



Tennessee Department of Children's Services

Work Aid for Child/Youth Safety Planning

Supplemental to Policy 11.1 Assessment Process and Tools and 31.18 Safety Planning for High Risk Behaviors in Children and Youth in DCS Custody

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| A. Participants in Child/Youth Safety Planning | The plan will be developed with the inclusion of key people in the child/youth's life who can assist in maintaining safety. This should include the current caregiver, the FSW, and contract agency worker. It may also be appropriate to include child/youth depending on age, and other relevant individuals such as therapist, family members, or school personnel. |
| B. Behaviors that Require Monitoring | <p>A safety plan will be created if the youth has a score of 2 or 3 on the CANS for any of the following items: Danger to Others, Sexually Reactive Behaviors, Sexually Aggressive Behaviors. (See CANS Manual for details on scoring)</p> <p>A safety plan may also be created if there are other behaviors or symptoms the team is aware of that pose a risk to the youth or others. If there is not a current CANS but the behaviors supporting the above CANS scores are present, a safety plan also will be completed.</p> |
| C. Role of Supportive People in Safety Planning and Communicating the Safety Plan | <p>The team will spend time considering what formal and informal supports the child/youth has in his or her life. The child may have a safe person to talk to at school, such as a teacher or guidance counselor, or a safe person in the neighborhood, such as a friend's parent. Supportive persons also play a critical role in providing needed respite to caregivers. The team will want to ensure that the support people are aware that they are an identified part of the child/youth's safety plan, and that they are prepared to support and help as needed. It may be helpful to establish what times the support people are available (during school hours, day and night, after school).</p> <p>If the child or youth has a therapist or counselor, the team will want to include them as they can be an integral part of helping keep the child safe. The FSW or Contract Agency worker will share the CS-1044. Child/Youth Safety Plan, at the next appointment and will discuss any additional treatment needs of the child/youth.</p> <p>Any time a new adult assumes responsibility for supervision of the child/youth, pertinent aspects the safety plan CS-1044. Child/Youth Safety Plan will be shared by the Child and Family Team.</p> <p>It is desirable to exclude protected health information on the safety plan, and if such information is present, refer to policy 31.18 and obtain appropriate releases if necessary, per Policy 20.25. Health Information Records and Access.</p> <p>The team will use discretion, only sharing necessary information to ensure the child/youth's safety or safety of others.</p> |

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| | <p>When needed, team members will consult with DCS Legal, Education Specialist and/or the Psychologist before sharing information.</p> |
| <p>D. Prevention Awareness</p> | <p>Working with caregivers to identify signs, behaviors, and situations that lead to unsafe or crisis situations is an important piece to effective safety planning. Knowing what to look for and being in tune with how circumstance can impact high risk children and youth is essential to ensuring successful safety planning.</p> <p>With good observation skills and the help of others in the child's life, the team can notice and document the things that tend to precede the behavior in question. For instance, prior to becoming aggressive, some children/youth may become tense, while others may become withdrawn. These warning signs are unique to each individual, and learning and knowing them can be very helpful in being able to intervene early on.</p> <p>Just as each child may evidence different behaviors just prior to crisis, each child will have different triggers or precursors that precede risk behaviors. Some of these triggers may be ones that the child/youth becomes aware of in therapy, for instance, realizing that seeing a tall, thin, middle-aged man makes a child/youth upset because of a history of abuse from a caregiver of that appearance. Triggers could include people of a certain appearance, or other environmental things that have been paired with trauma in the past. If a child/youth was abused by someone who constantly watched sports on television, the child/youth may become triggered by sports programming. Becoming aware of the unique triggers that an individual has can be invaluable in being able to both understand why a child/youth is escalating behaviorally or emotionally, and can help the team better plan for the child's safety.</p> <p>It is best to intervene as soon as these early warning signs exist, in order to prevent the situation from escalating. Caregivers should be mindful of how to respond in the most effective way, based on the individual child's needs. This will be further addressed in the next section.</p> |
| <p>E. Safety Plan Action Steps – Factors to Consider</p> | <p>Crisis Planning with Caregivers:</p> <p>While Safety Planning is intended to prevent/avoid a crisis, sometimes crises do occur. When they occur, caregivers need very specific steps to take to deescalate and get the situation under control as quickly as possible. Here are some suggestions for effective crisis management:</p> <ul style="list-style-type: none">• Contact formal supports: Agency worker, therapist, 911 if appropriate based on level of emergency• Call Mobile Crisis if child/youth is actively homicidal or suicidal and can't be de-escalated• Talk to the child/youth in a calm, reassuring tone rather than raising the voice• Ask the child/youth what would be helpful• If caregiver is aware of coping techniques that child/youth uses, offer to help with those. Example: if it helps to listen to music or draw, offer supplies to make these things possible.• If child/youth needs space, let him/her have some space and cool off, take a walk within eyesight of caregiver.• Have child go to a designated "safe place," allowing time to calm down. |

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How to Write a Good Action Step:

In general, good action steps are specific and achievable. They should be stated in terms of a positive action, rather than an inaction. For example, instead of saying “Child/youth will not self-harm,” say “Caregiver will review deep breathing and remind child/youth of other skills learned in therapy, such as journaling, counting to 10.”

Action steps should be individualized for the specific child. For example, “Child/youth should always be in the sight of a caregiver when he is around children younger or smaller than himself.”

Action steps should answer the questions “who, what, where, when, and how?”

The following are some considerations for writing action steps for each check box. While not comprehensive, this list is designed to provide guidance to the writer of the plan.

Supervision –

- At home: The supervision plan should be age-appropriate, developmentally appropriate, and should target specific risks for the individual child/youth. Try to be as realistic as possible, knowing that a foster parent cannot provide eyes-on supervision 24/7, for instance, but that the child may still need significant monitoring.
- During community or social outings: Try as much as possible to have the child maintain social norms and ability to engage in normal activities but without creating a risk.
- Monitor use of sharp objects: Consider that sharp objects can include more than kitchen knives, and include things like bathroom razors, garden tools, and other household objects. While it’s impossible to protect a child against all possible objects, try to identify obvious objects in this child’s home.

Limit/prohibit youth supervision of siblings, other children, or vulnerable persons –

- Consult with the child/youth’s therapist about appropriate safety planning for youth who have engaged in problem sexual behavior.

Privacy Arrangements/Boundaries –

- Try to be mindful of how to give children/youth privacy when they need it. Children/youth may have many restrictions that they feel they need to be in view all the time. Try to maintain the child’s sense of privacy while maintaining enough supervision to ensure safety.

Sleeping Arrangements –

- Consider placing youth in separate rooms
- Separate by age and gender to keep everyone safe

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Internet/Computer/Media/Phone Access –

- Encourage caregivers to know the security settings and filters available on their televisions, computers, and phones used by each member of the family.
- Try to limit use of devices or programs that have been a concern for the child/youth in the past.
- Consider having child/youth use computers only in public areas of the house rather than in their own bedroom.
- Consider time limits on use of electronic devices, such as giving them to caregiver at bedtime.
- Encourage consistent guidelines for the entire household, for instance, parent may have passwords for all social media sites that children/youth use in the household
- Consider providing educational resources to the child/youth and family as appropriate about child pornography and online child predators.

Use of Alarms –

- At times, alarms may be beneficial as a supportive strategy for monitoring youth. Alarms may be considered as one component of a safety plan for youth who present a runaway risk or have engaged in problem sexual behavior.
- Multiple types of alarms may be purchased for a home, including those that go on a specific door and motion detectors.
- Because alarms represent a significant form of restriction on the youth, care should be taken to ensure they are only used if absolutely necessary.

Random Drug Screens –

- Detail frequency of checks and who performs them in the action step
- Ensure that screens are actually random.
- Identify an action plan for if the child/youth fails the drug screen

Supports to Implement:

A positive routine and structure can be very beneficial in reducing risk of crisis. Engaging the child around which positive activities they would like to develop affords them choices and empowers their voice.

- School activities (clubs, sports, band, camps)
- Church activities (youth group, choir)

Collaboration with treatment provider –

- The therapist is an essential point person for helping the child/youth develop coping strategies. Collaboration with the therapist is an excellent way to know how to help the individual child/youth.
- Coping skills will develop and change over time, and can be re-evaluated and updated as the child's needs

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| | <p>and development change.</p> <p>The addition of external supports is beneficial in keeping youth safe and stable. Building an informal support system can be invaluable.</p> <ul style="list-style-type: none">• Refer for a mentor• Big Brother and Big Sister• Consider a diligent search for additional support people even if they may not represent permanency |
| <p>F. Monitoring and Reviewing the Plan</p> | <p>The plan is reviewed and signed by the Team Leader (TL) and, when applicable, Contract Agency Supervisor within two (2) business days of initiation. Any needed additional action steps will be noted by the supervisor in a supervision case note and followed up on during subsequent case conference as outlined in DCS Policy 4.4. Performance and Case Supervision Practice Guidelines and Criteria.</p> <p>The safety plan should be re-evaluated at least every 3 months in the Child and Family Team Meeting. It may also be updated if there is a major change in the safety factors for that particular child. If a plan no longer works, that is a good opportunity to create a new plan based on the new information. The team should consider:</p> <ul style="list-style-type: none">• Progress the child/youth has made in treatment• New symptoms or behaviors of concern• Whether it may be appropriate to reduce restrictions previously placed on the child. <p>The High Risk Review Team reviews the safety plan for all cases that meet High Risk criteria, which includes cases with a CANS score of 2 or 3 for Danger to Others, Sexually Reactive and Sexually Aggressive behaviors. This may be on the contract agency's safety plan form or on form CS-1044, Child/Youth Safety Plan. The FSW or TL and Contract Agency staff, as applicable, participate in the High Risk Review and consult with the High Risk Review Team.</p> |
| <p>G. Dissolution of the Safety Plan</p> | <p>Safety plans are temporary measures and may be dissolved:</p> <ul style="list-style-type: none">• If the child/youth's behavior no longer presents a risk to self or others, or no longer impairs daily functioning.• If the CANS scores change and no longer reflect a "2" or "3" on the item that triggered the safety plan• In consultation with the CFTM, therapist, high risk review team, or MSW |