

Safety Plan Guidelines, All Staff

Safety Plans: manage or control the condition that is making a child unsafe; have an immediate effect; manage caregiver behavior and/or emotions; are an agency’s method for assuming responsibility for child protection. Based on analysis of danger threats (what needs to be controlled), the safety plan identifies how the threats will be managed, including by whom, under what circumstances, and at what specific times. Parent behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness, anger, motives, perceptions and attitudes. Safety actions are concerned with aggressive behavior, passive behavior or the absence of behavior, any of which threatens a child’s safety. Safety plans determine the least-intrusive course of action to ensure child protection. In-home safety plans require caregiver awareness and acknowledgement of threats and acceptance, willingness, cooperation for implementation and a method for department or agency monitoring of the plan.

- **A present danger plan addresses a child’s need for care and protection that is clear and immediate. It is a short-term solution until more is known as to whether the situation was a one-time occurrence or accidental.**
- **Safety plans provide a temporary remedy; case plans address behavior change over the long term to mitigate the need for a safety plan.**

Type of Service	Purpose of Safety Plan Service (Examples of each service type are on next page.)
Supervision	In-home safety service provider (relative, friend or formal provider) comes to the home during the times when danger is known to be active. The in-home presence also allows for continuous monitoring of family conditions and dynamics.
Stress reduction	In-home safety service provider (relative, friend, or formal provider) comes to the home to engage in activities that relieve family stress or funds are provided for immediate, concrete needs. The in-home presence also allows for continuous monitoring of family conditions and dynamics.
Crisis response	The purpose of crisis response is to implement rapid problem-solving that might be necessary for the parent to participate in the development of a safety plan. The crisis response provider may also participate in a safety planning meeting with the parent and the worker responsible in conjunction with resolving an immediate crisis.
Social connection	The incorporation of “social connections” within the safety plan may be appropriate for parents when isolation is a contributing factor to danger. Social isolation is accompanied by all such debilitating emotion as: low self-esteem and self-doubt, loss, anxiety, loneliness, anger and marginality (e.g., unworthiness, unaccepted by others). The in-home presence also allows for continuous monitoring of family conditions and dynamics. Visiting or homemaker services may also be provided as a means of providing assistance with household responsibilities.
Parenting assistance	In-home parenting assistance is concerned with specific, essential parenting that affects a child’s safety (different from in-home parent training that will help a parent develop new skills over the course of time). In-home parenting assistance as provided in a safety plan is focused on essential knowledge and skill a caregiver is missing or failing to perform.
Separation	Separation is a safety plan service that creates alternatives to family routines, demands and daily pressure. Separation refers to taking any member(s) of the family out of the home for a period of time. Separation is a temporary action that can occur frequently during a week or for short periods of time. Separation may involve anything from babysitting to temporary out-of-the-home , family-designated arrangements to care for the child or combinations, to relocation of one parent.

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Type of Service	Examples (Note that a safety plan service may be used alone or in combination with other service types.)
Supervision	<ul style="list-style-type: none"> • Parent gets highly intoxicated after children go to bed and often leaves the home, leaving the children unsupervised. Having someone in the home during the evenings and overnight to provide supervision and monitoring would control for the safety should danger arise. • Parent with severe depression does not sleep well at night, is unable to get up in the morning to help children with morning routines. Someone comes to the home every morning to help children get up, get dressed, fed and off to school. Someone comes to the home on week-end mornings to engage children with other activities.
Stress reduction	<ul style="list-style-type: none"> • Single parent is experiencing extreme stress with care of a child with autism spectrum disorder and is resorting to severe corporal punishment. To provide some relief during the times the parent is having the most difficulty, a relative, friend or formal provider will take the child for activities every Saturday from 9:00 a.m. to 5:00 p.m. and week-days from 4:00 p.m. to 6:00 p.m. • Emergency funds are provided to address resource acquisition for an immediate, concrete family need that is directly associated with present danger or impending danger to a child's safety, such as housing assistance, food and clothing, home furnishings, and transportation services.
Social	<ul style="list-style-type: none"> • A stay-at-home mother has been struggling with her caregiving responsibilities, and the home has become deplorable and hazardous for the children. A friendly home visitor works with the parent for social connection and support while also ensuring that the home condition is maintained.
Crises response	<ul style="list-style-type: none"> • A mother has over dosed on medication, been treated at the hospital and released the next day. A mental health professional is deployed to assist the CPI or case manager working with the mother and family at the time of the mother's return home to provide the mother support, allow the parent to participate in the development of an in-home safety plan and help other safety plan providers (formal or informal) understand the mother's immediate needs.
Parenting assistance	<ul style="list-style-type: none"> • Parents are not feeding the baby on a regular basis and that has resulted in the child being diagnosed with failure to thrive. Basic parenting assistance is provided in the home five times a day to focus on the feeding times to assist the parents and/or feed the baby. • Parents are having difficulty managing the behavior of a child diagnosed with Fetal Alcohol Spectrum disorder. A behavior management aide comes to the home to help parents with morning routines.
Separation	<ul style="list-style-type: none"> • Father agrees to leave the home or an injunction is sought to require father to leave. • Mother and child go to a Women's Shelter. • Child goes to a family-designated arrangement on the weekends. • Child goes to a day care provider each day.