

Common Errors in Safety Planning

Four mistakes commonly found in Safety Plan development include:

1) Safety plans are not created when needed. Examples include:

- a. *A child is placed with a relative temporarily but it is not formalized in a safety plan.*

If a child stays outside of the home due to agency involvement, a safety plan is required.

- b. *The agency utilizes law enforcement during on call hours, and law enforcement implements a plan to keep the child safe, that plan is considered a safety plan.*

All Safety Plan documentation and monitoring requirements need to be completed.

- c. *A verbal plan is created to avoid the intensive monitoring requirements of plans.*

All safety plans must be documented. **Verbal agreements are not sufficient.** Any actions or activity a caretaker implements as a result of the PCSA that addresses keeping the child safe is considered a safety plan activity. In other words, if a plan is put in place and the agency supports and enforces that plan via the agency function, it is a **SAFETY PLAN.**

- d. *A parent makes promises to change behaviors that are unrealistic or unreasonable in lieu of a safety plan. For example, a mother who is addicted to opiates promises to quit using the drug*

A safety plan is not developed because the parent “made arrangements” for the child to stay somewhere else. If the agency does not approve of the child returning home due to concern for safety, a safety plan should be developed.

2) Safety plan activities do not control for the immediate safety threat.

Examples include:

- a. Activities that depend upon coping skills

- b. "Applying for housing or heating assistance" when the need is immediate
- c. "Clean the house over the weekend" when there is a crawling infant in the home and the home presents an immediate safety threat
- d. "Attend drug treatment"

(It is also important to note that a Safety Plan can be active concurrently with a case plan.)

3) Monitoring

- a. Decisions about how frequently a safety plan should be monitored should not be limited to the minimum standard monitoring requirement as identified in rule; while minimum requirements must always be met, monitoring decisions must be based on case information. If the minimum monitoring requirements are not sufficient additional visits should be completed.

4) Confusion on the purpose and function of the Safety Plan

- a. A safety plan has a different purpose and function from the case plan/family service plan. A case plan/family service plan does not take the place of a safety plan. A Safety Plan controls for an active safety threat.
- b. Safety plans are not "absorbed" into Case Plans. A safety plan controls an active safety threat. A case plan drives behavioral change.

For example: A 2 and 5 year old are unsupervised in the home for extended period of time during the day while the parents are passed out. The safety plan controls for the active safety threat which is lack of supervision and having basic needs met. The case plan addresses the parent's substance use and parenting skill with an expectation that behaviors will change over time.