

# **A Safety Related Case Plan**

## **Introduction**

We began last month's article by stating that case plans are established and implemented to change things. Case plans are not safety plans. We've been through that many times and only mention it here to emphasize the topic for this article – safety related case plans. The safety related case plan is one which addresses a safety concern that must change. If you've been reading our recent articles, you know that a safety related case plan is one that addresses diminished caregiver protective capacities. This article will provide some direction about how a safety related case plan looks – how it is written.

A written case plan should be the final product that naturally emerges from the worker-client protective capacity assessment process where a mutual agreement results in deciding what must change and how to go about it. Case planning and the resulting case plan should not be thought of as something separate from the protective capacity assessment. It really is simply the end of that process.

Case plans identify what must change; describe how to go about achieving the change; and provide a benchmark for knowing when progress and change are occurring. States vary with respect to case plan formats, but, essentially, there is not a whole lot of difference. Everybody's case plan format includes a final result which may be called an outcome or a goal. All case plan formats contain steps toward achieving the final result which might be called goals, milestones or objectives. Case plans always identify what services or actions will be taken to reach the goals. Most all case plans include specifics about who will do what and when. Many case plans also include identification of ways progress or change will be judged. Almost everyone agrees that case plans should be specific, behaviorally stated, time limited and mutually agreed to.

So, the design of your case plan format is really not that big of an issue when it comes to reforming it as a safety related case plan. (We acknowledge that case plans in many places include more than safety related concerns and always should address child related needs in accordance with their existence. Here, we simply are giving specific emphasis to how safety related issues – namely diminished caregiver protective capacities – can be effectively included in a treatment type case plan.) In this article, we are going to provide some direction about what must be included in a safety related case plan and, then, provide two examples of how a person can manage existing case plan formats to make sure safety related issues are properly included.

### **Content of a Safety Related Case Plan**

Content for a safety related case plan can be organized according to the following:

- Reason for the Case Plan
- Outcome of the Case Plan
- Identification of What Must Change
- Identification of How Change is to Be Facilitated
- Roles and Responsibilities of those Involved in the Case Plan
- Criteria for Judging Progress and Change

Things written into case plans should be specific and should uniquely fit the client. So what we say here should not be thought of as exactly what you should use. In other words, we are laying out some guidelines, but it's up to you to tailor each plan to the uniqueness apparent within the caregiver and his or her situation. Having qualified that, we now will describe in general terms what the fundamentals are associated with the bulleted list we just provided.

The reason for a safety related case plan is always the same – a child is not safe. The definition for “unsafe” is the presence of impending danger and

insufficient caregiver protective capacity to assure a child is protected. So, the reason for a safety related case plan is the presence of impending danger and diminished caregiver protective capacities.

The desired result of every safety related case plan is the same – a safe home. Now, reasonably, in order for everyone to be sure what that means, being more precise and descriptive about what a safe home is adds to a stronger case plan. The idea of a “safe home” comes right out of ASFA. We’ve mentioned in previous articles that this represents an environment that can be observed, described and measured. It includes the reduction or elimination of impending danger and/or the presence of active and sufficient enhanced caregiver protective capacities; it may include connection to supportive others within the family network or community; it surely includes a sense of and actual felt security on the part of the child; and it might include some evidence of the maintenance of that which will assure continued safeness after CPS is gone. The idea of a safe home as the desired result of a safety related case plan keeps enhanced caregiver protective capacity at the core of things but broadens the outcome to include the effects of enhanced caregiver protective capacities.

What must change in order to establish a safe home? In large part, what must change is that caregivers must demonstrate in ever increasing occurrence enhanced protective capacities. So, within a safety related case plan, it isn’t so much that safety threats must be eliminated or that certain caregiver behavior must stop. What must happen is that effective, enhanced caregiver behavior must increase. It is our contention that increasing or enhancing caregiver protective capacities results in the secondary gain of reducing or eliminating impending danger but certainly can assure that should threats continue the caregiver is restored to mitigating the threats. “What must change” are positive statements about desirable behavior. “What must change” are positive statements representing goals or milestones that are necessary to achieve on the way to establishing a safe home. In practical terms, “what must change” usually is concerned with goals for directly enhancing caregiver protective capacities or

goals that address change concerned with caregiver unmet needs or behavior that diminishes caregiver protective capacities.

The worker and caregiver agree about what must change. Then the conversation turns to, “so how are we going to make this happen?” How change is facilitated refers to the ways and means that are set out in a safety related case plan and that are anticipated by you and the caregiver as necessary but also the reasonable way to go. Here, we are talking about things that people do – attending services, going places, working on making changes. In a safety related case plan, the services and actions outlined in the plan are focused specifically on enhancing caregiver protective capacities or associated unmet need and influences. How change is facilitated obviously must also include some reasonable amount of effort and activity including when things are done, how frequently and for how long.

A serious part of thinking through and deciding about what will contribute to change happening is dividing up the work among suitable, interested, motivated people. This includes you, the worker; the caregiver(s); other family members; para-professionals and volunteers; professional service providers; and so on. This refers to clear statements and understanding of everyone’s role and responsibilities to make things happen. This is a joint effort: What will everyone do to make change happen?

Probably the most common content left out of any kind of case plan is a good way to measure whether the plan is working. A case plan works when it moves things closer to achieving the desired result. Central to a safety related case plan result is enhanced caregiver protective capacities. How do you measure progress and enhancement of caregiver protective capacities? That’s the basic question related to creating a way to measure progress. It’s behavior. Now, it might include perception, attitude, motivation and so forth but even these kinds of things should be translated into how they will be observable in behavior. You will know that movement is occurring with respect to caregiver protective capacity when

you see desirable behavior that is evidence of and consistent with that protective capacity. Therefore, you establish measurement benchmarks by stating examples of behavior that are consistent with acceptable demonstration of a protective capacity.

This might be better expressed through an example. Let's say you agree with the caregiver that what must change is better, more effective control of the caregiver's impulses. The two of you agree that this means the caregiver must become more deliberate and careful, acting in managed and self-controlled ways. What are some behavioral examples that come to mind that would be evidence of your caregiver making progress regarding what you've agreed must change? Maybe the person begins to act less on his or her urges or desires. Perhaps outside stimulation doesn't have the same effect on the person. The caregiver may avoid whimsical responses and demonstrate much more frequently "thinking before acting." Possibly the person simply starts planning his or her life and waiting to behave until a plan has been put in place. You likely can think of even more examples. The point is – these are all behavioral measures. These can be discussed and decided upon between you and a caregiver and can become benchmarks that help everyone know when progress is occurring or when achievement has been reached.

### **Two Examples of Safety Related Case Plans**

In our work to assist states to begin moving toward safety driven intervention systems, we've had the opportunity to work specifically with some who are in the process of implementing safety related case plans. Here are two examples of case plans in different states that include safety related content. These are not exemplars. We provide them as examples only, not as the best or most desirable way to fulfill the objective of making case plans more safety related. The case plan formats provided here were designed prior to any interest in infusing the safety related concept. These formats were designed with other purposes in mind. Yet, as you can imagine, changing the formats would be a greater challenge than

figuring a way to fit safety related content into the formats. What these examples demonstrate is that making a case plan safety related while using a pre-existing format is really not that hard a thing to do.

The first example is from a state.

**STATE'S INDIVIDUALIZED SERVICE PLAN**

Family Name: \_\_\_\_\_

**REASON DHR IS INVOLVED WITH YOUR FAMILY**

**This is where CPS identifies and elaborates on impending danger.**

**WHAT MUST HAPPEN FOR DHR TO NO LONGER BE INVOLVED WITH YOUR FAMILY?**

**This is where CPS identifies the case outcome and elaborates on what circumstances must exist in order for CPS to be done. This is where you might explain what a "safe home" is.**

<p><b>INDIVIDUAL FAMILY MEMBERS' STRENGTHS</b></p> <p>Identified during assessment; directly related to reason DHR is involved with your family; and that can be used to address identified needs</p>	<p><b>INDIVIDUAL FAMILY MEMBERS' NEEDS</b></p> <p>Identified during assessment; directly related to reason DHR is involved with your family; and that need to be addressed for the children to have a safe home</p>
<p><b>This is where you identify a caregiver's enhanced protective capacities that can contribute to change and can be supported.</b></p>	<p><b>This is where you identify a caregiver's diminished protective capacities that are in need of being enhanced in order to restore the caregiver to his or her rightful role as the protector.</b></p>

**PRIORITIZED GOALS**

<b>This is where you identify what you and the caregiver have agreed to about what must change.</b>
<b>These goal statements are focused on caregiver protective capacities in need of enhancement or unmet need or influences that affect or diminish caregiver capacities.</b>

<b>Persons Responsible</b>	<b>Step # 1</b>
<b>This is where you identify roles and responsibilities.</b>	<b>This is where you explain how change will occur; services and actions to be taken; you include the level of effort; time frame; etc.  You include as many “steps” as necessary and agreed to with the caregiver.</b>

This format does not provide for benchmarks for progress and change.  
The second safety related case plan example comes from a county.

## County Family Decision Making Model (case plan)

### Section 1: Strengths and Concerns

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#### A. Family Assessment Strengths

Caregiver

“Strengths”

- This is where enhanced caregiver protective capacities are listed; elaborated upon; identified for purposes of supporting change. All pertinent enhanced protective capacities can be listed.**

#### B. Family Assessment Concerns

Caregiver

“Concerns”

- This is where the reason for CPS involvement is identified and includes a listing of impending danger threats to safety.**

### Section 2(a): Expected Changes

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#### “Concern” Impending Danger Threat

**This re-identifies each impending danger in order to identify related/corresponding diminished protective capacities that must change.**

- What (*protective capacity* or other) behavior will change this “concern” (*impending danger threat*)...to address safety issues of the children?**
  - This is where you identify diminished caregiver protective capacities that are identified as behavior that must change; these are goal statements that you and the caregiver have agreed are important and necessary in order to restore the caregiver to the protective role.**
- What activities do family members need to do to make this change (attempt to utilize and build on “family strengths” [*enhanced protective capacities*] when planning service provision)?**
  - This is where you identify treatment services and actions that facilitate the achievement of change.**
- How will the social worker and/or service team help the family make this change?**
  - This is where you explain the roles and responsibilities of all involved in the change effort and the case plan.**

- **Additionally, you can explain exactly what each person is supposed to work on related to enhancing diminished caregiver protective capacities.**
- 4. How will the family's progress be measured?**
- **This is where you identify behavior, attitudes, perceptions, self-control, motivation and so forth which become the anticipated evidence of demonstrations of progress and change. This answers the question of what will the caregiver be doing differently that will be proof of progress.**
- 5. When will the family's progress be reviewed?**
- **This where you identify when you will actually expect some progress to be made and therefore can make a judgment about it.**

As you can see, there are some similarities and differences between these two examples. But what really makes each safety related is the obvious emphasis and specific identification of safety related issues: impending threats to safety and, importantly, caregiver protective capacities. Perhaps you can also see that there is a clear focus in these case plans that is fundamental to CPS involvement. We believe this is an effective way to understand case planning, to get better clarity about the function of ongoing CPS intervention, and to meet requirements set forth by ASFA.