending on the time of the incident. | Mom (Maria), stepfather (Chris), and Tonya | Aunt Tonya will report any physical discipline to police and/or the agency. |
| 9 | <ul style="list-style-type: none"> Aunt Tonya will maintain supervision of the children in the home and report any domestic violence to police and/or the agency. Mother and stepfather will meet with the agency for a family meeting on March 23. | Aunt Tonya | Aunt Tonya will report to the police/or agency if there is any domestic violence in the household. |

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We understand that if the plan does not keep all children safe, we will need to work together again to create a new plan, or the children may have to stay with someone other than their parents/legal guardians.



| | |
|---|---|
| Parents/Legal Guardians Maria Johnson | Worker/Supervisor <i>C. James</i> |
| Children | Other Participants Tonya Smith |

WHO TO CALL IF THE PLAN IS NOT WORKING

| | |
|--|---|
| Assigned Child Welfare Worker Name: _____ Chad James _____ | Telephone Number 415 – xxx – xxxx |
|--|---|

| | |
|---|---|
| <p>Child Welfare Supervisor</p> <p>Name: _____ <u>Mary Smith</u> _____</p> | <p>Telephone Number</p> <p>_____ - _____ - _____</p> |
| <p>After-Hours Child Welfare Services Worker <i>(Before and after business hours; weekends and holidays)</i></p> <p>Instructions: _____</p> | <p>Telephone Number</p> <p>_____ - _____ - _____</p> |

SAFETY PLAN CHECKLIST¹

|  HOT SPOTS |  SOLUTIONS | COVERED? |
|--|--|--------------------------|
| The only intervention is the alleged perpetrator promises not to repeat a behavior. | Network/other caregiver will monitor behavior. | <input type="checkbox"/> |
| There is jargon in the harm or worry statements. | Craft family-friendly harm and worry statements with the family using their own words. | <input type="checkbox"/> |
| Network agrees to help, but no legal caregiver is included. | At least one caregiver agrees to the interventions. | <input type="checkbox"/> |
| The caregiver is coerced into agreeing with the threat of a child's separation. | Explain planning process to caregiver/network. Include them in planning so they freely consent to the plan. | <input type="checkbox"/> |
| The victim is left to keep an aggressor out of the home without the aggressor's consent. | <ul style="list-style-type: none"> • Aggressor agrees to the plan. • The victim and children leave to be safe and together. • A network member comes to stay in the home to monitor. | <input type="checkbox"/> |
| The only intervention is a temporary restraining order. | Any restraining order is augmented with one of the three options above. | <input type="checkbox"/> |
| A victim is expected to protect the children when they are not demonstrating their own protection. | More mature children and network members contribute to keep young children safe. | <input type="checkbox"/> |
| A caregiver's constitutional rights (Fourth and 14th amendments) are violated: Caregiver is forced to leave home or is deprived of visits with child; non-caregiver is given custody without consent or knowledge. | <ul style="list-style-type: none"> • Gain informed consent for interventions. • Consider that a protective caregiver may have to leave with the children to be safe and together. • If no caregiver is available to help with a safety plan, custody is probably the only option. | <input type="checkbox"/> |
| A safety plan is written when protective custody is not really being considered. | <ul style="list-style-type: none"> • Carefully review safety threat definitions. • Document efforts to gain agreements with the family for future safety and write a "referral closing" letter or promote to a case for ongoing services. | <input type="checkbox"/> |
| The safety plan does not have a meaningful time limit. | A Child and Family Team Meeting should be convened to review effectiveness and make improvements as soon as possible after the plan is developed. The safety plan should be put in place for no more than 30 days. | <input type="checkbox"/> |
| There is no <i>clear</i> way to monitor whether the safety plan is working, and there is no fail-safe behavior if it is not working. | Clearly describe the behavior that will affirm that the plan is working and who will do what if it is not (e.g., whom they will contact, how they will intervene). If this is not possible, the household may be found unsafe. | <input type="checkbox"/> |
| The voice of the child is missing. | Remember to include the voice of the child for both impact and keeping the child safe as age appropriate! Using the Three Houses or Safety House can help. | <input type="checkbox"/> |

¹ You can find a fillable version of this form on [California's curriculum website](#).

STEPS FOR SAFETY PLANNING

STEP 1: Assess

Gather information using critical thinking and family engagement skills.



Caregiver actions/inactions and impact on the child



Danger

STEP 2: Describe

Create at least one worry statement per safety threat.



Collaborate with family



Clear, concise language

STEP 3: Orient

Explain to the family what a safety plan is.



Necessity due to danger



Behavioral change goal

STEP 4: Identify

Creating safety requires more than just the family.



Identify and help build the network



Engage the network

STEP 5: Act

Safety plans include action steps to keep the child safe.



Identify family/network roles and actions



Develop backup plan

STEP 6: Agree

All participants must agree to the plan.



Willingness/confidence



Capacity

STEP 7: Monitor, Build, Assess

Create a timetable and measurements for safety plan review.



Revisit and revise



Acknowledge successes!

One of the most challenging and important decisions a child welfare worker is asked to make is determining whether it is necessary to remove a child from their home. If a child welfare worker uses the SDM safety assessment and determines that a household has a safety threat, action must be taken with the family and the family's safety and support network to create safety for the child and mitigate the dangers.

A safety plan is a tool based on a set of rigorous agreements that create immediate safety for the child. Safety plans can allow children to remain in their homes even when their caregivers have done something to put them in danger. Safety plans answer the questions "How can we ensure the child is safe in the immediate future?" and "How can we keep the child safe until we can have a family/network meeting?"

Safety plans **always** involve some significant changes to family life, and they require leadership, facilitation, patience, and a caring but firm attitude from the child welfare worker.

Plans start with the child welfare worker, family, network, and children (when appropriate) thinking through the critical question "**What needs to change in the care of these children so we all know they will be safe?**" Below are some stages to consider when designing this plan. These plans are a process, not an event, and they will likely need to be adjusted.

1. ASSESSING DANGER AND SAFETY

- Use the framework of the SDM safety assessment to know whether you need to create a safety plan (i.e., reviewing SDM definitions to support rigorous assessment of whether the concern reaches the threshold of a safety threat, and what specific threat will need to be planned around).
- Use appreciative inquiry and solution-focused questions to help build a good working relationship with the family, gather information, and deepen shared critical thinking.
- Work with the family to determine the caregiver's specific dangerous actions and how these actions have impacted the child. Also look for exceptions—similar situations in the past when the family was able to be protective.

2. CREATE CLEAR WORRY STATEMENTS

- Create at least one worry statement from every identified safety threat. Make sure the statements are specific to the family and phrased in terms of the specific behaviors that are causing concern.
- When feasible, work with the family to create the worry statements.
- If you cannot develop worry statements with the family, make sure to get their feedback on the worry statements you created. Work with the family to refine the statements and incorporate family members' ideas. Keep in mind that ultimately, the worry statements must address the agency's concerns.

3. ORIENT THE FAMILY TO THE TASK

- ❑ Be clear with the family about what a safety plan is and why it is necessary at this time to avoid protective placement of one or more children. Explain how the safety plan relates to the worry statements and how it will consist of action steps that will mitigate the situation that led to the worry statements.
- ❑ Talk with the family about the critical role that the safety and support network must play in a safety plan. Help the family generate ideas about what various network members could do to help with the safety plan.

4. IDENTIFY AND INVOLVE THE NETWORK

- ❑ Work with the family to determine whom they would like to include in their safety and support network. Remember that **no network means no plan**. In other words, if you are unable to bring a network into the safety plan in real and meaningful ways that convince you that the child will be safe from the identified dangers, you are unable to safely leave the child in the home.
- ❑ If you have a difficult time creating a safety and support network, use tools such as Circles of Safety and Support to help build the network. Also, remain focused on the network's purpose—the safety of the child—and initiate a conversation about how to support healing of relationships so that more people can become engaged and part of the safety plan if necessary.
- ❑ Keep in mind that you cannot create safety only with the people about whom you are concerned. **The alleged perpetrator (or the people likely to have been responsible for creating the danger) cannot be responsible for action steps or carrying out the plan.**

5. ADDRESS CRITICAL CONCERNS THROUGH ACTION STEPS

- ❑ Ensure that the steps on the safety plan are **action steps** being immediately taken by the family and the network. Services should not be listed on a safety plan unless the service workers are going to take direct action that keeps the child safe from the danger.
- ❑ Ask the family and the network difficult questions such as “What will happen if ...” and “How will you handle it when” Seek clarification of what will happen in unusual circumstances, such as if the child is sick, if someone needs to be transported to an unusual place, or if network members cannot do what they said they would do.
- ❑ Name the network member who is responsible for each action step.
- ❑ To make your safety plan more rigorous, **develop a backup plan for accomplishing each major action item.**

6. REACH AGREEMENT ON THE PLAN

- ❑ Once a plan is created, scale family members' **willingness, confidence, and capacity** to carry it out. Use tools (e.g., gradients of agreement) to evaluate the family's commitment to the steps you have created together and to surface potential problems.
- ❑ After a plan is finalized, ask the family and the network to scale safety for the children and get feedback from them to make the plan safer.
- ❑ When appropriate, make sure there are ways for children to take action as well (e.g., safety objects, ensuring they know who is in the network and how to reach them).
- ❑ Have the caregivers tell the children they have endorsed the plan.
- ❑ Ask the children for ideas or enhancements, giving them a sense of ownership.
- ❑ Finally, give the children a chance to draw out parts of the plan and post them in the house.

7. MONITOR, BUILD ON IT, AND CONTINUE TO ASSESS

- ❑ Ask, "How will we know if the plan is working? Not working?" Create clear methods and timelines for measuring the plan's success. Remember this plan is not meant to be long term (15–30 days).
- ❑ Create a clear timetable for when you will come back together to review the plan. A family and network meeting (such as a Child and Family Team Meeting) is the optimal way to review these plans and transition to a case plan (whenever possible).
- ❑ Check in about how the plan is working, and make changes when necessary.
- ❑ Celebrate successes as they come!

EXPLAINING THE SDM SAFETY ASSESSMENT PROCESS TO FAMILIES

ASSESSING SAFETY

Explain to the family that the safety assessment process helps social workers assess a series of immediate and severe conditions that can often place a child in danger in their home.

- The safety assessment is based on agreed-upon thresholds and research about caregiver behaviors and household conditions that may pose severe and immediate danger to a child.
- The assessment helps workers consider the special vulnerabilities of children who are young, have a disability, or are isolated.
- The assessment helps identify caregiver behaviors, resources, and relationships that can serve as immediate **protection** for the child or help to **control** the danger.

HARM AND WORRY STATEMENTS

Harm and worry statements are short, simple behavior-based statements workers can use to help family members, collaterals, and department staff clearly understand what happened in the past, why the agency is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address.

A harm statement is a clear, specific statement about the maltreatment that has happened to the child; a worry statement is a simple behavioral statement of the specific worry we have about the child now and in the future.

During safety planning, worry statements can be used to clearly identify what the worker is worried may happen if the family and network do not take enhanced actions of protection. Sharing these worry statements with the family sharpens the focus on key elements that need to change for the case to move forward. It also helps to avoid “case drift.”

Worry statements answer two questions.

- What are we worried will happen to the children if nothing else changes?
- In what situations or context are we worried this could happen?

Worry statements are composed of the following.



Child

may be



Impacted how?

if/when



**Caregiver
action/inaction**

SAFETY PLANNING

The following are examples of what workers can say to families to help them understand the safety planning process once the specific safety threats have been shared with them.

- We want to make sure you clearly understand the specific danger that needs to be mitigated.
- We will develop ideas together for actions that we can take right now to stop the danger for the moment.
- You have the right to inform those who are necessary to the plan about exactly what will happen. We will get agreement and commitment from everyone involved in keeping the child(ren) safe.
- We will decide how everyone will know whether the plan is working or not.
- We will write it all down, including concrete next steps and a timeline for reviewing the agreements we make.

Inform the family that if a safety plan cannot be developed and agreed upon, their child(ren) may have to be temporarily placed with a safe person. If that happens, it is the family's right to have a judge make the decision of whether the child(ren) can be in their care.

CIRCLES OF SAFETY AND SUPPORT

Used with permission from Sonja Parker.

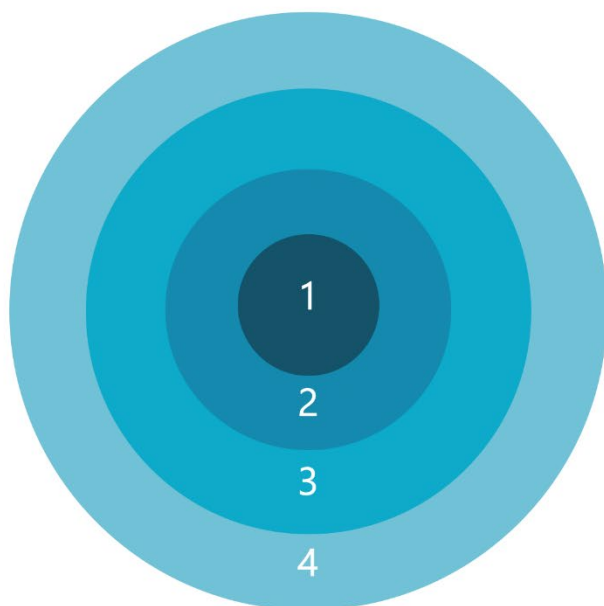
An important part of the family- and safety-centered practice approach is helping the family build and strengthen a network of people—made up of family, friends, and involved professionals—who will support the caregivers to develop and maintain a safety plan for the children. It is hoped these people will continue in this role long after professionals have stopped working with the family.

The safety and support network provides *support* to the caregivers and *safety* for the children (and in some situations, safety for an adult with worrisome behavior).

A strong and active safety and support network assures professionals that the caregivers have the support they need to use the safety plan for as long as the children remain vulnerable to the identified concerns or dangers within the family. For cases with an identified danger to the children, establishing a safety and support network is non-negotiable when developing the safety plan.

Circles of Safety and Support is a visual tool to help identify people for the family's safety and support network and to help professionals and family members talk about the network's role and who can be part of it.

It is typical to use the tool on the first visit with a family, when the worker is talking about the importance of the network. People in the network will work together to help the caregivers build and follow a safety plan to ensure the children will always be safe.



1. Name/photo/picture of child/children
2. Who already knows everything that has happened?
3. Who knows a little about what has happened?
4. Who knows nothing about what has happened?

PROMPT SHEET

1. EXPLAIN THE NEED FOR A SAFETY AND SUPPORT NETWORK

Speak with caregivers about the purpose of the safety and support network and its need to be in place for safety planning to progress and be effective. Pay attention to what caregivers have already done that will help to build future safety and acknowledge this with compliments whenever possible.

2. ADDRESS THE CENTER CIRCLE

Ask caregivers to draw, put photos, or write names of family members in this circle.

3. ADDRESS THE INNER CIRCLE

- Who supports you the most?
- With whom do the children feel most connected?
- Who knows everything that happened (e.g., what led to the children being in care, what led to child protective services being involved with the family)?

4. ADDRESS THE MIDDLE CIRCLE

- Who supports you a little?
- With whom do the children feel some connection?
- Who knows a little about your hardships?

5. ADDRESS THE OUTER CIRCLE

- From whom do you avoid asking for support, but maybe could ask in the future?
- Who does not support you, making things harder for you and your family?
- Who does not know anything about your hardships?

6. ASK IF ANYONE FROM THE MIDDLE AND OUTER CIRCLES BELONGS IN THE INNER CIRCLE

- Review the names in the middle and outer circles. Does anyone need to be part of the inner circle instead?
- Have you thought about asking those in the middle and outer circles for support or talking with them about what happened?
- Who would Grandma (or pick anyone else in the inner circle) want to join her in the inner circle?

- Who would the children most want to have in the inner circle?
- Even though I (the worker) do not know these people yet, which of them do you think I would most want in the inner circle?
- Of all these people, who makes you feel the most comfortable and most understood? Which of them do you think would be important to have in your safety and support network?

7. DISCUSS THE FOLLOWING

- What is the role of the safety and support network?
- What is the difference between safety and support?
- How many people are needed in the network?
- Who can be a safety and/or support person?
- What do people need to know to be part of the network?
- How do we ensure that everyone is informed about the concerns?

SUPPORT NETWORK GRID²

Name: _____

Date: _____

Good Sources of Support in My Life (Past and Present):

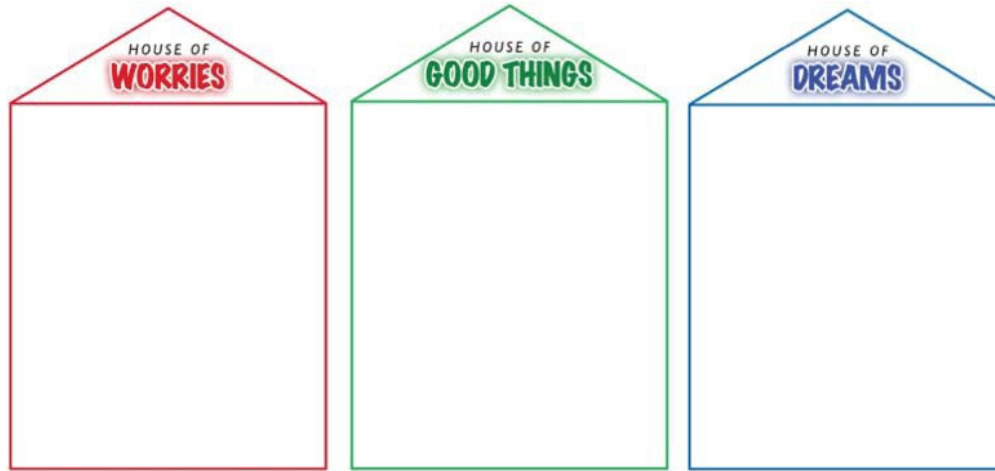
| GROUPS OF PEOPLE | EMOTIONAL SUPPORT | SOCIAL SUPPORT | ADVICE AND INFORMATION | LENDING A HAND/HELPING OUT (LOGISTICAL SUPPORT) | FINANCIAL SUPPORT | OTHER |
|--------------------------------------|-------------------|----------------|------------------------|---|-------------------|-------|
| Significant other or close friends | | | | | | |
| People I live with now | | | | | | |
| Family | | | | | | |
| Friends, coworkers, acquaintances | | | | | | |
| Community programs, services, people | | | | | | |
| Others | | | | | | |

² You can find a fillable version of this file on [California's curriculum site](#).

THE THREE HOUSES

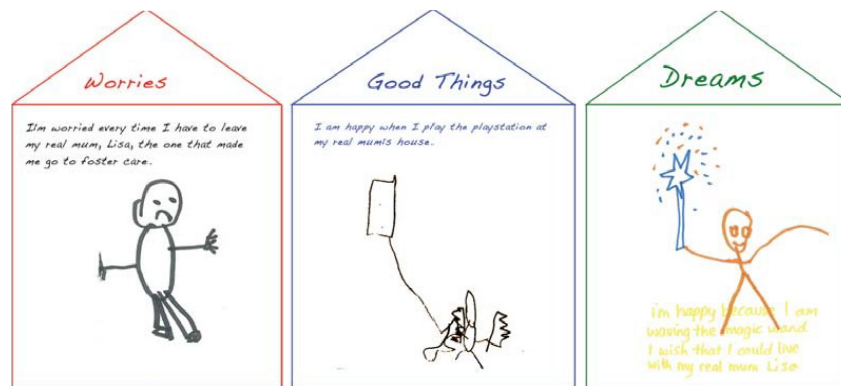
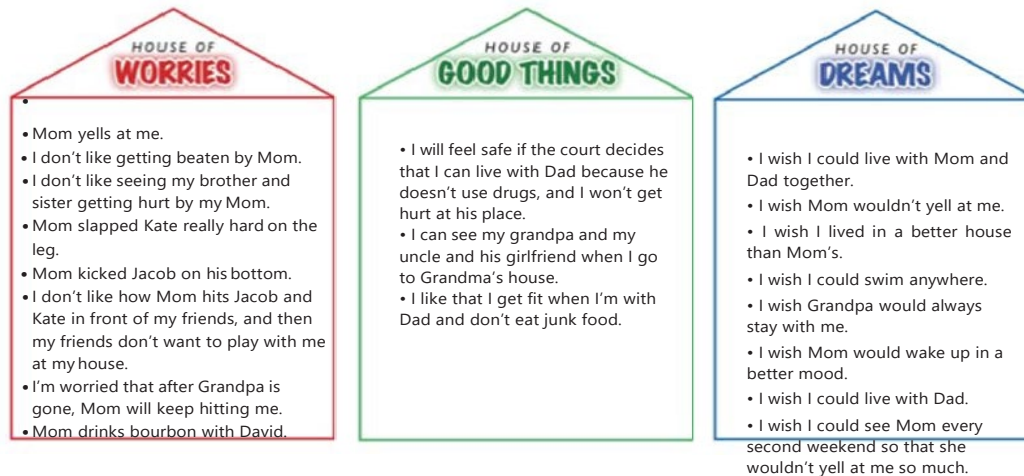
Used with permission from Nicki Weld.

A tool that engages children in child protection assessment and planning



CASE EXAMPLES

Emma, age 8



USING THREE HOUSES

Used with permission from Nicki Weld.

1. **Prepare.** It helps to begin with as much information about the child's background as possible. You will also need the following materials: paper (one sheet for each house as well as some spares), colored pencils, and markers. When deciding where to meet with the child, choose the venue where the child is likely to feel most comfortable.
2. **Get permission to interview the child.** Sometimes child protection workers must interview children without advising the caregivers or seeking their permission. Whenever possible, caregivers should be notified in advance. You can show them the Three Houses tool to help them understand what the worker will do.
3. **Decide whether caregivers should be present.** Sometimes child protection workers must insist on speaking with children without a caregiver present. Whenever possible, let the caregivers and the child choose. If this is not possible, make every effort to explain to the caregivers why it is necessary to speak with the child alone.
4. **Explain and work through Three Houses.** Use one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. The child can rename houses, use toys, make Lego houses, use picture cutouts, etc. Let the child decide where to start. It is often best to start with the House of Good Things, especially if the child is anxious or uncertain.
5. **Explain to the child what will happen next and involve the child in it.** Once the Three Houses process is finished, it is important to explain what will happen next to the child and to get permission to show the child's Three Houses to caregivers, extended family, or professionals. Children usually are happy to share their Three Houses, but some children's assessments could raise concerns and safety issues that must be addressed before sharing with others.
6. **Present the child's Three Houses to caregivers.** Workers usually begin with the House of Good Things. Before you show the child's Three Houses, it can be useful to ask the caregivers what they think the child put in each house.

SAFETY INTERVENTION IDEAS

The following is a list of potential protective interventions corresponding to each safety threat. Please note that this list is not exhaustive and is meant only to serve as a starting point for brainstorming. Remember to ask the family and network for ideas of things they think would help before offering these suggestions. Ensure that there is always at least one intervention that relies on a support network member included.

SERIOUS PHYSICAL HARM

- Alleged perpetrator agrees to remain outside the home until the safety threat is resolved.
- Protective caregiver is able to keep alleged perpetrator out of the house or is able to move with children to a different safe location.
- Protective caregiver will provide all childcare and will be with the child at all times while the child is not in school.
- [Relative/friend] will stay in home and provide [all or specific] childcare while the investigation continues.
- Child will stay with a friend or relative who will provide all childcare and supervise interactions with the caregiver.

SEXUAL ABUSE

- Alleged perpetrator agrees to remain outside the home.
- Protective caregiver has been granted an emergency restraining order and is willing to enforce it.
- Protective caregiver is able to prevent alleged perpetrator from having contact with child or can commit to keeping alleged perpetrator out of the house.
- Child will stay with a friend or relative who will provide all childcare and supervise interactions with the caregiver.
- Protective caregiver(s) will not question child or attempt to influence their statement in any way.
- Caregiver will not challenge child's story while investigation continues.

IMMEDIATE NEEDS UNMET

SUPERVISION

- [Relative/friend] will stay with child [define times/locations].
- Caregiver will not leave home to do [voluntary activity] until appropriate childcare is in place.

- Caregiver's alternate will provide childcare for two hours per day so caregiver can leave for personal time.

FOOD

- Child welfare worker provides groceries or immediate resources to obtain food.
- Caregiver is able to obtain food from a food pantry or other community program.
- [Relatives/friends] provide money or food.
- Caregiver provides meals for the child. (Define meal according to the child's age.)

CLOTHING

- Child welfare worker provides voucher for necessary clothing.
- Child welfare worker provides information about immediately available clothing resources.
- Child welfare worker provides voucher for Laundromat.
- [Relative/friend] allows family to wash clothes in their machine for the next two weeks.

MEDICAL

- Caregiver immediately works with the agency to obtain medical care. [Relatives/friends] will help watch siblings while medical care is administered.
- [Relative/friend] supervises the child's medical care or checks to make sure that the caregiver is following medical recommendations.
- Hospital/provider agrees to let the family have the service now and arrange a payment plan.
- Agency provides medicine/medical equipment.

MENTAL HEALTH

- Caregiver will remove guns from the home.
- Caregiver will stay with the child at all times.
- [Relatives/friends] will help the caregiver provide 24-hour observation of the child.
- Caregiver will obtain/provide prescribed medication.
- Caregiver will take the child for immediate mental health evaluation. [Relatives/friends] will help watch siblings during the evaluation.
- Caregiver will allow the child to begin/resume therapy with a provider.

HAZARDOUS LIVING CONDITIONS

- Child will stay with [approved relative] until the hazard is removed.
- Family will stay with [friend/relative] until the hazard is removed.
- Family will stay in a homeless shelter until the hazard is removed.
- Agency will assist in removing the hazard.
- [Relatives/friends] will help remove the hazard.
- Caregivers will remove the hazard.

EMOTIONAL HARM

- Caregiver will cooperate with the worker to ensure the child is immediately assessed by a mental health professional.
- Child will stay in a shelter or with an approved relative/friend tonight.
- Protective caregiver will stay with the child whenever the child is not in school.

UNABLE TO PROTECT

- [Relative/friend] will stay in the home and provide childcare [all or specific tasks] while the investigation continues.
- Child (and protective caregiver) will stay with a friend or relative who will provide all childcare and supervise interactions with the caregiver.
- [Relative/friend] will be available for the protective caregiver to call if the caregiver is tempted to allow the alleged perpetrator back home.

INTIMATE PARTNER VIOLENCE

- Two separate safety plans will be developed, one for each caregiver. The protective caregiver's plan will remain confidential and not be shared with the perpetrator. The protective caregiver's ideas will be first priority as long as they can also meet agency bottom lines.
- [Relative/friend] will stay in the home with the protective caregiver and the children and ensure appropriate action is taken, e.g., if the perpetrator returns, police are called or uncle is called to come over.
- School, daycare, and other institutions will be notified; and perpetrator will be removed from the school or activities pick-up list.
- New babysitters will be used that perpetrator does not know about and will be kept confidential.

- Protective caregiver agrees not to contact the perpetrator or respond to contact initiated by the perpetrator without permission from the agency/network and will also report the attempted contact to the agency/network and save all documentation.
- Caregivers agree to attend family team/network meeting to review plan by [date].
- Perpetrator will not do [action; e.g., take car from protective caregiver to transport child] and will do [action; e.g., leave car for protective caregiver to transport child] instead.
- Perpetrator will not contact protective caregiver and will contact [friend/relative in network] when thinking about breaking the no contact rule or violating a court order.
- Perpetrator will not prevent protective caregiver from accessing household funds or bank accounts while away from the home.
- Perpetrator will only have supervised contact with child at [location] during this time.

QUESTIONABLE EXPLANATION

- Alleged perpetrator agrees to remain outside the home until the investigation concludes.
- [Relative/friend] will stay in the home and provide childcare [all or specific tasks] while the investigation continues.
- Child will stay with a friend or relative who will provide all childcare and supervise interactions with the caregiver.

REFUSES ACCESS/FLEES

- Child will attend school every day.
- [Relative/friend] will stay in the home and be with the child at all times until investigation concludes.

IDEAS FOR MONITORING

A safety and support network member will call the child welfare worker if the caregiver is not following the plan. The child will have the child welfare worker's phone number, plus a 24/7 number, and can call anytime.

SAFETY PLANNING VERSUS CASE PLANNING

Using the table below, determine if each of the worker’s suggested action steps for the identified safety items are safety interventions that are appropriate for a safety plan or more appropriate for a case plan item.

| SAFETY ITEM | WORKER’S SUGGESTED ACTION STEP | SAFETY INTERVENTION | CASE PLAN |
|---|--|--------------------------|--------------------------|
| Unable to protect: Maternal grandfather regularly uses inappropriate physical discipline on the children. Mother relies on grandfather for childcare every weekday afternoon. | Mother will apply for subsidized childcare services when office is open on Wednesday and enroll child in daycare. | <input type="checkbox"/> | <input type="checkbox"/> |
| Refuses access/flees: Father has been observed telling the child that she must be confused about what happened and urging her to “stop saying that Daddy hurt her” or she’ll “go to bed without dinner.” | Father and daughter will move into paternal aunt and uncle’s home until investigation concludes. Paternal aunt and uncle will ensure that an adult (paternal aunt or uncle) will be with the child at all times. | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous living conditions: The home has no electricity, heat, or running water because caregivers have been unable to pay their utility bills. | Mother and father will apply for CalWORKs benefits tomorrow, which include Welfare-to-Work participation to increase household income. | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical harm: Non-mobile infant suffered a serious head injury while in the care of his mother and father, who said they do not know how their child was injured. | Mother and father will enroll in and successfully complete anger management courses. | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional harm: Father repeatedly blames and punishes daughter for rule breaking by sons. Daughter is withdrawn and shows signs of depression. | Daughter will stay with grandmother during weekdays, and grandmother will stay at the family’s home during the weekend. | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervision: Father leaves children (3-year-old twins) alone at home after they fall asleep so he can gamble at the casino down the street. | Next-door neighbor will ensure that children are properly supervised at all times. If the father leaves the home without the children, the neighbor has agreed to let the twins sleep over at his home or will come stay at the father’s home. | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical, failure to provide: Father refuses to monitor | Child protective services home-visiting nurse will come to the home daily and administer the child’s once-daily insulin | <input type="checkbox"/> | <input type="checkbox"/> |

| SAFETY ITEM | WORKER'S SUGGESTED ACTION STEP | SAFETY INTERVENTION | CASE PLAN |
|---|--|---------------------|-----------|
| child's diabetes because he "doesn't like needles." | injection. Father has been provided with a supply of insulin pens (alternative to needle) for emergencies until an insulin pump can be prescribed. | | |

CALIFORNIA SAFETY PLAN 3.0³

Family Name: _____ **Referral/Case #:** _____ **Date:** _____

This plan will be reviewed on _____ or no more than 30 days from the safety plan's date.

Today, at least one child in the _____ family is in some danger, and immediate actions must be taken so everyone feels sure that the child will be safe. The family, its support network, and the agency have worked together to identify ways to ensure the safety of the children while everyone works together to resolve the identified worries. Everyone in the family, its support network, and the _____ County child protective services workers believe that if we work together, we can help all children in the family stay at home safely while these worries are resolved. This plan describes our shared understanding of why people are worried and what we agree to do to make sure the children remain safe until the plan is reviewed.

WHAT IS THE DANGER? (SDM SAFETY THREAT)

| Safety Threat # | Describe the specific situation or actions that cause the child to be unsafe (danger statement). | Name(s) of Child(ren) in Danger |
|-----------------|--|---------------------------------|
| | | |
| | | |
| | | |
| | | |

³ You can find a fillable version of the tool on the [curriculum site](#).

WHAT IS THE PLAN TO KEEP THE CHILD SAFE?

| Safety Threat # | What are the actions that will be taken to address the danger? | Who will take these steps? | What will be done if these actions are not working? |
|------------------------|---|-----------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We understand that if the plan does not keep all children safe, we will need to work together again to create a new plan, or the children may have to stay with someone other than their parents/legal guardians.

| | |
|--------------------------------|---------------------------|
| Parents/Legal Guardians | Worker/Supervisor |
| Children | Other Participants |

WHO TO CALL IF THE PLAN IS NOT WORKING

| | |
|---|--|
| Assigned Child Welfare Worker Name: _____ | Telephone Number ___ - ___ - _____ |
| Child Welfare Supervisor Name: _____ | Telephone Number ___ - ___ - _____ |
| After-Hours Child Welfare Services Worker <i>(Before and after business hours; weekends and holidays)</i> Instructions: _____ | Telephone Number ___ - ___ - _____ |

MAPPING FOR ACTS OF PROTECTION⁴

Worry statement:

Safety goal:

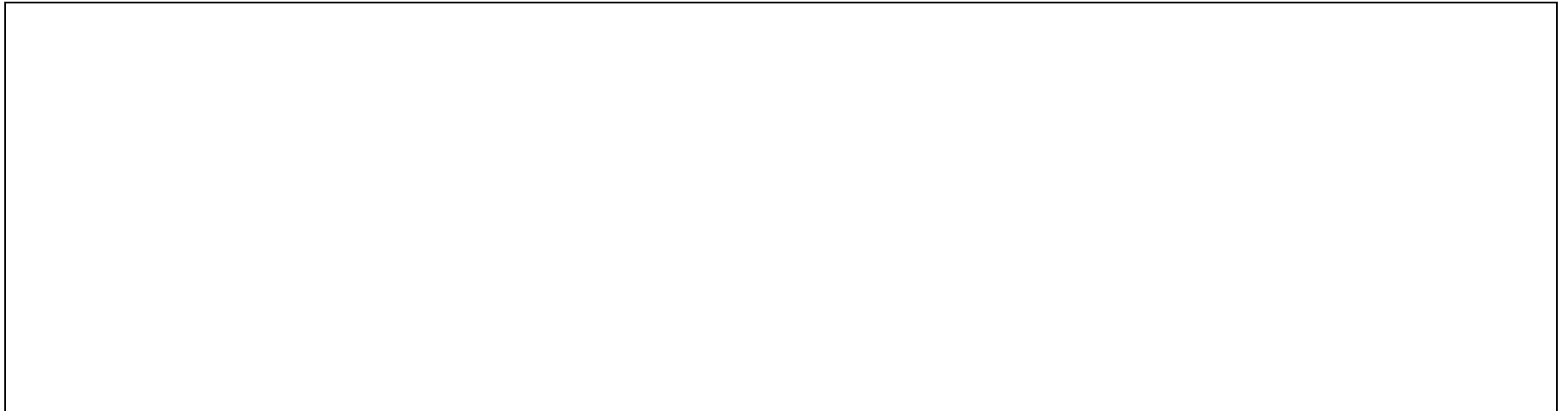
What's working well to build safety now, or what worked well in the past to keep the child safe?

⁴ You can find a fillable version of the tool on the [curriculum site](#).

What are the worries or potential barriers to future safety?



What needs to happen to build more safety in the future?



SAFETY PLAN WORKSHEET

(For Safety-Organized Practice workshop use only)

Child Name: _____ Family Name: _____ Worker Name: _____

Phone #: _____

Date of Plan: _____ Date This Plan Will Be Reviewed: _____ Referral Case

Worry Statement:

Safety Goal:

SDM safety threat(s): _____

SDM risk level (if ongoing case): _____

SAFETY AND SUPPORT NETWORK ACTION PLAN

Who?

What action will be taken by when?

How will we know it worked?

Parent #1 Signature: _____

Date: _____

Parent #2 Signature: _____

Date: _____

Social Worker Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

MOVING FROM A POWER-OVER TO A POWER-SHARE

ADULTISM AND POWER

- “Adultism” originates from Patterson Du Bois’s *Fireside child-study*.
- It is a term that frames how youth often feel when involved in adult-based discussions.

ADULTISM

The essence of adultism is when a young person feels disrespected. Young people are considered to be less important and, in a sense, inferior to adults. They cannot be trusted to develop correctly; so they must be taught, disciplined, harnessed, punished, and guided into the adult world.

Especially because the developmental stage of the youth will be uneven and an unknown, “adultist” comments must be redirected, challenged, and addressed. Ensure a strength-based approach and redirect statements that are blaming and shaming, as these cannot be overlooked, brushed under the carpet, or tolerated. One who consistently demonstrates a pattern of disrespect and mistreatment will:

- Undermine the youth’s self-confidence and self-esteem;
- Increase a sense of worthlessness;
- Increase feelings of powerlessness;
- Message consistently that the youth’s experience is not to be taken seriously;
- Diminish the youth’s capacity to effectively function well in the world;
- Contribute to a negative self-concept and destructive acting out (attempting suicide, depression, etc.); and
- Contribute to feelings of being unloved or unwanted.

TIPS TO SHARE POWER WITH YOUTH

- Assess your biases, judgments, and preconceptions of youth attending the meeting. Make sure you come into the meeting prepared to offer culturally responsive options for the youth.
- Create a safe space for youth to share their feedback, opinions, and thoughts. Practice nonjudgmental and non-defensive listening, and be willing to actively listen to their concerns. Let them know what you can and cannot maintain confidentiality about.
- Assess available agency and community resources for youth. What already exists? Who can help support the youth? Have a list of youth-focused services to review with the youth during the meeting.

- Keep it simple, honest, and straight to the point.
- Consider making a Plan A and B rather than one plan. Develop a “youth commitment plan” that the youth can take away in addition to an official meeting summary or plan.
- Know the laws regarding youth emancipation and foster care for youth 18 and older. Advocate for systems change to ensure that young people have early and timely permanency.
- Know the system’s specific policies and protocols regarding youth and their concerns and issues; be prepared to challenge them when they stand in the way of a particular young person’s needs. Examples include: how long teens can remain in care, what happens when youth drop out of school, what programs exist that assist with college financing, what transitional youth service options exist, what community supports exist, what LGBTQ+ services are available for youth, any services for youth with hearing or physical challenges, and ensuring the youth’s voice is being heard.
- During meetings for trans and nonbinary youth, inquiring about them and then using their correct pronouns is a way to let them know that you see them, you affirm them, and you accept them and their identity.

TWO PLANS FOR CHERYL

It was reported that on September 17, Cheryl Turner turned on the gas of her home stove and locked herself in the kitchen, which exposed both the kitchen and the rest of the apartment to high levels of toxic fumes. Both of her children were home at the time, were exposed to the fumes, and lost consciousness as a result.

PLAN 1

The court orders the following plan:

- Cheryl needs to go to the therapist weekly to work on depression, the causes of it, and the impact it has on her life.
- Cheryl needs to go to the psychiatrist at least monthly to make sure she is taking her medication and this is working properly.
- Cheryl needs to go to job retraining course.
- Cheryl needs to go to parenting class.

PLAN 2

Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy agree to be a part of Cheryl's network.

- Cheryl will ask for help with the children if she is feeling less than a 3 on a 10-point scale for depression (where 1 means very depressed).
- Cheryl will not be alone if she is thinking about hurting herself again and will ask for help from someone in the network if this happens.
- Cheryl agrees to keep a logbook of her work in resisting the worse parts of the depression. She will scale the impact of the depression every day in the book and write details of everything that is helping her reduce that impact.
- Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening). They will talk with Cheryl, ask how she is doing, and also scale the impact of depression on her. They will also talk with the children and ask them how they are doing. When the network visits, they will also write in the logbook and ensure the children have their phone numbers as well.
- Cheryl, the safety and support network, and child protective services (CPS) will meet to review this plan again in three weeks.

SAFETY PLANNING CQI TOOL⁵

Reviewer: _____

Case Name: _____ Referral #: _____

Worker: _____ Supervisor: _____

Review Date: _____ Reviewer: _____

Methodology: Review the Structured Decision Making® (SDM) Safety Assessment, the immediate safety plan, and applicable case notes and documents, and assess their alignment with California safety planning guidelines and best-practice standards.

Goal: This continuous quality improvement (CQI) tool allows supervisors to review and provide balanced feedback on areas of accomplishment and areas for development within safety planning practice. CQI tools may be used to support live consultation and strengthening of safety plans while in the field, or to review established plans to identify opportunities to increase safety for families and improve agencywide safety planning practice. Practice trends observed across units can provide critical information related to agency needs and infrastructure, and they should be used not only to strengthen individual worker practice but also to support planning for targeted system improvements.

A. SDM® SAFETY ASSESSMENT REVIEW

Date of First Contact: _____ Date of Assessment: _____

Assessment Type: Initial Review/update Referral/case closing

Household Name: _____

Were There Allegations in This Household? Yes No

Identified Safety Threats:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Physical harm/threat | <input type="checkbox"/> 4. Hazardous living conditions | <input type="checkbox"/> 7. Questionable explanation |
| <input type="checkbox"/> 2. Sexual abuse | <input type="checkbox"/> 5. Child is danger to self/others | <input type="checkbox"/> 8. Refuses access/may flee |
| <input type="checkbox"/> 3. Immediate needs not met | <input type="checkbox"/> 6. Failure to protect | <input type="checkbox"/> 9. Previous maltreatment |

10. Other: _____

Safety Decision:

- | | | |
|-------------------------------|---|--|
| <input type="checkbox"/> Safe | <input type="checkbox"/> Safe with plan | <input type="checkbox"/> Unsafe |
| | <input type="checkbox"/> 1. Intervention by worker | <input type="checkbox"/> 10. Voluntary placement |
| | <input type="checkbox"/> 2. Use of community members | <input type="checkbox"/> 11. Protective custody |
| | <input type="checkbox"/> 3. Use of community agencies | |
| | <input type="checkbox"/> 4. Use of tribal resources | |
| | <input type="checkbox"/> 5. Have the caregiver appropriately protect | |
| | <input type="checkbox"/> 6. Have the alleged perpetrator leave the home | |
| | <input type="checkbox"/> 7. Move to a safe environment | |
| | <input type="checkbox"/> 8. Legal action | |
| | <input type="checkbox"/> 9. Other (specify): _____ | |

⁵ You can find the fillable version of this form on the [curriculum site](#).

B. SAFETY PLAN REVIEW

Date of Plan: _____ Planned Review Date: _____

Instructions: Review the following areas related to the immediate safety plan and assess achievement in each practice area.

| Area | Achieved? | Comments |
|--|--|----------|
| Safety Plan Document | | |
| The plan identifies the specific SDM® safety threats present. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The plan includes a simple statement of the specific caregiver actions or inactions causing concern for impact on the child now and in the future. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The plan includes at least one member from the safety and support network. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Action steps support an immediate change in the care environment and are sufficient to immediately protect against the danger. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Action steps are clear and specific, including who, what, and when. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Plan language avoids jargon such as “domestic violence” or “inadequate supervision” and provides behavior specific details. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The plan is time-limited and indicates a <i>maximum</i> of 30 days before review. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| A clear plan for monitoring includes how the safety plan will be reviewed and what should happen if it is not working. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The plan includes signatures of at least one legal caregiver, one person from the network, and an agency representative. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Safety Plan Development | | |
| The process and urgency of safety planning were explained clearly to the family to support active participation and network development. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insf | |
| Action steps were co-created with the caregiver. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insf | |
| The plan was explained clearly to all involved members, including the child and the alleged perpetrator when appropriate. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insf | |
| With the social work supervisor’s support, the plan was strengthened or approved while in the field. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Area | Achieved? | Comments |
|--|--|----------|
| Safety Plan Monitoring and Review | | |
| The worker engaged with the family and network to review the plan, including how it is monitored and its time limit. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insf | |
| A facilitated meeting, such as a Child and Family Team Meeting or Team Decision Making, was used during the service period to develop, strengthen, or review the plan. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If a child was removed during the investigation, concerted efforts to develop, revise, or strengthen the plan to prevent removal were exhausted. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

| Areas of Accomplishment | Areas of Development | Next Steps |
|-------------------------|----------------------|------------|
| | | |

C. SOCIAL WORKER PRACTICES

Quality of Harm and Danger or Worry Statements

Is a harm statement documented in the investigation narrative or safety plan? Yes No

Is a danger or worry statement documented in the investigation narrative or safety plan? Yes No

Consider the following when completing the scale.

- Links to SDM safety threats selected
- Written in family-friendly language (i.e., no jargon)
- Behavior specific
- Clearly states impact to child
- Evidence that statements were shared with family and network

| Scale for Worker/Yourself | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Emerging* | | Acquired† | | Accomplished‡ | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Comments: | | | | | |

* Rarely or inconsistently demonstrates the practice behaviors or requires significant supervisor direction/support to use them.

† Often demonstrates the practice behaviors, with some or minimal direction from supervisor.

‡ Consistently demonstrates the practice behaviors as standard practice in virtually all referral/case circumstances, using independent critical thinking skills.

Use of Core Practice Model Skills and Solution-Focused Questions

Consider the following when completing the scale.

- Uses solution-focused questions to support assessment and planning process
- Orients family to the purpose and process of safety planning
- Identifies and engages family members and others who are important to the child/family to build a network that can be engaged in safety planning
- Shares harm and danger statements with family and network members

| Scale for Worker/Yourself | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Emerging* | | Acquired† | | Accomplished‡ | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Comments: | | | | | |

* Rarely or inconsistently demonstrates the practice behaviors or requires significant supervisor direction/support to use them.

† Often demonstrates the practice behaviors, with some or minimal direction from supervisor.

‡ Consistently demonstrates the practice behaviors as standard practice in virtually all referral/case circumstances, using independent critical thinking skills.

Strategies to Support Practice Developments: