Developing Safety Plans

Start Time 9:00

1. Introduction- 45 Minutes
   a. Pre-Test
   b. Learning Objectives for Training
2. Session 1: What are Safety Plans? - 45 Minutes
3. Session 2: Safety Planning Analysis and Conditions for Return: Purpose - 1.5 Hours
4. Session 3: Creating Sufficient Safety Plans - 1 Hour
5. Session 4: Case Application - 1.5 Hours
6. Session 5: Questions and Review - 30 Minutes
   a. Wrap Up of Two Days
   b. Post Test and Training Evaluation Completed

End Time: 4:00

Logistics

- Flip chart/markers
- LCD projector and screen
- Computer and Audio for Video
Slide Purpose:

1. This slide is intended to provide the background as well as the context for this training session.
2. The introduction should provide an explanation for this training within the larger context of what is happening with respect to supporting the implementation of a systematic safety assessment practice that engages families.

Trainer Narrative:

1. The “Safety Methodology” emphasizes:
   a. A common language for safety assessment
b. A common set of constructs for identifying children who are unsafe;
c. A standardized risk assessment;
d. A common set of constructs that guide non-negotiable safety interventions and remediation for unsafe children;
e. A common set of constructs that guide development of case plan outcomes that are focused on change.

2. Safety Methodology practice, information collection and decision making provides the essential foundation of all intervention that occurs as part of the Safety Methodology, and continues throughout our engagement with families.

3. This training is one activity within a larger strategy plan to assure that the Safety Methodology is implemented with fidelity.
   a. (Fidelity refers to standardized practice and decision-making that is performed and occurs in the field as originally designed and intended.)

4. Transition to next slide.
Particpants Introductions

Slide Purpose:
1. The trainer should introduce himself or herself.

Trainer Narrative:
1. Begin by the trainer providing his or her own introduction.
2. Introduce yourself; indicate experience in child welfare and in training.
3. Mention personal experience, interest and preparation related to Safety Methodology and leading this workshop.

Activity/Exercise:
1. Participant Introductions.
   a. The trainer may choose to develop a warm-up approach to introductions or simply conduct the introductions straight out.
   b. Participants should indicate who they are, their agency, their
position, and their experience.
c. Sometimes it is useful to ask participants to also indicate expectations they have for the training.
Slide Purpose:

1. The purpose of this slide is to provide the overview of the learning objectives for the training.

Trainer Narrative:

1. This training covers what must occur once either present danger is identified during the assessment or when the Investigation Family Functioning Assessment determines that a child is unsafe: safety planning and management.

2. Developing and implementing a sufficient safety plan to control and manage Danger Threats is the first and immediate intervention that must occur after the determination has been reached that a child is unsafe.
3. Developing sufficient safety plans that are least intrusive is a step-by-step process called the Safety Planning Analysis.

**Exercise/Activity:**

1. Review objectives on slide with participants.
2. Transition to next slide.
Slide Purpose:

1. Provide visual for participant orientation to the logistics and agenda.

Trainer Narrative:

1. Inform participants that this training is a one-day training, and in particular the focus is on developing additional skills associated with safety planning.
2. Each participant will have a participant guide, that contains the PPT material, as well as exercise handouts.
3. We will be working through the day, with taking an hour for lunch between 11:30-12:30.
4. Remind participants regarding cell phone usage, distractions, etc.
5. Familiarize the participants with the logistics of the facility, to include exits and bathroom facilities.

6. Inform participants that later in the day we will be working with cases that are real cases within Florida, so please keep that in mind when leaving your material in the open or when considering work.

7. Transition to next slide.
**Developing Safety Plans**

Office of Child welfare In-Service Training

*Agenda*

**9:00-4:30**

**Introduction**
- Objectives
- Agenda
- Pre-Test

**Session 1**
- What are Safety Plans?

**Session 2**
- Safety Planning and Conditions for Return: Purpose
  - Safety Plans
  - Conditions for Return
  - Creating Sufficient Safety Plans

**Lunch 11:30-12:30**

**Session 3**
- Creating Sufficient Safety Plans

**Session 4**
- Case Application
  - Case Scenarios
  - Clarifying Points and Directing Practice

**Session 5**
- Wrap Up and Review
  - Post Test
  - Training Evaluation
Baseline Knowledge Assessment

15 Minutes

Slide Purpose:

1. Information to participants to inform assessment.

Trainer Narrative:

1. What is provided during this training depends on other knowledge and other skill which each of you bring to the process.
2. Training focuses on individual knowledge of essential concepts that underpin safety intervention practice and decision-making.
3. The curriculum objectives are to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding developing safety plans.
4. Inform participants that this is not a test but, rather, a gauge of their knowledge base.
5. The assessment will be used to inform further assistance and staff development activities, at a global and individual level for participants.
6. In addition, we will reflect back upon their answers at the conclusion of the training.

Activity/Exercise:

1. **Hand out the competency pre-test assessment for participants.**
   a. **Loose Handout.**
2. Allow participants 15 minutes to complete the worksheet.
3. Have participant’s hand in their worksheets to the facilitator.
1. Sufficient when considering safety plans refers to:

___ A) Sufficiency is not considered when developing safety plans.
___ B) Well-thought out approach, containing the most suitable people taking the necessary actions, frequently enough to control danger threats.
___ C) Sufficient information collection.
___ D) Parents have agreed to the safety plan.
___ E) Only considered when the plan is an in home safety plan.

2. Case plans are safety plans.

___ True  
___ False

3. The primary purpose of a safety plan is to?

___ A) Justify child placement.
___ B) Treat diminished caregiver protective capacities.
___ C) Control for danger, either present or impending.
___ D) Allow for information collection to occur.
___ E) None of the above.

4. Conditions for return are:

___ A) Only developed when the safety plan is an out of home safety plan.
___ B) Written statement that identifies specific circumstances that must exist within a child’s home to implement an in home safety plan.
___ C) What must change in the caregivers’ protective capacity.
___ D) Used to determine when a case can be closed.
___ E) A and B.

5. There are 11 safety planning analysis criteria/questions:

___ True  
___ False
6. Safety services refers to what types of services:
   ___ A) Services to enhance caregiver protective capacities.
   ___ B) Services to the foster/relative placements to assist with caretaking.
   ___ C) Case plan services.
   ___ D) Services specific to supporting and executing the safety plan.
   ___ E) All are examples safety services.

7. Anyone can participate as a safety service provider when developing a safety plan:
   ___ True
   ___ False

8. After developing a present danger safety plan, the Family Functioning Assessment should be completed within?
   ___ A) As soon as possible.
   ___ B) Before 60 days.
   ___ C) The same day as the present danger assessment.
   ___ D) Within 14 days, unless approved by a supervisor for an extension.
   ___ E) There is no timeframe for completion of the Family Functioning Assessment when a present danger safety plan has been developed.

9. Developing a sufficient safety plan at impending danger requires:
   ___ A) Not sure what it requires.
   ___ B) A full understanding of how the impending danger threats are occurring within the home.
   ___ C) Acknowledgement by the parents that they harmed their children.
   ___ D) Legal intervention.
   ___ E) None of the above.

10. The most intrusive safety plan is out of home placement of a child.
    ___ True
    ___ False
Slide Purpose:

1. To provide an overview of Session 1.

Trainer Narrative:

1. Provide a brief overview of Session 1
2. Session 1 will focus on what are safety plans, the rationale for creating safety plans, and the responsibility of the agency in creating and managing safety plans.
3. Transition to next slide.
**What is a Safety Plan?**

- A written arrangement between caregivers and the agency that establishes how danger threats to child safety will be managed.

- Must be implemented, active, and vigorously managed as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected in the home.

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**Slide Purpose:**

1. This slide provides the summary of the safety plan and its purpose for participants.

**Trainer Narrative:**

1. Review definition of safety plan with participants.
2. Emphasize that the safety plan is a non-negotiable when children are unsafe.
3. Safety plans are the actions that child welfare must take to ensure the safety of children.
4. With certainty, the safety plan should:
a. Be based on an analysis of the danger threats. This analysis is critical because it establishes what must be controlled.
b. Identify how the danger will be managed including by whom, under what circumstances and agreements and in accordance with specification of time requirements, availability, accessibility and suitability of those involved.
c. Consider caregiver awareness and acknowledgement of safety threats and caregiver acceptance and willingness for the plan to be implemented.
d. Include how the plan will be overseen by the Department.

5. The safety plan is designed along a continuum of the least to most intrusive intervention.
6. The safety plan may be exclusively an in-home plan.
7. The safety plan may be a combination in-home and out-of-home plan.
8. The safety plan may be exclusively an out-of-home plan.
9. For Florida this would include out-of-home placement, whether through foster care or relative care.
10. Child placement may be necessary, either at present danger or upon completion of the FFA and when impending danger is identified.
11. There is one template in FSFN that is used to document safety plans; worker will indicate whether it is a plan in response to present danger or impending danger.
12. A written safety plan may not be required, however when developing a safety plan based upon impending danger, it is incumbent for the worker to summarize the conditions for return – what must change for in-home safety management to allow reunification?
13. In addition the worker must document the child placement through in FSFN.
14. Child placement is the most intrusive out of home safety plan—requiring that children leave their home.
**Trainer Note:**

1. **Safety plans** are the agency’s way of taking responsibility for child protection.
   
   a. Safety plans are not the caretakers responsibility; they are the agency’s, as a system, responsibility.
   
   b. Once a safety plan is put in place, the agency, as a system, assumes the oversight and substitute protector roles by working through others to assure child safety is managed in the household.
**Two Types of Danger**

<table>
<thead>
<tr>
<th>PRESENT DANGER</th>
<th>IMPENDING DANGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
<td>State of Danger in which family behaviors, attitudes, motives, emotions, and/or</td>
</tr>
<tr>
<td>Significant</td>
<td>situations pose a threat to which may not be currently active, but can be</td>
</tr>
<tr>
<td>Clearly Observable</td>
<td>anticipated to have severe effects on a child</td>
</tr>
<tr>
<td>Family condition that is occurring in the present</td>
<td></td>
</tr>
<tr>
<td>tense</td>
<td></td>
</tr>
</tbody>
</table>

**Slide Purpose:**

1. To provide the visual for the definitions of present danger and impending danger.

**Trainer Narrative:**

1. Safety plans are based upon identified danger—either present or impending danger.
2. Review present danger definition with participants.
3. Emphasize the key words in this definition are:
   a. **Immediate** - This means that what is happening in the family is happening right before your eyes. You are in the midst of the
danger the child is subject to. The threatening family condition is in operation.

b. **Significant** - Referring to a family condition, this means that the nature of what is out of control and immediately threatening to a child is onerous, vivid, impressive, and notable. Can you get the feeling for what we are saying here about significant? The family condition exists as a dominant matter that must be dealt with. As we look at examples of present danger threats, the idea of significant will come through to you.

c. **Clearly Observable** - Present danger family conditions are totally transparent. You see and experience them. There is no guesswork. A rule of thumb is: If you have to interpret what is going on, then it likely is not a present danger. If the Avon Lady can see it and know it---it is present danger.

4. Present danger, the dangerous situation is in the process of occurring, which means it might have just happened (e.g., child presents at the emergency room with a serious unexplained injury); is happening (e.g., an infant is left unattended in a parked car with outside temperatures of 105F); or happens all the time and is reasonably expected to happen again immediately or in very near future (e.g., young children (7, 5, 3) were left home alone every night from 10p – 7a) for the past 2 weeks while mom goes to work, were left home last night and will be left again tonight).

5. In present danger, the danger threat is active—it exists or is occurring.

6. When children are in present danger, the fact of danger itself is sufficient for you to act—intervene.

7. Intervention must be immediate—the very day it is encountered—an immediate, same-day DCF (investigator during investigations or case manager during ongoing services) protective action, i.e. a present danger safety plan.

8. Ask participants to identify situations or behavior examples of present danger.
a. Examples such as: Young child (ages 0-2) who is currently unsupervised and no parent/caregiver are present; child who has a skull fracture and parents/caregivers are not able to provide an explanation that is reasonable.

9. Review definition of impending danger with participants.

10. Ask participants what they notice about the manner in which impending danger is described in the slide.

11. How does impending danger differ from present danger?

12. Why the distinction between present and impending danger:

   a. Present and Impending Danger manifest within a family differently. Present danger is active and in the process of happening. A child that is in danger constantly, versus a child that is always subject to danger, impending danger.

13. Impending danger and the determination of impending danger is based upon gathering information to understand how danger manifests within the household.

14. Information along the six domains informs the danger threats based upon what we know about how the family functions, how as adult’s parents may or may not be acting, and as parents how their parenting may result in children being in danger.

15. Unlike at present danger, we know more about the family dynamics, the underlying family conditions and ultimately how danger is manifested.

16. The information we gather during the family functioning assessment informs us regarding the danger—so that we can take action that is focused and will ensure child safety—avoiding the train crash or the bear mauling.

17. We emphasize this distinction here, as present danger and impending danger are different.

18. A family may have been in present danger and not be unsafe at the conclusion of the FFA and vice versa.
19. In addition, how we respond to children that are in danger is dependent upon the danger we have identified.

20. This training will be focusing on the response to danger—at both present and impending danger.

21. Transition to next slide.
Slide Purpose:

1. This provides a visual for the difference between the two types of safety plans.

Trainer Narrative:

1. Present danger plans are put in place based upon the identification of present danger.
2. The assessment of present danger usually occurs upon initial contact, however can occur during the course of the assessment.
3. Upon identifying present danger, the worker must take action to control for danger until the completion of information collection to inform the assessment of impending danger.
4. Information collection is expedited, within 14 days, to inform the impending danger (FFA) when present danger has been identified and a present danger safety plan has been initiated.

5. In many cases, a Present Danger Plan may be in place at the conclusion of the Family Functioning Assessment. Those plans more often than not will include a family arrangement with kin or even in foster care.

6. The plans we develop at present danger are often more intrusive as we may not have the information needed to inform whether the child is unsafe due to impending danger at the time of present danger.

7. If there is a Present Danger Plan in place at the conclusion of the FFA, the Present Danger Plan will be replaced by the development of a Safety Plan based upon the identification of impending danger.

8. Emphasis should be given to the need for re-evaluating the Present Danger Plan at the conclusion of the FFA to consider options for safety planning that are less intrusive for managing safety.

9. It is possible, if not likely, that aspects of the Present Danger Plan will get incorporated into the Safety Plan.

10. The impending danger safety plan, regardless of whether a present danger plan was developed, is created once impending danger has been identified.

11. This occurs at the conclusion of sufficient information collection to inform the danger threats.

12. The focus of the impending danger safety plan is to create a plan that will sustain the family and control for safety while treatment services occur.

13. Because impending danger has implications for the child’s welfare, safety plans are always your first order of business after the decision has been reached that a child is unsafe at the conclusion of information collection and the FFA process.

   a. You address impending danger before you do anything else, before you begin to remedy the problems through treatment or other services.
b. A safety plan requires that you take prompt action to do something about the impending danger. (I.e., if you have a father who is hitting people in his family, you can’t wait for behavior changes to be accomplished through treatment, we need to assure that he doesn’t continue assaulting his family.)

14. **Safety plans** are not concerned with making things different in as much as they are concerned with keeping things under control.
   
a. Safety plans are more focused on stabilizing activities and observation and supervising.

b. A safety plan manages or CONTROLS the condition that results in a child being unsafe. Treatment (such as substance abuse treatment, batterer’s intervention or anger management intervention) cannot begin until the threat is under control.

c. Safety plans are effective by using both formal and informal providers. Often family members and neighbors or friends are the best people to use in a safety plan.

d. The effect of a safety plan must be immediate.

e. If you institute a safety plan today, it must protect the child today.

f. A safety plan should be able to work immediately upon implementation!

g. If the actions taken in a safety plan do not have an immediate effect on the family dynamics, then they may not be the right actions.

15. **Case plans** are concerned with making differences—with outcomes with self-sustainable change.

   a. The case plan serves the purpose of trying to help create fundamental change in functioning and behavior that is associated with the reason that the child is unsafe.
b. The case plan serves the purpose of trying to help create fundamental change in functioning and behavior that is associated with the reason that the child is unsafe.
c. By that very established premise, a case plan and the service found on a case plan cannot and do not control safety threats and should not be used on a Safety Plan.

16. There may be times where you hear the term “safety plan” used by other professionals that are working with our common families.

17. For example a survivor safety plan for domestic violence, or a safety plan for a child that is sexual reactive.

18. While these plans can be used when working in conjunction with a family, the Child Welfare/Protection Safety plan is the agency’s way of taking responsibility for child protection and ensuring child safety.
   a. Safety plans are not the caretakers responsibility.
   b. Once a safety plan is put in place, the agency, as a system, assumes the oversight and substitute protector roles by working through others to assure child safety is managed in the household.

19. Remember, safety plans are intended to manage caregiver behavior, emotions, etc., and case plans are intended to enhance functioning and increase caregiver self-sufficiency.

**Trainer Note:**

1. By no means should this be interpreted to mean that when a Safety Plan is executed that because Florida law ‘allows’ for an investigation to be open for 60 days that that is the length of time a present danger safety plan would remain active.

2. That is not what is meant here. If the agency identifies danger, the agency is responsible for managing it. It would be prudent and essential to expedite processes to complete the information collection and FFA
process to inform the ultimate safety determination so that either the Present Danger Plan can be terminated or amended to address any identified Impending Danger at the conclusion of the FFA. This warrants full case management protective intervention services, in addition to already existing and active safety management.

3. A safety plan for impending danger may involve release to the ‘other’ parent who resides in a separate household after an “Other Parent Home Assessment;” it may involve an agency legal removal and placement with kin or substitute care/foster care.

4. Emphasis should be given to the need for re-evaluating the Present Danger Plan at the conclusion of the FFA process and safety determination to consider options for safety planning that are least intrusive for managing safety.

5. Case management will actively monitor and modify safety plans to achieve the level of intrusiveness that is appropriate. This includes diligence in evaluating whether the Conditions of Return have been met for purposes of reunifying a child and creating an in-home safety plan.
Scope of Safety Plans

- Use of in-home, out-of-home, combination of actions
- Clarification of the role of parents (caregivers) in the plan
- Protective role of others
- Specification of the safety services from a limited to extensive perspective
- Use and responsibility of the family network and professionals
- Parent (caregiver) access to child
- Identification and rationale for different kinds of separation
- Anticipated time limits that govern separation

Slide Purpose:

1. The purpose of this slide is to emphasize the scope/range of safety plans.

Trainer Narrative:

1. Child welfare has been notorious for its diametric view of safety intervention.
2. The point of view that has prevailed in our past is that either kids are safe or not, and that if kids are not safe, they are placed outside of their homes.
3. The safety plan must be a provisional intervention concept, which is dynamic and fluid.
4. **It should be developed using the least intrusive means mentality fully recognizing that many options exist between leaving children in their home and removing them.**

5. The most effective safety plan will involve:
   a. Strategies open enough to combine the use of in-home and out-of-home actions as appropriate.

6. This emphasizes the need to think of out-of-home legal placement as fitting within a well-conceived awareness of the need for separation.

7. Presumably, effective safety planning considers necessary separation from a partial to total perspective.

8. The clarification of the protective role of parents (caregivers) based on the nature of the impending danger; the presence of active, enhanced protective capacities; and expectations for continuing an acceptable level of caregiver involvement and responsibility given threats and limitations.

9. It is important to keep in mind that the objective is to return the protection role and responsibility to the parent (caregiver).

10. Depending on the nature of the family situation, the parents’ protective role may be none to significant.

11. A full elaboration of the protective role of others who participate in the safety plan.

12. Here we refer to friends, relatives and others who may have an active responsibility in assuring safety or who may play a supportive role during the intervention.

13. A specification of the safety service arrangements from a limited to extensive perspective.

14. The safety plan identifies the types of family network and professional safety management services and how their specific responsibilities are expected to contribute to the management approach.

15. Delineate parent (caregiver) agreed upon access to child, which may be none to extensive.
a. This includes the use of family time and the parameters surrounding family time.
b. Such as place, duration, supervision level, etc.

16. The means and circumstances in which the access is allowed and agreed upon to occur will be set forth as well as a plan of action for the substitute care provider should the parent/legal guardian breach the agreement.

17. The identification and rationale for different kinds of separation.

18. Separation represents a suspension of the parent-child interaction, parental responsibility for care and protection of the child, and respite for either or both parents and the child.

19. Any number of options may be appealing.
a. Options could be babysitting, respite care, more formal child care arrangements, child-oriented activity away from the home, overnight stays with relatives, family-made arrangements with a responsible adult, or substitute care/foster care providers, a few days/week-ends/a few weeks with relatives, family-made arrangements with a responsible adult or substitute or foster care providers, and so on.

20. Separation often is necessary but should occur only when it is well planned out, temporary, fitting within and part of the (larger) safety plan, a purposeful strategy within the safety plan, and dynamic and fluid in the way it is implemented and included in the safety plan.
   a. Anticipated time limits that govern separation.

21. While we’ve said that separation should be a dynamic and temporary strategy within the safety plan, here we want to emphasize the importance of anticipating time limits at the onset.

22. The purpose of the time limits is not to impose rigid management but to assure that safety management is guided by certain intentions.

23. With respect to separation, the intention is always to keep the focus on being provisional. Anticipated time limits refer to designating what you
expect to be needed and realistic while focused on minimizing separation. So we are talking about hours to days as preferred.

24. When children are placed out of the home, the anticipated time limit should be in terms of days to weeks, not months. This may be helpful in forcing us to justify if the separation is needed, if conditions have reduced that need, and if other less intrusive options can be deployed.

25. As a system of care, what is the agency’s, (DFS/CBCs) Responsibility in the Safety Plan?

26. There is always a need to reinforce who is responsible for safety intervention and we do so again here.

27. Emphasize that when impending danger is identified the parents are no longer responsible for safety; the agency is responsible.
Slide Purpose:

1. The purpose of this slide is to emphasize the criteria for sufficient safety plans.

Trainer Narrative:

1. The safety plan can be a safety plan only if it meets the following criteria:
   a. The **single purpose** of the safety plan is to control or manage impending danger. If any other purpose is included, it may not be a safety plan.
   b. The safety plan must have an **immediate effect**.
   c. The safety plan is created because you have identified danger.
2. The definition for danger is that it is imminent. That means it is going to happen and within the immediate to near future. Or in the case of present danger, is actively occurring.

3. Therefore, the safety plan must be established and implemented at the point the danger is identified and do what it is supposed to do the very day it is set up – manage danger.

4. Available means the Safety Management provider/resource has sufficient time and capacity to do what is expected.

5. Accessible means the Safety Management provider/resource will be in place, readily responsive and close enough to the family to meet the demands of the plan.

6. **Actions and services** contained within the safety plan are designated specifically for the purpose of controlling or managing danger.

7. Safety management actions and plan must have an immediate effect.

8. A safety management action on the safety plan must achieve its purpose fully each time it is delivered.

9. If upon review, a safety plan does not comply with these criteria, then it *isn’t* a safety plan!
Questions

Slide Purpose:

1. This slide is intended to provide an opportunity for participants to ask questions and/or seek clarification.

Trainer Narrative:

1. Inquire of participants if they have any questions regarding the review or about any information we have covered thus far.
2. Answer any questions and/or provide any clarification as needed.
3. Transition to next slide.
Safety Planning Analysis and Conditions for Return: Purpose

Session 2: 90 Minutes

Slide Purpose:

1. To provide an overview of Session 2.

Trainer Narrative:

1. Provide a brief overview of Session 2.
2. Session 2 will focus on the safety planning analysis, including the purpose and the development of conditions for return.
3. Transition to next slide.
Safety Planning: True or False

- Reunifying a child with his family is based on caregivers meeting case plan outcomes.
- A central thought on caregivers’ minds when CPS is involved is what is necessary to get their children returned to them and get the agency out of their lives.
- Conditions for return are criteria for reunification and for the purpose of keeping kids safe at home with an in-home safety plan.
- Child placement is the option agencies use when a safety plan will not work.
- Child placement should be viewed as a temporary safety management response that is most intrusive.
- Child placement is necessary until threats to a child’s safety are gone.
- Caregivers deserve to know exactly what is required in order to get their children returned home.

**Slide Purpose:**

1. To provide a visual for a participant exercise: safety planning: true or false.

**Trainer Note:**

1. This exercise is intended to test participant recall regarding the focus and purpose of safety plans.
2. This is an individual activity.
3. Large group review of each statement will occur following participants completing the worksheet located in their participant guide.

**Handout:**

1. Safety Planning: True or False, located on page 12 in the Participant Guide.
Trainer Narrative:

1. Thus far we have covered what safety plans are, as well as reviewed present and impending danger.
2. Before we move forward with discussing the safety planning analysis and conditions for return, we are going to practice our recall regarding the purpose of the safety plan and conditions for return.
3. Located in your participant guides is the worksheet titled Safety Planning: True or False (on page 12).
4. This is an individual exercise.
5. Take five minutes and review each statement and identify if you believe the statement to be true or false.
6. Allow participants five minutes to complete each statement.
7. Transition to next slide.
Slide Purpose:

1. To provide a visual for the activity report out.

Trainer Narrative:

1. Reconvene the group and proceed to review each statement using the trainer worksheet to facilitate debrief.
2. Following the review of each statement, inquire of participants if there are any questions or points that need further clarification.
3. Inform participants that this exercise was intended to confirm the foundation for the safety plan and conditions for return.
4. Transition to next slide.
Reunifying a child with his family is based on caregivers meeting case plan outcomes.

False. It is possible to reunify a child with his family if certain conditions exist that assure child safety, that employ an in-home safety plan. The adjustment to reunification is possible allowing a caregiver to continue to work on change. Admittedly change that occurs as a result of the case plan and service provision can contribute to establishing the conditions necessary for moving to an in-home safety plan. Child placement is necessary until child safety can be managed in the home. The definition for child safety says that children are safe when protective capacities are sufficient to protect against threats to a child’s safety. If others can supply caregiver protective capacities, then child placement is not necessary.

A central thought on caregivers’ minds when child welfare is involved is what is necessary to get their children returned and to get child welfare out of their lives.

True – at least generally. Caregivers do not want child welfare involved in their lives; do not want their children removed; want to know what to do to get their children back; want to know what to do to get child welfare out of their lives. Child welfare is disempowering in and of itself. Among the strongest influences in that process is information. While it is not possible to completely alter how the process affects caregivers, providing them with information is perhaps the most effective way to reduce feelings of disempowerment.

Conditions for Return are criteria for reunification used for the purpose of keeping kids safe at home with the use of an in-home safety plan.

True. Fundamentally, conditions for return are child welfare’s judgment about what it will take to keep a child safe in an in-home safety plan and therefore one can see that as the ultimate purpose – keeping kids safe at home. Safety plans are for the purpose of keeping kids safe. Safety plans involve in-home options, out-of-home options, and a combination of the two. Safety plans are by their nature intrusive; intrusiveness necessary to keep kids safe increases as safety plans move from in-home to out-of-home options.

Child placement is the option agencies use when a safety plan will not work.

False. An out-of-home placement is a safety plan; in safety intervention, placement it is not about well-being or a “better” living situation for a child; it is about the least intrusive means for keeping a child safe given the nature of impending danger and the caregiver’s willingness and capacity to participate in safety planning and safety plan implementation. Child placement is the safety plan option child welfare uses when in-home safety options will not work. Child placement occurs as a safety management option when caregivers are unable or unwilling to participate in an in-home option.

Child placement should be viewed as a safety management response that is most intrusive.

True – Safety plans are supposed to be provisional which means that a safety plan is always subject to revision and adjustment. The least intrusive concept applies; all workers should always be considering how to keep a child safe using the least intrusive safety plan possible. Child placement should always be
thought of as a provisional temporary safety response required until such time as circumstances within the home can be established to produce less intrusive means for protection. Temporary here should be thought of as weeks up to a month at which time a tune-up for the safety plan is considered--workers assess what is happening to consider whether lessening intrusiveness is possible.

*Child placement is necessary until threats to a child’s safety are gone.*

False. A safety plan of some kind must remain in place as long as impending danger exists. Child placement is only one option; effort always should exist related to seeking less intrusive safety plans as in moving from out-of-home to in-home safety plans. Child placement is necessary until child safety can be managed in the home. The definition for child safety says that children are safe when protective capacities are sufficient to protect against threats to a child’s safety. If others can supply caregiver protective capacities, then child placement is not necessary.

*Caregivers deserve to know exactly what is required in order to get their children returned home.*

True. Workers team with caregivers. Caregivers have a right to know. It is respectful to keep caregivers informed. Intervention won’t work if caregivers are not fully informed about what is happening in their case and the basis for decision-making. Caregivers do deserve to know exactly what is required in order to get their children returned home. Precision is critical. The stakes concerning parents and children being together are extremely high. Beyond the social, psychological aspects of this issue, there are important civil rights in question. The exact basis for children returning home is crucial as a fairness and equity matter to caregivers, as a standard to use for case direction for everyone in the case, and as a basis for safety decision making.
Safety Planning Analysis and Conditions for Return

- Impending Danger must be understood to determine sufficient safety management
- Safety Planning Analysis and Conditions for Return logically correspond with how impending danger is occurring
  - Frequency
  - Intensity
  - Influences
- Specific to caregiver willingness, acceptance, and capacity for in-home safety management
- Understandable
- Necessary and Allow for an in-home safety plan

**Slide Purpose:**

1. The purpose of this slide is to provide a visual for the key points associated to the safety planning analysis and conditions for return.

**Trainer Narrative:**

1. The safety planning analysis and subsequently the conditions for return are key safety decisions within the safety methodology.
2. Determining if an in home safety plan versus an out of home safety plan can be established requires that we fully understand the danger threat before proceeding further.
3. Absent information to inform the impending danger threat-frequency, intensity, and influence—we cannot establish the ability and willingness for
caregivers to participate, services needed to control for danger, and the appropriateness of the location in which the safety plan would be executed.

4. When information is known to inform the safety planning analysis, so too information informs the conditions for return.

5. Recall that conditions for return are not associated to case plan outcomes, but rather what it would take for an in home safety plan to be established.

6. We will explore further the concept of conditions for return in this session, but first let’s turn our attention to the safety planning analysis.
Safety Plan Analysis: In Home or Out of Home?

Slide Purpose:

1. To provide participants with the purpose of the safety intervention analysis.

Handout:


Trainer Narrative:

1. As mentioned, the safety planning analysis serves to determine the level of intrusiveness of the impending danger safety plan i.e. in home versus an out of home safety plan. It helps us operationalize reasonable efforts to maintain a child at home with their family.
2. We also mentioned, information drives our decision-making.

3. The safety planning analysis is our process of looking closer at the danger threats and caregiver protective capacities we assessed through our family functioning assessment with the focus of what is needed to control for danger.

4. The safety planning analysis is part of the reasonable efforts to prevent the removal/placement of the child in an out of home setting.

5. The degree of intrusiveness has to do with worker/supervisory professional judgment of whether child safety can be controlled/maintained in the home or whether it is necessary to remove a child or keep a child in out of home care in order to assure that a child is protected.

6. The level of effort has to do with the level of response, service or activity within a safety plan required in order to keep a kid safely in the home/prevent removal— that is, the tasks, steps and/or types of Safety Management services required, and also the allotment of time necessary to control safety threats.

7. There are five key safety planning analysis criteria that we examine in formulating our decision regarding the type/intrusiveness of the safety plan.

8. The key outcome of the safety planning analysis is to create a sufficient impending danger safety plan.

9. Sufficient meaning the necessary level of effort and intrusiveness to control for child safety.


11. We are going to proceed to review each of the safety planning analysis criteria; as we review the safety planning analysis, please follow along with your handout.
Safety Planning 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 actions and safety resources/providers.

Safety Planning Analysis Criteria #2

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

Safety Planning Analysis Criteria #3

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

Safety Planning Analysis Criteria #4

An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluation.

Safety Planning Analysis Criteria #5

The parents/legal guardians have a physical location in which to implement an in-home safety plan. (shelter, tent, house, etc.)
Safety Planning Analysis Criteria #1 - #5

Slide Purpose:
1. To provide participants a visual of the five safety planning analysis criteria.

Exercise/Activity:
1. Review of Safety Planning Analysis Handout with participants (page 15 of Participant Guide) to ensure comprehension and clarify points as needed.
2. Encourage participant to follow along, using their handout as reference and to make notes as needed.
3. Proceed to review each slide, with the associated safety planning analysis.
4. Solicit questions and comments throughout the review. Emphasize the critical analysis and the reconciliation of the analysis of these questions is dependent upon having sufficient information, accurately identified danger threats, and caregiver protective capacities.

Trainer Narrative:
Criteria #1:
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.
2. 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.
3. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required to like the plan; plans are not negotiable in regards to the effectuation of the plan.
Criteria #2:

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

2. Calm and consistent refers to the environment, its routine, how constant and consistent it is, and its predictability to be the same from day-to-day.

3. The environment must accommodate plans, schedules, and Safety Management and other services and be non-threatening to those participating in the Safety Plan.

Criteria #3:

1. Safety plan 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.
   a. 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.
   b. 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.
   c. 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 control and 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 control and manage.

d. The frequency of occurrence is directly related to defining when Safety Plan Services and activities have to be in place. For instance, if an Impending Danger Threat occurs daily, a safety plan service must be available daily.

e. 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 pay day 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 father if able or the children from the home during that time. Impending Danger Threats that are not predictable are more difficult to control and 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.

f. 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.

g. 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.

h. Safety management services are dependent upon the identified impending danger threat:

i. Available refers to safety management services that exist in sufficient amount.

j. Access to safety management services 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:

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

2. 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 the ability to know what is required to manage threats.

3. 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.

4. 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).

5. 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.

6. 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 judgment about the extent of the incapacitation.

Criteria #5:

1. The parents/legal guardians have a physical location in which to implement an in home safety plan.
2. This pertains to the most basic level of housing.
3. This criteria is focused on the physical aspect of the residence/domicile.
4. The home should not present a physical safety threat-such as unsanitary household conditions, lack of egress, etc.
5. This criteria requires that there is an assessment of the living conditions-the residence.
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 worker, 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 and 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 no disrupt in-home safety services and reasonably 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 to be sufficiently controlled and managed by in-home safety services;
- Family and individual family member routines, schedules, daily life supports 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/climate 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 others (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 pay day 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, 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.).

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 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.
Slide Purpose:

1. To provide a visual for the difference between an in home plan and out of home plan based upon the safety planning analysis criteria.

Trainer Narrative:

1. Reiterate to participants that the outcome of the safety planning analysis is either an in home plan or an out of home plan.
2. Reinforce that there may be times where the plan has combination components, such as separation, however the decision for an in home plan versus an out of home plan is not a combination decision—but rather one or the other.
3. When we have determined that an in home plan is sufficient for controlling for danger, this is based upon all of the safety planning analysis criteria supporting the in home plan.

4. There would be no need to develop conditions for return for the family where an in home plan is created.

5. Versus, when the safety planning analysis criteria does not support an in home plan, we must proceed to an out of home plan.

6. At this time, the conditions for return would be established and in the most basic sense the conditions for return would be created to identify for the family what is needed to create an in home safety plan.

7. Transition to next slide.
The Concept of Conditions for Return

Slide Purpose:

1. To provide a visual for the definition of conditions for return.

Trainer Narrative:

1. Review the slide points with participants.
2. Emphasize that the conditions for return are how we communicate with parents the process of reunification with their children at the earliest possible point in the case—when safety can be established within the home.
3. The conditions for return are based solely on the safety planning analysis—how family’s turn the “No” criteria to a “Yes.”
4. Let’s take a look at some examples of conditions for return developed based upon our safety planning analysis criteria.

5. Inform participants to look on page 30 of their participant guide.


7. Proceed to allow participants 5-10 minutes to review the handout.

8. Following the time for review, proceed to review the handout with participants, highlighting examples of conditions for return and referencing the previous handout in regards to the rationale for not being able to implement and in home safety plan.

9. Following the review of the handout, inquire of participants if there are any questions or comments that they would like to share.

10. Allow time for debrief and questions.

11. Inform participants that we will be practicing the safety planning analysis and conditions for return today, however before our own practice, we will review work that was conducted as an example of how the safety planning analysis and conditions for return are informed and developed.

12. Transition to next slide.
Safety Planning Analysis:
Conditions for Return

If at the conclusion of the CPI Family Functioning Assessment, the Safety Planning Analysis results in a decision that an out of home safety plan is necessary to sufficiently manage child safety, the next immediate activity involves the supervisor and worker documenting explicitly what would be required in order for an in-home safety plan to be established and the child(ren) returned home.

The requirements (i.e. conditions that must exist) in order to return children to their caregivers are directly connected to the specific reasons/ justification from the Safety Planning Analysis as to why an in-home safety plan could not be put into place at the conclusion of the FFA and/or maintained as a part of ongoing safety management.

These “condition” for return statements are intended to delineate what is required in the home environment and of caregivers to be able to step down the level of intrusiveness for safety management and implement an in-home safety plan.

Definition of Condition for Return

Official written statements that could be included as part of a court order that describe what must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan.

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.

Conditions for Return and Use of an In-Home Safety Plan:

CFR statements associated with a caregiver’s lack of acceptance and willingness to participate in developing an in home safety plan should reflect what would be different in comparison to what was determined to be the justification for why an in-home safety plan could not be used.

Examples:

- Caregiver [name] is open to having candid discussion about the reason for a safety plan and what the safety plan would involve regarding child [name]
safety and the need for a safety plan;
• Caregiver [name] expresses genuine remorse about [specific maltreatment] toward child [name] and is willing to discuss the need for a safety plan;
• Caregiver [name] expresses a genuine interest in doing what is necessary to have the child [name] return to the home;
• Caregiver [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety;
• Caregiver can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.

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.

Conditions for Return and Use of an In-Home Safety Plan:

CFR statements associated with the home environment should reflect what would need to be different in comparison to what was determined to require an out of home safety plan.

Examples:
• The home environment is consistent [describe what would be different] enough for in-home safety services to be put into place;
• Specific individuals [identify and describe what was problematic about certain people being in the home and threatening to child safety] no longer reside in the home and the caregiver’s [name] commitment to keeping them out of the home is sufficiently supported by in-home safety services;
• Caregiver [name or other individual in the home] no longer expresses or behaves in such a way that reasonably will disrupt an in home safety plan [describe specifically what would be different that was preventing in-home safety plan], expresses acceptance of the in home safety plan and concern for child; and safety services are sufficient for monitoring and managing caregiver behavior as necessary;
• Specific triggers for violence in the home are understood and recognized by caregivers, and in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;
• Caregiver [name] acknowledges the need for self-management and is demonstrating evidence of increased impulse control and behavior management, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];
- Child [name] no longer expresses fear of the home situation;
- Child [name] no longer expresses fear of being around the caregiver, and in-home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;
- There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];
- Caregiver [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan];
- Caregiver [name] has expressed a desire to improve the quality of the relationship with his/her child, and demonstrates enough notable progress toward having a change in perception and more positive interactions with the child that in-home safety services can sufficiently supervise and monitor the situation;
- The home environment is reasonably consistent on a day to day basis [describe what minimally reasonably consistent would look like for a particular family];
- There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;
- There is no indication that there are unknown, questionable or threatening people in and of the home on a routine or inconsistent basis;
- All individuals residing in the home are known to the agency, cooperative and open to intervention;
- There is an increased understanding of how Impending Danger [described negative condition that must be better understood] is manifested on a day to day basis, and there is a judgment that in-home safety services can be put into place at the times and level of effort required to assure child safety;
- There is an understanding regarding when Impending Danger is more likely to become active and in-home safety services can be put into place at the times and level of effort required to sufficiently control and manage out of control emotions, perceptions and/or behavior [describe specifically what would need to be controlled].

**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.**

- 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.
Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with the sufficiency of resources should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan. See the previous examples related to the justification for an in-home safety plan as a reference point for considering possible conditions for return related to sufficient resources.

Examples:
- There are sufficient and suitable safety service resources at the level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance etc. [identify what specific safety service you would need to manage safety in the home].

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.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with a caregiver’s capacity should reflect what would need to be different in comparison to what was determined to be the justification for why an in-home safety plan would be insufficient.

Examples:
- There are sufficient safety service resources available and immediately accessible to compensate for a caregiver’s cognitive limitations and provide basic parenting assistance at the level required to assure that the child [name] is protected and has basic needs met;
- There are sufficient safety service resources available and immediately accessible to compensate for a caregiver’s physical limitation by providing basic parenting assistance to assure child [name] basic needs are met;
- There is a change in circumstances [describe specific change] whereby there are sufficient safety services [identify specific safety services] available and immediately accessible to assure that child [name] special needs can be managed with an in-home safety plan;
- Caregiver [name] emotions/behaviors are stabilized [describe specifically what stabilized “looks like” for a caregiver] to the extent that in-home safety
services are sufficient for effectively managing caregiver [name] behavior;
• Caregiver [name] is demonstrating progress toward [describe specifically what would need to be different—e.g. stabilizing emotionally; increased control of behavior] to the extent that in-home safety services are sufficient and immediately available for effectively managing caregiver behavior;
• Caregiver’s [name] emotional functioning is stabilized and predictable enough for a sustained period of time [designate appropriate time] such that it will not disrupt an in home safety plan;
• Caregiver’s [name] substance use [or addiction] is stabilized and there is demonstration of increased self-control to avoid using [drugs/ alcohol] for a sustained period of time such that it will not disrupt an in home safety plan;
• Caregiver [name] demonstrates increased emotional stability/ behavioral control [describe specifically what would be different] to the point where an in-home safety plan and safety management can assure child safety;
• Caregiver [name] acknowledges the need for having different expectations for child [name] that are more reasonable given his/her limitation, and there are sufficient in-home safety services to assist with modifying caregiver behavior and providing basic parenting assistance;
• Caregiver [name] can be relied upon to comply with; participate in; accept and cooperate with the schedules, activities and expectations in the in home safety plan;
• Caregiver [name] will be at the home and/or will respond to phone and other kinds of contact as identified related to the specifics of the in home safety plan;
• Caregiver [name] responds to safety providers in reasonable and accepting ways and in accordance with schedules and expectations in the in home safety plan;
• Caregiver [name] is sufficiently able and responsible about managing his or her behavior consistent with and as required by specifics of the in home safety plan;
• Caregiver [name] is tolerant of safety service providers, schedules, identified expectations, role and behavior of safety service providers that are spelled out in the in home safety plan;
• Caregiver [name] is open and can set aside his or her personal choices; independence that conflicts with the in home safety plan; wishes and preferences which are contrary to specific expectations/requirements of the in home safety plan.

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, 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.).

**Conditions for Return and Use of an In-Home Safety Plan:**
CFR statements associated with a caregiver’s residence should reflect what would need to exist in comparison to what was determined to be the justification for an out of home safety plan.

Examples:
- Caregiver [name] has a reliable, sustainable, consistent residence in which to put an in-home safety plan in place;
- Caregiver [name] maintains the residence and there is confidence that the living situation is sustainable;
- Caregiver [name] demonstrates the ability to maintain a sustainable, suitable, consistent residence [describe specifically on an individual case by case basis what would be a sufficient demonstration of a caregivers ability to maintain an adequate place to reside and implement an in-home safety plan];
- The condition of the residence is suitable and structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place;
- Caregiver [name] has a reasonable plan for how his/she will use resources to maintain a stable residence.
Review: Applying Concepts to Practice

In small groups of 4:
- Review written case information: FFA
- Review the safety planning analysis and conditions for return
- Identify areas for questions regarding case practice

Practice: Applying Concepts to Practice

Slide Purpose:

1. To provide the instructions for the small group exercise.

Exercise/Activity:

1. Groups of 4-5 participants will complete the exercise.
2. Handout for exercise is located in the Participant Guide on page 37.
3. Croft Family Functioning Assessment

Trainer Narrative:

1. Inform participants that this is a group activity, where they will be reviewing a completed Family Functioning Assessment Safety Plan.
2. The focus of this exercise is to review casework that has been completed with fidelity and to identify areas of information that support decision-making.

3. Review the worksheet with participants prior to breaking into groups.

4. Inform participants that they will have 30 minutes to review the FFA and to complete the worksheet.
Instructions for Croft Family Functioning Assessment Review

Purpose:
The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying information that supports safety planning analysis and conditions for return.

Materials Needed:
- Safety Methodology Reference Guide: Safety Planning Analysis

Instructions:
1. Working within your small groups, each participant is to review the Croft Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports a specific danger threat;
   b. Justification of the safety planning analysis.
3. Following each participant’s review of the worksheet, the group will complete the worksheet for the large group reports out.
   a. The group will need to identify a reporter for the large group report out.
1. Information that Supports the Specific Danger Threat:

<table>
<thead>
<tr>
<th>Safety Threat(s) Identified: Yes or No</th>
<th>Threat(s):</th>
<th>Justification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1.) Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in way that seriously harmed the child or will likely seriously harm the child.</td>
<td>1.) Out of control: both parents substance use results in their neglect of the children, including exposure to a methamphetamine lab. The parents’ actions are to a level that both have been arrested and are not able to care for the children. There are no other caregivers within the home that can control for their actions. Imminence: Pattern of behavior that was occurring daily/weekly. Severity: One child tested positive for methamphetamine. Observable: Parents admit to substance misuse, child found in methamphetamine home, child and parent report. Vulnerable Children: While one child is older, the younger child is not able to protect himself, and the older child cannot care for the younger child.</td>
</tr>
<tr>
<td></td>
<td>2.) Parent/legal guardian/caregiver is not meeting child’s basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.</td>
<td>2.) Out of Control: Both parents are not able to provide for care of the children due to their incarceration due to their substance abuse. Imminence: Children are in need of supervision now, daily and no parent is available. Severity: Both children rely on the parents to meet their basic needs and neither parent has been or can provide for those needs. Observable: Child’s report as well as determination that there was no available caregiver based upon the parent’s incarceration. Vulnerable Child: Both children need a parent/caregiver to provide for their basic needs and no parent is available.</td>
</tr>
</tbody>
</table>
2. Information that supports the safety planning analysis:

Both parents are incarcerated—which means that they do not currently have a home. Mother would like to have children with her, but is unable to.
Activity Report Out

Slide Purpose:

1. This slide is intended to provide a visual for the activity report out.

Trainer Note:

1. Use the trainer worksheet located in the Trainer Guide to guide the report out with groups.

Trainer Narrative:

1. Begin the exercise report out with the first question, record information on a flip chart as groups provide their information.
2. Validate accurate information, based upon the trainer guide and proceed to the next question, repeating the process.
3. Inquire of participants if they can identify how the information contained in the Family Functioning Assessment was used to inform the safety planning analysis?

4. Participants should be able to identify the condition of the home, the residence the family had obtained, the level of severity of the danger threat, and the lack of available resources based upon the needs of the family.

5. Reinforce for participants that role of information collection in the determination of a sufficient safety plan.

6. Next we are going to practice completing a safety planning analysis and developing conditions for return based upon case application.

7. Transition to next slide.
Practice: Applying Concepts

In small groups of 4:
- Review written case information: FFA
- Complete the worksheets based upon the FFA

Slide Purpose:
1. To provide the instructions for the small group exercise.

Exercise/Activity:
1. Groups of 4-5 participants will complete the exercise.
2. Handout for exercise is located in the Participant Guide on 41.
3. Morgan Family Functioning Assessment

Trainer Narrative:
1. Inform participants that this is a group activity, where they will be reviewing a mostly complete Family Functioning Assessment.
2. The areas that are not complete are in regards to the safety planning analysis and if necessary the conditions for return.
3. Review the worksheet with participants prior to breaking into groups.
4. Inform participants that they will have 30 minutes to review the FFA and to complete the worksheet.
Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying information that supports safety planning analysis and conditions for return.

Materials Needed:
- Safety Methodology Reference Guide: Safety Planning Analysis

Instructions:
1. Working within your small groups, each participant is to review the Morgan Family Functioning Assessment.
2. When reviewing the scenario, each participant should be considering:
   a. Information that supports a specific danger threat;
   b. Information that would need to be known to inform the safety planning analysis.
3. Following each participant’s review of the FFA, the group will complete worksheet in regards to the safety planning analysis.
   a. The group will need to identify a reporter for the large group report out.
1. Information that Supports the Specific Danger Threat:

<table>
<thead>
<tr>
<th>Safety Threat(s) Identified: Yes or No</th>
<th>Threat(s):</th>
<th>Justification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1.) Parent/legal guardian/caregiver is violent, impulsive, or acting dangerously in way that seriously harmed the child or will likely seriously harm the child.</td>
<td>1.) Out of control: Use is daily, increasing in severity-IV drug use. No other caregivers in the home. No indication that the mother has control over her use, such that she is able to place her needs above the child’s needs. Imminence: Occurs daily in the home, with no anticipated ceasing of use. Severity: Child with medical condition that could be life threatening. Child, 3 years old, caretaking himself. Lack of supervision and protection. Observable: Parents admit to substance misuse, needle marks on arms. Vulnerable Children: Child, 3 years old, caretaking himself. Lack of supervision and protection.</td>
</tr>
<tr>
<td></td>
<td>2.) Parent/legal guardian/caregiver is not meeting child’s basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.</td>
<td>2.) Out of Control: Mother is not able to provide for the supervision due to their substance abuse. Imminence: Child is in need of supervision now, daily and no parent is available. Severity: Child relies on the parent to meet his basic needs and parent has been or can provide for those needs. Observable: Mother’s report and child’s actions. Vulnerable Child: Child needs a parent/caregiver to provide for his basic needs and parent is available.</td>
</tr>
</tbody>
</table>
2. What information is needed to complete the safety planning analysis?

Availability of a residence for Sara-can she go live with the MGM?
Is she willing to go live with MGM?
Detoxification an option?
Who else is available to be a support to the mother?
Friend/family ability?
Daycare or other service providers within the area that could assist?
Activity Report Out

Slide Purpose:

1. This slide is intended to provide a visual for the activity report out.

Trainer Note:

1. Use the trainer worksheet located in the Trainer Guide to guide the report out with groups.

Trainer Narrative:

1. Begin the exercise report out with the first question, record information on a flip chart as groups provide their information.
2. Validate accurate information, based upon the trainer guide and proceed to the next question, repeating the process.
3. Reinforce for participants that role of information collection in the determination of a sufficient safety plan.

4. Proceed to inform participants that we are going to work through the safety planning analysis for this case as a large group.

5. Transition to next slide.
Practice: Conditions for Return

Slide Purpose:

1. This slide is intended to provide the visual for the Morgan Case Safety Planning Analysis Application

Trainer Narrative:

1. We are going to proceed to complete the safety planning analysis for the Morgan family, based upon the real case application.
2. Inform participants that in the real Morgan family, the mother was not willing for an in home safety plan-as she did not want to go back and live with her mother. She also was homeless.
3. Safety services were available in the sense that the MGM was able and willing to assist in the in home plan, as well as the siblings.
4. Based upon the safety planning analysis, we are left with an out of home safety plan.
5. Therefore we have to develop the conditions for return.
6. Working in your same groups, we are going to craft the conditions for return for the Morgan family.
7. Identify for the group the two safety planning analysis criteria questions that were identified as a no: Residence and Parent Willingness.
8. Refer participants to their handout: Determining Level of Sufficiency in Developing Safety Plans (page 15 of Participant Guide).
9. Allow participants 15 minutes to craft their conditions for return for Criteria #1 and #5.
10. Provide groups flip chart paper to record their responses.
11. Start with criteria #1: Parent is willing for an in home safety plan and inquire of participants the condition for return they would craft.
12. Validate accurate conditions for return and encourage participants to utilize the information from the FFA to inform their conditions for return.
13. Repeat process for Criteria #5: Parent has a residence.
14. Validate accurate conditions for return and encourage participants to utilize the information from the FFA to inform their conditions for return.
15. Trainers should be using their trainer version of the handout: Determining Level of Sufficiency to facilitate the creation of the conditions for return.
16. Following the group report out, inquire of participants their thoughts regarding the exercise and the degree of difficulty in developing conditions for return? Allow time for participants to share their perceptions and validate their responses as needed.
17. Transition to next slide.
Questions?

Slide Purpose:

1. This slide is intended to provide an opportunity for participants to ask questions and/or seek clarification.

 Trainer Narrative:

1. Inquire of participants if they have any questions regarding the review or about any information we have covered thus far.
2. Answer any questions and/or provide any clarification as needed.
3. Transition to next slide.
Creating Sufficient Safety Plans
Session 3: 60 Minutes

Slide Purpose:
1. To provide an overview of Session 3.

Trainer Narrative:
1. Provide a brief overview of Session 3
2. Session 3 will focus on safety services and the development of sufficient safety plans.
3. Transition to next slide.
Creating a Sufficient Safety Plan

Slide Purpose:

1. The purpose of this slide is to provide an opportunity for participants to consider the concept of safety plan sufficiency.

Trainer Narrative:

1. What does it mean for a plan to be sufficient?
2. Have participants thought about this question?
3. Facilitate discussion. Key points to look for or address to guide facilitated discussion are:
   a. Is the answer to this question subjective – open to anyone’s interpretation as to what constitutes a sufficient safety plan?
   b. “Well thought-out” refers to accountable, justified, and reasonable.
   c. “Taking action” and “frequent enough” are terms that qualify the amount of interference that is needed in order to make sure a child...
is safe.
4. The key to determining sufficiency understands the danger that is manifested within the home.
5. If impending danger cannot be articulated and described, then the safety plan will not be sufficient.
6. How do participants judge the things contained in this slide?
   a. Well thought-out;
   b. Suitable;
   c. Necessary;
   d. Kind of action;
   e. Frequency.
7. This definition is not a cookie cutter response for safety intervention.
8. In other words, unsafe does not automatically result in placement.
9. There is not a standard, one method approach to safety responses.
10. They are all individualized and specific to each family.
11. As such, the safety services we deploy are also not universal in their application—each is dependent upon the family and the conditions in the home.
12. Transition to next slide.
Slide Purpose:
1. This slide provides the definition of an in-home safety plan.

Exercise/Activity:
1. Review definition and seek comment from participants.

Trainer Narrative:
1. What is done on a safety plan is done on purpose.
2. It is planned, intentional, and calculated (well-thought out) based on the analysis we covered in the last session.
3. In-home safety plans are active plans with active efforts and monitoring.
4. Things happen in a well-defined way and at a prescribed time.
5. This refers to active and intentional efforts that are articulated and understood within the safety plan.

6. **Emphasize that investigative staff and/or the community based care agency case managers have and must maintain the final responsibility for managing safety based on the safety plan.** It is an AGENCY responsibility as a system! That is all of us!

7. **Emphasize that for case managers when they assume case responsibility, this includes the active management, monitoring, and responsibility for the impending danger safety plan** to include the assessment of conditions for return and active assessment of when conditions for return have been achieved.
Safety Services

- Managing Threatening Behavior
- Managing Crisis
- Providing for Social Support
- Providing Resources
- Providing for temporary separation between a child and adult

Slide Purpose:

1. The purpose of the slide is to introduce the concept of Safety Services: Actions within Safety Plans.

Handout:


Trainer Narrative:

1. Consideration of these safety management services in response to impending danger occurs, as information about the family and resources should be known at the conclusion of the FFA-Investigation.
2. Safety planning when impending danger has been identified allows investigators and families to deploy resources that were unknown at the point of initial contact.

**Exercise/Activity:**

1. Proceed to review the handout with the participants, methodically going through each category and actions associated.

2. Engage participants in questions and apply case examples as necessary to highlight the difference between safety management services and treatment/case plan services.
Behavioral management is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) 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, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child’s safety.

Safety Management 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. Supervision and monitoring is almost always when other safety services are employed.

TRAINER EXAMPLE:
In home safety service provider that is present in the home in the evenings when danger is known to be active. This could include a relative, a friend, or a formal service provider that is there to ensure that should danger arise, that the child is safe.
A case example could be the parent that after the children goes to bed they become highly intoxicated and leave the home, thus leaving the children unsupervised. Having someone in the home during the evenings to provide supervision and monitoring would control for the safety should the danger arise.

Safety Management Service: Stress Reduction

Stress reduction is concerned with identifying and doing something about stressors occurring in the caregiver’s daily experience and family life that can influence or prompt behavior that the in-home safety plans is designed to manage.

Stress reduction as a safety management service is not the same as stress management treatment or counseling, which has more behavior change through treatment implications. Your responsibility primarily has to do 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’s a case management concern through a case plan, not a safety plan.

TRAINER EXAMPLE:
This is concerned with removing conditions that contribute to the danger. For example if there are financial stressors that are contributing to the danger, identifying resources that will manage or provide for the financial stressors would be appropriate use of safety services.
A case example could be the parent that is misusing monies and has resulted in the children not having food. Providing food through use of food banks, churches, neighbors, and school free lunches removes and controls the stress that is contributing to the maltreatment.

**Safety Management 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, safety management services are not concerned with changing behavior; it is concerned with immediately controlling threats. 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 management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. Think of this safety management 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 assure effective implementation of the in-home safety plan.

**TRAINER EXAMPLE:**

This is concerned with limiting/controlling the behaviors that are associated with the danger. For example if the parent were not able to control their responses to children while disciplining, then removing the role of discipline for the parent would be a behavior modification.

A case example could be the parent that uses corporal punishment to the point of leaving serious marks or injuries. Removing the parent from the role of disciplinarian is a way of behavior modification.

**Safety Category: 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 member’s emotions, abilities, resources, and problem solving. A crisis for families you serve is not necessarily a traumatic situation or event in actuality. A crisis is the caregiver’s or family member’s 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 in their lives as threatening, overwhelming, horrible events, and situations for which they have little or no control, blame others for and don’t adapt well to.

Keep in mind with respect to safety management, a crisis is an acute, here and now matter to be dealt with so that the present danger or 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 present danger or impending danger. Crisis management is specifically concerned with intervening to:

- Bring a halt to a crisis
- Mobilize problem solving
- Control present danger or impending danger
- Reinforce caregiver participation in the in-home safety plan
• Reinforce other safety management provider’s/resource’s participation in the in-home safety plan
• Avoid disruption of the in-home safety plan.

**TRAINER EXAMPLE:**
*This is concerned with stabilization of the household to allow for safety services to occur. Case examples, could be the parent who is having a mental health crisis and is need of crisis intervention and assistance. Deployment of mental health professionals to manage the crisis and the parents mental stability enough to allow the parent to participate in the in home safety plan.*

**Safety Category: Social Connection**

Social connection is concerned with present danger or 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 manner 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.)

**TRAINER EXAMPLE:**
*This is concerned with how the parent is connected with others as a means for both connection and motivation. For parents where isolation is a contributing factor to danger, the incorporation of connection within the safety plan addresses the contributing factor of isolation to control for danger. A case example could be the parent who self-medicates during the day because of isolation and depression attending a church service or group to engage with others. This of course would require a social connection to facilitate the attendance for the social connection.*

**Safety Management Service: Friendly Visiting**

Friendly visiting (as a safety management 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 intent 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 include professional and non-professional safety management service providers/resources or support network. When others make arrangements for friendly visiting, it will be necessary for you to direct and coach them in terms of the purpose of the safety management service and how to proceed, set expectations, and seek their accountability.
TRAINER EXAMPLE:
This is very similar to the social connection, however primarily occurs within the home. Friendly visiting can be either professional or informal. The intent of the friendly visiting is to provide social connection.
A case example could be the mother who is a stay at home mother and has been struggling due to her caregiving responsibilities that has resulted in the home being deplorable and hazardous for the children. A friendly home visitor can work with the parent for social connection and support while also ensuring that the home condition is not deteriorating.

Safety Management 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 basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills.

Safety intervention is concerned with parenting behavior that is threatening to a child’s safety. The safety management service basic parenting assistance is concerned with specific, essential parenting that affects a child’s safety. This safety management 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. Someone you bring into the in-home safety plan become a significant social connection to help him or her with challenges they have in basic parenting behavior which is fundamental to the children remaining in the home.

TRAINER EXAMPLE:
This is very similar to the social connection, however primarily occurs within the home. Basic parenting assistance is focused on the areas of the parenting where danger occurs. This could be as basic as feeding. For parents where they lack the parenting capacity that results in unsafe children, basic parenting could be deployed to assist the parent surrounding the times/conditions of when parenting is dangerous.
A case example could be the parents that do not feed the baby on a regular basis that has resulted in the child being diagnosed with failure to thrive. Basic parenting assistance could focus on the feeding times to assist the parents and/or feed the baby.

Safety Management 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 management 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 management services when the opportunity is available. (See Supervision and Monitoring.)
Safety Management Service: Social Networking

In this safety management service you are a facilitator or arranger. Social networking, as a safety management 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; and use contact that is focused and purposeful.

Safety Category: 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 Management Services:

Activities and safety management 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.
- Financial/Income/Employment assistance as an assistance aimed at increasing monetary resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child’s safety.
- General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child’s safety.
- Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child’s safety.
- Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child’s safety.

Safety Category: Separation

Separation is a safety category concerned with danger 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, demand, 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-the-home family-made arrangements to care for the child or combinations.

**TRAINER EXAMPLE:**

*Separation is concerned with the separation between the child and the parents. Separation can be short in duration or longer in duration. Such things as respite, utilizing family or friends for the child would be considered separation.*

*A case example could be the use of the child going to the grandparent’s home on the weekends when danger is known to occur in the home.*

**Safety Management Services:**

Safety management 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.
- Family-made arrangements to care for the child out of the home; short-term, weekends, several days, few weeks.

**Trainer Note/Commentary:**

Once impending danger has been identified and caregiver protective capacities are diminished, DCF, the agency as a system of care, is responsible to assure that safety is managed (whether by an investigator or case manager is not the point here)—that impending danger is controlled. The safety plan is the record of how the agency DCF will meet that responsibility. Once impending danger has been identified and caregiver protective capacities are diminished, then caregivers cannot and should not be expected to be responsible to assure protection. It is unreasonable to make a determination and judgment that a child is not safe in his or her home and then set up expectations for parents/caregivers to provide protection. Therefore, be certain that the safety plans that you create do not require parents/caregivers to be responsible for specific behavior associated with keeping a child safe. “Safety plans” that expect parents to “quit drinking,” “to not hit their child,” or “to not leave their child alone,” “to get an assessment for drugs,” “to call a DV shelter,” “to get a court injunction,” or “grandma promises not to let mom have the kid back” for example are a) NOT safety plans and b) are dangerous and a direct contradiction to the professional assessment and judgment that the child is not safe. To create such plans is dangerous, irresponsible practice.
Who is Appropriate to Participate as Safety Service Providers?

- Are safety service providers (formal or informal) suitable to participate on safety plans?
- How do we know?
  - Demonstration of awareness;
  - Free from any of their own “concerns”;
  - Aligned with the child and identifies threats;
  - Aligned with priority for child safety;
  - Has the resources needed to engage in safety services.

**Slide Purpose:**

1. This slide is intended to create discussion and awareness to the process, which the CPI/CM engages with, informal and formal providers in providing for safety services.

**Trainer Narrative:**

1. This is no small matter since there is a common practice in child welfare to identify danger threats and then respond with either (1) no plan to manage the threats or a plan that is insufficient or irrelevant or (2) a plan that relies on the parents to behave differently than seems reasonable given the assessment--a promissory statement and then close a case.
2. Often times when we look to engage with family and friends, we often either look to intrusively (meaning we hold the placement threshold when only a phone call may be needed or we don’t look thoroughly enough and we leave children in unsafe conditions).

3. A safety plan must be sufficient based on what must be controlled and on WHO is controlling.

**Exercise/Activity:**

1. In small groups, work to identify the following:

2. How do you know when a safety service provider informal is appropriate?
   a. What is needed to demonstrate that the informal providers are appropriate?
   b. How do you make a decision whether to engage with an informal provider?

3. Allow groups 5-10 minutes to identify what they would need to know or see in order for safety plan providers to be deemed appropriate for inclusion in the safety plan.

4. Reconvene the large group and proceed to solicit the group’s responses, noting them on flip chart paper.

5. Conclude the exercise with identifying how the items that were noted are similar to Caregiver Protective Capacities and that when we are assessing others to partner with us, that we must ensure that they are aligned with the agency, clear on their role and the reasons why they need to take action, and ensure that they have the ability to take action.

6. Transition to now that we know that we have people that can partner with us, how do we formalize the safety plan with families?

7. Transition to next slide.
Safety Planning Process: Developing the Safety Plan

Slide Purpose:

1. To introduce the safety planning process for impending danger safety plans.

Trainer Narrative:

1. Impending danger safety plans are not created in the office between the worker and the supervisor, but rather through engagement with others to develop a clear and sufficient safety plan.

2. The role of the CPI/CM is to identify the danger, clearly articulate the danger, how it is manifested and to have an idea of what it will take to control for the danger—safety services needed.
3. This is done in consultation with their supervisor and is done through the completion of the impending danger safety planning analysis—which we discussed earlier.

4. The safety planning analysis gives the CPI/CM the guidance in regards to which path they may have to take and that is the path that they begin the safety planning conference/meeting with.

5. However, CPI’s/CM’s should be open to the process of engagement and collaboration with others—and information that may alter their safety planning analysis.

6. Safety plan conference participants will:
   a. Evaluate the present danger plan if in place, to determine if actions are appropriate and sufficient to build into an ongoing safety plan;
   b. Confirm whether an in-home safety plan is the least intrusive means that can effectively manage all danger threats that are occurring within the family;
   c. Re-confirm all commitments with participants if a current present danger plan is to become a safety plan of longer term duration;
   d. Determine if an in-home safety plan meets criteria for judicial supervision.
   e. Use the tribe as a resource when developing the ongoing safety plan, unless they decline, if the investigator knows or has reason to know the case involves an Indian child.

7. Inquire of participants what they see as their role in the safety planning conference process?
   a. Would they attend the meeting? Why or Why Not?
   b. What are the benefits to their attendance?
   c. How would they prepare staff for the meeting?

8. One outcome of a meeting could be a family arrangement. What is a family arrangement?

9. Transition to next slide.
Trainer Note:

1. When an investigator has gathered sufficient information to know that a child who has a present danger plan will continue to be unsafe in the absence of a safety plan, a safety plan conference will be convened.

2. Or, when the investigator has gathered sufficient information about the current family dynamics and situation to determine that a child is unsafe due to impending danger, the investigator must convene a safety plan conference with participation from the parent, safety service providers, and the community based care provider agency responsible for any safety services to establish the ongoing safety plan.

3. For families where domestic violence has occurred and where impending danger has been identified as a result of violence in the home, there will be two safety plans that will be developed to control for the danger and ensure that the survivor and the child are protected.

4. DCF will establish in the new procedure manual the following requirements for a safety plan conference:
   a. The safety plan conference will be held as soon as possible but no later than 24 hours from the investigator’s determination of impending danger safety determination.
   b. The safety plan conference may be held prior to the investigators written completion of the FFA.
Practice: Applying Concepts to Practice

Using the Safety Plan Sufficiency Criteria, determine if plan is or is not sufficient.

Application: Applying Concepts to Practice

Slide Purpose:

1. The purpose of the slide is to introduce the activity.

Exercise/Activity Description:

1. This exercise will cover all of the safety intervention tasks and responsibilities that are covered in the thus far in the training.

2. Morgan Family Functioning Assessment Part II: Loose Handout

Exercise/Activity:
1. Request that participants review the Morgan Family Functioning Assessment Part II (Loose Handout) to inform the safety planning analysis and Conditions for return.
   a. Allow participants 15 minutes to review the information.
2. Encourage participants to think about the Morgan case information and what is known about the family.
3. Direct participants to their case information to support decision-making.
4. Ask participants to now turn their attention to the safety plan. Allow participants 5 minutes to review the safety plan.
5. Proceed to review the safety plan with the large group.
   a. Inquire of participants their analysis regarding the sufficiency of the safety plan, based upon the completed FFA and safety plan analysis that was completed.
   b. Is the safety plan logical?
   c. Does it appear to control for the danger
6. Conclude the exercise with informing participants that for the next session we will be working in small groups reviewing our own work, in particular the sufficiency of safety plans and conditions for return.
Slide Purpose:

1. To provide an overview of Session 4.

Trainer Narrative:

1. Provide a brief overview of Session 4
2. Session 4 is focused on developing skills and competencies in the application of safety planning.
3. Transition to next slide.
Practice! Practice! Practice!

Practice makes perfect.
Practice: Applying Concepts to Practice

- Working in pairs, each pair will review two FFA’s and safety plans.
- Identify:
  - Justification of Safety Planning Analysis;
  - Sufficiency of Conditions for Return based upon FFA;
  - Sufficiency of Safety Plan.

Safety Plan Exercises

Slide Purpose:

1. This slide is to introduce the safety plan exercises.

 Trainer Note:

1. This is a small group exercise to determine sufficiency of real safety plans developed in Florida.
2. Each small group will review two FFA’s and Impending Danger Safety Plans.
3. Each group will complete one review worksheet for each case and will prepare to report out during the large group debrief regarding their findings.
4. Review the instrument with participants prior to the exercise.
Handout:

1. **Family Functioning Assessment and Impending Danger Safety Plans - Trainer Identified**
2. **Safety Plan Review Worksheets: Located on Page 60 in participant guide.**

Trainer Narrative:

1. The purpose of this exercise is to facilitate the analysis and critical thinking in reviewing safety plans.
2. This process will facilitate the development of sufficient safety plans through providing both sufficient safety plan examples and insufficient safety plan examples.
3. Ensure that each group is utilizing their analysis questions, their sufficiency of information, and reconciling the danger threats with the safety services identified to control for danger.
4. **Because cases are being utilized from various regions, it is imperative that the trainer reviews each of the FFA’s and safety plans and has created a trainer guide to facilitate their discussion of the safety plan exercises.**
5. There should be one FFA with an in home plan and one with an out of home plan selected from the area/region.
Activity Report Out

Slide Purpose:

1. The purpose of the slide is providing the report out from the activity.

Exercise/Activity

1. Begin debrief, utilizing the worksheet developed by the trainer for each one of the FFA’s and Safety Plans.
2. Begin with the in home safety plan.
3. Proceed through each question, utilizing the same process for exploration and justification.
4. Proceed to ask the group the first safety planning analysis question soliciting their answers and justification.
a. The parent/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.
b. 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.
c. Safety services are available at a sufficient level and to the degree necessary in order to engage the way in which impending danger is manifested.
d. An in home safety plan and the use of in home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.
e. The parents/legal guardians have a residence in which to implement an in-home safety plan.

5. What was the final determination for the ability to proceed to develop and in home safety plan for XXXX?
   a. Are participants clear on how they came to their conclusion?
   b. What were areas within the FFA that assisted them in making their conclusion?

6. Conclude the exercise with reconfirming the groups’ decision—XXX—this would be the position that the worker presents during the safety plan meeting.

7. Provide clarification and allow for discussion as needed before proceeding to the review of the safety plan.

8. Ask participants to now turn their attention to the safety plan.

9. Proceed to review the safety plan with the large group.
   a. Inquire of participants their analysis regarding the sufficiency of the safety plan, based upon the completed FFA and safety plan analysis that was completed.
   b. Is the safety plan logical?
   c. Does it appear to control for the danger
10. Transition to next case example: the out of home safety plan.
11. Proceed through each question, utilizing the same process for exploration and justification.
12. Proceed to ask the group the first safety planning analysis question soliciting their answers and justification.
   a. The parent/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.
   b. 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.
   c. Safety services are available at a sufficient level and to the degree necessary in order to engage the way in which impending danger is manifested.
   d. An in home safety plan and the use of in home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.
   e. The parents/legal guardians have a residence in which to implement an in-home safety plan.
13. What was the final determination for the ability to proceed to develop and in home safety plan for XXXX?
   a. Are participants clear on how they came to their conclusion?
   b. What were areas within the FFA that assisted them in making their conclusion?
14. Conclude the exercise with reconfirming the groups’ decision—XXX—this would be the position that the worker presents during the safety plan meeting.
15. Provide clarification and allow for discussion as needed before proceeding to the review of the conditions for return.
16. Inquire of the participants their review of the conditions for return: logical, aligned with the safety planning analysis?
17. Ask participants to now turn their attention to the safety plan.
18. Proceed to review the safety plan with the large group.
   a. Inquire of participants their analysis regarding the sufficiency of
      the safety plan, based upon the completed FFA and safety plan
      analysis that was completed.
   b. Is the safety plan logical?
   c. Does it appear to control for the danger
19. Following the exercise debrief, inquire of participants if there are any
    questions regarding the training or these exercises in particular?
20. Engage in brief question and answer with the group and then transition to
    next slide.
### In Home Safety Plan Case Example

<table>
<thead>
<tr>
<th><strong>A. Identified Impending Danger Threats:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger Threat is:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. In Home Safety Planning Analysis:</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The parent/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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Safety services are available at a sufficient level and to the degree necessary in order to engage the way in which impending danger is manifested.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. An in home safety plan and the use of in home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The parents/legal guardians have a residence in which to implement an in-home safety plan.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C. Safety Plan is sufficient to control for safety?</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide Justification:</td>
<td></td>
</tr>
</tbody>
</table>
### Out of Home Safety Plan Case Example

**A. Identified Impending Danger Threats:**

Danger Threat is:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**B. In Home Safety Planning Analysis:**

1. The parent/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.

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

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

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

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

**C. Conditions for Return are Identified and Logical:**

Provide Justification:

| YES | NO |
D. Safety Plan is sufficient to control for safety?
Provide Justification:
**Baseline Knowledge Assessment and Training Evaluation**

30 Minutes

**Slide Purpose:**

1. Information to participants to inform assessment and evaluation.

**Trainer Note:**

1. Provide both the evaluation and post-test at the same time, to allow for participants to complete both, before dismissing the class.
2. Do not dismiss the class until after the post test and the evaluation are completed.

**Trainer Narrative:**

1. The curriculum objectives were to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding assessing and scaling caregiver protective capacities.
2. Inform participants that this is not a test but, rather, a gauge of their knowledge base, post-training delivery.
3. The assessment will be used to inform further assistance and staff development activities, at a global and individual level for participants.
Activity/Exercise:

1. **Hand out the competency post-test assessment for participants.**
   a. Loose Handout.

2. **Handout the training evaluation.**
   a. Loose Handout

3. Allow participants 25 minutes to complete the worksheet and evaluation.
4. Have participant’s hand in their worksheets to the facilitator.
5. Transition to closing slide.
6. Thank participants for their time and attention over the last two days and dismiss the participants.

**Trainer Note:**

1. Per the contract requirements the following will need to be completed:
   a. All sign in sheets need to be scanned and emailed to the Region Contact and OCW Contract Managers;
   b. All training evaluations need to be scanned and emailed to the Region Contact and OCW Contract Managers.
1. Sufficient when considering safety plans refers to:

   ___ A) Sufficiency is not considered when developing safety plans.
   ___ B) Well-thought out approach, containing the most suitable people taking the necessary actions, frequently enough to control danger threats.
   ___ C) Sufficient information collection.
   ___ D) Parents have agreed to the safety plan.
   ___ E) Only considered when the plan is an in home safety plan.

2. Case plans are safety plans.

   ___ True
   ___ False

3. The primary purpose of a safety plan is to?

   ___ A) Justify child placement.
   ___ B) Treat diminished caregiver protective capacities.
   ___ C) Control for danger, either present or impending.
   ___ D) Allow for information collection to occur.
   ___ E) None of the above.

4. Conditions for return are:

   ___ A) Only developed when the safety plan is an out of home safety plan.
   ___ B) Written statement that identifies specific circumstances that must exist within a child’s home to implement an in home safety plan.
   ___ C) What must change in the caregivers’ protective capacity.
   ___ D) Used to determine when a case can be closed.
   ___ E) A and B.

5. There are 11 safety planning analysis criteria/questions:

   ___ True
   ___ False
6. Safety services refers to what types of services:
   _____ A) Services to enhance caregiver protective capacities.
   _____ B) Services to the foster/relative placements to assist with caretaking.
   _____ C) Case plan services.
   _____ D) Services specific to supporting and executing the safety plan.
   _____ E) All are examples safety services.

7. Anyone can participate as a safety service provider when developing a safety plan:
   _____ True
   _____ False

8. After developing a present danger safety plan, the Family Functioning Assessment should be completed within?
   _____ A) As soon as possible.
   _____ B) Before 60 days.
   _____ C) The same day as the present danger assessment.
   _____ D) Within 14 days, unless approved by a supervisor for an extension.
   _____ E) There is no timeframe for completion of the Family Functioning Assessment when a present danger safety plan has been developed.

9. Developing a sufficient safety plan at impending danger requires:
   _____ A) Not sure what it requires.
   _____ B) A full understanding of how the impending danger threats are occurring within the home.
   _____ C) Acknowledgement by the parents that they harmed their children.
   _____ D) Legal intervention.
   _____ E) None of the above.

10. The most intrusive safety plan is out of home placement of a child.
    _____ True
    _____ False
Please respond to each question using the following scale:

1 = Strongly Disagree  2 = Disagree  3 = Unsure/Neutral  4 = Agree  5 = Strongly Agree

Please circle the number that most appropriately answers the following questions regarding the TRAINER’S presentation:

1. The quality of the presentation was good.

2. Participation was encouraged.

3. The trainer used various tools to match various learning styles (exercises, PowerPoint, lecture, multimedia, etc.).

4. The trainer was knowledgeable about both the Florida Safety Methodology and child welfare systems.

5. Overall, I was satisfied with the trainer’s performance.

Additional Comments: ____________________________________________

Please circle the number that most appropriately answers the following questions regarding the evaluation of the TRAINING CONTENT:

1. I have a clear understanding of the information presented.

2. The information presented was useful to my work.

3. The information presented was well organized.

4. I understand the components of this concept of the Florida Safety Methodology.

5. I learned specific practice skills as a result of this training workshop.

6. Overall, I was satisfied with the curriculum contents.

Additional Comments: ____________________________________________