SAFETY ORGANIZED PRACTICE QUICK GUIDE

SAFETY PLANNING

NORTHERN CALIFORNIA TRAINING ACADEMY

SUMMARY

Safety plans focus on specific strategies to ensure short-term safety from the harm or danger that happened or may happen imminently to the child as a result of the parent's or caregiver's behavior.

STRUCTURED DECISION-MAKING (SDM)

- When a referral is received on a parent or other caregiver, social workers must assess whether any safety threats are present that require creating a safety plan or possible removal of the child. Safety threats are imminent situations that are likely to have immediate, severe effects on child(ren). The SDM Safety Assessment tool is used to determine if any safety threats are present.

No network = no plan

- Safety plans are necessary when the SDM Safety Assessment tool is completed accurately, per the SDM definitions, and the Safety Decision is *not* "Safe." If there are no safety threats marked on the Safety Assessment, a safety plan is not necessary and should not be made.
- Because federal law and trauma-informed social work practice support keeping children at home whenever safely possible, it is critical to create a safety plan with the family and their network to keep the child in the care of the parents whenever this can be safely achieved. When this is possible, the Safety Assessment safety decision is "Safe with plan."
- 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. However, social workers have an ethical duty to work with the family and their network to try to develop a plan before determining that there is no option but removal.

ENGAGE THE FAMILY & THEIR NETWORK

- Safety plans *cannot* be created without the involvement of safe, responsible adults other than the caregiver(s) who caused the harm or danger.
- Having a Child and Family Team (CFT) Meeting is the best way to involve the network in a safety plan.
- Safety network members can include extended family, friends, neighbors, tribal members, service providers and anyone else who can play a role in ensuring safety.
- Children with sufficient developmental capacity can have a role in and should be informed of the safety plan.
- When ICWA applies, make every effort to involve the Tribe in developing the safety plan, and include culturally appropriate supports in the plan.
- The parent/caregiver and safety network members must agree, in writing, to fulfill the action steps assigned to them in the plan.

BUILDING THE SAFETY PLAN

- Convene a CFT meeting with the parent and other adults whose involvement is needed to keep the child safe, and use the SOP safety mapping process to develop the plan.
- Safety plans may not last longer than 30 days and ideally will last only 2 to 3 weeks or until the next CFT meeting, whichever comes first.
    - Keep a laser focus on the *harm* and *danger* that created the safety threat. Action steps should directly relate to the parent's behavior and its impact on the child.
    - Clearly state the safety threats/immediate worries that require creating the plan.
- Specify the SDM in-home interventions that let you assess that safety interventions can mitigate the safety threats.
- Specify safety plan action steps, who will complete them, and timeframes.
- Action steps must include:
    - Proactive activities by the caregiver and safety network that will prevent harm to the child.
    - Immediate referrals to services that will be made, but remember that services do not equal safety.
    - When and how the social worker will monitor the plan, including in-person and other contacts.
- Ways safety network members may assist include but are not limited to:
    - Being willing/able to care for the child at a moment's notice when parents are not being protective
    - Holding parents/caregivers accountable in completing action steps
    - Notifying the social worker immediately if concerns for the well-being of the child(ren) arise
- Safety network members must understand their role and be able and willing to carry out their responsibilities.
- The plan must be signed by everyone involved, and a copy of the plan given to the parent(s) and the network.

A NOTE ON SERVICES

Services should have a limited role in safety plans unless putting a service in place actually contributes to child safety. For example, getting a child immediately into daycare would be an appropriate service in a safety plan if the safety threat was that the parent does not meet the child's need for supervision because they are making inappropriate child care arrangements and these arrangements do not provide minimal safety for the child.

Other services, such as mental health services, take time to impact caregiver behavior, so although a referral to a service (i.e., "The parent will go to County Mental Health for a walk-in assessment tomorrow") may be part of a plan, this should not be relied upon to ensure safety.

MONITORING THE SAFETY PLAN

- Remember that safety plans are for short-term protection of children and should not exceed 30 days.
- You must consistently monitor safety plans to make sure safety goals are met. This includes:
  - Making announced as well as unannounced visits as often as needed to ensure the plan is keeping the child safe.
  - Communicating regularly with the safety network to discuss any worries that parent(s) may not be meeting safety goals.
  - Revising the plan and modifying safety goals and action steps as needed to address identified or new safety threats.
- If parents or network members are not following through, more intensive interventions may be needed, up to and including removal of the child.
- Never close 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 safety threats have not been mitigated by the 30-day timeframe to either close or promote the referral, the ongoing worker must incorporate all remaining interventions from the safety plan into the case plan.
- The SDM Risk Assessment needs to be completed 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.

SAFETY PLANS IN ONGOING CASES

- Safety plans are not just for ER referrals. Workers must continue to assess for active safety threats throughout the case, with both biological and resource parents.
- Always assess child safety using the lens of the SDM Safety Assessment during monthly visits. If you identify an active safety threat on an open case, follow the process outlined in this guide.
- The Safety Assessment and Risk Assessment need to be done for new referrals on open cases.

SAFETY PLANS VS. CASE PLANS

SAFETY PLANS	CASE PLANS
Short-term	Long-term
Focus on immediate actions by the parent(s) and other adults that are necessary to keep the child safe	Focus on behavior change by the parent that is sustained over time
Referrals to services may be included but should be directly related to resolving the current safety threat	Services are included when they are necessary or applicable tools to create behavior change over time
Allow child(ren) to remain in the home during an ER investigation through specific, timely actions that mitigate identified safety threats	Seek to create change over an extended period of time to reduce risk and further increase the parent's capacity to protect the children

SAMPLE IDEAS FOR SAFETY PLAN ACTION STEPS

- Eva (mom), her friend Ashley, paternal grandma Mary, paternal grandpa Robert and maternal aunt Lupe agree to be part of the Safety Network. *[Always include who agrees to be part of the network in the safety plan.]*
- Jane (mom) and the children with stay with her friend Maria starting tonight, and everyone will make sure Bill is not informed of where Jane and the children are staying. Paternal grandpa James will check in with Bill daily to make sure he is not contacting Jane.
- Baby Sam will stay with Aunt Jennifer for the next week or until Sarah (mom) gets into residential treatment. Sarah can visit every day as long as she is not actively under the influence. If Jennifer sees that Sarah's eyes look funny, she is very drowsy, or she is slurring her words, Jennifer will tell her that they need to find another time for her to visit, and Jennifer will call the social worker to let her know. Jennifer will work with Sarah to make sure Sam gets to all doctor's appointments and has what he needs to be healthy.
- If Gloria (mom) feels like going out drinking with friends, she will arrange for Julia to sleep over at grandma's house. Julia will never have to stay alone or with anyone she doesn't feel safe with. Julia has grandma's phone number and can call any time if she needs to be picked up. She will practice calling grandma three times today. Grandma will also call every Friday and Saturday after school to ask Gloria if she wants her to pick up Julia for the night.
- Paternal uncle Roy and aunt Sandra will supervise three visits per week with Mark (dad) and the children at their house. Mark agrees to only talk about positive things with the kids, to not ask them about Clara (mom), and to let Roy and Sandra stop the visit if he starts talking about things that will make the kids feel sad or scared.
- When safety people come to visit Andre, they will ask him how he is doing and ask mom how she is doing. If anyone is worried about anything, the safety person will help with the problem or call the social worker to figure out who can help.
- The team will meet again in three weeks to follow up on the plan. Each member of the Safety Network will call the social worker once per week for the next three weeks to share how the plan is working, and the social worker will visit the child at home or school at least once per week.
- If any member of the network is worried that the plan is not keeping the child safe, they will call the social worker or CWS hotline and the social worker will immediately check on the child.

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.