

## IMMEDIATE SAFETY INTERVENTION PLAN, CD-263

### PURPOSE:

The Immediate Safety Intervention Plan (CD-263) is to be used to document any necessary interventions to address immediate safety concerns. The CD-263 is utilized when there is not sufficient time to develop the Family Safety Planning Document (CD-267) due to the immediacy of the safety concerns.

### INSTRUCTIONS FOR COMPLETION:

The CD-263 should be used when there is identifiable and likely danger to the child(ren), there is insufficient existing safety to mitigate the danger, and some action is needed to keep the danger from actually occurring.

Development of a safety plan should:

- Involve the caregiver and relevant safety network members in the development of the safety plan as much as possible.
- Utilize the family's own resources first.
- Utilize the least intrusive interventions that will control or manage the safety concern.
- Involve the alleged perpetrator to the extent possible without compromising the safety of the child(ren). The nature of their relationship to the child(ren) and family should be taken into consideration in deciding how the alleged perpetrator involvement will happen.
- Assess the reliability of sources or providers of the action or supports. (Informal: friend, relative, neighbor or formal: school, agency, program...etc.).
- Develop interventions to accommodate time elements (for example, weekends and holidays may require different actions than daytime hours during the week, etc.).
- Develop overlapping interventions to accommodate scheduling for the source or provider or to address times when the safety concern is active.
- Take into consideration the tradeoffs the family may have to make in order to implement the safety plan.
- Be conscious to not create further trauma to the family.

Generally immediate safety interventions that address immediate danger should meet the following criteria:

- *Immediately available* – can be deployed right now and in sufficient quantity.
- *Action oriented* – steps/agreements that are active and focused with respect to safety concerns, not change or treatment related.
- *Flexible access* – safety resources that are located in acceptable proximity and can be called upon for immediate response.

- *Immediate impact* – actions or resources that do what they are supposed to do as they are delivered and achieve the objective...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. **Safety interventions should provide an alternative action or a third party protective source to assist in controlling the actualization of the danger statement.**

### **We Are Concerned About:**

This section should describe the danger to the child. If developed, this would include the danger statement. This section may also explain how there is not sufficient existing safety to keep the child safe from the identified danger. Information from the safety scaling question may also be included.

Example: It has been reported to the Children's Division that Susie has been sexually abused by her father, John, who is currently residing in the home with Susie. (Even though Mom rated safety for her children at a 9, Dad rated it at a 10, and the Children's Division is only able to rate it at a 2 at this time because they haven't had time to talk to all the family members and others who know the family best. CD is worried that Susie could be touched sexually and/or John could be accused of touching Susie sexually if they are alone together before everyone has a clearer understanding of what caused the recent allegations.

### **To prevent the worries from Happening:**

This section should describe the specific action steps that need to be taken to reduce the danger to the child(ren). If developed, this could include the safety goal. It is important that the action steps be developed with the input of the caregiver(s) and an initial safety network. All safety network members who are being relied on for an action step must be consulted and their agreement to participating in the safety intervention verified prior to implementing the CD-263

Example: John agrees to leave the home and stay with his parents. The Children's Division has spoken with John's parents and they agree with this plan. The Children's Division will schedule a forensic interview for Susie as soon as possible. Susie's mom agrees to not allow Susie to have any contact with John

### **If the worries DO start, we will respond by:**

There are times in any safety plan that unforeseen circumstances may arise that place the child(ren) in danger. This section should describe the steps that will need to be taken in the event that the prevention plan does not work and the child(ren) becomes unsafe.

Example: Susie will call her maternal grandmother if John comes to the house or attempts to make any contact with her. Her grandmother will then notify Susie's mother and the Children's Division if this occurs. Susie's mom will call John's father if John comes to the home and refuses to leave. If John's father is unable to get John to leave, Susie's mom will call law enforcement.

### **These are our safety and support People:**

Any safety network member actively involved in the immediate safety intervention should be listed along with their contact information. Other safety network members that may be a support to the family, or who could be involved in long-term safety planning may also be listed.

**Monitoring / Timeframes:**

This section should include a timeframe for how long the CD-263 will be in effect and how the plan will be monitored.

Example: The Children's Division will meet with the family after Susie's forensic interview to determine what will need to happen next, if this plan can be lifted, or if it needs to be adjusted.

**UPON COMPLETION:**

Once the CD-263 is developed, the worker should make sure the family and any safety network members actively involved in the plan have a copy. The worker can take a picture of the plan for the record, and provide the family with the paper copy.

Safety interventions should be seen as flexible agreements dependent on the effectiveness in controlling the danger to the child(ren). They should be evaluated, readjusted, or modified as needed. After the CD-263 is developed with the family, the worker may need to revise it until the Family Safety Planning Document (CD-267) can replace it, or there is no longer a need for a safety intervention.

The Children's Division should not close its case with an active Immediate Safety Intervention Plan (CD-263) still in effect.