Child Welfare Pre-Service Training

Impending Danger Safety Planning

Trainer Guide

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Icon Key

- Safety Protection Expert
- Time estimate
- Participant Guide pages inserted in Trainer Guide
- Additional Readings / Resources
- Flip Chart
- FSFN Training Region
- Discussion
- Activity
- PowerPoint Presentation/PPT
- Handout
- Trainer Tips
- Materials
- Webpage
- Video
To The Trainer

Core Course Description
Impending Danger Planning covers what must occur once the Investigation Family Functioning Assessment determines that a Participant is unsafe: safety planning and management.

Course Time
Impending Danger Planning is designed to be taught in 6 hours or one training day. A training day consists of 6 hours of instruction, a one hour lunch break, and two fifteen minute breaks.

Pre-requisite Skills and Case Flow
All courses are sequenced to accommodate pre-requisite skills and case flow; therefore, the courses must be scheduled using the course numbers 100-128.

Course Goals
The goal of Impending Danger Planning is to provide learners with information about:

- Developing and implementing a sufficient safety plan to control and manage Impending Danger Threats.
- Developing sufficient safety plans that are least intrusive through a step-by-step process called the Safety Planning Analysis process.
- Recognizing and implementing the actions and tasks associated with ongoing safety management

Knowledge Base Competencies
The following Case Management (CM) Knowledge Base Competencies (organized by domain) are addressed in Safety Planning:

Professional and Legal Responsibilities, Documentation Requirements:

- K8. The importance of adhering to the provisions of federal and state statutes in Participant welfare casework.
- K10. Legal requirements and case manager’s role for the removal and placement of Child/children.
- K11. A Participant’s statutory right to participate in case planning and attend court proceedings.
- K13. Caseworker’s responsibilities in locating and contacting absent biological parents and putative parents for court actions.
- K15. Organizational risk management issues.
- K25. Multiple types, purposes, and uses of case documentation.

Family and Community Engagement:

- K27. Family centered practice.
Assessment:
- K32. Definitions of abuse, neglect and abandonment with maltreatment as specified in Florida Statute and administrative code.
- K34. Knowledge of family dynamics and family systems.
- K35. Knowledge of age appropriate sexual behavior and age appropriate sexual knowledge on part of Participant.

Safety Management, Service Planning and Delivery:
- K36. The values that underlie a family-centered approach to Participant welfare, in providing services to improve individual and family functioning within the context of the family’s culture and community.
- K37. Principles of family-centered practice are implemented in all phases of Participant welfare practice.

The following Protective Investigations (PI) Knowledge Base Competencies (organized by domain) are addressed in Safety Planning:

Participant Protection Foundations:
- K5. Knowledge of Chapter 39 definitions of abuse, neglect, abandonment and harm.
- K11. Knowledge of general Participant welfare policy and legislation including the Adoption and Safe Families Act (ASFA), the Participant Abuse Prevention and Treatment Act (CAPTA), the Indian Participant Welfare Act (ICWA), the Fostering Connections Act, the Multi-ethnic Placement Act (MEPA), the Interstate Compact for the Placement of Child/children (ICPC), and Florida Administrative Code.
- K16. Knowledge of specific maltreatment indicators (i.e., types and likely etiology).
- K17. Knowledge of ‘embedded’ harms (e.g., domestic violence; adult and adolescent substance abuse; Participant, adolescent and adult mental health issues.)

Interviewing:
- K34. Knowledge of what types of behavioral observations and relational interactions should be observed and documented to inform the decision-making process.

Initial Assessment and Problem Identification:
- K37. Knowledge of Participant vulnerability and caregiver/ family protective capacities.
- K38. Knowledge of family dynamics and family systems.
• K39. Knowledge of the definition and concepts of immediate and imminent safety threats, impending danger, and risk.
• K40. Knowledge of age appropriate sexual behavior and age appropriate sexual knowledge on part of Participant.

Safety Management:
• K42. Knowledge of safety planning.
• K43. Knowledge of reasonable efforts to prevent removal.

Planning and Teaming:
• K49. Knowledge of the role and responsibilities of legal counsel, judge, and Guardian Ad Litem in court proceedings.
• K50. Knowledge of roles and responsibilities of law enforcement, Participant Protection Team, and external partners (i.e., DV, mental health, etc.).

Course Objectives

Module 1: Impending Danger Safety Planning
• Discuss the purpose of a safety plan in response to impending danger.
• Justify the concepts of safety planning and treatment services.
• Justify the need for a safety plan in response to impending danger through the use of the safety planning analysis.
• Evaluate case information to justify the development of a safety plan to control for impending danger.

Module 2: Ongoing Safety Management and Planning
• Define and recognize the actions and tasks associated with ongoing safety management.
• Define the need for modification of safety plans and conditions for return.

Training Materials

Participant Handouts

Module 1:
♦ PG 1-4 Safety Categories and Associated Safety Management “Services”
♦ PG 5-7 Determining the Level of Sufficiency
♦ PG 8-9 Dutton McAdams Safety Plan
♦ HO- Blank Safety Plan

Module 2:
♦ There are no PG handouts for M2

Visual Aids
PowerPoint Slides

Module 1:
- PPT 1 Impending Danger Safety Planning
- PPT 2 Objectives
- PPT 3 Module One
- PPT 4 Controlling for Danger
- PPT 5 Safety Plan vs. Case Plan
- PPT 6 Creating a Strategy for Maintaining Participant Care
- PPT 7 What is a Safety Plan?
- PPT 8 What are the Criteria for Safety Plans?
- PPT 9 Definition of In-Home Safety Actions
- PPT 10 Actions within Safety Plans
- PPT 11 What Is the Scope of Safety Plans?
- PPT 12 Developing Sufficient Safety Plans
- PPT 13 When is a Safety Plan Sufficient
- PPT 14 Purpose for Safety Planning Analysis
- PPT 15 Safety Analysis Questions 1-3
- PPT 16 Safety Analysis Question 4 & 5.
- PPT 17 Safety Planning Analysis
- PPT 18 Safety Planning Determination Meeting
- PPT 19 Safety Plan Review
- PPT 20 Conclusion

Module 2:
- PPT 21 Ongoing Safety Management and Planning
- PPT 22 Learning Objectives
- PPT 23 Safety Plan: One Form, Not the Same
- PPT 24 Managing the Safety Plan: Essential Skills of Safety Management
- PPT 25 Safety Plans During Ongoing Case Management Are...
- PPT 26 When to Take Action: Safety Plan Modification
- PPT 27 Safety Management: It’s Friday...And...Taking Action
- PPT 28 Modification of the Safety Plan
- PPT 29 Conditions for Return
- PPT 30 Questions
- PPT 31 Conclusion
Module 1: Impending Danger Safety Planning

Topic ~ Safety Planning

Materials

♦ PG 1-4 Safety Categories and Associated Safety Management “Services”
♦ PG 5-7 Determining the Level of Sufficiency
♦ PG 8-9 Dutton McAdams Safety Plan
♦ HO- Blank Safety Plan
♦ PPT 1-20

Display PPT 1 Impending Danger Safety Planning

Background Knowledge/Experience

Prior to beginning instruction for this module, relate the module goal to the learners’ job, emphasizing the importance and “need to know.”

♦ This session covers what must occur once the Investigation Family Functioning Assessment determines that a child is unsafe: safety planning and management.

♦ Developing and implementing a sufficient safety plan to control and manage Impending Danger Threats is the first and immediate intervention that must occur after the determination has been reached that a child is unsafe.

♦ Developing sufficient safety plans that are least intrusive is a step-by-step process called the Safety Planning Analysis process.
Fix your life and start making a difference today.

![Image](https://via.placeholder.com/150)

1. Display PPT 2 Objectives

2. Review objectives on slide with participants.

It seems prudent to remind and reinforce the following with participants, since we are referencing ‘least intrusive’ ‘least restrictive’:

**CPI investigators are responsible for determining which Child/children are ‘unsafe’ and thus require full case management services and protective interventions.** They are responsible for the initial safety determination. CPI investigators collect the information that will be used to determine child safety. This is the same information that will be used to inform the case manager’s development of the FFA Ongoing, Case Plan, and FFA Progress Evaluation.

**Investigators are responsible for identifying the specific impending danger threats manifested in families that must be controlled and managed.**

**Investigators are responsible for assessing existing and diminished caregiver protective capacities.** The impending danger and existing and diminished caregiver protective capacities identified during the FFA Investigation will be directly used/referenced in conversation during the Family Functioning Assessment-Investigation/ Family Functioning Assessment-Ongoing. This material will inform what must change to manage safety, treat family conditions contributing to unsafe conditions and reunify, and are tied directly to behaviorally specific outcomes.

The least intrusive response to controlling and managing impending danger involves the decision regarding whether a non-maltreating caregiver can protect a child. If there is a non-maltreating caregiver who has sufficient caregiver protective capacities to manage impending danger, then the FFA safety decision is that child/children are safe. Therefore the implication for the investigator is clear…the evaluation of a non-maltreating caregiver’s capacity and willingness to protect the child must be highly rigorous and thorough. The same rigor that goes into the identification of impending danger must also apply to the identification of existing or diminished caregiver protective capacities.

1. While this is a viable and most appropriate option in some cases, this response to safety management requires careful scrutiny. A caregiver’s word is insufficient to select this option.
2. Consistent with fully accepting DCF responsibility for safety management, the analysis of this option must be such that it results in a high degree of confidence about the caregiver’s intention and capacity.

3. Assessing Protective Capacities are vital to determining if the non-maltreating caregiver is a safe option for the child/children.

4. Remember the definition for child safety is the absence of threats or sufficient caregiver protective capacity to protect the child.

5. The concern is whether about the protective capacities of the non-maltreating household caregiver, or some other responsible adult who is living in the home, can and will protect a child.

6. This evaluation issue is based upon (1) capacity (2) willingness and (3) believability.

7. Specifically, does the person in question possess the physical and mental capacities to assure that a child will be protected?

8. Will they commit to the task?

9. And...do you believe and have evidence that they are able and will carry out the responsibility?

Plans That Form Intervention

♦ Display PPT 3 Module One

♦ Briefly review the topics to be covered

♦ This session is introduced by identifying and clarifying the two plans that form DCF intervention. These are the responses that are established as timely, necessary intervention based on conclusions made about what is happening in the family.

♦ The FSDMM includes the use of three plans.

1. The present danger plan

   ♦ The present danger plan is developed in collaboration with the family and safety network.

   ♦ The present danger plan is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the Family Functioning Assessment process to proceed toward a final safety determination while assuring the Participant is safe.

   ♦ Present Danger safety plans REQUIRE active efforts to
manage and monitor. As such, expedience in information collection is prudent and necessary. If a CBC safety management partner is engaged to facilitate safety management while the CPI completes the information collection to inform the ultimate safety decision, the CPI must work diligently and expediently.

- Any safety plan with a CBC safety management provider may not be in place for more than 14 days without review and renewal with the CBC partner.
- Safety management may be renegotiated as needed.

2. Safety Plan:

- The Safety Plan at Conclusion of the FFA process is developed in collaboration with the family, safety network and case management partner.

- The Safety Plan at Conclusion of the FFA process and safety determination is put in place at the conclusion of the Family Functioning Assessment after full information collection has occurred, safety has been assessed, and impending danger has been identified.

- The Safety Plan is developed to control identified impending danger.

3. Case Plan:

- The case plan is put in place as a result of completing the Ongoing Family Functioning Assessment.

- The Case Plan is used to identify what must change and services and actions necessary to achieve that change.
Controlling for Danger

Display PPT 4 Controlling for Danger

<table>
<thead>
<tr>
<th>What and When</th>
<th>Present Danger Plan Initial Contact</th>
<th>Safety Plan Conclusion of Family Functioning Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why</td>
<td>Control safety</td>
<td>Control safety</td>
</tr>
<tr>
<td>What Purpose</td>
<td>Present danger Impending Danger</td>
<td>Manage impending danger while completing the family functioning assessment Manage Impending Danger while allowing services to occur</td>
</tr>
</tbody>
</table>

This slide is a reminder for participants of the difference between the plans.

1. Clarify for participants that we applied the concept of safety planning at present danger earlier and the focus of the safety planning at impending danger is to create a plan that will sustain the family and control for safety while treatment services occur.

2. Clarification might occur concerning the Present Danger Plan being short-term to last the length of time necessary to complete the Family Functioning Assessment and reached a safety decision.

3. In many cases, a Present Danger Plan may be in place at the conclusion of the Family Functioning Assessment. Those plans will include a family arrangement with kin or even foster care.

4. Emphasis should be given to the need for re-evaluating the Present Danger Plan at the conclusion of the FFA to consider options for safety planning that are less intrusive for managing safety.

5. If there is a Present Danger Plan in place at the conclusion of the FFA, the Present Danger Plan will be replaced by the development of a Safety Plan based upon the identification of impending danger. It is possible, if not likely, that aspects of the Present Danger Plan will get incorporated into the development of a Safety Plan.

1. By no means should this be interpreted to mean that when a Safety Plan is executed that because Florida law ‘allows’ for an investigation to be open for 60 days that this is the length of time a safety plan would remain active.

2. That is not what is meant here. If the agency identifies danger, the agency is responsible for managing it. It would be prudent and essential to expedite processes to complete the information collection and FFA process to inform the ultimate safety determination so that either the PD Safety plan can be terminated or amended to address any identified Impending Danger at the conclusion of the FFA this warranting full case management protective intervention services, in addition to already existing and active safety management.

3. Usually, those protective safety plans will include an agency agreed upon
family-made arrangement as part of the safety plan and safety management. Protective safety plans may involve release of the child/children to the ‘other’ parent who resides in a separate household after careful analysis, it may involve an agency legal removal and placement with kin or even substitute care/foster care. Emphasis should be given to the need for re-evaluating the Present Danger Safety Plan at the conclusion of the FFA process and safety determination to consider options for safety planning that are least intrusive for managing safety.
Safety Plan vs. Case Plan

The purpose of this slide is to demonstrate the difference between the case plan and safety plan.

Because impending danger has immediate implications for the child’s welfare, safety plans are always the first priority after the decision has been reached that there is present danger or that a child is unsafe at the conclusion of information collection and the FFA process.

- **Address impending danger before you do anything else,**
  before you begin to remedy the problems through treatment or other services.

  ✦ A safety plan requires prompt action be taken to mitigate impending danger (i.e., if you have a father who is hitting people in his family, you don't need an anger management class, you need to assure that he doesn't continue to physically harm others.)

  ✦ A safety plan manages or CONTROLS the condition that results in a child being unsafe. Treatment (such as substance abuse treatment, batterer’s intervention or anger management intervention) cannot begin until the threat is under control.

  ✦ The case plan serves the purpose of trying to help create fundamental change in functioning and behavior that is associated with the reason that the child is unsafe.

  ✦ The case plan serves the purpose of trying to help create fundamental change in functioning and behavior that is associated with the reason that the child is unsafe.

  ✦ In order to help facilitate change in caregiver functioning, typically case/treatment plans utilize more formal providers or services (i.e., counseling, substance abuse treatment, etc.) and in best practice, the family resource network is utilized and/or developed.

  ✦ Safety plans are effective by using both formal and informal providers. Often family members and neighbors or friends are the best people to incorporate into a safety plan.

  ✦ The effect of a safety plan must be immediate.

  ✦ If a safety plan is put in place today, it must protect the child today.
Case Plans can take time to achieve results of sustainable behavior.
  o In fact, most people are usually not ready to change and for this reason, the change process can take time.

Case Plan should be expected and put in place for a longer term.

By that very established premise, a case plan and the service found on a case plan cannot and do not control safety threats and should not be used on a Safety Plan.
  o In fact, the general standard set in place by ASFA for parental/caregiver sustainable behavior change to take place is 15 to 22 months.

A safety plan should be able to work immediately upon implementation!
  o If the actions taken in a safety plan do not have an immediate effect on the family dynamics, then they may not be the right actions.

Safety plans are not developed for creating change as much as they are concerned with keeping things under control.
  o Safety plans are more focused on stabilizing activities and observation and supervision.

Case plans are developed to promote positive differences—with outcomes with self-sustainable change.
  o Outcomes are important to set and strive for; the process of change is an important orientation in treatment.
  o This includes preparing people for change, interpersonal support and engagement, making movement and progress and so on.

Safety plans are the agency’s way of taking responsibility for Participant protection.
  o Safety plans are not the caretakers’ responsibility.
  o Once a safety plan is put in place, the agency, as a system, assumes the oversight and substitute protector roles by working through others to assure Participant safety is managed in the household.

Case Plans require a totally different role.
  o The case manager and case management is the facilitator of the change process.
  o The role of case management in treatment is support and empowerment.

Remember, Safety Plans are intended to manage caregiver behavior,
emotions, etc., and Case Plans are intended to enhance functioning and increase caregiver self-sufficiency.
Creating a Strategy for Maintaining Participant Care

- Display PPT 6 Creating a Strategy for Maintaining Participant Care

♦ The purpose of this slide is to provide the exercise narrative for participants. This slide is not in the participant guide

1. This is an individual exercise.
2. Inform participants that this exercise involves a hypothetical situation.
3. Every participant will be asked to put himself or herself in the role of a single parent of a young (0-6 year-old) child.
4. The strategy can be just about anything—with the exception of one limitation—the child has to remain in the home (excluding perhaps brief periods of respite such as 1-2 days) and there is no one that can move into the home on a full time basis.
5. Set the stage for the exercise by having the group consider all the parental responsibilities for taking care of a young child. (i.e., feeding, supervising, bathing, clothing, etc.)
6. Review the scenario with the group in detail.
7. Have participants brainstorm to develop a strategy for assuring that basic needs, supervision and general child care is fully addressed during periods of time when they are unable to fulfill his/her caregiver responsibilities.

Exercise Debrief:

1. Begin debriefing by asking for volunteers who would be willing to share the strategy that they developed.
2. Encourage participants to share their scenarios.
3. Emphasize how critical thinking and strategizing should focus on how basic and essential parenting responsibilities may be fulfilled given his/her inability to perform adequately in his/her primary role as a caregiver.
4. Identify useful natural supports that were identified by the participants to help assure that the child’s needs are met.
5. Ask participants what the logistical challenges they may face as they consider a reasonable strategy for child care, and how these challenges might be overcome.
6. Challenge participants about their rationale for how the strategy is
going to work.

7. Seek detail from participants regarding how their plan will assure that there is routine and adequate child care. Ask:
   - What, who, when, where, how, how often,
   - Plan B/backup plan to plan A, etc?
   - Consideration for 'what if I need to go to the bathroom, what if I need to go to the store? Be realistic and planful.

**What is a Safety Plan?**

- Display PPT 7 What is a Safety Plan?

**This slide provides the summary of the safety plan and its purpose for participants and relates the previous exercise to the development of the safety plan.**

1. Basically, a safety plan is no different than what you just did in this exercise.

2. The context is different, but it is essentially the same given what you were trying to achieve with this parent. A considerable level of thought and detail needs to go into every Safety Plan developed.
   - In the scenario, the parent could not adequately care for his/her child because of a medical condition.
   - With families involved with DCF where children are unsafe, parents are often unable to independently provide care for their child/children because of emotional or cognitive difficulties, drugs, alcohol, unmanaged mental health, physical challenges, impulsivity, etc.
   - The safety plan is your and the family’s strategy for assuring that a child’s basic needs and safety needs are met until such time that the family can do it on its own.

3. The safety plan is best when it is planned and then written in a detailed manner. The safety plan format indicates what must be included. The safety plan should:
   - Be based on an analysis of the impending danger threats. This analysis is critical because it establishes what must be controlled.
   - Identify how the impending danger will be managed and by
whom, what circumstances and agreements and in accordance with specification of time requirements, availability, accessibility and suitability of those involved.

c. Consider caregiver awareness and acknowledgement of safety threats and caregiver acceptance and willingness for the plan to be implemented.

d. Include how the plan will be overseen by the Department.

4. The safety plan is designed along a continuum of the least to most intrusive intervention.

5. The safety plan may be exclusively an in-home plan.

6. The safety plan may be a combination in-home and out-of-home plan.

7. The safety plan may be exclusively an out-of-home plan.
   a. This could include out of home placement, whether through foster care or relative care.
   b. If removal is necessary, a written safety plan may not be required but it is incumbent for the worker to summarize the conditions for return – what must change for in-home safety management to allow reunification? (see FFA)

♦ Do participants believe that foster care is a safety plan?
♦ Safety plans are the agency’s way of taking responsibility for Participant protection.
   o Safety plans are not the caretakers’ responsibility; they are the agency’s, as a system, responsibility.
   o Once a safety plan is put in place, the agency, as a system, assumes the oversight and substitute protector roles by working through others to assure Participant safety is managed in the household.
Criteria for Safety Plans

- Display PPT 8 What are the Criteria for Safety Plans?

♦ The purpose of this slide is to emphasize the criteria for sufficient safety plans.

1. 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.

2. The definition for impending danger is that it is imminent. That means it is going to happen and within the immediate to near future.

3. Therefore, the safety plan must be established and implemented at the point the impending danger is identified and do what it is supposed to do the very day it is set up – manage impending danger.

4. Available means the safety management provider/resource has sufficient time and capacity to do what is expected.

5. Accessible means the safety management provider/resource will be in place, readily responsive and close enough to the family to meet the demands of the plan.

6. Actions and services contained within the safety plan are designated specifically for the purpose of controlling or managing impending danger.

7. Safety management actions and plan must have an immediate effect.

8. A safety management action on the safety plan must achieve its purpose fully each time it is delivered.

9. If upon review, a safety plan does not comply with these criteria, then it isn’t a safety plan!
Definition of In-Home Safety Actions

♦ Display PPT 9 Definition of In-Home Safety Actions

Definition of In-Home Safety Actions: Taking Control of an Out-of-Control Family Condition

• Active and intentional efforts made by DCF (CPI or Case Manager), the family, informal and formal resources that will assume the responsibility for assuring that a child’s basic needs and safety needs are met.

♦ This slide provides the definition of an in home safety plan.

♦ Review definition and seek comment from participants.

1. A safety plan is purposeful and specific.
2. It is planned, intentional, and calculated (well-thought out) based on the analysis we covered in the last session.
3. In-home safety plans are active plans with active efforts and monitoring.
4. Activities occur in a well-defined way and at a prescribed time.
   This refers to active and intentional efforts that are articulated and understood within the safety plan.

Emphasize that investigative staff and/or the community based care agency case managers have and must maintain the final responsibility for managing safety based on the safety plan. It is an AGENCY responsibility as a system! This includes all of us!
Actions within Safety Plans

♦ Display PPT 10 Actions within Safety Plans

* Safety Categories:
  - Behavioral Management
  - Crisis Management
  - Social Connection
  - Resource Support
  - Separation

♦ The purpose of the slide is to introduce the concept of Actions within Safety Plans

- Refer the class to PG 1-4 Safety Categories and Associated Safety Services

  (PG pages inserted on the following pages TG 16-19)

- Consideration of these safety management services in response to impending danger occurs as information about the family and resources are known following the conclusion of the FFA-Investigation.

- Safety planning when impending danger has been identified allows investigators and families to deploy resources that were unknown at the point of initial contact.

- Proceed to review the handout with the participants, methodically going through each category and associated actions.

- Engage participants in questions and apply case examples as necessary to highlight the difference between safety management services and treatment/case plan services.
Safety Categories and Associated Safety Management “Services”

Types of safety services are established in conjunction with CBCs. Service descriptions and types may reflect local variation.

Safety Category: Behavioral Management

Behavioral management is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a Participant’s safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a Participant. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a Participant’s safety.

Safety Management Service: Supervision and Monitoring

Supervision and monitoring is the most common safety service in safety intervention. Supervision and monitoring of caregiver behavior, Child/children’s conditions, the home setting and the implementation of the in-home safety plan are typically provided in conjunction with other safety services. Supervision and monitoring includes overseeing people and the plan to manage safety.

Safety Management Service: Stress Reduction

Stress reduction is identifying and acting upon the stressors occurring in the caregiver’s daily experience and family life that can influence behavior that the in-home safety plan is designed to manage.

Stress reduction as a safety management service is not the same as stress management treatment or counseling, which has more behavior change through treatment implications. Stress reduction means working with the caregiver to identify areas of stress and considering strategies/activities to reduce the stress the caregiver is experiencing. This can involve how the caregiver manages or mismanages stress; however, if coping is a profound dynamic in the caregiver’s functioning and life, then additional and ongoing support is needed through the case plan, not safety plan.

Safety Management Service: Behavior Modification

Behavior modification as a treatment modality is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. Safety management services are not concerned with changing behavior; but focused on immediately controlling threats. Safety intervention uses the term behavior modification differently than its use as a treatment modality. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. This safety management service is attempting to limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan. Modification is concerned with influencing caregiver behavior: a) to encourage acceptance and participation in the in-home safety plan and b) to assure effective implementation of the in-home safety plan.
Safety Category: Crisis Management

Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver’s and family member’s emotions, abilities, resources and problem solving approaches. A crisis for families you serve is not necessarily a traumatic situation or event in actuality. A crisis is the caregiver’s or family member’s perception and reaction to whatever is happening at a particular time. In this sense you know that many caregivers and families appear to live in a constant state of crisis because they experience and perceive most things happening in their lives as threatening, overwhelming, horrible events and situations for which they have little or no control, blame others for and don’t adapt well to.

Keep in mind with respect to safety management, a crisis is an acute, immediate matter to be dealt with so that the present danger or impending danger is controlled and the requirements of the in-home safety plan continue to be carried out.

The purposes of crisis management are crisis resolution and prompt problem-solving in order to control present danger or impending danger. Crisis management intervening to:

- Bring a halt to a crisis
- Mobilize problem solving
- Control present danger or impending danger
- Reinforce caregiver participation in the in-home safety plan
- Reinforce other safety management provider’s/resource’s participation in the in-home safety plan
- Avoid disruption of the in-home safety plan.

Safety Category: Social Connection

Social connection is an approach to address danger or impending danger that exists in association with or influenced by caregivers being disconnected from others or feeling that they are isolated. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by an array of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others).

Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection. (See Behavior Management – Supervision and Monitoring.)

Safety Management Service: Friendly Visiting

Friendly visiting (as a safety management service) sounds unsophisticated and non-professional. It sounds like “dropping over for a chat.” Actually, it is far more than “visiting.” Friendly visiting is an intervention that an early component of Social Work history. The original intent of friendly visiting was essentially to provide casework services to the poor. In safety intervention, friendly visiting is directed purposefully at reducing isolation and connecting caregivers to social support. Friendly visiting can include professional and non-professional safety management service providers/resources or support network. When others make arrangements for,
friendly visiting, it will be necessary for you to direct and coach them in terms of the purpose of the safety management service and how to proceed, set expectations, and seek their accountability.

**Safety Management Service: Basic Parenting Assistance**

Basic parenting assistance is an approach that helps to increase social connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. They also experience the emotions of social isolation including powerlessness, anxiety, and desperation—particularly related to providing basic parenting. The differences between friendly visiting and basic parenting assistance is that basic parenting assistance is always about providing essential parenting knowledge and skills by an specific individual designated to teach, model and build parenting proficiencies.

Safety intervention is concerned with parenting behavior that is threatening to a child’s safety. The safety management service basic parenting assistance is concerned with specific, essential parenting that affects a child’s safety. This safety management service is focused on offering essential parenting knowledge and skills a caregiver is missing or failing to perform. Some caregivers may lack skills to take care of Child/children with special needs (e.g., infant, disabled child), others might be incapacitated or unmotivated. The individual offering basic parenting assistance may become a significant social connection to help them with challenges they have with basic parenting behavior which is fundamental to the child/children remaining in the home.

**Safety Management Service: Supervision and Monitoring as Social Connection**

Some in-home safety plans will require social connection and behavior management, specifically supervision and monitoring. Supervision and monitoring occurs through conversations occurring during routine safety management service visits (along with information from other sources). Within these routine in-home contacts the social conversations can also provide social connection for the caregiver. The point here is to promote achievement of objectives of different safety categories and safety management services when the opportunity is available. (See Supervision and Monitoring.)

**Safety Management Service: Social Networking**

In this safety management service you are a facilitator or arranger. Social networking, as a safety management service, refers to organizing, creating, and developing a social network for the caregiver. The term “network” is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that you introduce into the caregiver’s life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use contact that is focused and purposeful.
Safety Category: Resource Support

Resource support refers to a safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens Participant safety.

Safety Management Services:
Activities and safety management services that constitute resource support used to manage threats to Child safety or are related to supporting continuing safety management include:

- Resource acquisition specifically related to a lack of something that affects child safety.
- Transportation services particularly in reference to an issue associated with a safety threat.
- Financial/Income/Employment assistance as an assistance aimed at increasing monetary resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child’s safety.
- General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child’s safety.
- Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child’s safety.
- Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child’s safety.

Safety Category: Separation

Separation is a safety category concerned with danger threats related to stress, caregiver reactions, Child-care responsibility, and caregiver-Child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include a supervision and monitoring function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action, which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row. Separation may involve professional and non-professional options and may involve anything from babysitting to temporary out-of-the-home family-made arrangements to care for the Child or a combination of alternatives.

Safety Management Services:
Safety management services that fit this safety category include:

- Planned absence of caregivers from the home.
- Respite care.
- Day care that occurs periodically or daily for short periods or all day long.
- After school care.
- Planned activities for the Child/children that take them out of the home for designated periods.
- Family-made arrangements to care for the Child out of the home; short-term, weekends, several days, few weeks.
The Scope of Safety Plans

- Display PPT 11 What Is the Scope of Safety Plans?

- Child Welfare has been notorious for its diametric view of safety intervention. The point of view that has prevailed in our past is that either children are safe or not, and that if children are not safe, they are removed from their homes.

- The safety plan must be a provisional intervention concept, which is dynamic and fluid.

- Safety plans should be developed along the continuum of intrusion from most intrusive to least intrusive recognizing that many options exist between leaving child/children in their home and removing them.

- The most effective safety plan will involve:
  - Flexible strategies that combine the use of in-home and out-of-home actions as appropriate.

- This emphasizes the need to think of out-of-home legal placement as fitting within a well-conceived awareness of the need for separation.

- Effective safety planning considers necessary separation ranging from a partial separation to a total separation.

- 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.

- The objective of safety plans 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) agreed upon access to the child, which may range from be none to extensive interactions.
• The means and circumstances in which the access is allowed and agreed upon to occur will be set forth as well as a plan of action for the substitute care provider should the parent/legal guardian breach the agreement.
• The identification and rationale for different kinds of separation.
• 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.
  o Options could be babysitting, respite care, more formal child care arrangements, child-oriented activity away from the home, overnight stays with relatives, family-made arrangements with a responsible adult, or substitute care/foster care providers, a few days/week-ends/a few weeks with relatives, family-made arrangements with a responsible adult or substitute 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.
  o 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 Child/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.

As a system of care (DFS/CBCs) responsibility in Safety Plan?
• There is always a need to reinforce who is responsible for safety intervention.
• Emphasize that when impending danger is identified the parents are no
Once impending danger has been identified and caregiver protective capacities are diminished, DCF, the agency as a system of care, is responsible to ensure that safety is managed (whether by an investigator or case manager is not the point here) and that impending danger is controlled. The safety plan is the record of how the DCF will meet that responsibility. Once impending danger has been identified and caregiver protective capacities are diminished, then caregivers cannot and should not be expected to be responsible to assure protection. It is unreasonable to make a determination and judgment 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,” “to not hit their Child,” or “to not leave their Child alone,” “to get an assessment for drugs,” “to call a DV shelter,” “to get a court injunction,” or “grandma promises not to let mom have the kid back” for example are NOT safety plans and are dangerous and a direct contradiction to the professional assessment and judgment that the Child is not safe. To create such plans is extremely risky and irresponsible practice.
Topic ~ Responsibility for Safety Management

- Display PPT 12 Developing Sufficient Safety Plans

- This slide is exaggerated so as to express how important it is for all staff to realize that assurance of protection is the entire Department’s, as a collective system of care, responsibility. It is a sort of “buck stops here” kind of issue.

- Unfortunately, too often danger threats are identified and then the response is either:
  
  (1) no plan to manage the threats or a plan that is insufficient or irrelevant or
  
  (2) a plan that relies on the parents to behave differently based upon their promissory statement and then the case is closed.

- A safety plan must be sufficiently address the danger threats that must be controlled.

- Conduct a brief discussion about how participants decide in the current Florida practice, what to do about establishing a safety plan.

- Challenge participants about the detail and process for making decisions including:
  
  ? How do you know when a safety plan is sufficient?
  
  ? How do you determine what type of safety plan is necessary for a particular family?
  
  ? How do you make a decision regarding whether to remove a Participant or try and keep him/her in their home?

- Seek responses from a number of people in the group.

- Consider issues of consistency among staff. What is the meaning of the inconsistency for families, for worker, for service providers?

- We are going to consider the analytic process for creating and implementing effective safety plans.

- Once impending danger has been identified, there are key analysis issues that will help you in considering family options for safety planning.
as well as the potential of in-home safety management (planning).

- Safety intervention analysis will also help to inform you about when it is necessary for the safety plan to be legal removal and placement out of the home.
- It is crucial as we consider the key analysis issues that we accept the importance of rigor and full acceptance of the safety management responsibility.
- Before looking at the specific analysis issues, let’s quickly review a definition for safety intervention analysis.

**When is a Safety Plan Sufficient**

- Display PPT13 When is a Safety Plan Sufficient

  ![Image](image-url)

  *The purpose of this slide is to provide an opportunity for participants to consider the concept of safety planning analysis.*

  ❖ **Have participants thought about this question?**
  ❖ Facilitate discussion.

  **Key points to look for or address to guide facilitated discussion are:**

  ❖ Is the answer to this question subjective – open to anyone’s interpretation as to what constitutes a sufficient safety plan?
    - Well thought-out” refers to accountable, justified, and reasonable.
    - “Taking action” and “frequent enough” are terms that qualify the amount of interference that is needed in order to make sure a Participant is safe.
  
  ❖ How do participants judge descriptors contained in this slide?
    - well thought-out
    - suitable
    - necessary
    - kind of action
    - frequency

  - This definition is not a cookie cutter response for safety intervention.
  - In other words, unsafe does not automatically result in placement.
Purpose for Safety Intervention Analysis

- Display PPT 14 Purpose for Safety Planning Analysis

To provide participants with the purpose of the safety intervention analysis.

- “Analyze” has a different meaning than “assess.” Analyze means “to study closely in order to break down components or examine structure.”

- It focuses on how all the parts are put together to mean one thing.

- The **degree of intrusiveness** has to do with worker/supervisory professional judgment of whether Participant safety can be controlled/maintained in the home or whether it is necessary to remove a child or keep a child in out of home care in order to assure that a child is protected.

- The level of effort is defined as the level of response, service or activity within a safety plan required to keep a child safely in the home/prevent removal; specifically, the tasks, steps and/or types of safety management services required, and also the allotment of time necessary to control safety threats.

- A professional judgment regarding sufficiency is the end result of deliberate worker analysis.
Safety Analysis Questions

- Display PPT 15 Safety Analysis Questions 1-3
  
  ♦ To provide participants a visual of the five safety planning analysis questions.

- Refer the class to PG 5-7 Determining the Level of Sufficiency.
  
  (PG pages inserted on the following pages TG 27-29)
  
  ♦ Review of Determining the Level of Sufficiency of Handout with participants to ensure comprehension and clarify points as needed.
  
  ♦ Encourage participant to follow along, using their handout as reference and to make notes as needed.
  
  ♦ Proceed to review each question in detail.
  
  ♦ Solicit questions and comments throughout the review.
  
  ♦ Emphasize the critical analysis and the reconciliation of the analysis of these questions is dependent upon having sufficient information, accurately identified danger threats, and caregiver protective capacities.

- Display PPT 16 Safety Analysis Question 4 & 5.
  
  ♦ Continue Review of Questions 4 & 5
  
  ♦ Inform participants that we will be conducting a large group exercise, applying the safety analysis questions for further clarification.
Safety Planning Analysis:

Determining Level of Sufficiency

The purpose of this process is to analyze Impending Danger, family functioning and family and community resources in order to produce a sufficient Safety Plan. This analysis depends on having collected sufficient pertinent, relevant information. This analysis occurs as a result of a thoughtful and interpersonal process between caregivers, a family, a worker, a supervisor, family supports and other people resources. The intention is to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified Impending Danger Threats and therefore assuring child safety.

There are several essential analysis questions that must be explored in order for investigators or case managers to have heightened confidence in the sufficiency of the Safety Plan.

The Safety Plan Analysis questions are as follows:

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 management service providers.

- **Willing to accept and cooperate** refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required to approve/like the plan. Plans are non-negotiable.

Question #2:

The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

- **Calm and consistent** refers to the environment, its’ routine, how constant and stable it is as well as predictability day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.
Question #3

Safety management services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

- There are two important elements in this statement. First, the analysis must examine how the Impending Danger Threat exists and operates within a family and secondly the availability of resources.
- Impending Danger emphasizes the importance of the duration of an Impending Danger Threat. Consideration should be given about whether a long-standing Impending Danger Threat is more deeply embedded in individual and family functioning, a more habitual way of behaving. Reasonably long-standing Impending Danger Threats could be harder to manage. The intensity of an Impending Danger Threat should be evaluated. This means that duration of an Impending Danger Threat should be qualified by how intensely it is occurring. An Impending Danger Threat that is relatively new but highly intense also could be difficult to manage.
- The frequency of occurrence is directly related to defining when Safety Services and activities have to be in place. For instance, if an Impending Danger Threat occurs daily, Safety Management must be daily.
- The more predictable an Impending Danger Threat is with respect to when it will occur and with what intensity, the more precise a Safety Plan can be. For instance, if violence in the home occurs every pay day and the dad is drunk and highly aggressive, Safety Management must include someone in the home at that time that can safely manage this situation or must separate the child/children from the home during that time. Impending Danger Threats that are not predictable are more difficult to manage since it is not clear when they will occur or with what intensity. Unpredictable Impending Danger Threats suggest conservative planning with higher level of effort or methods for monitoring conditions and circumstances associated with an Impending Danger Threat becoming active.
- Are there specific times during the day, evening, night, etc. that might require “special attention” due to the way in which the Impending Danger Threat is occurring? This question addresses frequency and predictability, but reduces the judgment about occurrence down to exact times that are of special concern when an Impending Danger Threat is active and/or when no protective resource is in the home. A sufficient Safety Plan assures that these special times are fully managed regardless of traditional office hours or weekday schedules.
- Do Impending Danger Threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)? This question assesses the capacity of the caregiver; it does not necessarily result in a conclusion precluding an In-Home Safety Plan. It does provide a judgment about how much can be expected of a caregiver in whatever Safety Plan option is selected.
- Before they type of Safety Plan is determined (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both) a clear understanding of how Impending Danger Threats are manifested and operating in the family must occur. Additional information collection and study is necessary if parties aren’t confident in their assessment of the manifestation of Impending Danger Threats.
Safety Management Services are dependent upon the identified impending danger threat: Available refers to services that exist in sufficient amount. Access refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

Question #4:
An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.

This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF’s ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

If indications are that Impending Danger Threats are constantly and totally incapacitating with respect to caregiver functioning, then an Out-of-Home Safety Plan is suggested. This calls for professional judgment about the extent of the incapacitation.

Question #5:
The parents/legal guardians have a residence in which to implement an in-home safety plan.

1. **Residing in the home** refers to (1) a home exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time. Home refers to an identifiable domicile. DV or other shelter, friend’s or relative’s homes qualify as an identifiable domicile if other criteria are met (expected to be occupied for as long as the safety plan is needed, caregivers live there full time, e.g.).
Applying In-Home Safety Analysis Questions

- Display PPT 17 Safety Planning Analysis

- Refer the class to prior course “Assessment of Impending Danger” PG 20-32 - the completed Information Collection & Family Functioning Assessment for Dutton-McAdams

(PG pages inserted on TG34-47 of Core 114_Assessment & Impending Danger)

- This exercise will cover all of the safety intervention tasks and responsibilities that are covered in the training.
- It is a good overview and excellent opportunity for the trainer to highlight and review the material as it is being covered.

- Prior to beginning the exercise provide participants a Blank Safety Plan for Review.

1. Review the safety-planning document, providing discussion regarding the areas within the plan for consideration.
2. Begin the exercise instruction. Ensure that participants have their Dutton McAdams FFA available.
3. Review with the participants the progression of the Dutton McAdams case, referencing the completed materials thus far.
   - Intake
   - Initial Contact
   - Present Danger Plan
   - Information Collection: Completed 6 Domains
   - Identified Impending Danger Threat
   - Identified Enhanced and Diminished Caregiver Protective Capacities.
   - Safety Determination of Unsafe for Lindsey
4. Refer participants to their completed Dutton-McAdams FFA.
5. Inform participants that the in home safety analysis and planning will be the focus of the large group discussion and conclusion.
6. Encourage participants to think about the Dutton-McAdams case information and what is known about the family.
7. Encourage participants to explore the justification of the danger threat and the caregiver protective capacities as we answer each of the safety analysis and planning questions.
8. Ask the group the first question of the safety analysis soliciting their answers and justification.
9. Ask which information they used to conclude identifying yes or no.
10. Direct participants to their case information to support decision-making.
11. Proceed through each question, utilizing the same process for exploration and justification.
   - What was the final determination for the ability to proceed to develop and in home safety plan for Lindsey?
   - Are participants clear on how they came to their conclusion?
   - What were areas within the FFA that assisted them in making their conclusion?
   - What are the next steps for planning for Lindsey?
12. Conclude the exercise with reconfirming the groups’ decision for Lindsey.
13. Provide clarification and allow for discussion as needed before proceeding to the development of the safety plan.
14. Inform participants that in the next session we will be exploring the development of sufficient safety plans through analysis of safety plans and reconciling sufficiency through review of Florida cases.
Safety Planning Process: Safety Planning Determination Meeting

- Display PPT 18 Safety Planning Determination Meeting

To introduce the concept of safety planning conferences.

1. The use of a safety planning determination meeting can assist in the development of the safety services and actions necessary to control for safety.

2. When an investigator has gathered sufficient information to know that a child who has a present danger plan will continue to be unsafe in the absence of a safety plan, a safety plan conference will be convened.

3. Or, when the investigator has gathered sufficient information about the current family dynamics and situation to determine that the child is unsafe due to impending danger, the investigator must convene a safety plan conference with participation from the parent, safety service providers, and the community based care provider agency responsible for any safety services to establish the ongoing safety plan.

4. DCF will establish in the new procedure manual the following requirements for a safety plan conference:

   a. The conference will be held as soon as possible but no later than 24 hours from the investigator’s determination of impending danger.

   b. Supervisory consultation will be obtained to determine whether 24 hours is a reasonable timeframe or if the conference should be sooner.

   c. The safety plan conference may be held prior to the investigators written completion of the FFA.

5. Safety plan conference participants will:

   a. Evaluate the present danger plan if in place, to determine if actions are appropriate and sufficient to build into an ongoing safety plan;

   b. Confirm whether an in-home safety plan is the least intrusive means that can effectively manage all danger threats that are occurring within the family;

   c. Re-confirm all commitments with participants if a current present danger plan is to become a safety plan of longer term duration;

   d. Determine if an in-home safety plan meets criteria for judicial
supervision.

e. Use the tribe as a resource when developing the ongoing safety plan, unless they decline, if the investigator knows or has reason to know the case involves an Indian Participant.

**Dutton-McAdams Safety Plan: Review**

- Display PPT 19 Safety Plan Review

This slide is to introduce the review of the Dutton-McAdams safety plan.

- Refer the class to PG 8-9 Dutton McAdams Safety Plan

(PG pages inserted on the following pages TG34-35)

- **Prior to guiding participants through the safety plan, inform participants that this is an example of a safety plan, from which creative liberties were taken in order to provide for a sufficient safety plan.**

- **Ensure participants that we acknowledge that these are training cases and as such, at times we have to take creative liberties.**

- Guide participants through the safety plan developed for the Dutton-McAdams case.

- Highlight the use of terminology regarding safety service, not on treatment. Allows for parent contact, etc.

? How is this plan different for the Dutton McAdams family as compared to the concepts we identified for the present danger plan?

- Level of intrusiveness, parent involvement, etc.
**FLORIDA SAFETY DECISION MAKING METHODOLOGY**

**Participant Safety Plan**

**Case Name:** Dutton/McAdams  
**Intake/Investigation ID:** 123456789  
**Worker Name:** Costello  
**Effective Date:** 8/4/xx

**Safety Plan Type:** [ ] In-Home  [ ] Out-of-Home

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindsey Dutton</td>
<td>xx/xx/xxxx</td>
<td>3</td>
</tr>
</tbody>
</table>

**A. DANGER THREAT(S) DESCRIPTION** (Specific Threats to Participant Safety – Describe safety concerns that would pose present or impending danger)

Mr. Dutton's is choosing to use violence against his wife and daughter. His violence represents impending danger to Lindsey’s safety. Lindsey is a three year old vulnerable Participant. She is unable to protect herself. The violence that Mr. Dutton perpetrates against Ms. McAdams occurs in the home, where Lindsey resides. Lindsey is often present and has recently attempted to intervene to protect her mother. The violence has been increasing in intensity and frequency, and there is no reason to believe that it will get better without immediate intervention. Despite Ms. McAdams efforts (list them) to keep Lindsey safe, she has been unable to assure her safety due to the escalating level of violence.

**B. SAFETY PLAN**

<table>
<thead>
<tr>
<th>Actions to Keep Participant Safe</th>
<th>Who is Responsible for Each Task?</th>
<th>Begin Date</th>
<th>Resources or People Who Will Help</th>
<th>Frequency of Intervention</th>
<th>Who is Responsible for Monitoring</th>
<th>Target/ Follow-up Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation – Bill Dutton will leave the family home and will reside with Bob Smith. Helen Bosco, Mary’s neighbor will provide Mary support and provide for Lindsey’s safety during the evenings through frequent homevisits and phone calls. Bill Dutton is agreeing to leave the home and Mary McAdams has the resources and supports through Helen Bosco to ensure that Bill does not enter the home when Lindsey is present.</td>
<td>Helen Bosco and Mary McAdams Bill Dutton</td>
<td>8-5-xx</td>
<td>Helen Bosco</td>
<td>Weekly - Monday through Thursday from 4:00pm-8:00 am the following days.</td>
<td>CM Costello</td>
<td>9-4-xx</td>
</tr>
<tr>
<td>Separation – Lindsey and Mary will spend the weekends with Mary’s great Aunt Jane Reeder. This will allow Mary supports as well</td>
<td>Jane Reeder and Mary McAdams</td>
<td>8-6-xx</td>
<td>Jane Reeder</td>
<td>Weekly - Friday from 4:00 pm until</td>
<td>CM Costello</td>
<td>9-4-xx</td>
</tr>
</tbody>
</table>
as provide for Bill Dutton to have access to the residence.

<table>
<thead>
<tr>
<th>Social Connection – Lindsey will attend Little Peeps day care during the day for social connection.</th>
<th>Monday at 9:00 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Peeps 8-5-xx</td>
<td>Helen Bosco Little Peeps Day Care</td>
</tr>
</tbody>
</table>

Jane Reeder will facilitate family contact between Lindsey and Bill Dutton to occur outside of Jane Reeder’s home. Family contact will be between Lindsey and Bill, and Bill acknowledges the need to focus on building a relationship with his daughter.

| Bill Dutton and Jane Reeder 8/5/xx | Jane Reeder Weekends | CM Costello 9/4/xx |

C. TERMINATION

Termination Date:
Reason Plan is No Longer Required:
Other Reason Plan is No Longer Required:

D. SIGNATURES

Caregiver Date
Caregiver Date
Other Date
Other Date
Participant Protective Investigator Date
Supervisor Date

CPI will provide a copy to persons included in the plan to ensure Participant safety

Original: Caregiver
Copy: File
Conclusion

- Display PPT 20 Conclusion.

- Seek clarification, questions, and considerations, from group.
- Emphasize their continued diligence and patience is appreciated.
- Inform participants that the next Module will provide guidance on the completion of the investigation and best practices for case transfer.
Module 2: Ongoing Safety Management and Planning

- Display PPT 21 Ongoing Safety Management and Planning

- Display PPT 22 Learning Objectives and Review

- This module will provide participants the conceptual framework for ongoing safety management utilizing the safety plan during ongoing case management, identifying conditions for return based upon safety planning analysis, and managing the safety plan during treatment services.

- Display PPT 23 Safety Plan: One Form, Not the Same

♦ Review Safety Planning Concepts
♦ Confirm with participants their understanding of the safety plan—for both application of safety planning in response to present and impending danger.

♦ Can participants distinguish the difference in purpose of the safety plan for ongoing case management?

♦ What are characteristics of a safety plan developed at the conclusion of the investigation?

♦ Participants should be able to identify the purpose of managing and controlling while treatment occurs, as well as that the plan is one that is sustainable.

♦ Reconfirm with participants the concepts and points that are raised, clarify when needed, and expand upon points as needed.

Managing the Safety Plan: Essential Skills of Safety Management

♦ Display PPT 24 Managing the Safety Plan: Essential Skills of Safety Management

1. What does manage mean in the context of a safety plan?
2. What actions are associated with the management of a safety plan?
3. Management is an action and requires diligence. It is also an essential skill for the worker and supervisor. The role of the case manager in safety management is ensuring that the safety plan is working.
4. Simply stated, they must ensure that the safety plan actions and tasks are in motion as confirmed by the safety plan.
5. This requires the case manager to be diligent, pro-active, and aware of family conditions, service provisions, and most importantly the condition of the Participant.
6. It requires the worker to use the essential skill of safety management:
   a. Develop clear, small and achievable steps and benchmarks to increase family’s ability to succeed.
   b. Clarify specifically how accountability for all safety actions will be monitored.
   c. Identify and implement adaptations quickly when needed based on child and family needs.
d. Establish clear understanding as to on-going lead responsibility for safety when hand-off from protective investigator to case manager occurs.

7. Ask participants what management would entail in practice?
   ? What would the actions of the case manager be?
   ? What would be the focus of those actions?

8. Engage the group in a discussion of how they would know when safety is being managed, what are practice indicators?

9. Provide examples of safety management to participants during discussion.

10. Challenge participants to identify actions and behaviors that would indicate that the safety plan is being managed.

11. Safety management requires that workers and supervisors are able to recognize the difference between safety management in ongoing services and the focus of the safety plans.

- Display PPT 25 Safety Plans During Ongoing Case Management Are…

- Provide participants with a visual for the safety plan during ongoing case management.

1. Child safety is paramount throughout the FSDMM, including throughout ongoing case management. While the case manager seeks to identify diminished caregiver protective capacities and provide treatment services, constant awareness and attention to safety is paramount.

2. Focus on child safety is the foundation for the evaluation of the safety plan throughout case management.

3. Evaluation of the safety plan is constant in regard to being aware of changes in family conditions, circumstances, or behaviors.

4. Changes can be both positive, in the sense that the change creates a decrease in the level of intrusiveness, or negative in the sense that safety is not being managed to ensure child safety.

5. Changes, whether positive or negative, require the case manager to take action.

6. Review the slide with participants, leading the discussion and providing examples of what each section means.

7. Case Managers understand that the safety plan during case management
are:

a. **Provisional**, until the child’s safety can be assured in the parents’ home or other permanency options outside the child’s family are selected;

b. **Temporary**, until the parents can and will protect a child;

c. **Conditional**, in that it is required for as long as the child is unsafe and the parents’ protective capacities are insufficient to assure the child’s safety;

d. **Dynamic**, from the point in time a child is determined to be unsafe until parental protective capacity can assure child safety;

e. An **interim intervention**, necessary as long as needed to manage child safety;

f. **Parent centered**, in that the caseworker involves the parents in safety planning, safety management and case planning as much as possible;

g. **Child centered**, in that the focus of every case is the safety, permanency and well-being of the child; and

h. **Non-negotiable**, in that danger threats exist that cannot be managed by a parent and it has been determined that intervention is required to keep the child safe. Parents/caregivers have a choice in safety management options and their level of willingness to cooperate in developing and implementing a safety plan.
Topic ~ When to Take Action: Safety Plan Modification

- Display PPT 26 When to Take Action: Safety Plan Modification

- Knowing when to take action requires the case manager to recognize when conditions have changed—to include new threats identified that are not controlled or conditions within the home have changed that would require less intrusiveness.

- Conditions for return requires that the case manager have a thorough understanding of safety intervention and management, the conditions for return of the child/children when they have been placed in out of home care, and their responsibilities in managing the safety plan.

- Case Manager must have a thorough understanding of danger threats, and the concepts and application of present danger assessments and impending danger assessments.

- Case managers must have frequent contact and strong communication with families and service providers to ensure that the plan is working.

- Contact with families is predicated by the safety plan and what it takes to manage for safety.

- Ongoing safety management is not passive—but rather extremely active!

- The following activity will provide the participants with the foundational knowledge of the safety plan during ongoing case management, the role of the case manager, and establishing and analyzing conditions for return

  - Inquire of participants how many have had the “Call” on Friday? The one where someone says that they think that the child/children on in home safety plans are not safe?
  
  - Solicit examples from the group, inquire about how that makes them feel, what is there response?
  
  - Consider your responses and reactions to those experiences, as we review a case scenario of one of the Friday calls.

  - Display PPT 27 Safety Management: It’s Friday…And…
♦ Proceed to read the case scenario to the group from the Slide.

♦ Solicit the participant’s reactions.
  ? What do you think the implications are for this kind of problem on an In-Home Safety Plan?
  ? How would you proceed?
  ? How invested should you become in taking leadership in such a specific Safety Management issue?

♦ Allow participants opportunity to reflect and provide answers to the questions posed by the trainer.

♦ Encourage the participants to think in terms of management of the safety plan.

♦ Conclude the exercise with a brief overview of what actions should occur when there are indicators that safety is not being managed…..they must take action—what type of action is dependent on the information that they collected, which leads us to the concepts of Conditions for Return and Modifying the Safety Plan.
Modification of the Safety Plan:
Increase or Decrease Intrusiveness

- Display PPT28 Modification of the Safety Plan

- Modifying the safety plan occurs through either a need for increased intrusiveness or decreased intrusiveness.

- Modifications of the safety plan are analyzed through information collection and diligence of the case manager in managing the safety plan.

- Increase in intrusiveness is related to the threat being unmanaged. Simply stated, the plan is not working. This could be because a safety service provider is no longer willing and able to provide supports, or the parents are no longer willing or able for in home services, or a danger threat has manifested that is not being controlled.

- Applying the safety analysis questions to the conditions, informs the case manager to what degree of intrusiveness must they proceed. Does a child that is currently at home with the safety plan need to be removed?

- The Safety Plan is expected to be updated by the case manager whenever it needs to be. When the Safety Plan is updated as a result of progress being made by parents demonstrating increased caregiver protective capacities, this is a critical juncture that should always prompt an updated FFA so that the parent’s progress is formally documented and updated.

- Likewise, anytime an FFA is completed, as it includes the analysis of current status of caregiver protective capacities, the case manager will also document a “safety sufficiency evaluation.” If the safety sufficiency evaluation results in a need to change the safety plan, the case manager will be responsible to update the safety plan. (There is no stand alone “safety sufficiency evaluation” which will be in FSFN.)
Conditions for Return

♦ Display PPT29 Conditions for Return

♦ This slide is used to introduce the conditions for return concept.

♦ Safety plan modification for the child/children in out of home care requires the understanding of conditions for return.

♦ Conditions for return are simply the conditions that must exist for Child/children in out of home care (out of home safety plan) to return home through the use of an in home safety plan.

♦ Basically stated, what would it take to have Child/children safely maintained in their own home?

♦ The conditions that created child/children leaving the home should be the same reasons that child/children can return home, when those conditions no longer are present, the child/children should go home.

♦ Establishing the conditions for return is the result of the safety analysis questions used to create the out of home safety plan.

♦ Case Managers must also be aware of the justification of the safety analysis questions.

♦ Reconciling information against the safety analysis questions is the foundation to creating and analyzing the conditions for return.

♦ Display PPT30 Questions

♦ Provides a Visual Frame of Reference and Large Group Exercise.
♦ Ask participants regarding their familiarity of the safety analysis questions.
♦ Ask participants to provide an example of information of the information that informs the safety analysis questions.
♦ Provide Review of the Safety Analysis Questions as necessary.

♦ Seek feedback or questions from participants at this point.
  ? Is the conditions for return concept clear?
  ? Can participants identify the relationship between conditions for return and the safety analysis?
  Provide clarification as needed.
♦ Inform the group that prior to moving forward that we will apply the concept of conditions for return in crafting condition for return statements based upon using the safety analysis questions.
♦ Instruct the participants that we will complete this exercise in our small groups, however we will debrief as a large group.
♦ Provide instructions for the group:
  o The objective of this exercise is to develop one condition for return statement using each of the five safety analysis questions.
♦ Allow groups 30 minutes to work through their conditions for return statements.

♦ Debrief
♦ Begin the debrief with safety analysis question #1 and proceed through to Question #5.
♦ Encourage the group’s participation and facilitate discussion regarding the conditions for return statements as they are being generated.
♦ Document the group’s responses for each danger statement that is developed on flip chart or white board.
♦ Conclude the exercise with reviewing each danger statement and inquiring of the group as to their satisfaction as to the statement identifying what it would take for a child to go home?
  ? Are there statements that they would change?
  ? What would be the changes?
♦ Emphasize that conditions for return are basic statements directed at returning child/children home.
Conclusion

♦ Display PPT31 Conclusion

♦ Conclude the session with restating the focus of safety management during case management is to ensure that the safety plan is working.

♦ Simply stated, effective oversight of the plan to see if it is working or not and whether it is too intrusive or not intrusive enough.

♦ This requires the case manager to analyze conditions for return and assess for safety diligently throughout their intervention with the family.

♦ Before concluding the session, ask participants for any points of clarification or if they have any questions before moving on.