Child Welfare Pre-Service Training

Safety Planning

Trainer Guide

July 2012
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To The Trainer

Core Course Description

Safety Planning presents information defining safety planning, outlining safety planning requirements, creating safety plans with children and applying safety plans to specific maltreatments.

Computer instruction provides the opportunity to learn how to document safety plans for children, adults, and workers in FSFN.

Course Time

Safety Planning is designed to be taught in 3 hours or half of a training day. A training day consists of 6 hours of instruction, a one hour lunch break, and two fifteen minute breaks.

The FSFN instruction is taught in the Maltreatments FSFN computer instruction.

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 100-125.

Course Goals

The goal of Safety Planning is to provide learners with information about:

- Safety planning requirements
- Developing effective safety plans
- Documenting safety plans
- Developing safety plans with children
- Developing safety plans for specific maltreatments

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 child welfare casework.
- K10. Legal requirements and case manager’s role for the removal and placement of children.
- K11. A child’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 fathers 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 child.

**Safety Management, Service Planning and Delivery:**

- K36. The values that underlie a family-centered approach to child 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 child welfare practice.

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

**Child Protection Foundations:**

- K5. Knowledge of Chapter 39 definitions of abuse, neglect, abandonment and harm.
- K11. Knowledge of general child welfare policy and legislation including the Adoption and Safe Families Act (ASFA), the Child Abuse Prevention and Treatment Act (CAPTA), the Indian Child Welfare Act (ICWA), the Fostering Connections Act, the Multi-ethnic Placement Act (MEPA), the Interstate Compact for the Placement of 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; child, 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 child 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 child.

**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, Child Protection Team, and external partners (i.e., DV, mental health, etc.).

**Course Objectives**

**Module 1: Safety Planning**
- Define Safety Planning
- Identify basic principles of safety planning.

**Module 2: Developing Safety Plans**
- Learn how to develop a safety plan.
- Define how safety plans are documented.
- Apply safety planning to specific safety threats.
- Describe techniques used to create safety plans with children.
- Develop a personalized safety plan using a case scenario.

**Training Materials**

**Participant Handouts**

**Module 2: Safety Plan Development**
- ♦ PG1 Standards Protections for Domestic Violence
♦ PG2-3  Domestic Violence Risk/Danger Assessment
♦ PG4    Sample Safety Plans for Child and Adult Victims
♦ PG5-9  Personalized Safety Plan
♦ PG10   Standard Protections for Substance Abuse
♦ PG11   Standard Protections for Mental Illness
♦ PG12   Safety Planning with Children
♦ PG13-14 FSFN Safety Plan
♦ PG15-18 Practice Case Sam and Sandra
♦ PG19   Safety Planning Scenarios

**Visual Aids**

**PowerPoint Slides**

**Module 1: Safety Planning**
♦ PPT1   Safety Planning
♦ PPT2   Module One Objectives
♦ PPT3   Safety Planning - 65C-30.001(123)
♦ PPT4   Safety Planning
♦ PPT5   Safety Plan Must:
♦ PPT6   Safety Plans
♦ PPT7   Florida Administrative Code
♦ PPT8   Safety Plan 65C-30.001(123)
♦ PPT9   CSA Safety Plan versus FSFN Safety Plan
♦ PPT10  Safety Plan vs. Case Plan
♦ PPT11  The Safety Plan Must:
♦ PPT12  Long Term
♦ PPT13  Safety Planning
♦ PPT14  Safety Planning Assessment
♦ PPT15  Inclusiveness
♦ PPT16  Strategic Framework for Safety Planning
♦ PPT17  “Automatic” Considerations
♦ PPT18  Determinants of Shared Decision-Making
♦ PPT19  Non-Negotiable
Module 2: Safety Plan Development

- PPT20 Ownership
- PPT21 Accountability
- PPT22 Example: Signs of Present Danger
- PPT23 Example: Protective Capacity
- PPT24 Example: Child Vulnerability
- PPT25 Example: Overall Safety Assessment

- PPT26 Module Two Objectives
- PPT27 Risk-Safety Continuum
- PPT28 When are Safety Actions Required?
- PPT29 Degree of the Threat: 3 Key Elements
- PPT30 Safety Plan: Critical Considerations
- PPT31 Immediacy Guidelines (Timeframes)
- PPT32 Severity Factors
- PPT33 Severity Factors (Extent of Harm)
- PPT34 Out-of-Control Parameters
- PPT35 Out-of-Control Parameters
- PPT36 When is a Safety Plan Needed?
- PPT37 Responsible Parent/Legal Guardian
- PPT38 Three Main Safety Response Types
- PPT39 Safety Response Types
- PPT40 FSFN Safety Actions - Control
- PPT41 FSFN Safety Actions - Vulnerability Reduction
- PPT42 FSFN Safety Actions - Supplementation
- PPT43 Embedded Harms
- PPT44 Example: Signs of Present Danger
- PPT45 Safety Considerations
- PPT46 Shared Decision-Making
- PPT47 Safety Actions to Address Safety Threats
- PPT48 Additional Safety Actions
♦ PPT49 Additional Safety Actions
♦ PPT50 Bly Family Background Information
♦ PPT51 Safety Considerations
♦ PPT52 Shared Decision-Making
♦ PPT53 Safety Actions to Address Safety Threats
♦ PPT54 Additional Safety Actions
♦ PPT55 Wright Family Background Information
♦ PPT56 Safety Considerations
♦ PPT57 Shared Decision-Making
♦ PPT58 Safety Actions to Address Safety Threats
♦ PPT59 Additional Safety Actions
♦ PPT60 Primary Reasons to Involve Children
♦ PPT61 Safety Planning with Children
♦ PPT62 The Safety House
♦ PPT63 The Three Houses
Module 1: Safety Planning

- Display PPT1, Safety Planning & PPT2, Module Objectives and review.

Objective:
- Define “safety planning.”
- Identify basic principles of safety planning.

Topic ~ What is Safety Planning

Materials
- PPT3 Safety Planning 65C-30.001(123)
- PPT4 Safety Planning
- PPT5 Safety Plans Must:
- PPT6 Safety Plans
- PPT7 Florida Administrative Code
- PPT8 65C-30.001(123)
- PPT9 CSA versus FSFN Safety Plan
- PPT10 Safety Plan versus Case Plan
- PPT11 Long Term
- PPT12 Safety Planning...

Advise participants that there are no materials for Module 1 in the participant guide. This module is mainly presentation and discussion.

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.”

Goal: To provide information about safety planning and child protection.
- What types of cases do you think require safety plans?
Display PPT3, Safety Planning 65C-30.001(123):

Advising class that they are provided the opportunity to create and update FSFN safety plans throughout training.

Present PPT4, Safety Planning and review.

A safety plan is a written agreement between a family and the agency describing how impending danger threats to child safety will be managed.

The safety plan is family specific and addresses the participants as a family group.

Must be implemented and remain active as long as threats exist and caregiver protective capacities are insufficient.

Safety plans establish the PI’s or CM’s immediate response to danger and clearly describes the specific safety actions and other responsibilities of all plan participants.
Display PPT5, 65C-30.001(123): The Safety Plan must:

- Display PPT6, Safety Plans

Advise class that there are many specific references in the Florida Administrative Codes regarding the requirement for a Safety Plan.

Display PPT7, Florida Administrative Codes.

- Ask class to locate each of these cites in the F.A.C. and review the associated requirements.
- Advise class:
  - Who develops the safety plan depends on the point, in the case, at which the need for the safety plan is identified?
  - **Chapter 65C-28.004 (11)(c)** - addresses the need for a Safety Plan when making certain placements.
    - Examples: sexually aggressive behaviors, fire setting, physical aggression, a child with fragile health or physical limitations
  - **Chapter 65C-29.003 (6) and (7)** - addresses the requirement and responsibility of Child Protective Investigators to develop a Safety Plan
during investigations; specific guidance provided including the requirement that the Safety Plan be documented in FSFN

- **Chapter 65C-29.004(5) (c)-(h)** - addresses the requirement for a Safety Plan in an institutional investigation
- **Chapter 65C-30.007(3)(b) and (5)(a)** - addresses case management supervision requirements
- **Chapter 65C-13.030 (5)(c)(2)** - establishes a Safety Plan for specific supervision in a foster home, if the home is located on a busy street.
- Present PPT8, Safety Plan 65c-30.001(123) and discuss.

![Safety Plan 65C-30.001(123) F.A.C.](image)

**Advise class that there is a difference between the PI CSA Safety Plan and the required FSFN Safety Plan.**

- Display PPT9, CSA versus FSFN Safety Plan and discuss the differences.

<table>
<thead>
<tr>
<th>CSA Safety Plan</th>
<th>FSFN Safety Plan</th>
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<tbody>
<tr>
<td>Does not reflect family engagement</td>
<td>Reflects engagement of family</td>
</tr>
<tr>
<td>Not completed with family input</td>
<td>Developed in collaboration with family</td>
</tr>
<tr>
<td>Family cannot review</td>
<td>Family can review and make suggestions</td>
</tr>
<tr>
<td>Cannot be signed</td>
<td>Allows for required signatures</td>
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<tr>
<td>Terminates upon investigative closure</td>
<td>Remains active</td>
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- Present PPT10, Safety Plan vs. Case Plan and discuss.

<table>
<thead>
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<th>Safety Plan vs. Case Plan</th>
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<td>Purpose in control</td>
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<tr>
<td>Limited to impending danger safety threats</td>
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<tr>
<td>Lots of frequent activities</td>
</tr>
<tr>
<td>Must have immediate effect</td>
</tr>
<tr>
<td>Roles and responsibilities are clear and focused on threats</td>
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- The single purpose of a safety plan is to control or manage **impending danger.**
- Safety services must have an immediate effect. Impending danger means that it is imminent.
- Safety interventions are not expected to provide for rehabilitation nor do they generally result in changed behaviors.
- People involved in the plan must be immediately accessible and available:
  - sufficient time and capacity to do what is expected
  - in place, readily responsible and close enough to the family to respond
- Safety plans are developed along a continuum of least to most restrictive. The plan may be:
  - a Non-Judicial In-Home plan only
  - a combination of Non-Judicial In-Home and Out-of-Home plan
  - an Out-of-Home plan only

- Display PPT1, The Safety Plan Must and discuss.

Advise the class that safety plans must identify the immediate and long-term action that will keep the child safe from harm.

- Present PPT12, Long-Term and discuss.
- Display PPT13, Safety Planning and review and discuss.
Topic ~ The Safety Planning Assessment Process

Materials

- PPT14  Safety Planning Assessment
- PPT15  Safety Planning

- Display PPT14, Safety Planning Assessment.

Emphasize the importance of following up on safety plans by visiting the family to find out if the plan is still implemented.

- The In-Home Safety Assessment uses three constructs to “quantify” safety threats.
- Using the information from all three constructs allows for the development of appropriate and effective safety actions.
- **Present Danger** - observable indicators of danger that are either ameliorated or exacerbated by parental protective capacities and/or child vulnerability.
- **Protective Capacities** - family or individual strengths/resources that reduce threats of serious harm from arising or, enable a caregiver’s ability to meet a child’s basic needs.
  - When protective capacities are lacking, the threat of serious harm increases and the caregiver’s ability to meet a child’s basic needs are impaired.
- **Child Vulnerability** - the degree to which a child cannot avoid, negate or modify the impact of safety threats or missing insufficient protective capacities.
• Present PPT15, Inclusiveness and discuss.

  ![Inclusiveness Diagram]

• The best safety planning incorporates as many individuals as necessary to:
  • control active safety threats
  • Increase parental protective capacities
  • decrease child vulnerability

  ? Ask the class to provide an example of how a child may participate in the plan. Some possible answers are below. Feel free to provide other examples.
  • Coach a child how to respond when approached by the perpetrator when a “no contact” order is in place.
  • Instruct a child how to call 911 during a domestic violence situation.
  • Make sure a child knows how to remove himself/herself from an incident of domestic violence between parents.
  • Advise the class that PIs and CMs must ensure that all additional adult members participating in the plan clearly understand the need to support the parents and hold them accountable to the agreed upon tasks and activities.

**Topic ~ Basic Principles of Safety Planning**

**Materials**

♦ PPT16  Strategic Framework for Safety Planning
♦ PPT17  “Automatic” Considerations
♦ PPT18  Determinants to Shared Decision-Making
♦ PPT19  Non-Negotiables
♦ PPT20  Ownership
♦ PPT21  Accountability
♦ PPT22  Example: Signs of Present Danger
♦ PPT23  Example: Protective Capacities
♦ PPT24  Example: Child Vulnerability
♦ PPT25  Example: Overall Safety Assessment
♦ PPT26  Safety Planning
Safety planning is an ongoing process, not an event. As individual and family circumstances change frequently, safety plans must be monitored and updated based on the changes.

Advise class that safety threats and actions must be described in common, straightforward language.

Avoid the use of the terms “abused” and “neglected” and focus your discussion on child safety.

The initial staff, in engaging the family, is to make sure that they understand the concerns and how you want to help them address that concern.

Provide the class with the following example and ask them to reword this statement in more common/understandable language:

“Mrs. Pepper will provide adequate supervision for her children…”

Here are some suggested answers. Feel free to come with other alternatives.

“Mrs. Pepper will not leave her children alone…”

“Mrs. Pepper will ask her neighbor, Ms. Lilly, to babysit her children when she leaves the house.”

“Mrs. Pepper will make sure that there is always an adult with her children.”

Discuss with the learners that safety planning must be solution-focused, collaborative and based on family-centered practice.

Present PPT16, Strategic Framework for Safety Planning and review.

Safety plan ownership is shared between the CPI/CM and parents; however, additional participants sharing plan ownership increases responsiveness and ongoing support after involvement ends.

Ask the class how Family-Centered Practice effects safety planning?

If parents see your efforts to listen to them, they will appreciate and cooperate with your efforts to hold them accountable and will subsequently view your actions as supportive, not just controlling.
• Display PPT17, “Automatic” Considerations for all Safety Plans and discuss.

• Safety plans must clarify under what condition, if any, contact between the offending adult and child is allowed, including texting and phone calls.

• Must provide the responsible adult with instructions on what to do when the offending adult shows up unexpectedly at the home or the child’s school/daycare.

• The child must be told what to do if approached by offending adult in public or at home.

• Identify other responsible adults who are willing to alert you if the family fails to abide by the contact provisions of the safety plan.

? Ask the class to provide some examples and/or definitions of shared decision-making.

• Assure the following information is covered during the discussion.

• Results in mutually agreed upon goals and plans reflecting both CPI’s/CM’s professional training and the family’s knowledge of their own situation.

• Involves open and honest communication in a way that supports disclosure of culture, family dynamics and personal experiences to meet the individual need of every family and every child.

• When families are part of the decision-making process and have a say in developing plans that affect them and their children, they are more likely to be invested in the plans and more likely to commit to achieving the plan objectives.

• Parents/caregivers are an important resource in developing safety plans. This does not mean that parents/caregivers are responsible for or have to agree with the need for a safety plan to control present or impending threats to safety but they do have to be willing to be involved and cooperate with the use of a safety plan.

• Parent/caregivers must be kept fully informed of safety decisions and involved in safety planning. CPI/CM has the responsibility to control threats to child safety.

• If a child is unsafe a determination must be made regarding the level of intervention required to control and manage impending danger threats, including the need for an in-home safety plan, an out-of-home
safety plan, or a safety plan that combines in-home and out-of-home options.

- You must consider the least intrusive means possible to control impending danger and work to engage parents/caregivers in understanding and accepting the need for a safety plan and involving parents/caregivers in the safety plan development.
- Advise class that you will now discuss the determinants to shared decision-making.
- After discussion, present **PPT18, Determinants to Shared Decision-Making** and review.

![Determinants of Shared Decision-Making](image)

- Present the following 3 PPTs to provide examples of the determinants. Feel free to provide your own examples based on your case/field experiences.
- Present **PPT19, Non-Negotiables** and discuss.

![Non-Negotiables](image)

? Ask the class to provide other examples of factors they may consider non-negotiable.
• Present PPT20, Ownership and discuss.

![Ownership Diagram]

- Appears engaged in process
- At least partially acknowledges role in maltreatment
- Able to identify child’s strengths
- Can describe own/parent’s protective capacities
- Agrees to potential actions or offers viable alternatives
- Verbalizes potential effect on child
- Willing to expand safety network
- Views accountability as helpful not “goating”

• Remind the class that parents/caregivers are not responsible for and do not have to agree with the need for a safety plan to control present or impending threats to safety but they must be willing to be involved and cooperate with the use of a safety plan.

? Ask the class to provide other examples of a family displaying ownership.

• Present PPT21, Accountability and discuss.

![Accountability Diagram]

- Past successes
- Co-depending or enmeshment
- Embedded harms
- Community visibility

? Ask the class to provide other examples of accountability.

• Advise the class that you will now review examples of the safety factors contained in the child safety assessment.

• Present PPT22-24, Examples of Signs of Present Danger; Protective Capacities and Child Vulnerability and discuss.

![Example: Signs of Present Danger]

Implication for Child Safety

Example: Protective Capacity

Sr. Smith submits to exasperation he has been diminishing for the last six months. He is expected to sell bond within 72 hours. The potential behavior of Mr. Smith’s actions in the immediate presence of the children and Mrs. Smith is a no-show. It is not clear what he is thinking or feeling. Mrs. Smith is not aware of her husband’s actions or her different behavior or actions in the home. A protective capacity in the home would prevent an immediate and ongoing safety threat to both the Smiths and the children.

Implication for Child Safety

Mr. Smith submits to exasperation he has been diminishing for the last six months. He is expected to sell bond within 72 hours. The potential behavior of Mr. Smith’s actions in the immediate presence of the children and Mrs. Smith is a no-show. It is not clear what he is thinking or feeling. Mrs. Smith is not aware of her husband’s actions or her different behavior or actions in the home. A protective capacity in the home would prevent an immediate and ongoing safety threat to both the Smiths and the children.
Ask the class to provide examples of required safety actions based on this scenario.

- Following discussion, present **PPT25**, Example: Overall Safety Assessment and review how these safety factors are documented in the Overall Safety Assessment.
Module 2: Safety Plan Development

- Display PPT26, Module 2 Objectives and review.

### Module 2: Safety Plan Development

- Learn how to develop an effective safety plan.
- Learn how safety plans are documented.
- Apply safety planning to specific safety threats.
- Describe techniques used to create safety plans with children.
- Develop a safety plan using a case scenario.

#### Topic ~ Developing an Effective Safety Plan

#### Materials

- PPT27 Risk-Safety Continuum
- PPT28 When are Safety Actions Required?
- PPT29 Degree of the Threat: 3 Key Elements
- PPT30 Safety Plan: Critical Considerations
- PPT31 Immediacy Guidelines (Timeframes)
- PPT32 Severity Factors
- PPT33 Severity Factors (Extent of Harm)
- PPT34 Out-of-Control Parameters
- PPT35 Out-of-Control Parameters
- PPT36 When is a Safety Plan Needed?
- PPT37 Responsible Parent/Legal Guardian
- PPT38 Three Main Safety Response Types
- PPT39 Safety Response Types
- PPT40 FSFN Safety Actions - Control
- PPT41 FSFN Safety Actions - Vulnerability Reduction
- PPT42 FSFN Safety Actions - Supplementation
Establishing the “Need to Know”

Conduct a discussion to introduce the topic of safety plan elements

? Is every child who is at risk unsafe?

• Present PPT27, Risk-Safety Continuum and discuss.

- Advise the class that not every child that is at risk requires a safety plan. If the child is at risk of abuse/neglect, it may or may not mean that the child is currently safe.
- Risk must be addressed, but unless safety is a concern, risk can generally be addressed over time rather than immediately.
- Safety interventions are not expected to provide for rehabilitation, nor do they generally result in changed behaviors. Intervention to reduce risk would be expected to result in long-term behavior changes.
- The focus must be on assessing the potential risk in terms of the likelihood that the responsible caretaker, through active or passive means, will harm the child so that his/her safety/well-being is endangered.
- Provide the class the following example: A toddler lives in a home that is not child proofed. This places the child at risk, but the safety threat is easily controlled by child proofing the home.
- Present PPT28, When are Safety Actions Required? and discuss.

- Advise class that there are three key elements that must be used in assessing the degree of the threat.
- Display PPT29, Degree of the Threat: 3 Key Elements and discuss.

- Present PPT30, Safety Plan: Critical Considerations and discuss the following scenario.

- Display PPT31, Immediacy Guidelines (Timeframes) while you discuss the following bullets.

- A perpetrator is sentenced to 20 years of incarceration for sexually abusing his girlfriend’s child. During his hearing, he threatens to “kill the child” who testified against him. While this is a threat, the likelihood of this threat occurring is minimal due to his lack of access to the child.

- In terms of timeframes, this threat is not imminent or immediate.

- However, if he made the same threat to the child and was not incarcerated, the safety threat to the child is high as he has unlimited access and therefore the ability to act on the threat.

- In this case, the threat is immediate and requires safety actions.

- Display PPT32, Severity Factors and discuss how these factors affect the need for safety action.
- Display PPT33, Severity Factors (Extent of Harm) and discuss.

- Display PPT34, Out-of-Control Parameters and discuss.
• Display PPT35, Out-of-Control Parameters discuss how these factors affect the need for safety action.

• Once the overall safety assessment is documented, you must assess the safety considerations.

• Display PPT36, When is a Safety Plan Needed?

  ? Ask the class how they would assess if a parent/legal custodian is responsible?

• Following discussion, present PPT37, Responsible Parent/Legal Custodian and discuss.

• Advise the class that safety threats are usually addressed through one or more of these actions:
  • Control
  • Vulnerability reduction
  • Supplementation
• Display PPT38, The Three Main Types of Safety Responses and discuss the flow of developing the safety plan.

![Three Main Safety Response Types](image)

• Display PPT39, Safety Response Types and discuss.

![Safety Response Types](image)

FSFN Safety Actions:

• FSFN provides 6 specific safety actions that are directly related to the 3 main safety response types.

• Control Actions - the ability to manage immediate safety threats that place a child in danger of serious harm.

• Vulnerability Reduction - alterations to a child’s behavior/condition lessening the likelihood of a child being a target of maltreatment.
• Present PPT41, FSFN Safety Actions - Vulnerability Reduction and discuss.

**FSFN Safety Actions – Vulnerability Reduction**
- Alterations to a child’s behavior/condition lessening the likelihood of a child being a target of maltreatment.
- Emergency services to prevent removal and/or change in placement of the children
  - Day Care
  - Respite Care
  - After School Care
  - Medical Treatment for Enuresis

• Supplementation - the addition of elements to enhance the protective capacities of the family system without the removal of the child.

• Present PPT42, FSFN Safety Actions - Supplementation and discuss.

**FSFN Safety Actions - Supplementation**
- The addition of elements to enhance the protective capacities of the family system without the removal of the child.
  - Community referrals
  - Reconnections to family
  - Supportive parents while in treatment
  - Awareness of abuse warning signs
  - Help with medication management
Topic ~ Safety Planning and Embedded Harms

Materials

♦ PG1 Standard Protections for Domestic Violence
♦ PG2-3 Domestic Violence Risk/Danger Assessment
♦ PG4 Sample Safety Plans for Child and Adult Victims
♦ PG5-9 Personalized Safety Plan
♦ PG10 Standard Protections for Substance Abuse
♦ PG11 Standard Protections for Mental Illness
♦ PPT43 Embedded Harms
♦ PPT44 Example: Signs of Present Danger
♦ PPT45 Safety Considerations
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♦ PPT54 Additional Safety Actions
♦ PPT55 Wright Family Background Information
♦ PPT56 Safety Considerations
♦ PPT57 Shared Decision-Making
♦ PPT58 Safety Actions to Address Safety Threats
♦ PPT59 Additional Safety Actions

Establishing the “Need to Know”

Conduct a discussion to introduce the topic of safety planning with safety threats that will be frequently encountered in the field.

Can you identify some specific safety threats that you believe are prevalent in the cases that you will be working.
• Display PPT43, Embedded Harms.

• Advise that class that you will review each of these harms and how to create effective safety plans.

• Each harm has standard protections that must be provided to the victims.

• Refer class to PG1, Standard Protections for Domestic Violence (PG page inserted on the following page TG10) and review. This PG also contains solution and problem defining questions to enhance safety planning when dealing with domestic violence.
Module 2: Safety Plan Development

Standard Protections for Domestic Violence

- How to get help in an emergency: Call 911, friend or family member
- Identify safety resources for relocation assistance: Number/address of local DV shelter, pre-arranged stay with friend/family member
- Develop list of people to contact and make part of the safety network
- Teach children emergency and escape actions (phone use/who to call)
- Use code word recognized by family/friends/co-workers to signify the need for help
- Keep charged cell phone on person at all time: Speed dial safety contacts
- Change locks, phone number, security passwords/questions, and check for technology surveillance
- Avoid staying alone and vary daily routines (routes to and from work, etc.)
- Make special arrangements to pick up children from school, meet abuser in public settings only
- Have immediate access to important documents on short notice
- Transfer of medical equipment/medication/pets to new location

Safety Considerations to Address with Survivors

- How do you recognize when your spouse may become violent?
- What do you do now to keep yourself and your kids safe?
- How do you get help if there is an emergency?
- Who would you contact to help keep you and the children safe?
- Who would you call to get help if you needed to leave?
- How likely is your spouse/partner to respect/follow the conditions of an injunction, court order, and safety plan?
- What would have to be different for you to feel safe?
- What could go wrong with this plan?

Ownership Issues to Address with Batterer

- Can you stop (hitting/showing/fighting/threatening) your partner and children?
- If yes, how will you do that…what has worked most successfully in the past?
- How do you think the children feel when they see/hear you arguing?
- What are three things you could do immediately to empower your partner to be on more equal footing with you in the relationship?
- What friends or family can help support your efforts to change?
- What would keep you from calling them for help when you need it?
Domestic Violence Safety Planning

- Present PPT44, Smith Signs of Present Danger and advise class that you will use the case to develop Safety Considerations, Shared Decision-Making and Safety Actions.

- Remind the class that until the dangerousness and lethality of the batterer is fully assessed, the batterer is NOT to be part of the survivor's initial safety planning discussion.

- Refer class to PG2-3, Domestic Violence Risk/Danger Assessment and review. (PG pages inserted on the following pages TG12-13)
Domestic Violence Risk/Danger Assessment

- If an intake is accepted containing DV allegations a Risk/Danger Assessment must be completed to assist in assessing the immediate and ongoing risk of danger to the child and adult.

- The purpose of performing a domestic violence risk/danger assessment with the family is to gather critical information regarding the:
  - nature and extent of the domestic violence;
  - impact of the domestic violence on adult and child victims;
  - risk to and the protective factors of the alleged victim and children;
  - help-seeking and survival strategies of the alleged victim;
  - alleged perpetrator's level of dangerousness;
  - safety and service needs of the family members;
  - availability of practical community resources and services.

- Risk/Danger Assessments must be included and updated throughout the case at every phase of the child protection process.

- The greatest risk to the victim and child’s safety is usually at the time of intervention or separation from the abuser.

- The following practice recommendations will assist during the assessment with the alleged victim, the child and the perpetrator:

Adult Victim

- Interview the alleged victim alone.
- Develop trust by creating a climate of safety.
- Provide safe alternatives and access to domestic violence resources.
- Avoid "victim-blaming" questions or statements.
  - "What did you do to make your partner so mad?"
  - "Why don't you just leave?"
- Conduct the assessment with sensitivity and in a non-threatening manner.
- Suggested questions to begin the assessment include:
  - Could you tell me about your relationship with your partner?
  - All couples argue. How do you and your partner argue?
  - Has there been a time when you felt afraid of your partner? If so, can you tell me what happened?
Child
- Create a safe, supportive age-appropriate atmosphere.
- Validate the child's feelings.
- Promote safe and healthy coping skills and responses to domestic violence.
- Begin direct inquiry regarding domestic violence with a general statement:
- Sometimes when moms and dads fight, they get angry. Sometimes too angry, and they may yell or even hit each other. I know fights can be scary. I want to ask you a few questions about when your parents fight. Would that be o.k.?

Alleged Perpetrator
- Plan for personal safety
- Perpetrators routinely deny, minimize, or blame the victim for their violent behaviors, so use third party reports
  - police/criminal records
  - civil protection records
  - hospital records
- Obtain information about the alleged abuser's behaviors and the degree to which he or she accepts responsibility.
- Engage the alleged abuser in an assessment that is respectful and structured.
- In a low key tone, "I need to speak with you about your family; everybody gets a chance to talk about what's going on."
• Refer to PPT45, Safety Considerations and discuss. Ask the class to provide any additional safety considerations they believe need to be included.

  ![Safety Considerations](image)

• Refer to PPT46, Shared Decision-Making and discuss. Ask the class to provide any other determinants they may believe need to be added.

  ![Shared Decision-Making](image)

• Display PPT47, Safety Actions to Address Safety Threats and discuss the actions.

  ![Safety Actions to Address Safety Threats](image)

• Refer to PG1, Standard Protections for DV ![PG page inserted on the following page TG15](image) and have them write additional safety actions they would recommend for this case. Assure that they include the Resource and Monitor information.
Module 2: Safety Plan Development

Standard Protections for Domestic Violence

- How to get help in an emergency: Call 911, friend or family member
- Identify safety resources for relocation assistance: Number/address of local DV shelter, pre-arranged stay with friend/family member
- Develop list of people to contact and make part of the safety network
- Teach children emergency and escape actions (phone use/who to call)
- Use code word recognized by family/friends/co-workers to signify the need for help
- Keep charged cell phone on person at all time: Speed dial safety contacts
- Change locks, phone number, security passwords/questions, and check for technology surveillance
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Safety Considerations to Address with Survivors

- How do you recognize when your spouse may become violent?
- What do you do now to keep yourself and your kids safe?
- How do you get help if there is an emergency?
- Who would you contact to help keep you and the children safe?
- Who would you call to get help if you needed to leave?
- How likely is your spouse/partner to respect/follow the conditions of an injunction, court order, and safety plan?
- What would have to be different for you to feel safe?
- What could go wrong with this plan?

Ownership Issues to Address with Batterer

- Can you stop (hitting/showing/fighting/threatening) your partner and children?
- If yes, how will you do that...what has worked most successfully in the past?
- How do you think the children feel when they see/hear you arguing?
- What are three things you could do immediately to empower your partner to be on more equal footing with you in the relationship?
- What friends or family can help support your efforts to change?
- What would keep you from calling them for help when you need it?
• Present **PPT48-49, Additional Safety Actions** as possible answers and discuss other safety actions provided by the class.

![Additional Safety Actions Image]

**Additional Safety Actions**

- **PG4**, Sample Safety Plans for Child and Adult Victims *(PG page inserted on the following page TG17)*
- **PG5-9, Personalized Safety Plan *(PG pages inserted on the following pages TG18-22)*

• Discuss the tasks on the PG and brainstorm other tasks in the space provided on the PG.

Why not remove the child if you suspect that there is DV?

• The present situation might not warrant removal of the child.

• Removal must only be considered when all other means of safety have been considered and offered.

• Must explore every possible opportunity to keep children safe with the non-offending parent.

• Offender must be held responsible rather than penalize the adult victim and child.

• Discuss the remaining information regarding domestic violence.

• The adult victim of domestic violence may be in danger.

• Because her safety impacts the safety of the child, it is important to conduct basic safety planning with her as well.

• Refer class to:

  - **PG4, Sample Safety Plans for Child and Adult Victims** *(PG page inserted on the following page TG17)*
  - **PG5-9, Personalized Safety Plan** *(PG pages inserted on the following pages TG18-22)*
Sample Safety Plans for Child & Adult Victim

Note: The following are only short samples of safety plan tasks for a child and an adult victim of domestic violence. List other tasks for safety planning in the spaces provided below.

Sample Child’s Safety Plan
You and the adult victim have talked with the child. The child understands and agrees to do the following in the event of a domestic violence incident in the home:
- The child will leave the room when his father and mother fight.
- The child will call 911, if possible, if the father threatens or hits anyone in the house.
- The child will hide in the bedroom closet until his mother tells him it is safe to come out.
- The child states that he will not attempt to stop the fight because, if he is hurt, he will be unable to get help for his mother.

Sample Adult Victim’s Safety Plan
The adult victim has decided that she will do the following in order to increase safety for her children and herself, in the event of a domestic violence incident:
- She will keep copies of all important documents in a safe place should she need to leave suddenly.
- She will keep clothes and money ready in case she must seek shelter suddenly.
- She will send the children to their pre-designated safe place (closet) or to the neighbors when she believes there is danger.
- She will avoid getting trapped in the kitchen, bathroom, or other areas in which the batterer might find dangerous weapons to use against her.
- If she has separated from the batterer, she will change the locks on her house and will install extra security measures.
Personalized Safety Plan

Name: ___________________________ Date: __________________________

The following steps represent my plan for increasing my safety and preparing in advance for the possibility of further violence. Although I do not have control over my partner’s violence, I do have a choice about how to respond to him/her and how to best get myself and my children to safety.

Step 1: Safety During a Violent Incident. Women cannot always avoid violent incidents. In order to increase safety, battered women may use a variety of strategies. I can use some or all of the following strategies:

A. If I decide to leave, I will_______________________________ (Practice how to get out safely. What doors, windows, elevators, stairwells, or fire escapes would you use?)

B. I can keep my purse and car keys ready and put them (place)______________________________ in order to leave quickly.

C. I can tell ________ about the violence and request that they call the police if they hear suspicious noises coming from my house.

D. I can teach my children how to use the telephone to contact the police and the fire department.

E. I will use ____________________________ as my code for my children or my friends so they can call for help.

F. If I have to leave my home, I will go __________________ (Decide this even if you don’t think there will be a next time or more violence incidents).

G. If I cannot go to the location above, then I can go to_____________________________ or to __________________________.

H. I can also teach some of these strategies to some/all of my children.

I. When I expect that we are going to have an argument, I will try to move to a space that is lowest risk, such as_____________________________ (try to avoid arguments in the bathroom, garage, kitchen, near weapons, or in rooms without access to an outside door).

J. I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.
Step 2: Safety When Preparing to Leave. Battered women frequently leave the residence they share with the battering partner. Leaving must be done with a careful plan in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving the relationship. I can use some or all of the following strategies:

A. I will leave money and an extra set of keys with ___________ so that I can leave quickly.

B. I will keep copies of important documents or keys at ______________.

C. I will open a savings account by ____________ in order to increase my independence.

D. Other things I can do to increase my independence include _________________.

E. The domestic violence program’s Hotline number is ________________, and I can seek shelter by calling this Hotline.

F. I can keep change for phone calls on me at all times. I understand that if I use my telephone credit card, the following month the bill will tell my batterer those numbers that I called after I left. To keep my telephone communications confidential, I must either buy a prepaid calling card, use coins, or get a friend to permit me to use his/her telephone credit card for a limited time when I first leave.

G. I will check with ___________ and ___________ to see who would be able to let me stay with them or lend me some money.

H. I can leave extra clothes with ________________ .

I. I will sit down and review my safety plan every ________________, in order to plan the safest way to leave the residence. ___________________ (domestic violence advocate or friend) has agreed to help me review this plan.

J. I will rehearse my escape plan and, as appropriate, practice it with my children.

Step 3: Safety in My Own Residence. There are many things that a woman can do to increase her safety in her own residence. It may be impossible to do everything at once, but safety measures can be added step by step.

Safety measures I can use:

A. I can change the locks on my doors and windows as soon as possible.

B. I can replace wooden doors with steel/metal doors.

C. I can install security systems such as additional locks, window bars, poles to wedge against doors, an electronic system.

D. I can purchase rope ladders to be used for escape from second floor windows.

E. I can install smoke detectors and purchase fire extinguishers for each floor in my house/apartment.

F. I can install an outside lighting system that lights up when a person is coming close to my house.

G. I will teach my children how to use the telephone to make a collect call to me and to ___________ (friend/minister/other) in the event that my partner takes the children.
H. I will tell people who take care of my children, which people have permission to pick up my children, and that my partner is not permitted to do so. The people I will inform about pickup per mission include:

__________________________________________ (school)
__________________________________________ (day care staff)
__________________________________________ (babysitter)
__________________________________________ (Sunday school teacher)
__________________________________________ (teacher)
__________________________________________ (others)
__________________________________________ (others)

I. I can inform ___________________________________________ (neighbors)
__________________________________________ (pastor)
__________________________________________ (friend)

that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4: Safety with an Injunction for Protection. Many battered women obey protection orders, but one can never be sure which violent partner will obey and which will violate protection orders. I recognize that I may need to ask the police and the court to enforce my protection order. The following are some steps that I can take to help the enforcement of my protection order:

A. I will keep my protection order_________________________ (location).
   (Always keep it near you or on your person. If you change purses, that is the first thing that should go in.)

B. I will give copies of my protection order to police departments in the communities where I usually visit family or friends and in the community where I live.

C. There is a registry of protection orders that can be accessed through the FDLE Helpline. I can check to make sure that the injunction against my partner is listed. I can do this by calling __________________________ (number).

D. For further safety, if I often visit other counties, I might file my protection order with the court in those counties. I will register my injunction with the following counties:
   ___________________________________ and ___________________________________

E. I can call the local domestic violence program if I am not sure about B, C, or D, above or if I have some problem with my protection order.
F. I will inform my employer, my minister, my closest friend, and ____________________________________________ that I have an injunction in effect.

G. If my partner destroys my copy of my injunction for protection, I can get another copy from __________________________.

H. If my partner violates the injunction, I can call the police to report the violation, contact my attorney, call my advocate, and/or advise the court of the violation.

I. If the police do not help, I will contact my advocate __________________________ or attorney __________________________ and will also file a complaint with the chief of police.

J. I can also file a private criminal complaint with the district attorney charging my battering partner with a violation of the injunction and all of the crimes he committed while violating the order.

Step 5: Safety on the Job and in Public. Each battered woman must decide if and when she will tell others that her partner has battered her and that she may be at continued risk. Friends, family, and co-workers can help to protect victims. Each person should consider carefully which people to invite to help secure her safety. I might do any or all of the following:

A. I can inform my boss, the security supervisor and __________________________ at work of my situation.

B. I can ask __________________________________________ to help screen my calls at work.

C. When leaving work I can __________________________________________.

D. If problems occur when I am driving home, I can __________________________________________.

E. If I use public transit I can __________________________________________.

F. I will go to different grocery stores and shopping malls to conduct my business. I will shop at hours that are different than those I used when living with my battering partner.

G. I can use a different bank __________________________ and take care of my banking at hours different than those I used when I lived with my battering partner.

H. I can also __________________________________________.

Step 6: Safety and My Emotional Health. For the purposes of this exercise, this section will not be used.
**Step 7: Items to Take When Leaving.** When women leave partners, it is important to take certain items with them. Beyond this, women sometimes give an extra copy of papers and an extra set of clothing to a friend just in case they have to leave quickly. Items in the list below are important to take.

- identification for myself
- children’s birth certificate
- social security cards
- school and vaccination records
- money
- checkbook, ATM card
- credit cards
- keys for the house/car/office
- driver's license and registration
- medication
- welfare identification, work permits, green card
- passport(s), divorce papers
- medical records for all family members
- lease/rental agreement, house deed, mortgage payment book
- bank books, insurance papers
- small salable objects
- address book
- pictures, jewelry
- children’s favorite toys, blankets
- items of special or sentimental value

**Telephone numbers I need to know:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police department (home)</td>
<td></td>
</tr>
<tr>
<td>Domestic violence program</td>
<td></td>
</tr>
<tr>
<td>Police department (school)</td>
<td></td>
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<tr>
<td>District Attorney’s Office</td>
<td></td>
</tr>
<tr>
<td>Injunction registry</td>
<td></td>
</tr>
<tr>
<td>Work number</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s home number</td>
<td></td>
</tr>
<tr>
<td>Minister</td>
<td></td>
</tr>
<tr>
<td>(Other)</td>
<td></td>
</tr>
</tbody>
</table>

I will keep this document in a safe place and out of the reach of my potential attacker.

**Review date:** ________________________
Substance Abuse Safety Planning

- Present PPT50, Bly Family Background Information and advise class that you will use the case to develop Safety Considerations, Shared Decision-Making and Safety Actions.

![Bly Family Background Information]

- Refer class to PPT51, Safety Considerations and discuss. Ask the class to provide any additional safety considerations that they believe need to be included.

![Safety Considerations]

- Refer class to PPT52, Shared Decision-Making and discuss. Ask the class to provide any other determinants that they may believe need to be added.

![Shared Decision-Making]
• Display PPT53, Safety Actions to Address Safety Threats and discuss the actions.

![PPT53](image)

**Safety Actions to Address Safety Threats**

- Custom Actions (CA): Ms. S. is being treated for alcohol and drug abuse.
- Supplemental (S)

**Custom Actions (CA)**

- Ms. S. will sign a consent to treat and discuss the potential consequences.

**Safety Actions to Address Safety Threats**

- Ms. S. will attend group sessions to develop a safety plan.
- Ms. S. will sign a release to talk with CRP.
- Ms. S. will sign a release to talk with social services.
- Ms. S. will sign a release to talk with PMP.

**Additional Safety Actions**

- Ms. S. will attend counseling sessions.
- Ms. S. will sign a release to talk with CRP.

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Standard Protections for Substance Abuse

- Petition court for an involuntary assessment/stabilization order (Marchman Act)
- Develop intervention strategy and consequences for continued use
- Identify recovery resources for treatment, drug and alcohol testing, and recovery support groups
- Develop list of non-using people to contact and make part of the safety network
- Develop "if/then" consequence contract for entering outpatient and/or inpatient treatment
- Make list of relapse signs and symptoms
- Break "secrecy" dynamic for children (i.e., you can talk about the problem) and reach out to appropriate adults
- Drug test randomly
- Monitor and manage feelings
- Deal with past trauma
- Develop new problem-solving strategies

Questions for Non-User

- What are some ways your partner's use has adversely affected your children?
- How have you tried to minimize the harmful effects of your partner's use on the children?
- How do you recognize when your partner is using and are there times when he/she is more likely/less likely to use?
- How does your partner react when you try to talk to him/her about the problem?
- Do you think your children are less safe while your partner is using/high or the time immediately following?
- What friends or family have experience dealing with drug/alcohol problems and might be willing to help you?

Questions for User

- Describe some ways in which your drug/alcohol use has harmed your children.
- What are some ways your children are going without as a result of your alcohol/drug use?
- What have you tried in the past to help you stop that was at least partially successful?
- What could your family/friends do that would be most helpful in your recovery efforts?
- What is the longest period of time you have not used? How did you manage to do that?
Mental Illness Safety Planning

- Present PPT55, Wright Family Background Information and advise class that you will use the case to develop Safety Considerations, Shared Decision-Making and Safety Actions.

Wright Family Background Information

Following the death of her 5 month old son from a congenital heart condition 3 years ago, Mrs. Wright struggled with anxiety with associated depressive symptomatology. She began taking Xanax which helped significantly. Upon the recommendation of her physician, she discontinued the medication 10 months ago when she got pregnant and has remained off it due to breast feeding her 2 month old daughter. Mrs. Wright has appeared noticeably disoriented to her family and has been sleeping over 15 hours a day. She recently told her parents that “Moe would be better off without me”. She has started allowing Moe to sleep in with her so she can fall back asleep after feeding her.

- Refer class to PPT56, Safety Considerations and discuss. Ask the class to provide any additional Safety Considerations that they believe need to be included.

Safety Considerations

Inactivity (1)
Severity (8)
Cost (2)

Inactivity (1): Client is the only regular way to interact with the bed.
Severity (8): Symptoms are significant enough to interfere with social interactions.
Cost (2): Money is spent on medication and monitoring.

Cost of Control (5): Must focus on both medical and psychological needs to maintain treatment.

- Refer class to PPT57, Shared Decision-Making and discuss. Ask the class to provide any other determinants that they may believe need to be added.

Shared Decision-Making

Nonnegotiables
Ownership (6)
Responsibility (4)

Nonnegotiables: Inpatient needs to have safe sleep environment.
Ownership (6): Patient is responsible for their own care. They are capable of making their own decisions.
Responsibility (4): High (must): 1) Patient believes she is acting in patient’s best interest and will continue behavior as a result. 2) Patient is aware that treatment may improve mental health problems and depression.
• Display PPT58, Safety Actions to Address Safety Threats and discuss the actions.

![Safety Actions to Address Safety Threats](image)

• Refer class PG11, Standard Protections for Mental Illness (PG page inserted on the following page TG28) and have them write additional Safety Actions they would recommend for this case. Assure that they include the Resource and Monitor information.

• Present PPT59, Additional Safety Actions as possible answers and discuss other Safety Actions provided by the class.

![Additional Safety Actions](image)
Standard Protections for Mental Illness

- Develop a crisis emergency plan: Call 911 or 24-hour crisis line
- Petition court or call law enforcement when threat to self or others is immediate danger (Baker Act)
- Develop list of family/friends to contact and make part of the safety network to provide more regular interaction or as an immediate resource when needed
- Restrict access to guns or other deadly weapons
- Daily medication management/monitoring
- Identify changes in behavior that serve as early warning signs or indicators of impending crisis
- Teach children to reach out to adult resources when parent is having difficulty coping

Questions to Enhance Safety Planning

- How have your family/friends helped you cope in the past with your situation?
- How would you say things are different for you when you are feeling a little less depressed/anxious/overwhelmed?
- What is one thing you could do to feel better and gain more control of your life?
- On a scale of 1-10, with 10 meaning you feel great and 1 meaning you are extremely depressed/anxious/overwhelmed, where would you be today? What would it take to move you up one point on the scale?
- What have you tried in the past that has helped reduce the stress in your life?
- How do your children react/cope when they see you struggling?
Topic ~ Safety Planning with Children

Materials

♦ PG12 Safety Planning with Children
♦ PPT60 Primary Reasons to Involve Children
♦ PPT61 Safety Planning with Children
♦ PPT62 The Safety House
♦ PPT63 The Three Houses

Establishing the “Need to Know”

Conduct a discussion to introduce the topic of creating safety plans with children.

? When do you think it is appropriate to involve children in the development of safety plans?

• There are many good reasons to include children in the safety planning process. Present PPT60, Primary Reasons to Involve Children.

• You must acknowledge the reality of danger and discuss safety issues with the non-offending parent.
• It is best for the children to discuss safety issues with a parent who will explore options with them.
• If the parent cannot or will not discuss these issues, you must have this conversation with the child, if it is safe and developmentally appropriate for the child.

• Refer class to PG12, Safety Planning with Children. (PG page inserted on the following page TG30)
Safety Planning with Children

- The following issues must be explored with the adult victim and children, when appropriate:
- How the children can find a safe adult and ask for help whenever they experience violence at home.
- How the children can escape from the house if an assault is in progress. If they cannot escape, what room in the house is safest for them?
- How the children can avoid ending up in the middle of an assault.
- Where they can go in an emergency (ask the children to explain what they will do, step by step).
- How to call the police (practice what to say).
- How to call supportive family members, friends, or community agencies for help (practice what to say).

This material was adapted from the Family Violence Prevention Fund’s publication, *Domestic Violence: A National Curriculum for Child Protective Services*, by Dr. Anne Ganley and Susan Schechter and was made possible by support from the Edna McConnel Clark Foundation. Used with permission of the Family Violence Prevention Fund.
• Display PPT61, Safety Planning with Children and review the information.

![Safety Planning with Children](image)

- Discuss that involving children can be done verbally or through drawing.
- Many children express themselves more easily through drawing. However, older children may consider this babyish while younger children may not have the ability to understand the directions and or be able to draw.

• Display PPT62, The Safety House - children draw their answers to questions about who can visit, rules, how they can feel safer and discuss.

![The Safety House](image)

• Display PPT63, The Three Houses and discuss.

![The Three Houses](image)
Topic ~ Documenting a Safety Plan

Materials

♦ PG13-14 FSFN Safety Plan

Establishing the “Need to Know”

Conduct a discussion to introduce the topic of documenting safety plans.

Why is it important to have a separate document for a safety plan?

To complete this presentation log into the FSFN training region and display the screens associated with the FSFN Safety Plan. Discuss the categories and information contained in the FSFN Safety Plan, reviewing each section and the associated required information. Learners may follow along using the Safety Plan contained in the PG.

- Refer class to PG13-14, FSFN Safety Plan 🌟 (PG pages inserted on the following pages TG33-34) for follow during the review.
- FSFN provides an electronic format for documenting Safety Plans.
- Safety Plan functionality in FSFN provides the ability to electronically create, save and generate a Safety Plan by responding to questions that populate into the Safety Plan template.
  - The functionality in FSFN makes the active safety plan “historical” and inactive when a new safety plan is created.
  - There is only one active FSFN Safety Plan at a time; however, it may be amended as frequently as necessary.
- The template can be printed and signed by all Safety Plan participants.
- Safety Plans must be updated and adjusted as circumstances and needs change. The safety measures can be strengthened or lessened, as indicated.
- When a Safety Plan requires child removal, an Out-of-Home Plan to assist placement must be developed in FSFN as well as Visitation Plan that addresses planned contacts between the child, the removal family and any separated siblings.
- Non-Judicial In-Home Services cases must include increasing CM visits and services to the home.
- Safety Plans can be terminated once the circumstances that led to the need for the Safety Plan are resolved.
- Provide learners with the agency/region protocol for storing hard copy safety plans in the case file, i.e. placing the safety plan in a marked envelope, so it can be removed with other confidential information during discovery or other requests for case file documentation. Stress to learners that the victim's address must not be released.
FSFN Safety Plan

Safety Plan

Case Name

Case Number

Effective Date

Worker Name

A. SAFETY FACTOR DESCRIPTION

Describe safety concerns that would pose immediate or serious harm or threats of harm. Consider factors that pertain to child vulnerabilities, protective capacities, and signs of immediate or emerging danger.

B. CONSIDERATIONS

Can Judicial In-Home Services work for this family?

Yes  No

The parent(s)/legal custodian(s) are willing for services to be provided and will cooperate with service providers.

The home environment is calm and stable enough for services to be provided and for the service providers to be in the home safety.

Safety actions that control all of the conditions affecting safety can be immediately put in place.

Parent(s)/Legal Custodian(s) resides in the home

C. SAFETY PLAN

1. Describe the specific safety actions to be taken. For each action include the person responsible for the action, when the action will occur, duration, frequency, and person responsible for monitoring the safety plan.

2. Describe how these specific actions provide protection from immediate danger of serious harm, for each child, thus decreasing child vulnerability and increasing protective capacities.

3. Can available resources keep the child(ren) safe in his/her home?

Yes  No

All needed services exist.

Needed services/providers are currently available at the level/time required.

D. SAFETY RESOURCES

Indicate the safety resource(s), the frequency and the amount of time or time period the service is needed to control conditions affecting safety (e.g., 3 x wk./2hrs., or every afternoon from 3:00 to 5:00, one time only, etc.), and the person and/or agency who will provide the service.
Topic ~ Developing Safety Plans

Materials

♦ PG13-14 FSFN Safety Plan
♦ PG15-18 Practice Case: Sandra and Sam
♦ PG19 Safety Plan Scenarios

Activity Goal: Learners will review a scenario and develop a safety plan based on the case.

- Refer class to PG13-14, FSFN Safety Plan and PG15-18, Practice Case: Sandra and Sam (PG pages inserted on the following pages TG36-41) previously discussed.
- Allow individuals to work with a partner to examine the scenario and construct a basic safety plan based on the elements of a safety plan.

Advise learners that the safety plans they develop based on this scenario are used for input into the FSFN Safety Plan during computer instruction. This provides the learners with a “best practice” example of a safety plan.

- Ask individuals to share their plans. Discuss:
  - In the field, you will not have immediate access to all of the information received in training. You will have to gather information in the assessment to create safety plans if DV is identified.
  - Safety is the number one priority in all cases.
  - Even though your primary role is to ensure safety of the children, you must work to improve the safety of the adult victim, as well.

- Refer class to PG19, Safety Plan Scenarios (PG page inserted on the following page TG42). This PG contains basic information representing each of the maltreatments covered in this course
- Assign individuals and/or groups to each of the scenarios and ask them to develop safety plans for each of the cases, utilizing the FSFN Safety Plan.

The purpose of this activity is to stress the fact that Safety Plans are applicable to all types of maltreatments. If learners advise that they do not have enough information to complete the Safety Plans, direct them to identify what additional information they would seek to be able to assure child safety.
### FSFN Safety Plan

#### Safety Plan

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Case Number</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Worker Name</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### A. SAFETY FACTOR DESCRIPTION

Describe safety concerns that would pose immediate or serious harm or threats of harm. Consider factors that pertain to child vulnerabilities, protective capacities, and signs of immediate or emerging danger.

#### B. CONSIDERATIONS

Can Judicial In-Home Services work for this family?

**Yes**  **No**

- The parent(s)/legal custodian(s) are willing for services to be provided and will cooperate with service providers.
- The home environment is calm and stable enough for services to be provided and for the service providers to be in the home safely.
- Safety actions that control all of the conditions affecting safety can be immediately put in place.
- Parent(s)/Legal Custodian(s) resides in the home

#### C. SAFETY PLAN

1. Describe the specific safety actions to be taken. For each action include the person responsible for the action, when the action will occur, duration, frequency, and person responsible for monitoring the safety plan.
2. Describe how these specific actions provide protection from immediate danger of serious harm, for each child, thus decreasing child vulnerability and increasing protective capacities.
3. Can available resources keep the child(ren) safe in his/her home?

**Yes**  **No**

- All needed services exist.
- Needed services/providers are currently available at the level/time required.

#### D. SAFETY RESOURCES

Indicate the safety resource(s), the frequency and the amount of time or time period the service is needed to control conditions affecting safety (e.g., 3 x wk./2hrs., or every afternoon from 3:00 to 5:00, one time only, etc.), and the person and/or agency who will provide the service.
SIGNATURE - Family Member
Date Signed

SIGNATURE - Family Member
Date Signed

SIGNATURE - Other
Date Signed

SIGNATURE - Worker
Date Signed

SIGNATURE - Supervisor
Date Signed
Practice Case - Sandra and Sam

A woman calls the hotline in December to report that her next door neighbor has had a new man (Sam) living with her in the duplex for the past eight weeks.

The neighbor reports that in the past three weeks the couple has been constantly fighting, and she has seen three young children running from the duplex during the fights.

The woman said last night she heard her neighbor screaming, "Please stop hurting me! Put that knife away!"

While this was happening, the woman noticed that the children were in the backyard, huddled in a steel drum.

The children did not have on outdoor clothing, despite 30 degree weather. About 40 minutes after the fight started, the police arrived and within 15 minutes, left with the man.

The children ran back to the house only when the police had left the area.

An additional report was received by another neighbor who alleged that Sam was beating the children.

You interview the mother, the children, the boyfriend, and check the system and police reports for additional information.

The mother is Sandra, a 28 year old woman with three children - ages 8, 7, and 6, who recently moved into the community and had lived in the complex for about one year.

She said that on the night of the reported incident, she was assaulted by her ex-boyfriend, Sam, as she had told him that he could no longer live with her.

Sam grabbed her and slammed her against a wall screaming, "No bitch is going to tell me what I can and can’t do." He grabbed a knife and threatened to cut her face.

The police were called by neighbors complaining about the noise and her screams.

The police spoke briefly to her and to Sam and then arrested him when he became verbally and physically threatening to them. He was charged with misdemeanor domestic violence and resisting arrest.

The police took him into custody and left quickly, saying they had two other calls. They said they would contact her the next day to get a more complete report, but did not.

At Sandra’s instruction the oldest child had taken his two siblings to the backyard when the fighting first began.

Sandra was afraid that the oldest child might be hurt if he tried to come to her aid, and she didn’t want the children harmed.

Since it was December, the children had become cold waiting for the fight to end so they could come back into the house.

Sandra thought they had gone to the neighbor’s, but they remained in the backyard. The two younger children became very sick, due to the cold.

Sandra was concerned that the 6 year old might have pneumonia and took her to the doctor yesterday.
Sandra reports she had been married previously for five years. Her ex-husband divorced her for another woman, saying she “spent too much time caring for the babies.”

Her ex-husband pays child support of $150.00 for the three children. The children’s father no longer sees them since he married and moved to the other coast.

With the support of family and friends and a special state program for mothers, Sandra completed her training two years ago as a nursing assistant (she had started her nursing studies prior to her marriage). She received her home health care certificate six months ago.

Two years after her divorce Sandra met Sam at a club during a birthday party for her girlfriend. He courted her intensely for three months, appeared to take an interest in the three children - taking them on outings, when she had to work and showering her with small gifts and love.

Sam talked her into letting him move in with the family saying that he would split the rent with her and help her with the children.

Within three months of his moving in, the relationship went bad. Sam’s intense love turned to intense jealousy, and he would go into rages, attacking property and Sandra.

He terrified the children but never struck them. She said, “He knew better than that.” Sandra reports that Sam ran up bills, ignored the children, and became more demanding of her time.

She asked him many times to leave. He refused, saying it was his house, and she couldn’t make it without him.

His tirades had driven away her friends. Her family has become absorbed in problems of their own with her father’s death from cancer and her mom’s severe depression.

After one assault in which Sam blackened Sandra’s eye, she called a domestic violence hotline and got the first of a series of protection orders.

Sam moves out when the order is served and then returns, laughing that the police wouldn’t enforce the order.

She called the police, he would disappear before they arrived, and then he would show up a week later, pushing his way back into the home.

In the past, Sandra had received a broken wrist when Sam twisted her arm.

She also has recurring lower back pain from the time Sam threw her against a wall 18 months ago. She gets migraine headaches that her doctor says are due to stress.

With the help of a victim’s advocate, she has relocated to this community, hoping Sam would not find her.

She has not seen him for almost a year when he suddenly appeared at the duplex eight weeks ago, pushing his way into the home again.

She has not seen him since his arrest this week, but she knows he will return. She does not know what to do.

At first, Sandra tells you that she still “loves” him and that maybe he has changed.

Then she admits that she knows he has not changed and that she is afraid. Sandra says she does not think she can get away from him, she is tired of going to the shelter, and she cannot move the children again.
She likes her job at the nursing home, has just finally found stable child care, and is now able to get some private, short term health aide work on weekends that allow her to bring her children with her.

Sandra said she does not know about domestic violence programs in town and that she misses her advocate from the last community.

Sandra is terrified of losing the children. She reluctantly admits that she had a drug problem as a teenager and that Sam always said that the state would take her kids from her because she could not care for them on her own.

She admits that, if anyone found out about the past drug history, she might lose her home health license.

Sandra says that she has not used drugs in 11 years, since before her marriage, but she might have occasional periods of drinking too much.

She feels isolated and still has not met friends because work and the children take all of her time.

She has not maintained contact with past friends because she did not want Sam bugging them for her whereabouts.

The children express a lot of fear over Sam and worry about their mom.

The 8 year old is very proud that he has learned to call 911, because he “can get the police to stop Sam.”

He is upset that his mom told him to leave with the other children that night. He said, “There is no phone in the backyard. We were so cold.” Sherry just cried and cried.

When the police came, he said they stayed outside so they wouldn’t take us from Morn. That happened one time before.

Sometimes Mom drinks too much, but not as much as Mrs. Jones (one of the child care providers used by Sandra in her previous community).

The 7 year old said that Sam isn’t so bad, and he took them to ball games and “it was Mom’s fault for getting him mad.”

Sam says he loves Sandra very much and that he has been a father to those children since they were babies.

Sam says Sandra has a drinking problem and probably a drug problem as well.

He reports that, when he would come home, she would be gone and the children would be propped up in front of TV eating canned spaghetti.

“You don’t give kids cold spaghetti.” Sam says Sandra is not a “bad” mom, but she just needs help.

Sam reports that he went to an anger management class during the year Sandra was gone. He said he did not move here until he was ready to do better.

He said she was glad to see him. He says they have had no problems since he moved back with her and are talking marriage.

Sam said that the incident in December was exaggerated. He says that they had a fight, like all couples, and he got loud, and some nosy neighbor called.
He reports that Sandra has been drinking and has gone to work without feeding the kids, and was "expecting me to do it."
I had gone out for a beer with friends after work - a man deserves a beer once in a while.
I did not do anything to her and these cops come in pushing me around and I pushed back. That is why I got arrested.
The children were at the neighbor's. They weren't even there. Sandra and I can work this out."
The police report indicates the following: signs of abrasions observed on Sandra, furniture turned over in apartment, Sam had been drinking, Sandra was crying and saying she was afraid of him.
No evidence of alcohol use that night by Sandra, and Sam assaulted a police officer.
Criminal records check indicates no prior arrests in this state, but Sam has been in this state for only eight weeks.

The material for this activity was adapted from the Family Violence Prevention Fund’s publication, Domestic Violence: A National Curriculum for Child Protective Services, by Dr. Anne Ganley and Susan Schechter and was made possible by support from the Edna McConnel Clark Foundation. (Used with permission of the Family Violence Prevention Fund)
Safety Planning Scenarios

Physical Abuse
Amy is a 10 year old child with ADHD. She resides with her mother and father and a younger brother, Adam, who is 8 years old. An intake was received alleging that Amy’s behavior issues have resulted in physical abuse by the father. The mother utilizes other means of discipline; however, the father ultimately results to using a belt, which has left extensive bruises on the child’s legs, back and buttocks.

Sexual Abuse
9 year old Joshua has been fondled by the 13 year old neighbor child. The mother and Joshua reside alone in the apartment complex. Joshua is home alone for a half hour between the time that he gets home from school and the mother arrives home from work. There is concern that the child may be further victimized by the neighbor in the absence of the mother.

Mental Injury
Margaret is 11 years old and is not permitted to eat with the rest of the family, and is not included in family outings. She is not permitted to participate in any social activities outside of the home. The parents believe that she is a “problem child” and that she cannot be trusted and must be supervised at all times.

Substance Misuse
Three children, ages 2, 4 and 7 are left alone for short periods of time when the mother goes to the store, usually to purchase alcohol. There is also question as to her ability to supervise the children when she drinks.

Environmental Hazards
The Jones family resides in a rented house that has numerous hazardous conditions present. The window has a large piece of cardboard covering the broken pane of glass. This window is on the second floor of the home. There is exposed wiring in the home and a roach infestation. In addition, the water heater heats the water to an excessive temperature which has resulted in the 3 and 5 year old getting burned when washing their hands, etc. The mother has been trying to obtain assistance from the landlord; however, he ignores her requests for help.
Review ~ Safety Planning

- Display PPT2 and PPT26, Module 1 and 2 Objectives, and conduct a review using the questions below.

Module 1: Safety Planning

- Define “safety planning.”
- Identify basic principles of safety planning.

Module 2: Safety Plan Development

- Learn how to develop an effective safety plan.
- Learn how safety plans are documented.
- Apply safety planning to specific safety threats.
- Describe techniques used to create safety plans with children.
- Develop a safety plan using a case scenario.

- Ask learners the following questions to review the course:

? What is Safety Planning?
- Safety Planning: Specific course of action necessary to control threats of serious harm or supplementing a family’s protective capacities immediately when a family’s protective capacities are not sufficient to manage immediate or serious threats.

? What are the differences between the CSA Safety Plan and FSFN Safety Plan?
- CSA Safety Plan: not reflective of family involvement; not completed with family input; family can’t review; can’t be signed; terminates upon investigative closure
- FSFN Safety Plan: reflective of family engagement; developed in collaboration with the family; family can review and make suggestions; allows for signatures; remains active

? What is the strategic framework for safety planning?
- Solution focused; family-centered; collaborative

? What are the determinants of shared decision-making?
- Non-negotiable; ownership; accountability

? When are Safety Actions required?
- The threat of danger contains one or more of these elements: immediacy, severity, or out-of-control and the adult caregivers in the home lack sufficient protective capacities to control or manage the active safety threat.

? What are the three main safety response types?
- Control actions; vulnerability reduction; supplementation
What are some techniques to use to create safety plans with children?

- Include written and verbal instructions for the children (when age-appropriate).
- If the child does not know how to carry out the tasks you must talk them through it and ask the mother for help unless this will jeopardize the child’s safety.
- Reassure the children that they are not responsible for the domestic violence or for what happens after the domestic violence is disclosed.
- Children need to know that it is important for them to be safe when their mother is assaulted, and that they must not intervene during an assault.
- If they blame themselves for the violence or for not protecting their mother, you must reassure them that these are common reactions, but the violence is not their fault.
- Keep things simple and have the children practice and explain what they are to do.

Where do all safety plans get documented?

- In Florida Safe Families Network