

# Safety Planning Power Point Slides

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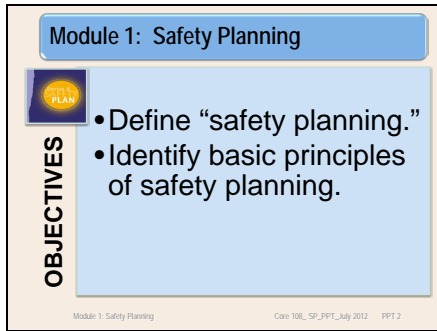
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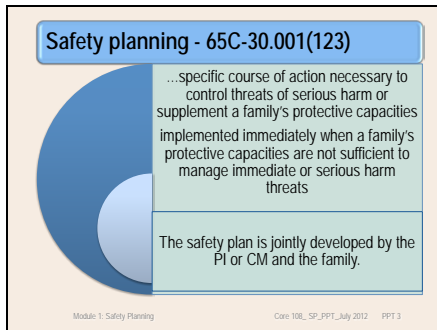
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Slide 4

**Safety Planning**

- Critical to quickly thoroughly and effectively addressing identified threats of harm
- Establishes protocols for quickly ensuring child is protected and is typically in place prior to other protective measures
- Not required unless there is an identified need
- Family specific, addressing the individuals as a family group
- Required when a child is removed: the removal is the safety plan
- Requires collaboration

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**Safety Plans must:**

- Specify the existing threats within the family
- Describe how the danger will be managed
- Strengthen family's protective capacities
- Describe how agency will oversee plan

By whom

Under what conditions

Address time requirements

Availability, accessibility, suitability of involved parties

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**Safety Plans**

Plans may include but are not limited to:

- Interventions aimed at reducing serious threat of harm or sign of present danger
- Decrease child's vulnerability
- Strengthen family's protective capacities

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**Florida Administrative Codes**

- ☒ 65C-28.004(11)(c)
- ☒ 65C-29.003(6)
- ☒ 65C-29.003(7)
- ☒ 65C-29.004(5)(c)-(h)
- ☒ 65C-30.007(3)(b)
- ☒ 65C-30.007(5)(a)

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**Safety Plan 65C-30.001(123) F.A.C.**

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| CSA Safety Plan                       | FSFN Safety Plan                       |
|---------------------------------------|--|
| Does not reflect family engagement    | Reflects engagement of family          |
| Not completed with family input       | Developed in collaboration with family |
| Family cannot review                  | Family can review and make suggestions |
| Cannot be signed                      | Allows for required signatures         |
| Terminates upon investigative closure | Remains active                         |

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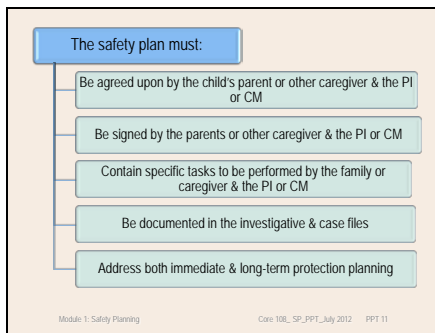
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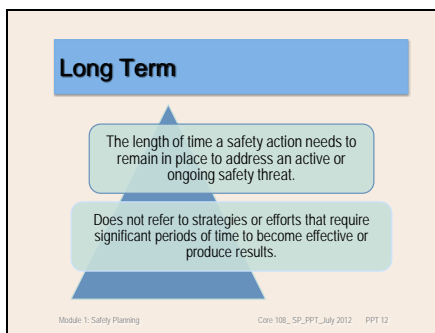
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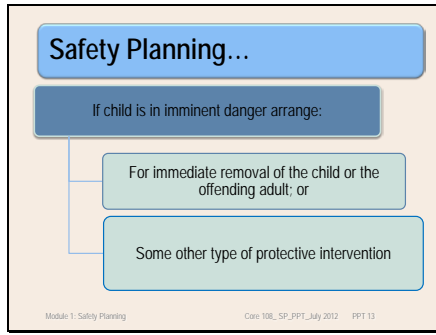
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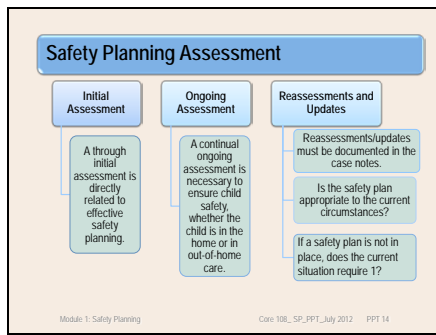
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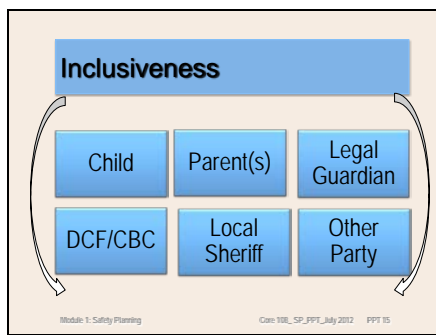
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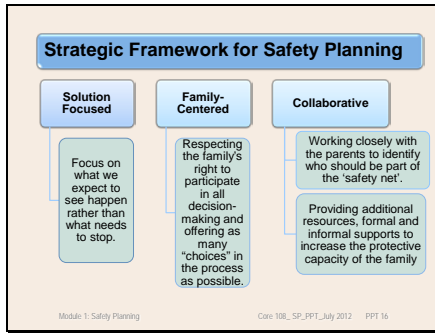
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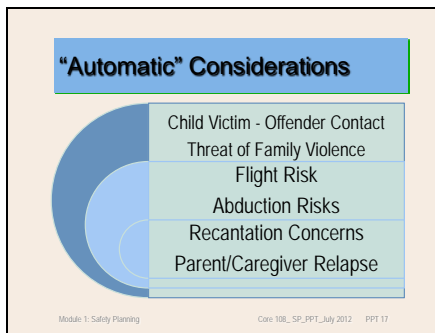
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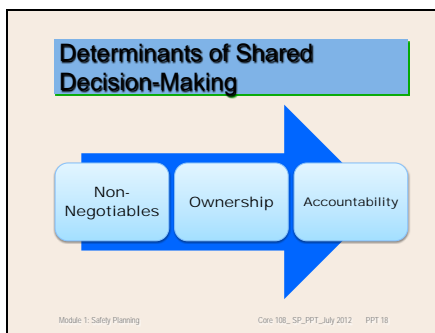
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**Non-Negotiables**



- ☑ No contact with child
- ☑ No unsupervised visits
- ☑ Must purchase child-proof locks
- ☑ No use of Restraints
- ☑ No Over the Counter medications given to infants as sleep aids

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**Ownership**

- ☑ Appears engaged in process
- ☑ At least partially acknowledges role in maltreatment
- ☑ Able to identify child's strengths
- ☑ Can describe own/partner'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 'gotcha'

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**Accountability**

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

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**Example: Signs of Present Danger**

**Implication for Child Safety**  
 Mrs. Smith stated to sheriff deputies that her husband tried to choke her when she tried to leave and go to her mother's house Friday night. When 12 yr. old Michael tried to break his stepfather's hold on his mother, Mr. Smith shoved him into the wall causing minor abrasions to his back.

Mr. Smith admitted to deputies he had been drinking before the incident. He is expected to post bond within 72 hours. The potential lethality of Mr. Smith's actions in the immediate presence of the children and Mrs. Smith's reluctance to seek an injunctive order because she is afraid of her husband's reaction indicates that Mr. Smith's re-entry or continued presence in the home would present an immediate and serious safety threat to both Mrs. Smith and the children.

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**Example: Protective Capacity**

**Implication for Child Safety**  
 Restricted movement and limited community visibility are consistent with isolation tactics representative of domestic violence power and control dynamics. Mrs. Smith was "forced" to quit her job four years ago when she married Mr. Smith. She has no access to the checkbook and Mr. Smith gives her cash for all purchases.

Mr. Smith handles all other financial matters. He only allows her to take the children and visit her mother once a month. Both parties have very little understanding of the power and control dynamics evidenced in the relationship. Mrs. Smith has demonstrated protective actions by sending the children outside or to their rooms during "arguments" but because of Michael's growing concern for her safety, he has begun to refuse to leave when she tells him.

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**Example: Child Vulnerability**

**Implication for Child Safety**  
 Four year-old Jennie does not attend day care and 12 year-old Michael is home schooled significantly increasing the chances they will be present during any future domestic disturbances between the parents. Michael's increasing concern for his mother's safety and his willingness to intervene to protect her also significantly increases his level of vulnerability.

Mrs. Smith is concerned because Michael has recently started to "talk back" to his stepfather, something he never used to do. Mrs. Smith thinks he is actually intentionally doing this to redirect Mr. Smith's anger from her towards him. This represents an emerging safety threat that needs to be addressed with Michael and Mrs. Smith.

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**Example: Overall Safety Assessment**

**Overall Safety Assessment: Unsafe**

Present and impending dangers include violent and potentially lethal acts by Mr. Smith directed toward both his wife and stepson which are escalating in both frequency and severity. While Mrs. Smith has tried to take protective actions she is currently unable, without adequate supports, to meet the children's immediate protection needs.

Critical safety action(s) needed include a protective injunction and restricting the step-father's access to the home. The family's low level of community visibility in general, and Mr. Smith's self-imposed isolating tactics significantly increase the need to expand the family's formal and informal safety resources and supports.

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**Module 2: Safety Plan Development**

**OBJECTIVES**

- 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.

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**Risk-Safety Continuum**

Not every child at risk is unsafe.

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### When are Safety Actions Required?

- ✘ The threat of danger contains 1 or more of these elements
  - ◆ Immediacy
  - ◆ Severity
  - ◆ Out-of-Control
- ✘ Adult caregivers in the home lack sufficient protective capacities to control or manage the active safety threat.

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### Degree of the Threat: 3 Key Elements

- 1. Immediacy** Guidelines
- 2. Severity** Factors
- 3. Out of Control** Parameters

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### Safety Plan: Critical Considerations

#### Immediacy Guidelines

- Harm is severe & likely to recur within 24-72 hours or continue without intervention.
- There is an impending (but not immediate) crisis in the home.
- After an injunction or voluntary absence, contact between children and the person who harmed them remains a serious threat.

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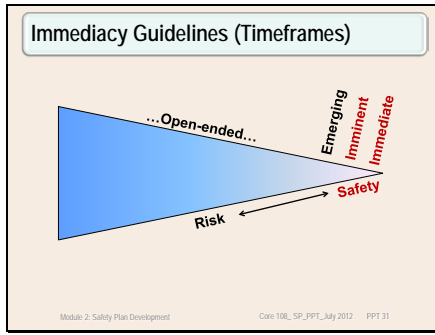
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- Severity Factors**
- Injuries or deprivation needs medical treatment
  - Multiple injuries (same event)
  - Multiple occurrences
  - Comparable harms (cross-typing)
  - Multiple victims
  - Child is afraid of caregiver
  - Predictable pattern to the threat
  - Embedded dynamics
    - Domestic Violence, Substance Abuse, Mental Illness
  - Criminal OR admitted history of violent behavior
  - Weapon or instrument used
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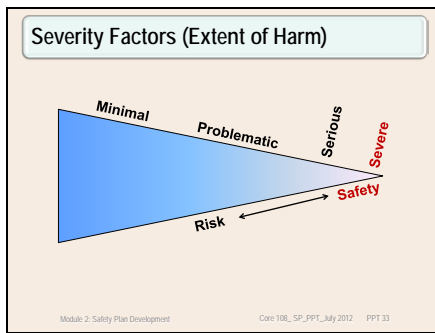
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**Out-of-Control Parameters**

- Impulsivity vs. Intentionality**
  - Event triggers
- Substance Abuse Disorder**
  - Current use
  - Relapse
- Mental Health Disorders**
  - Depression and suicide
- Situational Crises**
- History of Trauma & PTSD**

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**Out-of-Control Parameters**

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**When is a safety plan needed?**

**Overall Safety Assessment**

**Safety Considerations**

1. Parent/legal custodian agrees to cooperate with safety actions & work closely with service providers.
2. Home environment is calm & stable enough to provide services, and service providers can be in the home safely.
3. Safety actions that control all conditions affecting safety can immediately be put in place.
4. A responsible parent /legal custodian lives in the home.

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**Responsible Parent/Legal Custodian**

Understands AND accepts protective role  
Adequate parenting knowledge; reasonable age-based developmental perspectives of child  
Demonstrates impulse control  
Can set aside his/her needs for child's needs  
Made prior good faith efforts to protect child(ren); uses resources to address their needs  
Attachment is evident  
Emotionally and physically there for child(ren)

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**Three Main Safety Response Types**

**Safety Factors**  
• Signs of Present Danger  
• Child Vulnerability  
• Protective Capacities

→

**Overall Safety Assessment**

**Safety Actions/ Safety Considerations** →

Safety threats are usually addressed through 1 or more actions:  
• CONTROL  
• VULNERABILITY REDUCTION  
• SUPPLEMENTATION

→

**Safety Plan**

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**Safety Response Types**

**control** 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 or condition that lessens the likelihood of a child being a target of maltreatment.

**Supplementation:** The addition of elements to enhance the protective capacities of the family system without removal of the child.

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**FSFN Safety Actions - Control**

|  |   |
|--|---|
| Possible Caregiver Responsible has left home voluntarily | Family members moved into the house   |
| Relocation of non-offending caregiver and children       | Temporary removal/restrict access of possible person from home through injunction or arrest |

*control*

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**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

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**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
  - ◆ Support to parents while in treatment
  - ◆ Awareness of relapse warning signs
  - ◆ Help with medication management

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**Embedded Harms**

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**Example: Signs of Present Danger**

**Implication for Child Safety**  
 Mrs. Smith stated to sheriff deputies that her husband tried to choke her when she tried to leave and go to her mother's house Friday night. When 12 yr. old Michael tried to break his stepfather's hold on his mother, Mr. Smith shoved him into the wall causing minor abrasions to his back.

Mr. Smith admitted to deputies he had been drinking before the incident. He is expected to post bond within 72 hours. The potential lethality of Mr. Smith's actions in the immediate presence of the children and Mrs. Smith's reluctance to seek an injunctive order because she is afraid of her husband's reaction indicates that Mr. Smith's re-entry or continued presence in the home would present an immediate and serious safety threat to both Mrs. Smith and the children.

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**Safety Considerations**

**Immediacy (I)**  
**Severity (S)**  
**Out-of-Control (OOC)**

**Immediacy (I):** Imminent as Mr. Smith is likely to post bond within 72 hours.

**Severity (S):** Present and Emerging Dangers: Lethality threat due to attempted strangulation; children present during incidents; Michael increasingly protective of mother.

**Out-of-Control (OOC):** History of frequent "call outs"; alcohol use prior/during incident.

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**Additional Safety Actions**

(SPL1) Mrs. Smith will keep her cell ph1 charged at all times and program it with safety contacts.  
 (SPL2) Mrs. Smith will change her ph1 number and locks on her doors as well as the security passwords/questions to her home computer. She will vary her daily routine as much as possible.  
 Resource: CPI Howard to provide numbers and assist with programming. Mrs. Smith will ask her uncle to change out house locks for her by this weekend.  
 Monitor: CPI to check next home visit. (Adult relative in CA2 can also confirm).  
 (CV1) Mrs. Smith and CPI Howard will instruct Michael on how to respond when his or his mother's safety is threatened by Mr. Smith in the future. (e.g., call 911, use escape routes, which adults to call)  
 (CV2) Mrs. Smith will enroll Michael in public or private school by next Tuesday and CPI Howard will complete a referral for at-risk daycare for Jennie within 48 hours.  
 Resource: Serenity House counselor can substitute for CPI in CV1 above.  
 Monitor: CPI to check with school and day care regarding children's attendance.

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**Bly Family Background Information**

Mother is on Oxycod1 for chronic pain. Four years ago she was involved in a serious traffic accident and injured her back. She had a Blood Alcohol Level of .018 and was charged and convicted of DUI. The current intake involves her 3 year old daughter who was found outside the home unsupervised (reportedly the 3<sup>rd</sup> occurrence of a neighbor taking the child home). The oldest child, a 7 year old daughter, regularly has trouble waking mom in morning; she is typically absent from school 5-6 days a month. The mother admits to drinking 1-2 beers at night, maybe 2 to 3 times a week "after the girls go to bed."

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**Safety Considerations**

Immediacy (I)  
 Severity (S)  
 Out-of-Control (OOC)

Immediacy (I): Imminent as children have trouble waking mother almost every morning.

Severity (S): Multiple occurrences (reported by neighbors) and predictable pattern to threats ("parentified child" - 7 year old responsible for care of 3 year old sister).

Out-of-Control (OOC): Substance misuse contributing if not causal factor. Active addiction to oxycod1?

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**Shared Decision-Making**

**Non-negotiables (NNG)**  
Ownership (O)  
Accountability (A)

**Non-negotiables (NNG):** Random lab work to check therapeutic levels of oxycod1 by pain management doctor.

**Ownership (O):** O1: 'I have a prescription and alcohol is a legal drug. I'm a good mother. My 7 year old is a straight A student, cooks and does laundry. Give me a break' O2: No other adult in home.

**Accountability (A):** High (need for) – parent has regularly been combining a depressant (alcohol) with an Opiod analgesic (Oxycod1).

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**Safety Actions to Address Safety Threats**

**Control Actions (CA)**  
**Vulnerability Reduction (VR)**  
**Supplementation (S)**

**Control Actions (CA1):** Ms. Bly agrees to abstain from drinking alcohol until she meets with the Family Intervention Specialist (FIS) to discuss the potential synergistic effects (1+1=3) of her drinking alcohol while on oxycod1.  
**Resource:** Ms. Tari Solved (FIS)  
**Monitor:** Ms. Bly will sign releases giving FIS permission to talk with CPI.  
**(CA2):** To determine therapeutic range and prevent a lethal drug overdose, Ms. Bly will request periodic lab work by PMD.  
**Resource:** Dr. Jameson  
**Monitor:** Ms. Bly will sign releases giving physician permission to talk with CPI.

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**Additional Safety Actions**

**(CA3)** Ms. Bly will obtain a copy of her Patient Advisory Report obtained from the Department of Health by DATE. She will share this report with CPI Howard by DATE.  
**(CA4)** Ms. Bly will keep a daily medication log recording time/dosages of her oxycod1 use.  
**Resource:** Ms. Bea Heaven (friend) and Ms. Bly will construct a tracking log by DATE.  
**Monitor:** CPI will conduct random pill counts over the next 30 days to verify use pattern.  
**(SPL1)** Ms. Bly's friend (Jane) will call her at 7:00 am each morning to make sure she is awake. Ms. Bly will call Jane back when she is up and out of bed.  
**(CV1)** Ms. Bly will teach Emma (7 year old) how to use her cell ph1 and will pre-program Jane's number into the ph1. Emma will call Jane if her mother cannot be awakened in the morning.  
**Resource:** Jane Smith, friend/neighbor  
**Monitor:** Ms. Heaven agrees to keep a daily log to record times Ms. Bly calls her back.  
**(CV2)** Ms. Bly will make sure all medications are kept in their original child-resistant containers.  
**Resource:** N/A  
**Monitor:** CPI to check each visit.

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**Wright Family Background Information**

Following the death of her 9 month old son from a congenital heart condition 3 years ago, Ms. 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. Ms. Wright has appeared noticeably despondent to her family and has been sleeping over 10 hours a day. She recently told her parents that "Maya would be better off without [her]". She has started allowing Maya to sleep in bed with her so she can fall back asleep after feeding her.

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**Safety Considerations**

**Immediacy (I)**  
**Severity (S)**  
**Out-of-Control (OOC)**

**Immediacy (I):** Imminent as mother regularly falls asleep with infant in her bed.

**Severity (S):** Mother self reports multiple occurrences and there is a predictable pattern of unsafe sleep.

**Out-of-Control (OOC):** Mother has a legitimately discontinued psychotropic medication but is increasingly experiencing depression and mild suicidal ideations.

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**Shared Decision-Making**

**Non-negotiables (NNG)**  
**Ownership (O)**  
**Accountability (A)**

**Non-negotiables (NNG):** Infant needs to have safe sleep environment.

**Ownership (O):** O1: "It's very comforting to have Maya in bed with me. That way, if anything goes wrong I would sense it immediately".

**Accountability (A):** High (need for) – 1) parent believes she is acting in infant's best interest and will likely continue behavior as a result, and 2) mother's follow through with recommendations might be compromised by mental health issues – i.e. depression.

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### Safety Actions to Address Safety Threats

**Control Actions (CA)**  
**Vulnerability Reduction (VR)**  
**Supplementation (S)**

**Control Actions (CA1):** Ms. Wright agrees that Maya must sleep in her own bassinets effective immediately.  
**Resource:** Maternal Grandmother  
**Monitor:** Ms. Dupree (MGM) will check on Maya twice a day to make sure safe sleep practices are being followed.  
**(SPL1):** Ms. Wright will be evaluated by the Crisis Response Team this afternoon for clinical assessment of depression.  
**Resource:** Aunt will babysit Maya. MGM will stay with Ms. Wright during evaluation.  
**(SPL2/CV1):** Ms. Wright will consult with primary physician re: use of Xanax or other medications while breastfeeding; consider switching to formula feeding.  
**Resource:** Dr. Johnson; MGM  
**Monitor:** Ms. Wright to sign release allowing CPI to talk with physician.

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### Additional Safety Actions

**(CA3/SPL4)** Ms. Wright's sister agrees to move in with her for two months to assist in caring for Maya allowing Ms. Wright time to enhance her coping skills (stabilize on new meds and resolve grief issues from loss of child).  
**Resource:** Pam Wright (sister)  
**Monitor:** Aunt or MGM to call CPI when move-in is completed.  
**(SPL5/CV2)** Ms. Wright agrees to work with a home health aide from the 'Health Families Florida' program to provide her with support and information on parenting and child development.  
**Resource:** CPI Howard to make referral by DATE.  
**Monitor:** Ms. Wright to give CPI HFF name and contact number after first home visit.  
**(SPL6)** Ms. Wright agrees to attend at least two meetings of the 'Compassionate Friends' support group to seek emotional support for her loss and find out how other parents have coped with the loss of a child.  
**Resource:** Call 211 for list of groups in area. MGM agrees to provide transportation.  
**Monitor:** Ms. Wright agrees to discuss benefit of attending with CPI after first visit.  
**SPL7)** Ms. Wright will seek pastoral counseling to help her deal with the anger and loss of faith she's experienced since her son's unexplained death 3 years ago.  
**Resource:** Ms. Ann Thorpe, mom's friend will provide transportation to counseling.  
**Monitor:** Ms. Wright agrees to discuss benefit of attending with CPI after first visit.

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### Primary Reasons to Involve Children

Children have as much awareness and knowledge as any1 about what is going on in the home

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Getting parents to appreciate the consequences of their action/inactions through the child's eyes is effective strategy to motivate a parent

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**Safety Planning with Children**

- Include written & verbal instructions for children when age-appropriate.
- If the child doesn't know how to carry out their tasks, talk them through it & ask mom for help (unless this jeopardizes the child's safety).
- Reassure children that they are not responsible for the domestic violence or for what happens after the domestic violence is disclosed.
- Children must know how important it is for them to be safe when mother is assaulted, & that they cannot intervene during an assault.
- If children blame themselves (e.g., for the violence, not protecting mom) reassure them that these feelings are normal, but it is NOT their fault.
- Keep things simple.
- Have the children practice & explain what they are to do.

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**The Safety House**

- Method for including children's voice in Safety Planning
- This is your house in the future when you always feel safe.
  - Who lives with you in the house?
  - Who can visit?
  - Who don't I feel safe with?
  - What rules would help me feel safe?



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**The Three Houses**

- Nikki Weld and Sonja Parker
- First house – the things that you like in your life
  - Who lives in house? Who visits?
- Second house – write or draw your worries
- Third house – write or draw how things would be if they got better

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