

Safety Planning Analysis

Developed by ACTION for Child Protection, Inc. In-Service Training as part of in-service training on "Developing Safety Plans" under DCF Contract # LJ949.

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

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

Question #1:

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

Willing to accept and cooperate refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Justification for Use of an In-home Safety Plan:

- Caregiver agrees to and goes along with an in-home safety plan;
- Caregiver has demonstrated willingness and cooperation in previous safety plans;
- Caregiver understands what is required to implement an in-home safety plan and agrees to allow others into the home at the level required;
- Caregiver avoids interfering with the in-home safety plan generally and safety service providers specifically;
- Caregiver is open to exploring in-home safety options;
- Caregiver can participate in discussions about child safety, safety management, and in-home safety planning;
- Caregiver does not reject or avoid involvement with the CPS;
- Caregiver is willing to consider what it would take to keep the child in the home;
- Caregiver is believable when communicating a willingness for cooperating with an in-home safety plan;
- Caregiver is open to the parameters of an in-home safety plan, arrangements and schedules, and safety service providers;
- Caregiver identifies him/herself as a primary caregiver for a child;
- Caregiver demonstrates an investment in having the child remain in the home;
- Caregiver [name] acknowledges the needed to become invested in intervention [can identify specifics such as services, schedules, etc.] and is actively taking steps to become positively

involved [e.g. participating in the case plan], and in-home safety services can sufficiently manage behavior [describe specifically what behavior must be managed] that continues to exist;

- Caregivers are open to discussing the circumstances surrounding the child's injury, they are cooperative and actively engaged in intervention, and interactions between caregivers and the child indicate strong attachment, caregivers are demonstrating progress toward achievement of treatment plan goals.

Justification for Why an In-Home Safety Plan could NOT be Used:

- Caregiver is argumentative and confrontational during discussions regarding the use of a safety plan;
- Caregiver demonstrates signs of fake cooperation;
- Caregiver has failed to cooperate with previous safety plans that resulted in children being unsafe;
- Caregiver pushes back and/or is not accepting when confronted with the realities of what an in-home safety plan would involve;
- Caregiver is openly and assertively hostile regarding the use of an in-home safety plan;
- Caregiver assertively justifies behavior and openly and adamantly rejects the need for a safety plan;
- Caregiver refuses access and/or only interacts minimally with the agency to avoid trouble;
- Caregiver expresses no willingness to do anything for the child;
- Caregiver expresses a desire to hurt the child and does not want the child around;
- Caregiver does not want to care for the child and feels no attachment;
- Caregiver thinks that he or she may or will hurt the child and requests placement.

Question #2:

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

Calm and consistent refers to the environment, its' routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Justification for Use of an In-Home Safety Plan Related to the Home Environment:

- The home environment circumstances are consistent enough to be amenable to being organized, and can be sufficiently controlled and managed by in-home safety services.
- While a family may experience a crisis from time to time, these do not disrupt in-home safety services and it is reasonable to expect that the in-home safety services can support crisis resolution.
- Overall home environment is consistent and predictable enough to accommodate In-home safety services at the required level (as planned); assure the personal safety of safety service providers; and allow and assure that safety services occur as planned.
- Caregiver or other family member behavior and emotions are not aggravated, erratic, extreme, all consuming and can be sufficiently controlled and managed by in-home safety services.
- Family and individual family member routines, schedules, and daily life support the ability to develop an in-home safety plan targeting specific days and times.
- The family situation is generally predictable from week to week.

- There is a reasonable understanding of how the family operates/manages on a routine basis so that safety services can effectively target and control Impending Danger when and how the Impending Danger occurs.
- The day-to-day dynamics of the home situation and interaction among family members has a reasonable level of reliability.
- There is a reasonable level of reliability that inhabitants, circumstances won't change without reasonable notice.

Justification for Why an In-Home Safety Plan could NOT be Used Because of the Home Environment:

- Chaotic home environment; disruptive; unpredictable; no routine and organization; numbers of people or families in-home creating a lack of stability; or other home environment issues which compromise use of safety service providers;
- Someone resides in the home who is directly threatening to the child;
- Unknown or questionable people (who could be a danger to a child or disrupt the in-home safety plan) have access to the household at any given time;
- Individuals who may be residing off and on in the home but who cannot be confirmed and/or accounted for because they have been avoiding contact;
- A child's injury has not been explained at the conclusion of the FFA and there is firm belief that someone in the home or associated with the home had opportunity and something to do with the injury. *[A qualification with respect to unexplained injuries and in-home safety plan is that consideration must be given to whether a protective adult can be available to the child at all times (e.g., caregivers, other children, other family members, others associated with the family.)]*
- There is no apparent structure or routine in the household that can be established on a day to day basis, and therefore an in-home safety plan cannot be developed to accommodate the inconsistency;
- In-home safety services cannot sufficiently target specific days and times when Impending Danger threats may become active, because negative conditions associated with Impending Danger are pervasive with no predictability;
- The interactions among family members are so unpredictable, chaotic and/or dangerous that in-home safety services cannot sufficiently control and manage behaviors on a consistent basis;
- Violence in the household is unchecked and/or fighting among family members/others in the household is pervasive OR totally unpredictable and therefore uncontrollable, and in-home safety services cannot sufficiently control the behavior OR there is a belief that safety service providers would not be safe;
- A child is extremely fearful of the home situation or people in the home or frequenting the home and this fear can be observed and attached to its source.

Question #3:

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

There are two focuses in this question, first being the examination of how an Impending Danger Threat exists and operates within a family and secondly the availability of resources.

Impending Danger: This emphasizes the importance of the *duration of an Impending Danger Threat*. Consideration should be given about whether a long-standing Impending Danger Threat is more deeply

embedded in individual and family functioning, a more habitual way of behaving. Reasonably long-standing Impending Danger Threats could be harder to manage. The intensity of an Impending Danger Threat should be factored in. This means that duration of an Impending Danger Threat should be qualified by how intense it is operating. An Impending Danger Threat that is at onset but highly intense also could be difficult to manage.

The *frequency* of occurrence is directly related to defining when Safety Services and activities have to be in place. For instance, if an Impending Danger Threat occurs daily, Safety Management must be daily.

The more *predictable* an Impending Danger Threat is with respect to when it will occur and with what intensity, the more precise a Safety Plan can be. For instance, if violence in the home occurs every payday and the dad is drunk and highly aggressive, Safety Management must include someone in the home at that time that can deal with such a person or must separate the children from the home during that time. Impending Danger Threats that are not predictable are more difficult to manage since it is not clear when they will occur and perhaps with what intensity. *Unpredictable Impending Danger Threats* suggest conservative planning with higher level of effort or methods for monitoring conditions and circumstances associated with an Impending Danger Threat becoming active.

Are there specific times during the day, evening, night, etc. that might require “special attention” due to the way in which the Impending Danger Threat is occurring? This question is related to frequency and predictability, but reduces the judgment about occurrence down to *exact times that are of special concern* when an Impending Danger Threat is active and/or when no protective resource is in the home. A sufficient Safety Plan assures that these special times are fully managed including any inconvenience for off office hours.

Do Impending Danger Threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)? This question qualifies the *capacity of the caregiver*; it does not necessarily result in a conclusion obviating an In-Home Safety Plan. It does provide a judgment about how much can be expected of a caregiver in whatever Safety Plan option is selected.

It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the Safety Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the *understanding of the manifestation of Impending Danger Threats*.

Safety Management Services are dependent upon the identified impending danger threat. *Available* refers to services that exist in sufficient amount. *Access* refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

Justification for Use of an In-Home Safety Plan:

- Adequate resources are available to consider planning for an in-home safety response;
- Identified safety services that are available match up with how or when Impending Danger is occurring;
- Safety services and corresponding providers are logical given family circumstance and what specifically must be controlled, managed, or substituted for to assure child safety;
- There is confidence that safety service providers are open and understanding of their role for assisting with an in-home safety plan;

- There is confidence that safety service providers will be committed to assisting with an in-home safety plan;
- Safety service providers can be verified as suitable and acceptable;
- Safety services are immediately available and accessible according to time and proximity.

Justification for Why an In-Home Safety Plan could NOT be Used:

- There are no in-home safety service resources available;
- Some safety service resources are available BUT the service that can be provided does not logically match up with the Impending Danger;
- Safety services are not fully accessible at the time necessary to sufficiently control and manage Impending Danger; and/or
- Safety service resources have been identified but have been determined to not be suitable.

Question #4:

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

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

It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the First Safety Planning Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the understanding of the manifestation of Impending Danger Threats.

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

Justification for Use of an In-Home Safety Plan:

- Caregiver has daily, reasonable intellectual functioning to sufficiently participate in an in-home safety plan;
- Limitations in caregiver's intellectual functioning can be sufficiently compensated for, controlled or managed by necessary in-home safety services;
- Caregivers are emotionally stable enough to sufficiently participate and cooperate with in-home safety services, including being reality oriented, able to generally track conversations and not a danger to self or others;
- Issues associated with out of control caregiver emotional functioning can be sufficiently controlled and managed on a consistent basis by others who can supervise and monitor;
- Limitations in caregiver physical abilities and functioning can be sufficiently compensated for and managed by necessary in-home safety services;

- Caregiver's attitudes, beliefs, perceptions may be negative and out of control BUT they are not extreme AND can be sufficiently supervised and monitored by safety services to assure child safety.

Justification for Why an In-home Safety Plan could NOT be Used:

- Caregivers are so cognitively limited that they cannot carry out basic behaviors consistent with a child's essential needs even with reasonable controls possible through an in-home safety plan;
- Caregivers' physical limitations coupled with the child's specific vulnerabilities (age, size, special needs) result in not being able to carry out basic behaviors consistent with a child's essential needs even with reasonable controls possible through an in-home safety plan;
- A child has exceptional needs which the parents/caregivers cannot or will not meet and requirements to meet the child's needs are not possible within the home setting or through controls that can be established with an in-home safety plan;
- A caregiver's emotions and behaviors related to individual functioning are so insufficient and incapacitating, unpredictable, dangerous, etc., that they cannot do what is minimally required to support an in-home safety plan and there is no other adult who can be responsible at the required level to assist with supporting an in-home safety plan;
- A caregiver is totally out of touch with reality and is unwilling to agree to take steps to stabilize his or her and the behavior;
- A caregiver's emotional disturbance is extreme, pervasive and/or unpredictable thus making it uncontrollable with the use of an in-home safety plan;
- Caregivers' own needs are so pre-dominant and pre-imminent to a child's needs that they are completely consuming and void of any recognition or accounting for the child's needs, and in-home safety services would not be sufficient to compensate for the caregivers' behaviors, motivations, and limitations;
- Caregiver behavior is extreme and so out of control (constant/ completely unmanaged substance use, overwhelming depression, etc.) that in-home safety services cannot sufficiently control and manage the behavior as required to assure safety.

Question # 5:

The parents/legal guardians have a physical location in which to implement an in-home safety plan.

Physical location refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time.

Home refers to an identifiable domicile. DV or other shelter, or friend or relative's homes qualify as an identifiable domicile if other criteria are met (e.g., expected to be occupied for as long as the safety plan is needed, caregivers live there full time, etc.).

Justification for Use of an In-Home Safety Plan:

- Residence has been established for sustained period;
- Caregivers have history of being able to maintain a place to live;
- Caregivers may have housing difficulties BUT there is no indication that repeated difficulties with maintaining housing is characteristic of larger adult functioning issues;
- Caregivers can be counted on to continue residing in current location;
- No indication that caregivers will flee;

- Residence (e.g., home, trailer, apartment, hotel, shelter situation- in specific cases) is sufficient to support the use of an in-home safety plan;
- Co-habitable situation (friends, immediate, or extended family) are acceptable depending on who others are who reside in the home;
- Minimal adequacy of the dwelling in terms of space, conditions, utilities, etc.

Justification for Use of an Out-of-Home Safety Plan:

- No residence;
- No stable residence;
- Living situation clearly transitional and unpredictable (not necessarily precluding the use of a shelter setting);
- Temporary arrangement with relatives or others that is likely to change;
- Residence is dangerous, unfit home, structurally hazardous;
- There are insufficient financial resources to provide and maintain living environment, and the lack of resources cannot be quickly compensated for with in-home safety services; and/or
- Caregivers are unable or unwilling to use family financial resources to provide a minimally adequate living situation and necessary protection and care for their children.