

The Safety Plan

Introduction

For eleven months, we have been considering various aspects of safety assessment. Fundamentally, the purpose of safety assessment is to determine if there is a need to respond with a safety intervention. The purpose of safety intervention is to manage threats to a child's safety. Safety intervention is based on the safety plan. The safety plan is different from the ongoing case plan (also referred to as the treatment plan in some places.)

What is the Safety Plan?

The safety plan is a written arrangement between a family and the agency that establishes how impending danger threats to child safety will be managed. The safety plan is not necessarily a temporary plan. The safety plan must be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. Safety plans likely will remain in place for weeks into months and will co-exist with the ongoing case (treatment) plan.

The safety plan is best when it is planned and then written in a detail manner. Most state models provide for a safety plan format that indicates what must be included. For sure, the safety plan should:

- Specify what impending danger threats exist. Moving beyond the identified safety threats checked in the safety assessment list, the safety plan should contain an elaboration of the impending danger in terms that describe how the impending danger exists uniquely within the given family. This elaboration is critical because it establishes what must be controlled.

- Identify how the impending danger will be managed including by whom, under what circumstances and agreements and in accordance with specification of time requirements, availability, accessibility and suitability of those involved.
- Consider caregiver awareness and acknowledgement of safety threats and caregiver acceptance and willingness for the plan to be implemented.
- Include how CPS will oversee the plan.

The safety plan is designed along a continuum of the least to most intrusive intervention. The safety plan may be exclusively an in-home plan. The safety plan may be a combination in-home and out of home plan. The safety plan may be exclusively an out of home plan.

What Criteria Applies to the Safety Plan?

The safety plan can be a safety plan only if it meets the following criteria:

- The single purpose of the safety plan is to control or manage impending danger. If any other purpose is included, it may not be a safety plan.
- The safety plan must have an immediate effect. The safety plan is created because you have identified impending danger. The definition for impending danger is that it is imminent. That means it is going to happen and within the immediate to foreseeable future. Therefore, the safety plan must be established and implemented at the point the impending danger is identified and do what it is suppose to do the very day it is set up – manage impending danger.
- People involved in the safety plan must be immediately accessible and available in accordance with the provisions of the safety plan. Available means the provider has sufficient time and capacity to do what is expected. Accessible means the provider will be in place, readily responsive and close enough to the family to meet the demands of the plan.

- Actions and services contained within the safety plan are designated specifically for the purpose of controlling or managing impending danger. Safety services must have an immediate effect. A safety service must achieve its purpose fully each time it is delivered.

If upon review a plan does not comply with these criteria then it *ain't* a safety plan!

What is the Range of Safety Plans?

Child Protective Services has been notorious for its diametric view of safety intervention. The point of view that has prevailed in our past is that either kids are safe or not and that if kids are not safe they are removed from their homes. Well, that's not very creative thinking; is a rough way to work with families; and is wrong. The safety plan must be a provisional intervention concept, which is dynamic and fluid. We've mentioned it should be developed using a least to most intrusive mentality fully recognizing that many options exist between leaving children in their home and removing them. The National Resource Center on Child Maltreatment (of which we are a part) identified in its publication on designing safety intervention models the various options that can be considered in creating effective safety plans. We've adapted the list here to fit better with our idea of provisional safety planning. The most effective safety plan will involve:

- A strategy that combines the use of in-home and out of home actions. This emphasizes the need to think of out of home placement as fitting within a well conceived awareness of the need for separation. Presumably, the effective safety plan considers necessary separation from a partial to total perspective.
- The clarification of the protective role of parents (caregivers) based on the nature of the impending danger; the presence of active, enhanced protective capacities; and expectations for continuing an acceptable level of caregiver involvement and responsibility given threats and limitations.

It is important to keep elevated that the objective is to return the protection role and responsibility to the parent (caregiver.) Depending on the nature of the family situation, the parents' protective role may be none to significant.

- A full elaboration of the protective role of others who participate in the safety plan. Here we refer to friends, relatives and others who may have an active responsibility in assuring safety or who may play a supportive role during the intervention.
- A specification of the safety service arrangements from a limited to extensive perspective.
- Spell out the types of family network and professional safety management and how their specific responsibilities are expected to contribute to the management approach.
- Delineate parent (caregiver) access to child that may be none to extensive. The means and circumstances in which the access is allowed to occur will be set forth.
- The identification and rationale for different kinds of separation. Keeping in mind that separation represents a suspension of the parent – child interaction; parental responsibility for care and protection of the child; and respite for either or both parents and the child. Any number of options may be appealing such as babysitting; respite care; more formal child care arrangements; child oriented activity away from the home; overnight stays with relatives or foster care providers; a few days/weekends/a few weeks with relatives or foster care providers; and so on. Separation often is necessary but should occur only when it is well planned out, temporary, fitting within and part of the (larger) safety plan, a purposeful strategy within the safety plan, and dynamic and fluid in the way it is implemented and included in the safety plan.
- Anticipated time limits that govern separation. While we've said that separation should be a dynamic and temporary strategy within the safety plan, here we want to emphasize the importance of anticipating time limits at the onset. The purpose of the time limits is not to impose rigid

management but to assure that safety management is guided by certain intentions. With respect to separation, the intention is always to keep the focus on being provisional. Anticipated time limits refer to designating what you expect to be needed and realistic while focused on minimizing separation. So we are talking about hours to days as preferred. When children are placed out of the home the anticipated time limit should be in terms of days to weeks, not months. This may be helpful in forcing us to justify if the separation is needed; if conditions have reduced that need; and if other less intrusive options can be deployed.

What are the Differences between the Safety Plan and the Ongoing/Treatment Plan?

People get confused. Sometimes when caseworkers are putting together the safety plan they end up with something that resembles a treatment plan. Look over the differences between the safety plan and treatment plan and make sure that all your safety plans conform to that which is consistent with managing impending danger threats.

The Safety Plan

The Treatment Plan

The purpose is to control.	The purpose is to change.
The safety plan is limited to impending danger safety threats.	The treatment plan can address a wide range of family need.
The safety plan is put in place immediately upon identifying impending danger.	The treatment plan can be put in place following further assessment and when the family is ready (or when policy demands.)
Activity and services within the safety plan are dense which means there are a lot of things going on frequently.	Activity and services can be spread out occurring intermittently over a long period of time.
The safety plan must have an immediate effect. This means it must work the day it is set in place.	The treatment plan is expected to have long term effects achieved over time.
The provider's role and responsibility in the safety plan is exact and focused on threats.	The provider's role and responsibility vary according client need.

What is CPS' Responsibility in the Safety Plan?

Once impending danger has been identified and caregiver protective capacities are diminished, CPS is responsible to assure that safety is managed – that impending danger is controlled. The safety plan is the record of how CPS will meet that responsibility. Once impending danger has been identified and caregiver protective capacities are diminished then caregivers cannot be expected to be responsible to assure protection. It is unreasonable to judge that a child is not safe in his or her home and then set up expectations for parents/caregivers to provide protection. Therefore, be certain that the safety plans that you create do not require parents/caregivers to be responsible for specific behavior associated with keeping a child safe. Safety plans that expect parents to quit drinking; not to

hit their child; or not to leave their child alone are dangerous and a direct contradiction to the judgment that the child is not safe. To create such plans is dangerous, irresponsible practice.

What should the Safety Plan look like?

Here we furnish you with an example of a safety plan for the Simmons family. We are presenting this in a narrative style rather than a format one might see associated with a form. The important point for us in this example is what information ought to be included in the plan.

This is a domestic violence case that included harsh physical handling of the children by the father. Reed is the father; Karen the mother; Tammy is the 9 year old daughter; and Laura is the 7 year old daughter.

The Simmons Safety Plan

Description of the Impending Danger

Reed's intimidation of and violence toward Karen, Laura and specifically Tammy is a threat to child safety. This is compounded by his belief that anything he does is okay. He shows no remorse for his behavior. He is unmotivated to consider his parenting style or how he needs to control it. Additionally, both girls are fearful of Reed and, because of his behavior and their being fragile and vulnerable (especially Laura), they are unable to seek protection on their own. Karen is unable to protect the girls. Some form of violence or aggression is reported to occur 2 – 3 times a month and involves pushing or slapping Karen, handling the girls roughly, throwing/pushing or shoving the girls. Typically, verbal abuse, humiliation and intimidation occur daily. There are not any particular signs of when or how this will occur. It is relatively spontaneous and prompted by incidental things. Reed's roughness with the girls is not associated with discipline.

Safety Plan Conditions

- The family will continue to reside in the home.
- The home environment and routines are sufficiently consistent and calm enough for services to be provided and for the service providers to be in the home safely.
- The parents are willing for services to be provided and will co-operate with the service providers.
- Services can be safely provided while other intervention proceeds.

Safety Actions and Services

- In home supervision and observation of family interaction and functioning provided three times a week – 2 hours each visit in the home. At least one visit will occur during weekends. This service is to continue for 30 days whereupon it will be evaluated.
- Day care to provide separation of the girls from Reed as the sole caregiver five times a week – 3 hours each day – following school. This service is to continue for 30 days whereupon it will be evaluated.
- School supervision with the girls provided by the school counselor once a week with each girl separately for a few minutes. This service is to continue for 30 days whereupon it will be evaluated.
- Oversight and management weekly by CPS in direct contact with the family and providers.

Providers

- John Riggs – Home Based Services. John Riggs will be in the home a minimum of three times per week. He will monitor the father's impulsive behavior and support the mother's involvement. This will also limit the effects of the parents' inconsistent care of the girls and the detrimental

- expectations of Reed. John will also be available on call 24 hours per day on an as needed basis. This provider has been confirmed as available, accessible, and suitable and fully understands his role and responsibility. He has been fully informed of the specific tasks and time frames. Home Based Services is located at 1423 Oak Street. Riggs cell phone number is 301 3271.
- North Side Day Care will provide child care each day following school from 3 – 5 pm. This will relieve Reed of child care responsibilities and separate the girls from Reed during Karen’s workday. Additionally staff at North Side will monitor the girls’ general care, emotional state and in particular Tammy’s provocative behavior. Mrs. Fields, the Director, is aware of the issues affecting the girls and the role the center is being asked to fulfill. North Side is a licensed day care center located at 327 North Side Avenue. Phone = 771-4819
 - Janet Freeman, Washington Elementary counselor, will meet with each child weekly for a few minutes to observe and evaluate the children’s sense of security; satisfaction with the home life; and general emotional state. Janet will be specific with the children about home activity, family interaction and in particular the girls’ perception of their father. She will identify any aggressiveness or verbal attacks the girls may report. Janet is supportive and in agreement with the in-home plan and her role in it. Washington Elementary is located at 414 Coal Street. Janet’s phone number is 312-9001.

Management of Threats

The safety plan manages the threats by

- Monitoring and addressing stress that stimulates Reed’s aggressiveness.
- Supporting Karen to assume primary care giving responsibilities with no present expectations for Reed.
- Establishing a continuing outside presence that overtly gives support to Karen and respects Reed but clarifies that aggression is to be avoided.

- Assuring routine and constant contact with family members throughout the week and upon weekends.
- Separating the girls from Reed in a strategic manner concerned with 1) his need not to provide care giving and 2) minimizing the girls' behavior that provokes Reed.
- Allowing Reed to go about his business with minimal home/care giving expectations while providing necessary support and resources to Karen to assure she can meet the primary care giving roles and responsibilities.

Caretaker Acknowledgment and Agreement

Reed and Karen participated in the formation of the safety plan. Reed is accepting notably because he sees it as relieving him of responsibility he does not want. Karen views the plan as supportive of the family and is committed to it working as an alternative to out of home placement. The parents are fully aware of the details of the plan, the schedules, the providers and their role. Reed has indicated specifically that he will make himself available for all schedule contact and can do so since he is currently unemployed. The parents have been advised that the expectation is that this is a provisional plan that may change in accordance with how things progress for the family.

Oversight

This case will be transferred to Ted Rex Ongoing CPS. The oversight plan is:

- Weekly contact with all providers.
- Weekly contact with Karen to determine general compliance with the safety plan and to determine potential or actual violence or aggression toward her or the girls.
- Bi-weekly contact with Reed to evaluate his compliance with the safety plan; his attitude about participation and activity in the plan; his expectations for continuing CPS intervention.

Wrap-Up

Many will observe that such a safety plan as provided as an example in this article is too long and detailed. It may seem so. Perhaps a particular format or style can make documenting the safety plan a bit less involved. However, we stand on our opinion that an effective safety plan has to include the content and details we've described here.

Check in with us next month for a feature on family involvement in safety planning and safety management.