

COMPLETING THE PPS 2003, FAMILY BASED SAFETY PLAN

— **CASE NAME:** Use the same case name as on page 1, Section II, #1 of form PPS 1000.

— **CASE NUMBER:** Use the same case number given as on page 1 of form, PPS 1001

— **EVENT NUMBER:** Use the same event number given as on page 1 of form, PPS 1001

Section I

— **DATE COMPLETED:** Enter the date the Safety Plan was completed by MM\DD\YYYY

— **TIME COMPLETED:** Enter the time the Safety Plan was completed 00:00 a.m. p.m.

Section II

— **FACTORS TO CONSIDER:**

The factors are listed to assure each is considered in deciding whether and when to consider a Safety Plan. Not all factors may be present in every situation. Other factors, not on the list, may also be considered.

- **Harm to child caused by removal from home:** This factor is placed first in the list to encourage workers to first consider possible unintended consequences of the removal of a child from his or her family, friends, familiar surroundings, possessions, and predictable circumstances. There are times when removal is the best course of action among several undesirable alternatives. Remember, however, no removal is without an emotional price tag to the child.
- **Severity of situation:** Not all situations are equally dangerous. Assess the potential seriousness of the situation.
- **Child's or others' ability to protect child:** Children are never responsible for their own protection. Older children, however, may have a greater ability to avoid harmful situations or carry out plans to get help. The ability and likelihood that the adults will protect the child is a factor in developing a safety plan or requesting alternate courses of action.
- **Alleged Perpetrator's access to child:** Access can include residing in the home and unwillingness to leave, court ordered visitation, inability of other adults in the household to refuse access to child.
- **Child's behavior:** Care and protection of children is an adult responsibility. Children are never responsible for having been abused. The behavior of children can, however, be a factor in the family history or dynamics or chain of events which is important to the cycle of violence. A careful and sympathetic understanding of problems faced by abusing or neglectful parents is essential in making short or long term plans to protect the child.
- **Family isolation:** Families may be isolated geographically (e.g. a distance from neighbors or someone from whom to seek help) or socially (e.g. few friends or extended family or community ties). In some cases a family member may dominate and control contacts outside the family. All of these issues, especially the latter, need to be carefully assessed when considering whether a family safety plan is feasible.
- **Family's ability to participate in plan:** The family should be assessed for strengths (e.g. strong bonds, pride, history of accomplishment) which would indicate an ability to participate in a plan. Negative indicators might include severe and chronic impairment of functioning, long history of family violence, or rigid belief systems (e.g. cult-like religious beliefs, extreme anti-government feelings).
- **Medical needs of child(ren):** For a safety plan to work there must be agreement on obtaining care for any acute medical condition. Medical needs which can wait until longer term assessment and planning occurs need not prevent the short-term plan, however.

Section III - SAFETY PLAN

BEGIN DATE: Self-explanatory.

END DATE: The end-date is determined by the beginning date of the next action to be taken. If next steps are not known, a Safety Plan may not be appropriate.

Safety Plans are interim plans. A maximum time limit has not been established. As a rule, plans will range from a few hours to a few days, depending on the family's assessed ability to carry out the plan and availability of resources.

GOALS: Goal statements and action statements should be:

- Agreed to by all parties necessary to gain compliance.
- Stated in clear, understandable language. Professional terms and "buzz words" should be avoided.
- Stated in behavioral and measurable or observable terms.

ACTION NEEDED TO MEET GOALS: The actions statement should include:

- Each member of the family able to participate.
- Actions appropriate to the behavioral/developmental level of the participants.
- A backup plan in the event the primary plan is not sufficient.

☞ Practice Note:

Example:

GOALS:

- Kevin (6 month old infant) will be cared for and supervised by a responsible adult at all times.
- Cheryl (18 year old unmarried mother) will be sober and not on drugs when caring for Kevin.

ACTION NEEDED:

- Cheryl agrees to leave Kevin in the care of Gina (Cheryl's mother), Kyle (father-not in home) or Mrs. Gustafson (neighbor). Kevin will not be left with anyone else unless Cheryl has OK from Gina.
- Cheryl agrees not to have any drugs which have caused this problem in her house at any time.
- If Cheryl thinks there is a chance she will use drugs before returning home, she will call Gina, Kyle, or Mrs. Gustafson for assistance.
- Cheryl agrees to apply for admission to the Mountain Top rehab program before next Monday (date). Kyle will provide transportation.
- Gina will call Cheryl twice a day or drop-in to see if plan is being carried out.
- Cheryl may call worker at 555-1212 if she needs help.
Gina or Kyle are to call worker if plan is not working. If worker is not available, call 555-1213 and ask for Beth.

Section IV - SIGNATURES:

SIGNATURES (all participating individuals are to sign this plan and the family is to retain a copy)

☞ Practice Note:

Signatures are important because it indicates the importance of the agreement to the signer. It may also become evidence which is less open to dispute if the plan is not carried out and more intrusive measures are needed.

Signatures must be voluntary. If not, a Safety Plan may not be appropriate.

