

Module 3: Safety Management



***Florida Department of Children and Families
June 2016***

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Unit 3.1:

Case Manager's Responsibility for Safety Management

- Learning Objectives:**
1. Explain the Case Manager's responsibility for safety management after case transfer.
 2. Define the key objectives of safety management.

- References:**
- CFOP 170-7, Safety Planning
 - 65C-30.007, Case Management Responsibilities After Case Transfer

Safety Planning – True or False/Fill in the Blank

1. True or False. Safety Plans are concerned more with keeping things under control than making things different.
2. True or False. Having a Safety Plan in place is non-negotiable while a family is receiving case management services.
3. True or False. Safety Plans are the parent/legal guardian/caregivers responsibility.
4. True or False. The safety analysis criteria only needs to be completed when there is an out of home safety plan.
5. True or False. Once a Safety Plan is in place it should never have to be modified.
6. True or False. Safety Management only occurs when the case is transferred from investigation to case management and the Case Manager initiates contact with the family.
7. True or False. Safety Plans may involve the use of formal and informal safety service providers.
8. _____ are what need to be achieved before a child can return home from an Out-of-Home Safety Plan.
9. Case Managers must take a _____ role in safety management.
10. Safety Plans are put in place to control _____ within a household.

The Role of Safety Management

- Assist with implementing In-Home and Out-of-Home Safety Plans
- Manage In-Home and Out-of-Home Safety Plans upon case transfer
- Oversee formal and informal safety service providers
- Modify Safety Plans based upon changes in family circumstances/conditions and caregiver protective capacities
- Facilitate Conditions for Return

Safety management is an **active function**; it is not simply monitoring through passive observation. It **requires hands on observation** and a **thorough understanding** of both the **way in which impending danger is manifesting in the family and the sufficiency of the safety services to manage the impending danger**. **Safety management includes oversight of all of the Safety Plan members, both formal and informal.**

Safety Management Practice Responsibilities

1. Participate effectively in the safety planning process which occurs at different stages of intervention.

Participating effectively in the safety planning process means:

- a. Understanding the impending danger
- b. Determining how specific safety services control for impending danger
- c. Establishing a plan for communication and oversight of the safety plan

2. Manage impending danger as specified in the Safety Plan.

"Is the plan working?"

How will you, as a Case Manager, determine safety service providers are carrying out their role as intended and the impending danger threat is fully controlled by the safety plan?

3. Effectively manage, perform and coordinate safety services as set forth in the safety plan.

4. Facilitate overall case management and safety management to support the family toward meeting the conditions for return (for Out-of-Home Safety Plans).

Safety Management

Management by objectives works if you first think through your objectives.

Ninety percent of the time this doesn't occur.

Peter Drucker, Social Ecologist

Effective Safety Management



Controlling Intervention:

Provisional/Conditional:

Action Oriented:

Dynamic:

Organized:

Proactive:

Directed:

Regulated:

Activity A: Creating a Child Care Strategy – A Hypothetical Exercise

Instructions:

1. Read Part I of the scenario. After reading the hypothetical situation, proceed in working with your practice group to come up with a strategy/plan for ensuring that “your child” as identified in the scenario will be sufficiently cared for during the period of time that you are unable to consistently provide for his care and supervision.
 2. For this exercise, each of you should consider your situation as the same as for the parent described in the scenario.
 3. Together, brainstorm and discuss potential practical options for creating and establishing a plan (or plans) for child care for your child.
 4. Read Part II, Addition to the Scenario, and again work with your group to answer the questions.
-

Scenario:

You are a single parent of a three-year-old boy. Your work week varies from half time to $\frac{3}{4}$ time; you receive supplemental assistance; when necessary you have access to a day care option.

A month ago you started feeling increasingly fatigued. As the days progressed, you have become increasingly tired to the point of exhaustion. You eventually reached the point where you have needed to call in sick. As the physical exhaustion started to become more debilitating, you have also become emotionally immobilized and depressed. As a result, you have become much less responsive to your child, and are having difficulty staying on top of his care.

You have gone to the doctor already, with limited results. You are now not only having trouble caring for yourself and your child, but you are frustrated and demoralized. You have been referred to a specialist and it has been determined by the specialist and your doctor that due to the severity of this recent medical condition, it is going to be a few months until you are feeling up to par. Due to this illness, you are generally unable to consistently attend to primary and essential parenting responsibilities on your own (i.e., feeding, bathing, dressing, supervision, structure, etc.). There are periods during the day when you are more active and have more energy, generally the first few hours of the morning. By noon, your attentiveness drops off significantly, requiring you to sometimes lie down for an hour or two, at which point you regain some limited independent capability.

Part I: Creating a Plan for Child Care:

Limitations:

- You cannot have someone move into your home on a full time basis.
- You cannot send your child to live with someone else while you are receiving treatment.

In considering the scenario, what essentially needs to be controlled for or managed with respect to the care of the child?

What actions would need to be taken to take control of the situation and when would these actions be required?

Who and/or what resources are available to participate in doing what is required?

Part II: Addition to Scenario

You are not the person who has the medical condition BUT you have been given the charge to actively assist in helping to directly manage the plan as well as have responsibility for a specific action/ service identified in the plan.

In assisting in directing and managing the plan, what issues are most important to take into account and stay on top of; what conversations would you initiate with the parent (with the medical condition) or others involved in the plan?

Unit 3.2:

Managing Safety Plans

- Learning Objectives:**
1. Identify safety plan monitoring requirements.
 2. Explain how ongoing observations of family conditions and dynamics influence safety plans.
 3. Identify what safety services are available and how to match services with needs.
 4. Identify the safety service providers available in the Case Managers' local area.
- References:**
- CFOP 170-7, Safety Planning
 - 65C-30.007, Case Management Responsibilities After Case Transfer
 - 65C-30.018, Out-of-County Services

Safety Plan Monitoring

After the safety plan has been reviewed at the case transfer meeting, even if everyone agrees that it is working well, what might go wrong or awry early on in the case?

Safety Plan Monitoring Requirements

After Case Transfer, the Case Manager has five business days to confirm the ongoing safety plan sufficiency:

- Is the safety plan working dependably to achieve safety?
- Are modifications needed?

When determining the sufficiency of the safety plan who else should you make contact with?

Minimum Ongoing Safety Plan Monitoring Requirements

At the very **minimum** you must make:

- Contact with all of the safety service providers every thirty days.
- Monthly contact with the parents and caregivers involved in the safety plan
- Weekly face-to-face in the home visits with the child for the first four weeks of any safety plan.
- After the first four weeks monthly face-to-face in the home visits with the child.

(a) The frequency of face-to-face contact, while the child is in shelter status, is at least once every seven (7) days.

(b) The case manager shall make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. If the child lives in a county other than the county of jurisdiction, this shall be accomplished as provided in Rule 65C-30.018, F.S.

(c) At least every 90 days, or more frequently if warranted based on the safety plan, the case manager shall make an unannounced visit to the child's current place of residence.

Domestic Violence

Domestic Violence Safety Plans

Safety Plan Developed with Survivor	Safety Plan Developed with Perpetrator
<ul style="list-style-type: none">• Includes actions that will enhance the safety of the survivor and child• Cannot be shared with the perpetrator	<ul style="list-style-type: none">• Identify actions that the safety plan providers will take to protect the children from the perpetrator's violence.• Shared with the perpetrator and survivor

Observation Skills

- Individual family member affect and body language during an interview
- Family interactions and dynamics
 - Parents/Caregivers with each other
 - Parents with children
- Conditions of the home

How will the observations you make influence safety management?

Observation:

Advantages

- Most direct measure of behavior.
- Provides direct information.
- Can be used in natural or experimental settings (such as family time).

Disadvantages

- Observer's presence may create artificial situation.
- Potential for bias.
- Potential to overlook meaningful aspects.
- Potential for misinterpretation.

Family Contact and Safety Management

Before making contact with a caregiver, child or safety service provider ask:

- Why am I making contact with this person?
- What information do I need from them?
- Will this information inform safety management?

Information you should gather and provide during your regular contacts include:

- Ensuring all safety service providers have your name and contact information.
- Ensuring all safety service providers remain aware of the danger threat that is being managed and are still able to perform their assigned safety actions.
- Ensuring all safety service providers know what actions to take and who to notify should any problems arise with the safety plan.
- A continual assessment of changing family dynamics and family conditions to ensure the safety plan remains effective.
- Ensuring the least intrusive actions necessary to protect the child are in place.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Activity B: Safety Management with the Sandler/Braun Family

Instructions:

1. Review the Sandler/Braun Impending Danger Plan (Module 2, pages 53-57).
 2. Complete the ***Safety Management with the Sandler/Braun family worksheet***.
 3. Be prepared to discuss as a group.
-
1. Take each safety action and determine who you will interview, what you will ask them, and what observations you will make to assess the ongoing effectiveness of the safety plan.

Safety Action	Observations, People Interviewed, Identified Questions
Ed Barth will call Bruce every weekday at 6pm while Bruce is on his way home from work to ensure Bruce is not stressed and has no plans of drinking. If during this call, Ed determines that Bruce is or will likely be drinking that evening, then he will contact Pam so that she can make arrangements to either stay the night in the home or take the children to her house.	
Pam Block will check on the safety of the children on a daily basis especially around the time when Mr. Braun may be getting off of work or leaving somewhere where he has been drinking.	

Safety Action	Observations, People Interviewed, Identified Questions
Ed Barth will call Mr. Braun every day at 6 PM to see how things are going and determine if he has been drinking. If Mr. Braun has been drinking, Ed will call Pam Block and Melanie Sandler-Braun.	
Ms. Beys and Ms. Block will supervise visitation between Mr. Braun and his children. The grandmother's will cancel the visits or discontinue the visits if Mr. Braun has been drinking alcohol or begins to act aggressively (yelling, hitting, etc.) towards the children in any way.	

2. ***What information do you need to provide to the above family member and safety service providers?***

3. ***How often do you need to make contact with this family to ensure the plan is working?***

Safety Categories

Safety Categories refer to the objectives that are set forth in a Safety Plan specifically designed to manage Impending Danger:

- Behavior Management
- Crisis Management
- Social Connection
- Separation
- Resource Support

Safety Planning and Management

Purpose – Sufficiently control the Impending danger and ensure protection.

Safety Categories – Functional objectives of the Safety Plan to achieve purpose.

Safety Services – Actions, activities, etc., designated to achieve objectives.

Safety Categories/Objectives and Associated Safety Services

Safety Category and Safety Service: Behavior Management

Behavior Management is concerned with applying actions (activities, arrangements, services, etc.) that control caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, and perceptions and attitudes, the purpose of this action is only to control the behavior. This action is concerned with aggressive behavior, passive behavior, or the absence of behavior – any of which threatens a child's safety.

Safety Service: Supervision and Monitoring

Supervision and Monitoring is the most common Safety Service in safety intervention. It is concerned with caregiver behavior; children's conditions; the home setting; and the implementation of the In-Home Safety Plan. You oversee people and the plan to manage safety.

Safety Service: Stress Reduction

Stress Reduction is concerned with identifying and addressing stressors occurring in the caregiver's daily experience and family life that can influence or prompt behavior that the In-Home Safety Plan is designed to manage.

Stress reduction as a Safety Service is not the same as stress management which has more treatment implications. Your responsibility has to do primarily with considering, with the caregiver, things that can be done to reduce the stress the caregiver is experiencing. Certainly, this can involve how the caregiver manages or mismanages stress; however, if coping is a profound dynamic in the caregiver's functioning and life, then planned change is indicated and that is a Permanency or In-Home Service planned change concern.

Safety Service: Behavior Modification

As you likely know, Behavior Modification, as a treatment modality, is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. As you also know your responsibility as a Safety Manager is not concerned with changing behavior. And, you know that the Safety Category being considered here is Behavior Management. Safety intervention uses the terms Behavior Modification differently than its use as a treatment modality. Behavior Modification as a Safety Service is concerned with monitoring and seeking to influence behavior that is associated with Impending Danger and is the focus of an In-Home Safety Plan. Think of this Safety Service as attempting to limit and regulate caregiver behavior in relationship to what is required in the In-Home Safety Plan. Modification is concerned with influencing caregiver behavior: a) to encourage acceptance and participation in the In-Home Safety Plan, and b) to ensure effective implementation of the In-Home Safety Plan.

Safety Category and Safety Service: Crisis Management

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

Keep in mind, with respect to Safety Management, a crisis is an acute, here-and-now matter to be dealt with so that the Impending Danger is controlled and the requirements of the In-Home Safety Plan continue to be carried out.

The purposes of Crisis Management are crisis resolution and prompt problem solving in order to control Impending Danger. Crisis Management is specifically concerned with intervening to:

- Bring a halt to a crisis.
- Mobilize problem solving.
- Control Impending Danger.
- Reinforce caregiver participation in the In-Home Safety Plan.
- Avoid disruption of the In-Home Safety Plan.

Safety Category and Safety Service: Social Connection

Social Connection is concerned with Impending Danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all kinds of debilitating emotions: low self-esteem and self-doubt; loss; anxiety; loneliness; anger; and marginality (e.g., unworthiness; unaccepted by others).

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

Safety Service: Friendly Visiting

Friendly Visiting (as a Safety Service) sounds unsophisticated and non-professional. It sounds like “dropping over for a chat.” Actually, it is far more than “visiting.” Friendly Visiting is an intervention that is among the first in Social Work history. The original intention of Friendly Visiting was essentially to provide casework services to the poor. In safety intervention, Friendly Visiting is directed purposefully at reducing isolation and connecting caregivers to social support.

Friendly Visiting can be done by you. You can arrange for others to do Friendly Visiting including professional and non-professional Safety Service Providers. When arrangements are made for Friendly Visiting by others, it will be necessary for you to direct and coach them in terms of the purpose of the Safety Service and how to proceed.

Safety Service: Basic Parenting Assistance

Basic Parenting Assistance is a means to Social Connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. They also experience the emotions of social isolation including powerlessness, anxiety, and desperation – particularly related to providing basic parenting. The differences between Friendly Visiting and Basic Parenting Assistance is that a) the topic is always about essential parenting knowledge and skills and 2) you, or another designated person, attempt to teach and build skills.

Safety intervention is concerned with parenting behavior that is threatening to a child's safety. The Safety Service Basic Parenting Assistance is concerned with specific, essential parenting that affects a child's safety. This Safety Service is focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically you would think of this as related to children with special needs (e.g., infant, disabled child). Also, you would expect that the caregivers are in some way incapacitated or unmotivated. You, or someone you bring into the In-Home Safety Plan, become a significant Social Connection to help them with challenges they have in parenting, which is fundamental to the children remaining in the home.

Safety Service: Supervision and Monitoring as Social Connection

Some In-Home Safety Plans will require Social Connection and Behavior Management, specifically Supervision and Monitoring. Supervision and Monitoring occurs through conversations occurring during routine Safety Service visits (along with information from other sources). Within these routine in-home contacts, the social conversations can also provide Social Connection for the caregiver. The point here is to promote achievement of objectives of different Safety Categories and Safety Services when the opportunity is available. (See Supervision and Monitoring.)

Safety Service: Social Networking

You may be the central person providing the Safety Service in some of the other Social Connection Safety Services. In this Safety Service, you are a facilitator or arranger. Social networking, as a Safety Service, refers to organizing, creating, and developing a social network for the caregiver. The term "network" is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that you introduce into the caregiver's life. The idea is to use various forms of social contact; formal and informal; contact with individuals and groups; the contact is focused and purposeful.

Safety Category and Safety Service: Resource Support

Resource Support refers to Safety Category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety.

Safety Service: Resource Support

Activities and services that constitute Resource Support used to manage threats to child safety, or are related to supporting continuing Safety Management, include things such as:

- Resource acquisition related specifically to a lack of something that affects child safety.
- Transportation services, particularly in reference to an issue associated with a safety threat.
- Employment assistance aimed at increasing resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with Impending Danger to a child's safety.
- General health care.
- Food and clothing.
- Home furnishings.

Safety Category and Safety Service: Separation

Separation is a Safety Category concerned with threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The Separation action creates alternatives to family routine, scheduling, demands, and daily pressure. Additionally, Separation can include a *Supervision and Monitoring* function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend to several days in a row. Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-home placement of a child, or combinations of these options.

Safety Service: Separation

Safety services that fit this safety category include:

- Planned absence of caregivers from the home;
- Respite care;
- Day care that occurs periodically or daily for short periods or all day long;
- After school care;
- Planned activities for the children that take them out of the home for designated periods;
- Child placement: short-term; weekends; several days; few weeks.

Activity C: Identifying Appropriate Categories and Services

Instructions:

1. Review the Sandler/Braun Impending Danger Safety Plan (Module 2, pages 53-57) and Safety Categories/Objectives and Associated Safety Services handout (previous pages 17-20).
 2. Using the worksheet, determine the safety category and related safety services for each safety action.
 3. Be prepared to discuss with the class.
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Safety Action	Safety Category and related Safety Service
Ed Barth will call Bruce every weekday at 6pm while Bruce is on his way home from work to ensure Bruce is not stressed and has no plans of drinking. If during this call, Ed determines that Bruce is or will likely be drinking that evening, then he will contact Pam so that she can make arrangements to either stay the night in the home or take the children to her house.	
Pam Block will greet Bruce at the home every week day to ensure that Bruce came home without drinking, that there is no alcohol in the home and she will help Melanie and Bruce with the nightly activities including homework.	
If during Pam's weeknight visits she observes Bruce to become agitated, frustrated or aggressive during evening parenting activities, such as homework or family time, she will take the children, and Melanie is welcome to go also if she chooses, to her home until she has confirmed that Bruce has calmed down. Allowing them to stay overnight if needed. She will also contact the Child Welfare Professional to notify him/her that this has occurred.	
Every Friday at 6pm through Sunday at 6pm, the children will stay with paternal grandmother, Leann Beys. If when Leanne returns the children to the home on Sunday evening, Bruce has been drinking, then she will take the children to the Pam Block's home to stay the night or Pam will come to the home to stay with the family. Leann, Bruce and Melanie will make arrangements for any contact between the Melanie and Bruce and the children.	

Unit 3.3:

Modifying Safety Plans

Learning Objectives:

1. Explain and demonstrate application of the essential practice skills needed for safety plan assessment and modification.
2. Identify and demonstrate the use of Safety Analysis and Planning criteria.
3. Construct and manage conditions for return.

References:

- CFOP 170-7, Safety Planning

When to Take Actions Modifying a Safety Plan



- **Increase Intrusiveness:** Safety Plan is NOT working—safety service provider is no longer willing and able, or the parents are no longer willing and able for in home safety services, or a danger threat is manifesting in ways that are not being controlled.
- **Decrease Intrusiveness:** Family conditions have changed and a less intrusive plan can manage the threat.

When it is believed that an in-home safety plan needs to increase in intrusiveness what analysis should be applied?

When it is believed that an out-of-home safety plan is no longer needed what should be the next step?

Least Intrusive Actions

- Intervene to protect a child in ways that are least intrusive to family unit and privacy.
- Only implement actions, services, and controls that are absolutely necessary and essential to assess the child’s safety.
- Consider family strengths, resources and culture.

Determination of the “least intrusive” safety action should be guided by consideration of several issues:

1. Parent’s right for self-determination
2. Child’s need to be protected by persons with whom the child is most familiar and comfortable
3. Child’s need for routines and surroundings which are “normal” to the extent possible

Safety Analysis and Planning

CPI = initially responsible for safety analysis and planning

CM = responsible for continually reassessing the analysis



Criteria #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.

Criteria #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.

Criteria #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.

- 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.

Criteria #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.

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

Safety Analysis and Planning with substance abuse-

Example where parent may be in-home with child:

- **Parent with substance abuse disorder demonstrate:**
 - *prior successful engagement of supports to help user deal with likely relapse issues.*
 - *an understanding of how their use creates a danger threat to child.*
- **Safety service providers:**
 - *recognize drug use behavior in the maltreating parent.*
 - *have specific safety actions in place to protect child should a lapse occur.*
- **Sufficient safety services are available:**
 - *CPI/CM has on-going communication with treatment professional to make this call.*

Safety Analysis and Planning with Unmanaged Mental Illness-

Examples where parent may be in the home with child:

- *Parent with poorly or unmanaged mental illness:*
 - *Demonstrates a successful past history of symptom management.*
 - *Has already initiated actions to more effectively manage symptoms.*
 - *Demonstrates an understanding of their symptoms of mental illness and how they lead to danger threats for child.*
 - *Demonstrates sufficient safety services are available.*
 - **Safety service providers:**
 - *recognize signs or symptoms of improper medication management.*
 - *have specific safety actions in place to protect child should mental illness not improve or continue to deteriorate.*
 - **Sufficient safety services are available:**
 - *CPI/CM has ongoing communication with treatment professional to make this call.*
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Safety Analysis and Planning with domestic violence-

Examples where parent may be in-home with the child:

- *Parent who perpetrates acts of power and control demonstrates:*
 - *follow through with initial safety plan actions agreed to.*
 - *an understanding of how their actions create danger threat(s) to child.*
 - *an ability to handle “triggers” appropriately.*
 - **Safety service providers:**
 - *recognize signs of power and control by maltreating parent.*
 - *have specific safety actions in place to protect children from being exposed to new incidents of domestic violence.*
 - **Sufficient safety services are available:**
 - *CPI/CM has ongoing communication with treatment professional to make this call.*
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Conditions for Return

When would a Case Manager consider moving a safety plan from an out-of-home safety plan to an in-home safety plan?

What are “Conditions for Return”?

Do impending danger threats have to be reduced or eradicated before an in-home safety plan can be established?

Do caregivers need to complete a case plan in order for children to be reunified with them?

When to Modify a Safety Plan

A safety plan must be modified when any of the following changes occur:

- A new danger threat has been identified
- Danger threats have been eliminated
- A child is released to the other parent, relocated in a family arrangement or sheltered
- Safety Analysis criteria for an in-home safety plan change:
 - There are any changes in the parent's willingness to cooperate with safety service providers
 - There are any changes associated with a calm and consistent home environment
 - There are changes in the availability of safety service providers
 - There are changes in the availability of a physical location in which the safety plan can be implemented
 - There are changes in family dynamics or conditions which change the types and or level of safety services needed. Examples of changing family dynamics and conditions are the birth of a new baby, when a parent returns to the home, or when a parent becomes involved in a new intimate partner relationship.

Present Danger and the Case Manager

When might a Case Manager be faced with present danger?

Smith Family Scenario:

You are the Case Manager for the Smith Family. The identified danger threat surrounds Ms. Smith's overuse of pain pills which leads her to act irrationally and eventually pass out. This has affected her ability to provide appropriate care for 5-year-old, Nicole. One of the actions on the in-home safety plan is that the Aunt will check on Ms. Smith before Nicole gets off the school bus to ensure Ms. Smith has not taken any pills and is able to care for Nicole. The Aunt calls you thirty minutes after Nicole normally gets off the school bus stating she was not able to check on the family today. You attempt to reach Ms. Smith by phone, but there is no answer.

Should you call the Florida Abuse Hotline?

What next steps would you make?

[illegible]

Jones Family Scenario:

You are the Case Manager for the Jones family. The identified danger threat surrounds Mr. and Ms. Jones addiction to cocaine which has left them unable to consistently provide for the basic needs of their three-year-old son Andy. The family has made a lot of progress and recently the safety plan has changed from an out-of-home safety plan to an in-home safety plan.

You receive a phone call from Ms. Jones stating that a couple hours ago she caught Mr. Jones using cocaine which led to them getting into a physical fight. During the fight Mr. Jones pushed and choked her. Andy witnessed the fight and was yelling at Mr. Jones to stop hurting his mother. Mr. Jones left the home 15 minutes ago and Ms. Jones believes he has gone to purchase and use more cocaine. She is concerned he may become violent again when he gets home.

Should you call the Florida Abuse Hotline?

What next steps should be taken?

Safety Plan Modification: Action Steps

Whenever a need for safety plan modification is identified the Case Manager should take the following actions to modify the safety plan.

- **If the plan is no longer managing the danger threat take protective actions immediately (in order to keep the child from being harmed).**

- **Convene a safety planning conference with the parent, members of the parent's resource network and other safety service providers to modify the impending danger safety plan.**

- **Supervisory consultation**

Activity D: Safety Plan Management with the Sandler/Braun Family

Instructions:

1. Read the Case Notes - Safety Plan Monitoring.
 2. Complete the Safety Plan Monitoring worksheet.
 3. Be prepared to discuss with the class.
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Sandler/Braun Case Notes – Safety Plan Monitoring

02.20.2014, 03:35 PM

Worker Creating Note: Magnum, Thomas

Category: Child Investigation

Notification to Community Based Care (CBC) agency that investigation is closing today and CBC will have primary assignment.

Resources:

- Michael Sandler, biological father of ACV James, Phone: 555.202.3521 or 555.228.1910
- Pam Block, maternal grandmother (MGM), Phone: 555.504.8628
- Duffy Sandler, James' paternal grandfather (PGF) (brain surgery), Phone: 555.123.4567
- Ilene Sandler, James' paternal grandmother (PGM), Phone: 555.123.4567
- Stephen Braun, paternal uncle of ACV Byron and Shane; Bruce's brother, Phone: 555.123.4567
- PGM Leann Beys, Bruce's mother. Phone: 555.123.4567
- Family Friend, Ed Barth, Phone: 555.123.4567
- Neighbors at 206 Kettering, Megan and Tony
- FIS John Bosley (past evaluator)
- ABC Parenting home-based parent educator Janie Smith (past provider), Phone: 555.555.5555
- James' Teacher: James Madison, Florida City Elementary School
- DCF Investigator Kelly Garrett

02.21.2014, 09:45

Worker Creating Note: Reid, Spencer

Category: Case Management

Telephone Contact

CM introduced self to Mrs. Beys and responsibility for monitoring safety plan, also working with family on treatment and other services needed. Asked her understanding of current safety plan. She stated she takes the children on the weekends, from Friday evening to Sunday evening and she is to contact Pam Block if the father has been drinking to take the children to her or have her go to their house. CM asked how it is working- Mrs. Beys thinks it is good that people are drawing the line with him about his drinking. She says his father was an alcoholic and was abusive towards Bruce and his siblings and that Bruce had said that he didn't want to turn out like his father. She said that James can be provocative with his behavior and it would be good to get some help with that. She felt Melanie was a good mother overall but not effective with discipline, especially with James.

CM asked if anyone else was a provider in safety plan and Mrs. Beys said only Ms. Block. CM said that it was her understanding that Bruce's friend, Ed Barth was to check on the home situation with Mrs. Block; CM will let Mrs. Beys know about Mr. Barth's role once he is contacted. Mrs. Beys has phone number for Ed Barth and sees him often. CM gave CM phone number and asked to be called if Mrs. Beys had any concerns. Told her CM would be checking periodically.

02.21.2014, 10:05

Worker Creating Note: Reid, Spencer

Category: Case Management

Telephone Contact

MGM, Pam Block

CM introduced self to Mrs. Block and responsibility for monitoring safety plan, also working with family on treatment and other services needed. Asked her understanding of current safety plan. She stated—1) She is to go to the home when Bruce gets off work to make sure he is not drinking 2) she is supposed to help with the nightly routine with the children, including homework 3) she will take the children if Bruce gets too aggressive. Asked if there was anything else in plan; what was supposed to happen if anyone thought Bruce was drinking. She said Ed Barth will contact her if he checks in and says Bruce will be drinking, and Ms. Beys will contact her if she drops off the children and suspects he has been drinking. She said she talks to Melanie every day anyway and always asks her how things are going.

CM asked how plan was working. Mrs. Block said she knows her daughter is depressed that she had to go back to work and leave the baby, plus all of this additional stress of the Department's involvement. She knows that Bruce is upset about the Department's involvement and she worries that Melanie might minimize problems to appease Bruce. She wants her daughter to get help for herself, as well as her family. CM asked what do you think would be good for her daughter. She thought maybe some counseling would help. CM stated she will look into that for the mother.

CM gave CM phone number and asked to be called if Mrs. Block had any concerns. Told her CM would be checking periodically

02.21.2014, 11:15

Worker Creating Note: Reid, Spencer

Category: Case Management

Telephone Contact

Ed Barth, Family Friend

CM introduced self to Mr. Barth and responsibility for monitoring safety plan, also working with family on treatment and other services needed. Asked his understanding of current safety plan. He stated— Bruce needs to not drink because it makes him aggressive and violent, so he is supposed to call Bruce every day on the way home from work to see if he is thinking about drinking. CM asked if there was anything else in safety plan. Mr. Barth stated that he is supposed to call Mrs. Block so that she could go to the home. CM asked how the safety plan is going so far. Mr. Barth stated that he has had no issues getting in contact with Mr. Braun, and Mr. Braun has indicated some frustrations but has stated he would not drink. He has not heard of any issues arising in the home so far.

CM asked Mr. Barth if he had any concerns about the current safety plan. Mr. Barth said he worried what would happen if Bruce started drinking after he said he was not planning to. He thinks the stress of the current situation will “drive him to drinking.”

02.21.2014, 01:15

Worker Creating Note: Reid, Spencer

Category: Case Management

Telephone Contact

Melanie Braun

CM introduced self to Ms. Braun and responsibility for monitoring safety plan, also working with family on treatment and other services needed. Asked her understanding of current safety plan. She stated that her husband’s friend is supposed to call him every day to see if he is feeling like drinking, and his mother gets the children on weekends.

CM asked if there was anything else in safety plan; what was supposed to happen if Bruce was drinking or violent. Melanie stated that her mother is supposed to come over every day and help with the children, and she will take the children if he begins to get violent or aggressive.

CM asked Melanie if she had any concerns about the current safety plan. She said that it’s hard on her, her husband and the kids. She said that James and her husband love each other, they just don’t know how to “deal with each other” sometimes. She asked if there might be some help with afterschool program for James, one that would include helping him get his homework done. She stated this would take some of the stress off of the family.

CM stated that was great idea and would get back with her.

CM asked if Melanie had any worries about Bruce possibly drinking and getting aggressive.

She stated that because of the phone calls from Ed and her mother and his mother watching the children, she thinks that they are being monitored well enough for another incident to not happen.

CM asked when would be a good time to come meet Melanie, Bruce and kids and talk about CM's role and what happens next. Agreed that first family meeting would be on Monday, 2/24 at 4:14.

Based on a review of case notes, for each person interviewed, answer the following questions, understanding that case notes only offer important clues as to the true level of family engagement. Only the family can really say how they felt after an interview.

1. **What information in each interview was gathered to determine safety plan sufficiency?**

a) Child

b) Safety Plan providers

c) Parent/legal guardians/Significant caregivers

d) Who is missing? What else needs to be learned about the sufficiency of the safety plan?

2. Based on the information documented are any modifications needed to the safety plan needed at this time?

3. Identify three questions that are effective in gathering information about the safety plan.

4. What information learned and questions would you bring to the safety plan consultation with your supervisor?

Although we didn't actually hear and observe the CM's first interviews, based on our review of the notes and discussion, what does it appear that the CM accomplished?
