

SUMMARY

Safety plans focus on specific strategies, with the support of a safety network, to ensure short-term safety when there is a current SDM Safety Threat (harm or danger to the child that results from the parent's or caregiver's behavior).

SUPERVISORS' ROLE

- Supervisors have a critical role in ensuring social workers are trained and coached in an ongoing manner regarding:
 - When a safety plan is necessary
 - Who needs to participate in developing a safety plan
 - What needs to be included in a safety plan
 - How to follow up on a safety plan
- Both Emergency Response and Ongoing (Family Maintenance, Family Reunification and Permanency Planning) supervisors and staff need to have a thorough understanding of why, when and how to create safety plans.
- Review the *SOP Safety Planning Quick Guide* to ensure you have a thorough understanding of safety planning requirements and best practices.
- Put in place a policy that all safety plans must have supervisor approval.

STRUCTURED DECISION-MAKING (SDM)

- Make sure social workers understand a safety plan is needed any time there is a current safety threat as determined by the SDM Safety Assessment tool definitions.
 - If there are no safety threats marked (or that could be marked) on the Safety Assessment, a safety plan is not necessary and should not be made.
- Train social workers that federal law and trauma-informed social work practice support keeping children at home whenever safely possible.
 - Help social workers understand they have an ethical duty to work with the family and their network to explore whether there is a way to keep the child safely at home with the support of other safe adults before determining that there is no option but removal.
- Train social workers that safety is the bottom line. If after working with the family and their network, no plan can be developed that will keep the child safe with their caregiver, the Safety Assessment safety decision is "Unsafe," and the child must be removed.
- Ensure social workers understand SDM definitions and are applying them accurately.

ENSURING INVOLVEMENT OF NETWORKS

- Make sure social workers understand that safety plans *cannot* be created without the involvement of safe, responsible adults other than the caregiver(s) who caused the harm or danger.

- Require that your staff hold Child and Family Team (CFT) meetings to involve safety networks in safety planning. (At the ER phase, these are sometimes called Team Decision-Making meetings, Family Team meetings, or Safety Mappings.) Whenever possible, attend these meetings; as the supervisor, your role is to make sure the plan that is created will keep the child safe.
- Assess whether social workers are adequately involving children with sufficient developmental capacity in safety planning; provide any needed coaching around this.
- Remind social workers to involve the Tribe in developing safety plans where ICWA applies.
- Continually assess individual workers' training and coaching needs regarding safety planning.

SAFETY PLAN MONITORING

- Create a tracking system to monitor safety plan timeframes and follow-up in your unit.
- Ensure the social worker is consistently monitoring safety plans to make sure safety goals are met. This includes:
 - Making announced as well as unannounced visits as often as needed to ensure child safety.
 - Communicating regularly with the safety network.
 - Revising the plan and modifying safety goals and action steps as needed.
- Never approve closure of a referral or case with an open safety plan.
 - A current safety plan implies there is still an active safety threat. Safety threats must be resolved before closing a referral or case.
 - If the safety threat has been resolved, the worker must complete another SDM Safety Assessment prior to closure of the referral to verify that there are no current safety threats and the child is safe.

SAFETY PLAN CHECKLIST

Does the safety plan include:

- ☐ Safe, responsible adults other than the parent or caregiver who caused the harm or danger
- ☐ The interventions that enable the SW to assess that safety interventions can mitigate the SDM safety threats
- ☐ Action steps, who will complete them, and timeframes
- ☐ Proactive activities by the caregiver and safety network that will prevent harm to the child
- ☐ When and how the social worker will monitor the plan, including in-person and other contacts
- ☐ Signatures of the parents/caregivers and network members agreeing to their role in the plan
- ☐ An overall timeframe of no longer than 30 days

- If safety threats have not been mitigated by the 30-day timeframe to either close or promote the referral, make sure all remaining interventions from the safety plan are incorporated into the case plan.
- Ensure the worker completes the SDM Risk Assessment within 30 days of the first in-person visit or prior to making a decision whether a referral should close or promote, whichever is sooner.

NOTE: For newborns affected by substance abuse or withdrawal symptoms resulting from prenatal drug or alcohol exposure, safety plan action steps must address both the health and safety needs of the newborn and the substance abuse treatment needs of the caregiver to ensure the safety and well-being of the newborn, per California law.

SAFETY PLANS IN ONGOING CASES

- Supervisors of Ongoing (FM/FR/PP) units also need to make sure their staff are constantly assessing for safety, whether children are placed in the home or in out-of-home placement.
- Train Ongoing workers to always assess child safety using the lens of the SDM Safety Assessment during monthly visits at home or in placement.
- Make sure the SDM Safety Assessment and Risk Assessment are done for new referrals on open cases.