

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
Safety Plan (CD-18) Instructions**

Purpose:

The Safety Plan (CD-18) is completed in response to the Safety Assessment (CD-17) safety decision of “unsafe”. Safety decisions are made based on a thorough analysis of the safety components and the application of safety threshold criteria. The Safety Information Collection Tool (CD-162) is not only useful in focusing the information collection and analysis process prior to safety assessment; it also provides valuable leads and focus for safety planning as well.

What does an “unsafe” safety decision mean?

Unsafe refers to a condition or situation in which a child is vulnerable to a threat of danger within a family/home and the caregiver’s protective capacities within the home are insufficient to manage the threat thus requiring outside intervention.

Safety Plan refers to a written, mutually agreed upon, arrangement between the worker and the family that establishes how threats of danger to child safety will be managed.

Safety Plan (CD-18) Completion

The Safety Plan is composed of the following sections:

- Describe the Threat(s) of Danger to a Vulnerable Child(ren)
- Caregiver Protective Capacities (sufficient/insufficient)
- Describe the Safety Intervention(s)
- Plan for Monitoring the Safety Plan/Date of initial follow-up

Describe the Threat(s) of Danger to a Vulnerable Child(ren)

Specify what threats of danger exist in relation to each child vulnerable to the threat of danger. It should include timeframes, triggers, and specific circumstances in which the threat of danger is active (present danger) or may become active (impending danger). This elaboration is critical because it establishes who is to be protected and what must be controlled.

Caregiver Protective Capacities (sufficient/insufficient)

Specify the caregiver protective capacity necessary to control the identified threat of danger that is insufficient or diminished. Considering the cognitive, emotional and behavioral aspects of the caregiver’s protective capacity that is lacking, the worker can put in place safety interventions to substitute for the diminished protective capacity until the caregiver can be restored to a protective role.

Describe the Safety Intervention(s)

Identify how the threat of 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.

- Consider caregiver awareness and acknowledgement of threats of danger and caregiver acceptance and willingness for the plan to be implemented.
- Caregivers should understand that the focus of the safety plan is to control the threat of danger, which is dependent on the compliance of participants and the effectiveness of the intervention in controlling the threat of danger.
- Caregivers should understand that safety plans are monitored and may require adjustment or modification in response to changes in the conditions, ability of protective sources to perform actions as agreed to according to the safety intervention or to make the plan more effective in controlling the threat of danger.

Generally protective interventions should meet the following criteria:

- *Immediately available* – can be deployed right now and in sufficient quantity.
- *Action oriented* – services that are active and focused with respect to safety factors, not change or treatment related.
- *Flexible access* – services that are located in acceptable proximity and can be called upon for immediate response.
- *Immediate impact* – services that do what they are supposed to do as they are delivered and achieve the objective to keep children safe.
- *No promissory commitments* – Safety Interventions will never rely on parental promises to stop the threatening behavior, for example, will stop drinking, or will always supervise the child. Since a criterion for a threat of danger is something out-of-control, it is useless to rely on an out-of-control parent to be in control. **Safety interventions should rather provide an alternative action or a third party protective source to assist in controlling the threat of danger.**
- The safety plan is designed along a *continuum of the least to most intrusive* intervention. The safety plan may be exclusively an in-home plan. The safety plan may be a combination in-home and out of home plan. The safety plan may be exclusively an out of home plan.

Monitoring the Safety Plan

A detailed plan for monitoring a safety plan is a critical piece of the safety planning process. It must be clear to participants in the safety interventions what their responsibilities are in relation to the intervention; what the plan for monitoring is; and that monitoring includes a focus on:

- Successful Implementation;

- Safety plan effectiveness and the need for adjustment and modifications;
- Ongoing assessment of the identified threats of danger;
- The emergence of new threats of danger or escalating threats; or
- Conditions are either resolved or no longer meet the safety threshold criteria.

In developing a plan for monitoring a safety plan, the worker must consider the following:

- As long as conditions are unsafe (threats of danger exist and caregiver capacity is insufficient to control the threat), safety interventions must be in place.
- When conditions no longer meet the **safety threshold criteria**, the need for a safety plan is resolved.
- Understanding up front that safety plans must be monitored and may need to be adjusted/modified/added to assure the interventions are effectively in controlling the threat of danger

The plan for monitoring the safety plan must include:

- Who will be used in the monitoring plan?
- If the worker uses another source to monitor the plan, how, and how often will it be communicated to the worker?
- Date/Time of initial follow up? (All follow initial follow ups shall be made at least within 10 days of the assessment.)
- Initial follow up should be based on the nature of the identified threat of danger and interventions implementations.
- Protective actions are short term interventions that must be effective immediately until more information can be gathered and safety interventions can be developed. Initial follow up should be within a day or two.
- Frequency of monitoring action. (Frequency should be made according to the situation; no active safety plan should go longer than ten days between monitoring action.)
- Monitoring Action – Direct contact with the caregiver, protective resource or child by the worker or a collateral. If the worker is not the monitoring the plan directly, the worker should be updated by the collateral according to the specified plan.

Monitoring will include:

- Verification of implementation
- Compliance of safety plan participants

- Effectiveness of intervention
- Credibility, availability and accessibility of protective sources
- Flexibility, adjustability of safety interventions that are not controlling the threat of danger
- Understanding from the participants that plans must be modified if safety plan is no longer effective in controlling the threat of danger
- Understanding that protective actions are short term until more long term plans can be developed

Intensive In-Home Services Referral

If a less intrusive safety intervention cannot be developed or agreed upon to control an identified threat of danger and the child(ren) are at imminent risk of Out-of-home placement, the worker shall make a referral to Intensive In-Home Services (IIS). Check the box that a referral has been made, and fill in the date of the referral.

Parties' Signatures

Have all parties involved in the safety intervention(s) sign and date the form if the party agrees to the conditions of the plan. The worker should also sign and date the plan and the Chief Investigator or CD Supervisor should sign after reviewing and evaluating the plan. There is space to explain why any participant refused to sign.

Next Mandatory Safety Assessment

Safety assessment is ongoing; however, at the very least a formal safety assessment should be conducted every 90 days.

To be filled on by Chief Investigator/CS Supervisor:

The Chief Investigator or CS Supervisor will review the safety plan; sign and date it; and check the appropriate box:

Approved **Requires Modification**

MEMORANDUM HISTORY:

CD11-86, CD12-68