

A photograph showing the silhouettes of two people holding hands in a field at sunset. The sun is low on the horizon, creating a bright glow and lens flare effects. The person on the right is standing on a slight rise, and the person on the left is reaching out to hold their hand. The background is a soft, hazy sky.

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SOP MODULE 6

PARTICIPANT GUIDE

ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES

February 2022

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CONTENTS

- An Immediate Safety Plan 1
- Steps for Immediate Safety Planning..... 2
- Immediate Safety Plan: Example..... 4
- Immediate Safety Plan Versus Family Plan 6
- Exercise: Immediate Safety Plan Versus Family Plan 7
- Immediate Safety Plan: Before and After 10
- Essential Elements of an Immediate Safety Plan 12
- Tips for a Strong Immediate Safety Plan 13
- Immediate Safety Plan: Case Scenario..... 15
- Intimate Partner Violence Investigation: Supervisor Job Aid 17
- Collaborative Assessment and Planning (CAP) Framework 19
- Questions for a Rigorous and Balanced Assessment..... 21
- Things to Try: Investigations and Casework..... 28
- Things to Try: Resource and Adoptions 30
- Coaching and Supervision Tips 32

AN IMMEDIATE SAFETY PLAN . . .



Is an action plan for
controlling the threat



Responds
to clearly identified
safety threats



Is short term



Must include
family, network,
and older children



Has clear backup
and monitoring
plans



Designates a clear
time for review

STEPS FOR IMMEDIATE SAFETY PLANNING



STEP 1:
Assess

Gather information using critical thinking and family engagement skills.



Caretaker actions/inactions
and impact on child



Safety threat



STEP 2:
Describe

Create at least one statement per safety threat.



Collaborate with family



Clear, concise language



STEP 3:
Orient

Explain to the family what an immediate safety plan is.



Necessity due to safety threat



Actions to control the safety threat



STEP 4:
Identify

Creating safety requires more than just the family.



Identify and help build the
network



Engage the network



STEP 5:
Act



Identify family/network roles and actions



Develop backup plan



STEP 6:
Agree

All participants must agree to the plan.



Willingness/confidence



Capacity



STEP 7: Bring It Back to the Child

Ask the child for ideas to create a sense of ownership.



Caregiver informs child



Invite child to participate



STEP 8:
Monitor, Build, Assess

Create a timetable and measurements for safety plan review.



Revisit and revise



Acknowledge successes!

IMMEDIATE SAFETY PLAN: EXAMPLE

Family Name: Gina and John Thomas

Case ID: 123-555-6666

Date: 9/15/21

Worker Name: Tammy Smith

Worker Phone Number: 123-3445

This plan will be reviewed on 9/20/21 or no more than 21 days from the safety plan's date.

Who are the network members who have agreed to be part of this plan?

Name	Relationship to the Child	Phone Number
Gwen Morris	Mother's friend and neighbor	566-7999
Greg Salgado	Father's friend and neighbor	544-6544
Sofia Perez	Maternal grandmother	233-6577

What led the Division of Children and Family Services (DCFS) to be concerned?	
Harm statement (provisional): It was reported that the family home was without electricity and had a leaky roof, broken windows, trash, choking hazards, and unsanitary items both inside and outside the home (a hatchet, animal feces, stacks of broken furniture) that were accessible to the children, ages 2 to 9.	
What is DCFS and/or the family concerned will happen to the children if nothing else changes?	
Rico (9), Sara (6), Hector (5), Maya (3), and Luis (2) could be physically harmed or become ill (experience lack of electricity and exposure to inclement weather, ingest and choke on items on the floor, get sick from sleeping on bedding with dog feces, have stacked furniture or other items fall on them, or injure themselves with the hatchet the 3-year-old was playing with) if the parents are not able to clean, restore utilities, and maintain a hazard-free living environment.	
What actions need to be taken to ensure the children are safe?	Who is responsible for ensuring this action occurs?
<ol style="list-style-type: none"> Gina and John made arrangements for maternal grandmother to come over to the home and help care for the children until the home is cleaned, repaired, and approved by the social worker. Gina and John agreed to keep the hatchet and other tools stored, locked, and out of the children's reach. Gina and John had the electricity turned back on and agreed to reach out to their church for help maintaining electricity as long as the children are living there. John, with help from his friend Greg, agreed to create clear walkways throughout home by removing trash piles and stacks of furniture that might fall on the children or cause them to trip and fall. Gina and John agreed to keep a minimum supply of fresh food (not spoiled or rotten) in the home or have a plan for obtaining food. <ol style="list-style-type: none"> Eating at their friend Gwen's house Going to the food bank Gina and John agreed to ensure that the children's sleeping area is free of animal feces. <ol style="list-style-type: none"> Cleaning up after puppies (e.g., puppy pads) Keeping puppies out of the sleeping area (e.g., in kennel) 	<ol style="list-style-type: none"> The worker will contact the maternal grandmother and confirm her willingness to stay with the children until the family and DCFS agree that the home is clean and the children are kept away from hazards. Sofia, Greg, and Gwen agreed to check on the children each of the next three days (Greg will come in the mornings before the children go to school, Gwen in the evenings around dinnertime) to ensure hazards are being cleared and the children are safe. Worker will return to the home in five days to confirm that items 2–6 from the "actions" column have been completed and see whether Gina and John need more time.

While we may not agree on the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, we must work together to create a new plan or DCFS may take legal action.

<p>Caregivers/Legal Guardians</p> <p>Gina Thomas</p> <p>John Thomas</p>	<p>Worker/Supervisor</p> <p>Tammy Smith</p>
<p>Children</p>	<p>Other Participants</p> <p>Sofia Perez</p> <p>Gwen Morris</p> <p>Greg Salgado</p>

Whom to Call if the Plan Is Not Working

<p>Assigned Child Welfare Worker</p> <p>Tammy Smith</p>	<p>Phone Number</p>
<p>Child Welfare Supervisor</p> <p>Lana Morales</p>	<p>Phone Number</p>
<p>After-Hours Child Welfare Contact (After business hours, weekends, and holidays)</p> <p>CPS hotline</p>	<p>Phone Number</p>

IMMEDIATE SAFETY PLAN VERSUS FAMILY PLAN

IMMEDIATE SAFETY PLAN	FAMILY PLAN
Involves temporary changes to how the child will be cared for.	Describes daily and weekly actions caregivers and network will take to ensure child’s long-term safety and well-being.
Is <i>not</i> about behavior change (no unrealistic goals).	<i>All about</i> behavior change (to achieve the goal statement).
Is immediate or short term.	Is long term.
Begins to involve a network (including at least one person who could not have caused the harm).	Identifies people who will be involved as part of the network and their role in maintaining and reviewing the plan.
Identifies how the safety plan will be monitored (daily to begin with) and what will happen if it is not followed.	Identifies how the agency (and others) will monitor the plan and what will happen if the plan is not working.
Always includes a backup plan (at least a Plan B).	Always includes backup plans (preferably a Plan B and a Plan C).
Has a date when the plan will be reviewed.	Is updated when progress is made or new issues arise, especially if a new safety plan is needed.

EXERCISE: IMMEDIATE SAFETY PLAN VERSUS FAMILY PLAN

EXAMPLE

SAFETY THREAT	IMMEDIATE SAFETY PLAN INTERVENTION IDEA	FAMILY PLAN INTERVENTION IDEA (Do not use in immediate safety plan)
Sexual abuse	Dad agrees to stay with his friend until investigation is concluded. He agrees to have no contact with [child] in person or by phone, mail, email, text, or third party. (DCFS filed a petition with the court regarding the father’s contact with the child.)	Dad will successfully complete sexual perpetrator therapy.

ACTIVITY

For each scenario, list at least one immediate safety plan intervention idea and one family plan intervention idea.

SAFETY THREAT	IMMEDIATE SAFETY PLAN INTERVENTION IDEA	FAMILY PLAN INTERVENTION IDEA
Physical harm/unable to protect: Maternal grandfather regularly uses inappropriate physical discipline on the children, leaving marks. Mother relies on grandfather for childcare every weekday afternoon.		
Substance misuse/inadequate supervision: Mother drinks alcohol at least four nights a week to the point of passing out. Her 5-year-old son recently got out of the house one evening while she was passed out. Her neighbor found him and contacted law enforcement. The mother has several family members and friends in the area.		
Environmental neglect: The home has no electricity, heat, or running water because parents have been unable to pay their utility bills.		

SAFETY THREAT	IMMEDIATE SAFETY PLAN INTERVENTION IDEA	FAMILY PLAN INTERVENTION IDEA
<p>Emotional harm: Father repeatedly blames and punishes his daughter for rule-breaking done by his sons. Daughter is withdrawn and shows signs of depression.</p>		
<p>Failure to protect: Mother's boyfriend is on the central registry for severe previous child maltreatment, and mother routinely leaves him alone with her children.</p>		
<p>Medical neglect/failure to thrive: A 5-month-old was diagnosed with non-organic failure to thrive and has a g-tube. The parents have not been waking up during the night to feed the child. The g-tube has also become infected due to the parents not cleaning it correctly.</p>		
<p>Mental health: The mother has been previously diagnosed with bipolar disorder and is currently not medicated. She has had several manic episodes where she was driving erratically with the children ages 6, 10, and 15 in the car. She has also been sleeping excessively and the children have had to fend for themselves for food and to get to school.</p>		
<p>Physical harm: Non-mobile infant has suffered a serious head injury while in the care of his mother and father. Parents state they do not know how the child was injured. The doctor is not able to confirm whether it was abuse. The parents live with the maternal grandparents, but the grandparents were on vacation at the time of the incident.</p>		

SAFETY THREAT	IMMEDIATE SAFETY PLAN INTERVENTION IDEA	FAMILY PLAN INTERVENTION IDEA
<p>Sexual abuse, underage juvenile: A brother (age 9) and sister (age 6) are being placed together in a resource home. The brother harmed his sister prior to them coming into care (this was not the reason for removal). He recently completed a sexually maladaptive behavior treatment program, and this will be their first time being placed together since removal.</p>		
<p>Youth danger to themselves: A 15-year-old girl is being discharged from residential treatment into a pre-adoptive home. She has a history of self-harm and running away.</p>		

IMMEDIATE SAFETY PLAN: BEFORE AND AFTER

IMMEDIATE SAFETY PLAN: ORIGINAL

IDENTIFIED SAFETY THREATS (Harm and worry statements)	WHAT ACTIONS HAVE OR WILL BE TAKEN TO PROTECT EACH CHILD IN RELATION TO THE IDENTIFIED SAFETY THREATS?	HOW WILL THE PLAN BE MONITORED? (e.g., frequency, duration, by whom)
Excessive discipline used with children in the home by mother and stepfather.	Mother and stepfather need to meet with agency for a family team meeting on [date]. Aunt Sue (maternal) will maintain supervision of children in the home and report any physical discipline to police and/or the agency depending on the time of incident.	<ul style="list-style-type: none"> • Aunt Sue • Police
Intimate partner violence (IPV) between mother and stepfather in the home in front of the children.	Aunt Sue will maintain supervision of the children in the home and report IPV to police and/or agency. Mother and stepfather will meet with agency for a family meeting on [date].	<ul style="list-style-type: none"> • Aunt Sue • Police
Mother and stepfather are coercing the children into saying what they want them to say regarding the allegations and ongoing investigation.	Aunt Sue will supervise the children and be able to hear all conversations between the children and parents.	Aunt Sue

IMMEDIATE SAFETY PLAN: REVISED

IDENTIFIED SAFETY THREATS (Harm and worry statements)	WHAT ACTIONS HAVE OR WILL BE TAKEN TO PROTECT EACH CHILD IN RELATION TO THE IDENTIFIED SAFETY THREATS?	HOW WILL THE PLAN BE MONITORED? (e.g., frequency, duration, by whom)
<p>It was reported that Sandy (mother) and Bob (stepfather) used excessive physical discipline with the children, including using a belt when spanking. As a result, the children got bruises and red marks on their backs and legs, and one got a bloody lip.</p> <p>The children may be physically harmed (hit, hurt, left with bruises or more serious injuries) when Sandy and Bob struggle to provide discipline and structure in a safe and supportive way.</p> <p>The children may be emotionally harmed (terrified and nervous in an ongoing way) when Sandy and Bob struggle to provide discipline and structure in a safe and supportive way.</p>	<p>Sandy and Bob agree that Aunt Sue will provide continuous supervision of the children, Sandy, and Bob to make sure that neither Sandy nor Bob uses physical discipline on the children.</p> <p>Everyone agrees that no adult family or network member (Sandy, Bob, Sue, etc.) will talk with or around the children about what may have happened or about the agency's work with Sandy and Bob to make sure the children are physically and emotionally safe.</p> <p>If Aunt Sue is worried that Sandy or Bob are interacting with the children in a physically unsafe way, she will call for help from police immediately at [number] or the agency at [number], depending on when she needs help.</p> <p>Intensive In-Home Services will immediately begin coming to the home three days a week to work with the parents on appropriate discipline techniques. They will contact the agency if they have any worries about the children's safety.</p>	<ul style="list-style-type: none"> • Sue Murray, aunt (primary) • Sandy • Bob • DCFS worker • Intensive in-home specialist
<p>The children may be physically harmed (get caught in the fighting between their parents, be hit or hurt) when Bob becomes violent and attacks Sue.</p> <p>The children may be emotionally harmed (traumatized or terrified) when Bob becomes violent and attacks Sue and the children witness this, or if the children find Sue unconscious or injured after Bob has hurt her.</p>	<p>If Aunt Sue is worried that Sandy and Bob's arguing is escalating to the point of physical violence, she will immediately contact the police and notify the agency no more than 24 hours after the incident.</p>	<ul style="list-style-type: none"> • Sue Murray, aunt (primary) • Sandy • Bob • DCFS worker

Everyone agrees this plan will remain in effect until Sandy and Bob meet with the agency for a family team meeting on [specific date].

Signatures and contact info: Mother, father, aunt, worker, supervisor's approval

ESSENTIAL ELEMENTS OF AN IMMEDIATE SAFETY PLAN

- 1. Identification of safety threats.**¹ The Structured Decision Making® (SDM) safety assessment provides the framework for safety planning. When one or more SDM® safety threats are identified in a household, protective intervention should be considered to allow the child to remain safely in the home whenever possible and appropriate. If, after considering child vulnerabilities, household strengths, and protective actions, it is determined that in-home interventions can be initiated to temporarily control the safety threat, the safety decision is “safe with immediate safety plan.” An immediate safety plan should clearly identify the safety threat that would otherwise prompt protective placement if immediate action were not taken.
- 2. Clear description of caregiver actions or inactions and their impact on the child.** An immediate safety plan should link each identified safety threat to a household-specific, behavior-based description of a caregiver’s actions or inactions that create a safety threat to the child. Safety-organized practice (SOP) uses formulation statements, called worry statements, to structure this description. Statements should be written in plain language that the family understands (i.e., avoid jargon) and be as behavior specific as possible to support rigorous planning around how to best create safety.
- 3. Immediate actions to control the safety threat.** A safety plan should include a specific set of action steps to be taken by sufficient family members, network members, and others, or resources that are immediately available, to temporarily control the safety threat. Referrals to long-term services or resources that do not support an immediate change in the care environment are not sufficient; they might be more appropriate for the family plan.
- 4. Network involvement.** At least one family or network member besides the caregiver must support the plan. Each participant must clearly understand the safety threat and be committed to their role in implementing the action steps to control the safety threat. They also must be involved in monitoring the safety plan.
- 5. Monitoring plan.** An immediate safety plan should clearly describe how the worker and family will monitor how well the plan is working and actions to take if it is not. What is the backup plan?
- 6. Time limit.** A safety plan must have a specific timeframe—no more than 14 days—to remain in effect, or a specific date on which it will be reviewed and renewed, strengthened, or resolved into a long-term safety and support plan.
- 7. Signatures that indicate agreement.** At least one legal caregiver, the child welfare worker, and at least one network member who agrees to be part of the plan must provide signatures. Obtain verbal approval from the worker’s supervisor.

¹ Workers should continue to use the Expanded Health and Safety Factors Assessment until the SDM safety assessment replaces it.

TIPS FOR A STRONG IMMEDIATE SAFETY PLAN

Following are problems commonly seen in immediate safety plans (“hot spots”) and appropriate measures to take to correct them.

Hot spot: The plan’s only intervention is having the caregiver promise not to do something again. If the caregiver could do that independently, protective custody would not be under consideration at all.

- *How to fix it:* Make sure at least one other protective participant involved in the intervention will act or call for help.

Hot spot: Writing a plan that does not clearly spell out, in an action-based way, the caregiver’s actions and their impact on the child and instead simply addresses drug use, mental illness, general neglect, etc.

- *How to fix it:* Use a harm and worry statement format to describe the concern.

Hot spot: Safety planning only with a friend, neighbor, or relative of the family. Remember, the safety plan is a voluntary agreement between a *legal caregiver* and the agency that puts temporary controls in place for a safety threat that would otherwise require protective custody.

- *How to fix it:* At least one legal caregiver must agree to an intervention verbally or in writing.

Hot spot: Writing up the plan for the caregiver and telling the caregiver that they have to sign it or the child will be removed.

- *How to fix it:* Explain the process of safety assessment and planning and involve the caregiver and support network in developing a plan they can all agree on. Use scaling question to find out what would move their level of agreement with this plan up by one and adjust the plan until agreement is reached or you determine a plan is not possible at this time.

Hot spot: IPV situations.

Telling the victim that they must keep the aggressor out of their own home if the aggressor has not agreed to leave. When safety planning, remember that people cannot be forced from their own homes without due process.

- *How to fix it:* Get agreement from the aggressor to leave the home as part of the safety plan and have them sign an agreement (see hot spot below), or have the victim and child go somewhere else, or have a family member stay in the home to protect the child at all times.

Violating a caregiver's constitutional rights. For example, a plan that requires a caregiver to leave the family home that they have a right to occupy without that person's agreement; telling a caregiver who has a valid order giving the right to visit that they cannot visit; agreeing to allow someone to care for a child without the caregiver's consent or knowledge. Filing for less than custody is necessary to restrict caregiver access to a child.

- *How to fix it:* If separation from the caregiver is needed, the child and protective caregiver may need to find another place to stay. Get the caregiver's agreement for the temporary plan. Remember to make a plan for family time with the aggressor. If a caregiver is unavailable to co-create the safety plan, protective custody is the *only* option.

The only safety intervention is a victim's promise to get an order of protection. An order of protection takes time; help is required to get an emergency order of protection. Also, an order of protection is often not effective—there must be other safety interventions that provide protection.

- *How to fix it:* Have police provide an emergency order of protection, and make sure that at least one method of providing safety as described above is in the immediate safety plan.

Expecting a victim to be able to protect the child when they cannot protect themselves.

- *How to fix it:* A child who is sufficiently old enough and capable may take some action to keep themselves and siblings safe. Have another friend or family member involved in the safety plan make sure these actions are effective. Pursue the aggressor's network members to aid in holding them accountable for their behavior as part of the plan.

Hot spot: Writing a plan with no time limit.

- *How to fix it:* Always write on the immediate safety plan that the plan is in effect for a maximum of 14 days. Provide a time and date when the plan will be reviewed and updated.

Hot spot: Writing a plan without something that makes clear how to know whether the plan is working.

- *How to fix it:* Write a statement that clearly describes who will act if that person determines that the plan is failing and who that person will contact.

IMMEDIATE SAFETY PLAN: CASE SCENARIO

On the night after Halloween, local law enforcement was called to a home by a worried neighbor who heard several adults yelling and children crying and screaming.

Upon arrival, police made contact with four children: Anne (12), Beth (11), Sean (9), and Jeremy (4 and a half). Also at the home were the children's mother, Robin, and Jeremy's father, Eric.

Robin and Eric had been drinking and showed some evidence of intoxication, but both were able to communicate with and understand officers.

Robin and Eric got into an argument after dinner, the children said. It began with a conflict over how to fairly assign dinner clean-up chores to the children, and then it escalated to yelling, shoving, and hitting when the topic turned to household finances. Robin shoved Eric because he accused her of "spending like a drunken sailor." Eric slapped Robin, giving her a bruise on her eye and a slightly bloody nose. The children were present and witnessed their fighting. The on-call worker went to the home to assess the children's safety.

Police said they have responded to several domestic conflict calls to the home in the past six months. Police have cited both parents but have not arrested them because they assessed the situations as "mutual combat." While the worker assessed the current situation, Robin and Eric continued to periodically argue and glare at each other.

The worker interviewed the children. Anne, Beth, and Sean said Robin and Eric have been fighting a lot lately because Eric's work hours were reduced, and Christmas was coming. They said the fights have started more frequently after both have had a few drinks, and they end with one of the parents getting hurt. Sometimes, Anne or Beth will try to calm them down before things get physical. Sometimes, all the children go to their room and turn up the television or play video games. Sean said that once his mother and Eric start drinking, they stay mad and argue into the night until they get tired and fall asleep. The children said that one time, they ran to the neighbor's home and asked to stay overnight.

Sean said he gets blamed a lot and sometimes gets hit when he and Jeremy argue over toys or a game. Sean also mentioned that Jeremy is his mother's and Eric's favorite child.

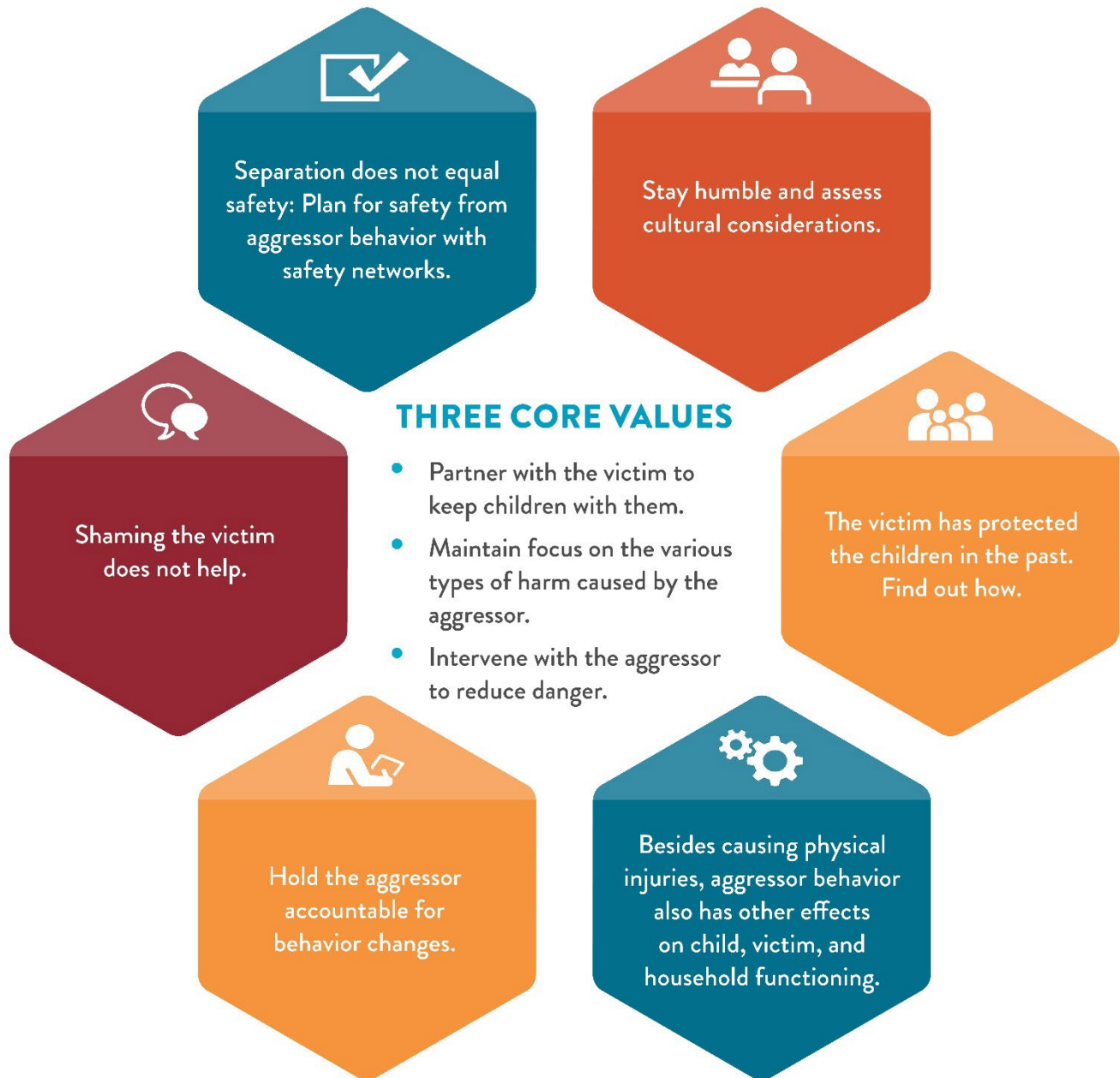
Anne, Beth, and Sean visit their father, Bill, every other weekend and for three weeks in the summer. Jeremy stays home with Robin and Eric during these visits. Robin has engaged Bill in a family court battle to limit his custody and ability to visit, and she has accused Bill of being neglectful of and abusive toward the children. Anne, Beth, and Sean say their father is a bit of a loner and does not attend much to housekeeping, but he is a "pretty fun guy."

The worker assessed that there continues to be an imminent risk of physical and emotional harm to the children. The worker and supervisor agree that because the police did not arrest either parent and the conflict between Robin and Eric continues to simmer, an immediate safety plan needs to be developed, or else the children will need to be placed in protective custody.

PEOPLE TO CREATE THE SAFETY PLAN WITH

1. Robin, the children's mother
2. Eric, Jeremy's father
3. Anne, Beth, Sean, and Jeremy
4. Robin's brother Mike and his wife, Kathy, who live 10 miles away
5. Neighbor mentioned in child interviews
6. Bill, father of Anne, Beth, and Sean

INTIMATE PARTNER VIOLENCE INVESTIGATION: SUPERVISOR JOB AID



Developed in collaboration with Luck P. Luckey.

IMMEDIATE SAFETY PLANNING AND INTIMATE PARTNER VIOLENCE

PRACTICE TIPS

1. In some families, IPV co-occurs with child maltreatment. Whether or not IPV is at the level of a safety threat, when these dynamics are present, the worker needs to be aware of family safety in addition to child safety.
2. Though not always, one caregiver is usually in a victim role and one is in an aggressor role. Agency intervention, no matter how necessary, can increase the danger to the victim. You would have already conducted a private interview with the apparent victim; likewise, you should discuss immediate safety planning with the victim (with or without support people of the victim's choosing).
 - Do not include the aggressor in these first discussions. If done jointly, the aggressor will influence the plan to their advantage *and/or* we will not be able to include elements to keep the victim safe.
3. In instances where the violence and power imbalance has been minor and brief, the victim may be willing to develop a joint immediate safety plan. Follow the victim's lead and use professional judgment.
 - Is the victim really in denial about the danger? Or are they afraid to share what is going on with DCFS for fear of their child being removed or of agency involvement making managing the aggressor's behavior even worse?
 - Is the victim feeling coerced into sharing the plan? If so, do not do it. If you create a shared plan, partner separately with the victim for a personal immediate safety plan just in case. In other instances, you may need to have an immediate safety plan with the aggressor *and* an immediate safety plan with the victim.
4. Document using language that clearly states whose behavior is causing the harm, and never imply the violence is mutual when it is one person coercing, threatening, or intimidating the other. Write in a way that does not victim blame and that can be used by the victim to hold the aggressor accountable in court.
 - Be careful about copies of written immediate safety plans that contain information the aggressor should not see, such as escape plans. *Always* discuss an immediate safety plan with the victim first. *Only* discuss the immediate safety plan with the perpetrator if the victim agrees *and*, in your professional judgment, it is safe to do so.

COLLABORATIVE ASSESSMENT AND PLANNING (CAP) FRAMEWORK

What Are We Worried About?	Purpose of Consultation	What Is Working Well?
<p>Harm and Danger</p> <ul style="list-style-type: none"> Caregiver’s behavior; impact on child Child’s behavior; impact on child and others Pattern/history 	<p>Hopes for this conversation</p> <p>Genogram, Ecomap, Circles of Safety and Support</p> <p>People in the family and network who care about the child/family</p> <p>Cultural Considerations</p> <p>How family identifies racially, ethnically, culturally</p> <p>SDM® System Guidance</p> <p>Most recent safety and risk assessment results; current recommended decision</p>	<p>Safety and Permanency/Belonging</p> <ul style="list-style-type: none"> Actions of protection, taken by the caregiver and network, that address the danger and are demonstrated over time. Actions of connection, taken by the caregiver and network and demonstrated over time, that promote enduring relationships to family, community, and culture.
<p>Complicating Factors</p> <ul style="list-style-type: none"> Conditions or behaviors that create greater barriers to safety, permanency, and well-being Research-based risk factors 	<p>Gray Areas</p> <p>Incomplete or speculative information</p>	<p>Strengths and Resources</p> <ul style="list-style-type: none"> Assets, resources, and capacities at the individual, family, and community levels Presence of research-based protective factors
What Needs to Happen?		
<p>Worry Statements</p> <p>What do key stakeholders worry will happen if nothing changes? Consider safety, permanency, and well-being.</p>	<p>Goal Statements</p> <p>What needs to be demonstrated, over time, to address the concerns and ensure the child is safe; well; and connected to family, community, and culture? Bottom lines—not services.</p>	
<p>Action Steps</p> <ul style="list-style-type: none"> Look at the next SDM decision point. What information is needed? What conversations with the family and network need to happen? What needs to happen next to work toward the goals? Who has agreed to do what, and when? What kinds of plans are needed (immediate safety plans, service plans, others)? <p><i>Refer to any recommended SDM assessment guidance.</i></p>		

Based on: Consultation and Information Sharing Framework (Lohrbach, 2000); Signs of Safety Assessment and Planning Framework (Turnell & Edwards, 1999; Department of Child Protection, 2011); The Massachusetts Safety Map (Chin, Decter, Madsen, & Vogel, 2010); and The Partnering for Safety Assessment and Planning Framework (Parker & Decter, 2012).

COLLABORATE ASSESSMENT AND PLANNING FRAMEWORK

Worker Name: _____

Family Name/ID: _____

Date: _____

What Are We Worried About?	Purpose of Consultation	What Is Working Well?
Harm and Safety Threats	Genogram, Ecomap, Circles of Safety and Support Cultural Considerations SDM® System Guidance	Safety and Permanency/Belonging
Complicating Factors	Gray Areas	Strengths and Resources
What Needs to Happen?		
Worry Statements	Goal Statements	
Action Steps		

Based on: Consultation and Information Sharing Framework (Lohrbach, 2000); Signs of Safety Assessment and Planning Framework (Turnell & Edwards, 1999; Department of Child Protection, 2011); The Massachusetts Safety Map (Chin, Decter, Madsen, & Vogel, 2010); and The Partnering for Safety Assessment and Planning Framework (Parker & Decter, 2012).

QUESTIONS FOR A RIGOROUS AND BALANCED ASSESSMENT

STEP 1: WHAT ARE WE WORRIED ABOUT? EXPLORING PAST HARM

Opening

- Someone was worried about your child and a report was made that said . . .
- What do you think led to DCFS getting involved with your family?
- What have you heard about why your child was removed?

Behavioral Details

- When did [harmful event] happen?
- Can you tell me about what happened that day?
- Where was it? Where were you? Who else was around?
- How did you respond when it happened?
- How long has this been going on?
- What were the first, worst, and most recent times this happened?

Impact on the Child

- Where was your child when this was happening?
- Do you think [harmful event] is affecting your child in any way?
- Do you ever worry about it? When do you most worry? What is happening?
- If your child were here right now, what would they say it does to them?
- Do you think it might be affecting them at school?
- Do you think it might be affecting how they make friends?
- Does it ever come between you and your child?
- Does [collateral] think it is affecting your child in any way?
- Does [family member] think it is affecting your child in any way?
- On a scale from 0 to 10, with 0 being your child was in a lot of danger and could have been really hurt and 10 being your child was totally safe, where would you say things were when it happened?
- What would your child say if they were here?

Closing

- Of all the things we have talked about that have happened in the past, what do you think is most worrisome?
- What would your child say is most worrisome?
- What do you think my supervisor or I might think is most worrisome?
- We have a way of summing up these kinds of things called a harm statement. Can I share it with you and see what you think?
- On a scale from 0 to 10, where 0 means you think I am off base and 10 means that the harm statement really describes something that worries you too, where would you say things are?

STEP 2: WHAT IS WORKING WELL?

Opening

- What do you think is working well in your family?
- What are you most proud of in your family?
- What do you see in your child that makes you most proud?
- What is your family like at its best?
- If the kids were here right now, what would they say is going well in your family?
- What would they say they are most proud of in you? In themselves?
- Who else knows you or your family well? What would they say is going well?
- What do you think I see working well?
- Can I tell you what I see working well?

Searching for Exceptions/Past Example of Safety

- Has there ever been a time when [harmful event] could have happened—almost did happen—but somehow you were able to do something different?
- Can you tell me about a time you were able to manage it in a way that you felt good about?
- What are you already doing to help keep your child safe and respond to the worries?
- Can you tell me about a time when you were able to look after your child even though you were dealing with other, more difficult things?
- Can you tell me about a time when you were angry with the kids but rather than hitting them, you found a way to calm yourself down?
- Can you tell me about a time when you were really pissed off with each other but rather than yelling or hitting each other in front of the kids, you were able to do something to keep it away from the kids or sort it out so it did not blow up?

- Can you think of a time when you were going to use drugs but either did something to make sure the kids were looked after first or made another decision about using all together?

Behavioral Details of Exceptions

- When did [exception] happen?
- How did you do that? (Specific details of exception)
- Can you tell me about what happened that day?
- When was it? Where were you? Who else was around?
- Suppose I had been a fly on the wall when this happened. What would I have seen you do?
- What were the first, worst, and most recent times this happened?

Impact of Exceptions on the Children

- Where were the children when this happened?
- When you did [exception], did it make a difference to your child in any way? How?
- What do you think your children would say they like best about the fact that you took this step?
- Do [family members/friends] know you took this step? What kind of difference would they say it made to the children?
- Do [collaterals] know you took this step? What kind of difference would they say it made to the children?
- On a scale from 0 to 10, with 0 being your child was in a lot of danger and could have been really hurt and 10 being your child was totally safe when [harmful event] happened, where would you say things were when [exception] happened?
- What is helping you keep that number as high as you have?

Identifying Network

- Who or what else may have helped you do that?
- Who else knows you were able to take this step?
- Who from your life would be least surprised at your ability to take these steps?
- What would your best friend say about how you are doing this?

Coping

- What you have been going through is not so easy. How do you think you have survived as long as you have? What is keeping you going?

- Given everything we have talked about, how do you think you have managed to keep things from getting worse?

Closing

- Of all the things you are doing to take care of the children, what do you think you are doing that is most protecting them?
- What would your children say pleases them most about what you are doing?
- What do you think I or my supervisor are going to be pleased to see?

STEP 3: WHAT ARE WE WORRIED ABOUT? EXPLORING FUTURE DANGER

Opening

- Of all the things we have talked about today, which are you most worried about happening in the future?
- Of all the things we have talked about today, which do you think the children are most worried about happening in the future?
- Of all the things we have talked about today, which do you think I am most worried about going forward?
- What do you think the reporter might be most worried about happening in the future?
- On a scale of 0 to 10, with 0 being “my child is in a lot of danger now” and 10 being “my child is totally safe now,” where do you think things are?
- What do you think is keeping that number from being even higher?

Potential Future Impact on the Child

- What do you think will happen in your family if nothing else changes?
- What do you think might happen to your child?

Identifying Network

- Does anyone else in your family worry about what might happen to your family or to the kids in the future if nothing changes?
- Do any of your friends worry about this?
- Do any of the people with knowledge of this situation worry about this?
- What do you think they worry will happen to the kids if more of [harmful event] occurs?

Closing

- Can I take a minute and tell you how we at DCFS are trying to think these days?
- Now that I have shared these definitions with you, which of these things that we have talked about do you think are real dangers to your child going forward? Which are complicating factors?
- We have a way of summing up these kinds of things called a worry statement. Can I share it with you and see what you think?
- On a scale from 0 to 10, where 0 is you think I am really off base and 10 means that the worry statement really describes something that worries you too, where do you think things are?

STEP 4: WHAT NEEDS TO HAPPEN? DEVELOPING GOAL STATEMENTS²

Family Goals

- In 10 years, what would you like your child's story to be about this time? What do you think needs to happen for your child to be able to tell that story?
- It is clear from what you have said you are not happy with how things are going. How would you like things to be instead?
- Given all we have talked about, what is your biggest hope for what could be different in your life?
- What is the least that could happen that would still leave you feeling like you had accomplished something important?

Agency Goals

- Given all we have talked about, what next steps do you think we need to take to ensure your child is safe?
- Which of the worry statements do you think is most important for us to deal with first?
- You have said you want DCFS out of your life. Given everything we have talked about, what do you imagine I am going to say needs to happen for us to get out of your life?
- We have a format for talking about goals that our agency considers important called a goal statement. This will also start a conversation about who else needs to be a part of our work together. Can I show you what this goal statement format looks like? Can we do some thinking about who else needs to be involved?
 - » What do you think you will need to see in yourself to take these steps?
 - » What will you need from others?
 - » Who would be good to talk to about this?
 - » When you start making these changes, who will see them first? Second?

² Use the answers to these questions to begin formulating the family plan.

On Networks

- Moving toward these kinds of goals is hard work and often requires help. You know the phrase “It takes a village to raise a child?” Who from your community would be important for us to invite to these meetings to help you move in the directions we have been talking about?

On Services

- Do you think going to [a service] might do anything to address the worry statement? What do you think it might do?
- If I were to suggest you go to [a service], what do you think I might be hoping would be different as a result?
- By going to [a service], what are you hoping will change about your child’s safety?

On Small Steps

- Suppose we meet for coffee a few years from now and all the problems we have talked about—specifically, the worry statement—have been taken care of.
 - » What do you think you will have done to achieve this?
 - » Who or what will have helped you make that possible?
 - » How will I have contributed?

On First Steps

- What will have been the first step you took?
- What difference will it have made in your life?
- How will it affect your child?
- Will that be enough to keep your child safe/address the worry statement?
- Will your child think it is enough?
- Will I think it is enough?
- Now that you have made up your mind to stop doing [harmful event], how long do you think it will be before you act on it?
- On a scale of 0 to 10, with 0 being “my child is in a lot of danger now” and 10 being “my child is totally safe now,” where do you think things are?
- If we keep working at this, and a month from now, the danger/safety scale number has improved by one, what do you think will concretely be different in your family?
- If I were a fly on the wall and saw you taking that step, what would I see?
- What actions will you or others be taking differently?

- What services will be in place? What will you be doing differently as a result?

Confirming Direction/Monitoring

- What will tell you that you are on the right track?
- How will you know you have reached this goal and your child is safe?
- What do you think will tell me that you are on the right track?
- How will my supervisor or I know you have reached this goal and your child is safe?
- Who will be the first people to notice a change?
- What will they see?
- What will you see?
- What will your kids notice?
- What will I notice?

THINGS TO TRY: INVESTIGATIONS AND CASEWORK

Challenge yourself by choosing one of the ideas below and TRYING IT ON. Consider sharing your chosen activity and outcome with your supervisor, field instructor, or deep dive leader.

An immediate safety plan is an organized set of actions, agreed to and taken by family and network members, that will begin NOW to mitigate safety threats.

- How would you explain an immediate safety plan to a family on your caseload? Consider words that make sense to you and practice with a coworker. Remember to limit jargon.
- During your next immediate safety plan, invite the family to plan with you. Collaborate with the family and their safety and support network to identify clear, detailed safety guidelines. Remember: You cannot create an immediate safety plan with the alleged perpetrator alone. No network, no plan. You must have at least one other person who could not have caused the harm.
- Outline what the caregiver will do instead rather than only what they will not do.
- Practice talking to a child about the immediate safety plan. Include children in the planning process as much as possible.
- Services do not equal safety!

STAYING TRAUMA INFORMED

- Before ANY removal, take time to discuss with the family and your supervisor:
 - » What actions of protection can be taken immediately to directly mitigate the harm and allow the child to remain safely at home?
 - » Are there actions the child can take to promote their own safety? Try completing the safety house with the child to include their voice in the immediate safety plan.

The more children are included in planning, the more control of their own lives they experience. This is essential to healing from trauma.

WORRY STATEMENTS

- Create worry statements with the family to include in the immediate safety plan that will help create a shared understanding of what everyone is worried will happen if nothing changes and why the plan is necessary to ensure child safety. (Child may be impacted if/when)
- Categorize worry statements by:
 - » Safety/danger
 - » Permanency
 - » Well-being

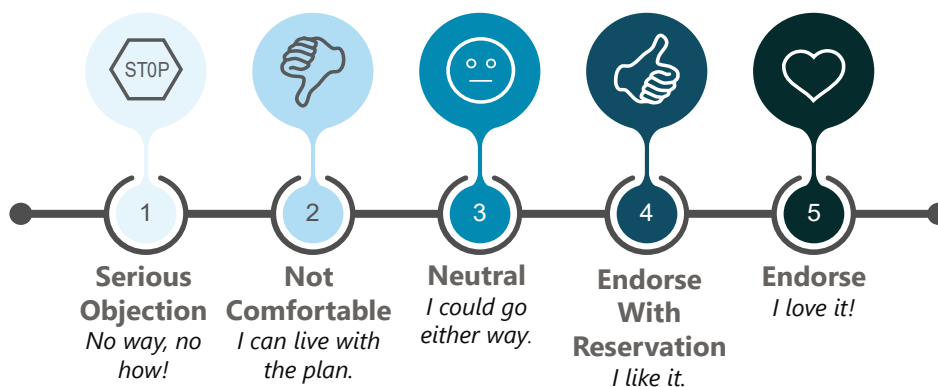
MONITORING STRATEGIES

Try one of these monitoring strategies in the next immediate safety plan you create.

- Journals
- Feedback loops
- Logbook
- Reassessments
- Check-ins
- SOP tools (e.g., Three Houses or Safety House)

GRADIENTS OF AGREEMENT

Plans co-created with families have the highest rate of success. Remember to pause and check for agreement among all collaborators. Use the gradients of agreement to assess each member's confidence in the plan.



THINGS TO TRY: RESOURCE AND ADOPTIONS

Challenge yourself by choosing one of the ideas below and TRYING IT ON. Consider sharing your chosen activity and outcome with your supervisor, field instructor, or deep dive leader.

An immediate safety plan is an organized set of actions, agreed to and taken by family and network members, that will begin NOW to mitigate safety threats. This may look a little different for resource and adoptions, where worries on an immediate safety plan may not always rise to the level of a safety threat.

PRACTICE

- Take a moment to think about how you would explain an immediate safety plan to a resource family or adoptive family on your caseload. Consider words that make sense to you and practice with a coworker. Remember to limit jargon.
- Next time you receive a report on one of your resource homes, invite the resource/adoptive family to create an immediate safety plan with you. Collaborate with the family and the safety and support network to identify clear, detailed safety guidelines.
- Outline what each member of the family and network will do to help ensure the child or other children in the home are safe.
- Practice talking to the child about the immediate safety plan. Include children in the planning process as much as possible. In many situations involving resource and adoptive homes, we may be creating a plan because the child is a threat to themselves or others. Be sure to include the child's therapist and any other children in the home in the immediate safety plan.
- Resource staff can try working with the worker when a child in a resource home needs an immediate safety plan. Help ensure the voice of the resource home is included in the process.
- Services do not equal safety!

STAYING TRAUMA INFORMED

- Before ANY placement change, take time to discuss with the resource family and your supervisor.
 - » What actions of protection can be taken immediately to directly mitigate the harm and allow the child to remain safely at the resource/adoptive home?
 - » Are there actions the child can take to promote their own safety? Try completing the Safety House with the child to include their voice in the immediate safety plan.

The more children are included in planning, the more control of their own lives they experience. This is essential to healing from trauma.

WORRY STATEMENTS

- Create worry statements with the resource family to include in the immediate safety plan to help create a shared understanding with the family of what everyone is worried will happen if nothing changes and why the immediate safety plan is necessary to ensure child safety. (Child may be impacted if/when)
- Categorize worry statements by:
 - » Safety/danger
 - » Permanency
 - » Well-being

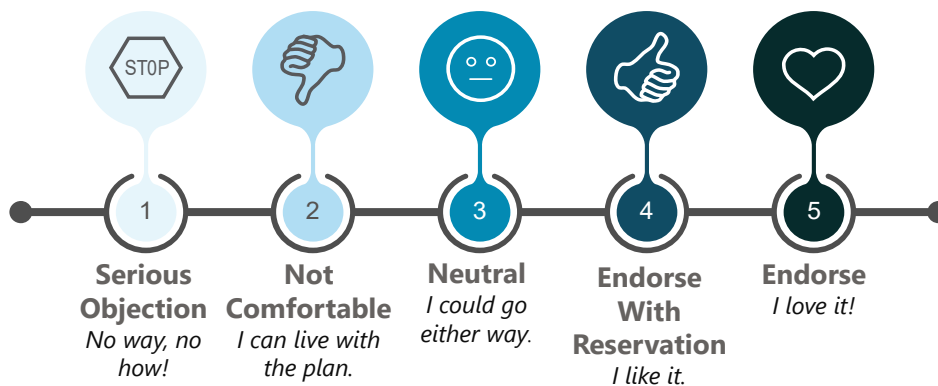
MONITORING STRATEGIES

Try one of these strategies for monitoring in the next immediate safety plan you create.

- Journals
- Feedback loops
- Logbook
- Reassessments
- Check-ins
- SOP tools (e.g., Three Houses or Safety House)

GRADIENTS OF AGREEMENT

Plans co-created with families have the highest rate of success. Remember to pause and check for agreement among all collaborators. Use the gradients of agreement to assess each member's confidence in the plan.



COACHING AND SUPERVISION TIPS

1. Listen carefully as the worker talks about immediate safety planning. Pay close attention to the actions they identify to increase the child's safety.

- Are they truly describing immediate safety planning or is it family planning? Help staff differentiate between the two.

2. Before ever removing a child, challenge staff to talk about actions of protection demonstrated by the family. Explore:

- What is going well? and
- What actions of protection can be taken immediately to directly mitigate the safety threat to allow the child to remain safely at home?

3. Assist staff in brainstorming ideas for monitoring the immediate safety plan.

4. Encourage staff to double and triple check with the safety and support network for agreement and responsibility throughout the life of the immediate safety plan.

5. Watch the balance between agency expectations for safety interventions and family participation. If staff is creating the immediate safety plan and not getting family buy-in:

- Help staff bring the family into the conversation; and
- Help staff use solution-focused questions to elicit family ideas for safety interventions and guidelines.

6. If staff are getting family input but allowing them to drift from the focus on safety:

- Help staff examine whether the family's ideas are addressing the safety threat; and
- Help staff maintain a clear, strong position on safety expectations *while* inviting family participation.