How do we create clear and specific conditions for return that are associated with the development of an in-home safety plan?

How we answer these questions determines the least intrusive safety actions necessary, including whether an in-home safety plan would be appropriate. If an out-of-home plan is necessary, what must be different in order for the children to be returned home safely? For all the “no” responses below see how the conditions for return are addressed by the associated YES examples.

Can you have an in-home safety plan?

**Question 1:** The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service actions and safety resources/providers.

**YES:** Mother will demonstrate that the grandmother is welcome in the home on a daily basis by allowing her to assist in care and supervision of the child. Mother has allowed the grandmother to take the child from the home when the grandmother determined the child was not safe in the care of the mother by herself.

**NO:** Mother will not allow the grandmother to come into her home daily because she doesn’t see the need for additional help with her child and thinks DCF is overreacting.

**Question 2:** The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely.

**YES:** All caregivers and individuals residing in the house will be known to the agency and the home environment will support the necessary in-home safety service providers through known predictability about the family’s daily schedule and willingness to engage with the identified safety service providers.

**NO:** Home environment is threatening due to the constant, unpredictable drug activity with numerous unknown adults coming and going from the home at odd intervals of time, both day and night.

**Question 3:** Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home.

**YES:** The mother and father share custody of their child and will demonstrate a willingness to work together. The father is willing and available on the days/night the mother works to pick up his child from the school bus and have his child stay with him overnight and is willing to bring him to school the following day.

**NO:** The mother works 3 nights a week and cannot supervise her child after school and into the evenings. The child, age 7, has been leaving the house after getting home from school and is causing trouble in the neighborhood. No safety services are available to participate in the safety plan at this time.

**Question 4:** An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations. (Does not refer to “services” or “treatment”).

**YES:** A psychologist will evaluate the aunt and provide recommendations of interventions or safety services that will explain what will be necessary, prior to returning the child home with the parents and aunt, with an in-home safety plane in place.

**NO:** The aunt/caregiver in the home with the family has severe symptoms indicative of mental health problems, but it is unclear how her behavior is or could be related to impending danger threats within the home.

**Question 5:** The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (Shelter, tent, house, etc.).

**YES:** The parents will have a safe stable residence in which to implement an in-home safety plan.

**NO:** The parents are “couch surfing” from friend to friend frequently and do not have a suitable or stable place of their own in which to implement any safety services.

**Practice Points to Ponder—Pam Aeppel & Shawna Thomas**

**Collaborating to support and sustain our new practice model.**