

# SAFETY PLANNING

## CHILD PROTECTIVE SERVICES SAFETY PLANS:

A safety plan is a specific and concrete strategy for controlling threats of serious harm to a child(ren) or supplementing parents' protective capacities. A safety plan is implemented IMMEDIATELY when parents' protective capacities are not sufficient to manage immediate safety threats for at least one child.

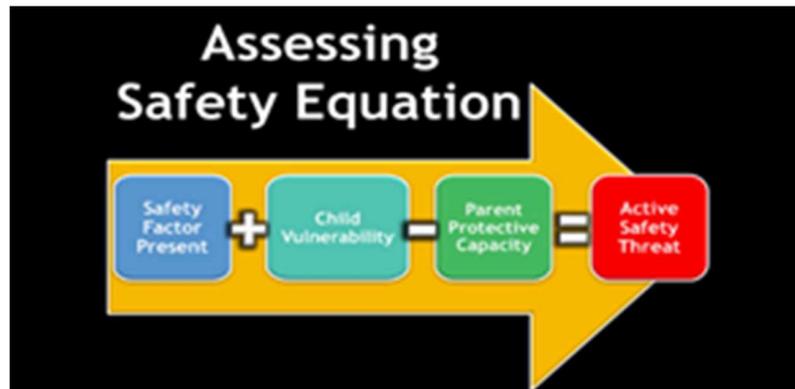
## THERE ARE THREE TYPES OF SAFETY PLANS:

- **Voluntary In-Home:**  
This is implemented on the JFS 01409 CAPMIS Safety Plan.
- **Voluntary Out-Of-Home:**  
This is implemented on the JFS 01409 CAPMIS Safety Plan.
- **Legally Authorized Out-Of-Home:**  
This child is legally removed from the home and temporary custody is given to the PCSA or relative/kin. The JFS 01409 Safety Plan is not required to be completed. The court complaint and motions will provide the justification of how this safety response will immediately protect the child.

## WHEN TO IMPLEMENT A SAFETY PLAN:

A safety plan is implemented when the assessment of safety determined there is an active safety threat. An active safety threat is present when an assessment of a child(ren) has determined the presence of a safety factor (yes response), a vulnerable child, and an absence of parental protective capacities.

A safety plan would not be implemented when one parent's/custodian's protective capacities are sufficient to protect a vulnerable child from an identified safety factor (yes response).



## DETERMINING THE TYPE OF SAFETY PLAN NEEDED:

Utilize safety factor #2 (has not, cannot, will not) to assist a worker in assessing parents' ability and willingness to engage in voluntary safety planning.

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### VOLUNTARY IN-HOME SAFETY PLAN:

- Can the safety threat be controlled by moving a responsible person into the home? If so, then an in-home safety plan is sufficient.
  - This may include examples of threats such as:
    - Lack of supervision of child(ren)
    - Parent overwhelmed with day-to-day tasks of parenting as a result of depression; children with special needs requiring additional care
    - Parents with developmental delays who require support and intervention to assess capacity to meet day-to-day need of child
    - Parental substance use that cannot reliably provide 24/7 supervision
- Things to consider:
  - Conditions of the home continue to expose children to an active safety threat (such as poor housing conditions, individuals actively abusing drugs in the presence of the children).
  - Capacity of the responsible person to control the threat and relationship with parent(s)/caregiver(s).
  - Is it realistic for the person moving into the home to play the role of primary caretaker? Is it realistic for this person to have authority over parental decisions in the household?
  - Did the proposed responsible party live in the home already? If so, why did they not protect the child previously? Is it realistic to believe the person's role will change significantly to protect the children by implementing a safety plan?

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### VOLUNTARY OUT-OF-HOME SAFETY PLAN:

- Implemented when the home conditions or parent's behavior in the home continues to pose a safety threat even with a responsible person.
- A responsible person is able and willing; however, they are unable or unwilling to relocate to the child's home.
- Consideration must be given prior to allowing a parent whose behavior is the active safety threat to move with the child(ren) into the responsible person's home. For example:
  - The parent is using excessive discipline or is violent with others in the household.
  - The parent is using a substance that could be fatal to the child is accessed.
  - The parent is likely to remain the primary caretaker living in another home, and the responsible party will not actually be responsible for the care of the child.
  - The parent is suffering from severe mental health symptoms/psychosis that would pose a danger to all household members.

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### LEGALLY AUTHORIZED OUT-OF-HOME CARE:

- Implemented when the assessment of safety has determined the parent's lack of ability or willingness to engage in voluntary safety planning. For example:
  - The parent denies that abuse or neglect occurred.

- The parent vacillates regarding the child’s need for protection, such as blaming a sexual abuse victim or attempts to coerce a child to recant.
- The parent is physically or cognitively impaired and lacks the capacity to understand the need for the safety plan or the action steps.
  - This includes impairment from substance use, a medical emergency creating incapacitation, a severe psychological or mental health episode.

#### DETERMINING WHO CAN BE A RESPONSIBLE PARTY IN A SAFETY PLAN:

A responsible person is an individual who will control or remove an identified active safety threat by substituting for the parents absent protective capacities. This **should not** be the parent.

***If the parent is capable of maintaining the child’s safety, then a safety plan does not need to be implemented.***

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#### A RESPONSIBLE PERSON IS:

- an outside resource that is utilized to assist a family in maintaining child safety.
- utilized when the parent is unable to control or remove an active safety threat.
- an individual who will “control or remove” the active safety threat.

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#### WHEN TO CONSIDER A NON-CUSTODIAL PARENT AS A RESPONSIBLE PARTY:

In rare circumstance a non-custodial parent can serve as a responsible party. This could occur when the non-custodial parent does not have the legal authority to protect the child despite being the parent. Examples include:

- Visitation orders require the return of the child to the parent lacking protective capacities.
- The non-custodial parent does not currently have any form of custody or visitation with the child.

#### CONSIDERATIONS WHEN IDENTIFYING A RESPONSIBLE PERSON FOR A SUCCESSFUL SAFETY PLAN:

- The parent/custodian’s desire to have the individual involved with their case/family.
- The individual’s willingness and ability to participate in the safety plan.
- Is the individual capable of enforcing the safety plan activities to control/remove the safety threat?
- Does the individual have the capacity to put the child’s safety and protection over the need of the parent if necessary?
  - For example, not allowing a parent to visit or live in the home when they are using drugs, or their mental health has decompensated.
- Does the individual have adequate housing/room for the child(ren)?
- Have the individual’s household members been identified and assessed?
- The parent/custodian’s previous relationship with the individual. Have the past experiences negatively influenced the individual’s willingness to provide support to the family?
  - For example, parents have a history of abusing drug and relatives are fed up with the behavior.
- The individual’s ability to meet the child’s needs in ensuring safety.
- The frequency and duration the individual is willing to be involved in the safety plan.
- The individual’s history of child abuse or neglect.

- The individual’s history of arrests or criminal activity and how it may impact the safety of the child or ability of the individual to provide care for the child.
- Is the individual supportive of the parent(s) and child?
- What resources and services do responsible persons need?
  - Childcare, clothing, bedding, support for food or utilities, transportation, respite, etc.)
- What capacity do the responsible persons have to provide limited observation of family interactions?
  - Responsible parties are **not** responsible for observing all interaction and contact between parent and child and may not be able to do any.

## OBTAINING SIGNATURES:

A safety plan is developed and implemented with the individual(s) who hold legal custody of the child, including orders of shared parenting. The parent(s)/custodian(s) and responsible persons must sign the safety plan to demonstrate understanding and willingness to participate in the safety plan.

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## THINGS TO CONSIDER THAT MAY IMPACT OBTAINING SIGNATURES TIMELY:

- If a parent/custodian or person responsible for an action step is not present to sign, the safety plan may be implemented with a verbal authorization. An extension justification is required, and a signature must be obtained within 5 working days.
- A signature of a parent/custodian who is unable or unavailable to sign the safety plan can be waived if another custodial parent, legal guardian, or legal custodian’s signature has been obtained.
- Consider obtaining parent(s)/custodian(s) signature as soon as they agree to the plan, especially for parent(s) who may be using/abusing drug or have a history of being absent for periods of time.
- Give caution to assessing the protective capacities of the parent by telephone and obtained verbal approval. This is not a quality assessment and may decrease effectiveness of the safety plan or ability to capture parent(s) signature later.
  - For example, parent and child test positive at birth and parent leaves against medical advice or prior to child’s discharge.

## SAFETY PLAN MONITORING:

Monitoring safety plans is one of the most important tasks for child welfare. These children have been determined to be unsafe and require frequent and regular face-to-face contact to ensure the safety plan is being implemented as intended and is effective. Determining the frequency to monitor a safety plan should be made on a case by case basis. Factors to consider in determining the frequency should include:

- The parent’s ability and willingness to engage in voluntary planning
- The needs and vulnerability of the child, such as a drug addicted infant, unruly or oppositional defiant teen, developmental needs of a child, a child experiencing mental health issues
- The ability, willingness, or needs of the responsible persons

Safety plans often require more frequent monitoring than the minimal requirements in order to be truly effective. Monitoring requirements should always be included on the safety plan so that they are a part of the agreement and all parties know what to expect. **If responsible parties are not participating in monitoring requirements, they cannot be considered effective responsible parties.**

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MINIMUM REQUIREMENTS FOR MONITORING A SAFETY PLAN ARE:

**Voluntary In-Home Safety Plan**

- The PCSA is required to conduct weekly home visits. During the home visits, the PCSA shall make face-to-face contact with each child identified on the safety plan and each parent, guardian, or custodian residing in the home.

**Voluntary Out-of-Home Safety Plan**

- The PCSA is required to have weekly contact with the children or persons responsible for an action step either by telephone or face-to-face contact. The PCSA shall have face-to-face contact with each child and responsible party every other week.

**Legally Authorized Out-of-Home**

- The PCSA is required to complete face-to-face contact with each parent(s)/custodian and child participating in and being provided services listed in the family case plan no less than monthly to monitor progress on the case plan objectives. At least one of those contacts is required to be in the parent(s)/custodians' home every other calendar month. For cases with the children in temporary custody of the PCSA, the PCSA is required to have face-to-face contact with the child in accordance with the child's placement types as outlined in rule 5101:2-42-65 of the Administrative Code.

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As a result of the importance of reassessing the implementation and effectiveness of a safety plan, the minimum requirements REQUIRE face-to-face contact. In cases where the minimum face-to-face contact requirements are not met or a parent refuses to sign the safety plan, it is imperative to assess whether a new safety response is required. **An alternative safety intervention is required to be implemented when any of the following apply:**

- An active safety threat is not controlled (a new safety threat or safety plan is not controlling the threat as planned).
- A parent, guardian, or custodian or responsible person is unwilling to sign the safety plan.
- The parent(s)/custodian(s) or responsible person is not cooperating in accordance with the safety plan.
- The parent(s)/custodian(s) or responsible person is unwilling to follow the actions steps on the safety plan.
- The minimum required contacts have not been completed:
  - Face-to-face contact has not been made on an in-home safety plan for two weeks with each child identified on the safety plan and each parent, guardian, or custodian residing in the home.
  - Face-to-face contact has not been made on an out-of-home safety plan for four weeks with each child, parent, guardian, or custodian identified on the safety plan.

The administrative code rule for safety planning can be accessed at: <http://codes.ohio.gov/oac/5101:2-37-02v1>