

14: Safety Planning

Issues covered

- Purpose of Safety Plans
- Mandatory components of Safety Plans
- What occurs if items are not recorded in Safety Plans
- Signing off of Safety Plans by all stakeholders
- When to create a Safety Plan (various purposes)
- Nuances of Safety Plans - they are not "blunt instruments" rather should convey situational risk rather than blunt risk
- What occurs if a Safety Plan isn't implemented and Case Managers/Managers are aware of actions that require a Safety Plan to be implemented
- Urgency of implementations of Safety Plans
- How to educate and support workers when Safety Plans are in place
- How to monitor effectiveness of Safety Plans when in place.

What is a safety plan?

A safety plan involves managing defined behaviour(s). It should take into consideration the assessed risk involved with the behaviour. In 'pure' safety plans, only the defined behaviours are managed via the plan, however some safety plans attempt to increase healthy behaviours as part of the broader plan to moderate the risk behaviours. Safety plans will differ for professionals or others who are involved for the same person and same behaviour. In other words, where you sit within a system may determine what a safety plan states your role is.

Prior to a safety plan being put in place

Prior to a safety plan being put in place, particulars of risk need to be identified, and then consideration of whether that risk will translate to behaviour, and how so.

Risk behaviour(s) may be assessed via a risk assessment, which can be a formal process, or a less formal, intuitive process. For example, a safety plan for bike riding would likely include wearing a helmet, which is a legal requirement, and might not require formal risk assessment. Rather, this would be a 'common sense' assessment, whereas a safety plan to manage sexually abusive behaviours might likely require a risk assessment by a professional to identify the associated risk factors related to the sexually abusive behaviours.

As part of the safety planning process, the question to ask is; *How does risk look in real life and does risk actually translate to behaviour?* As an example, there is no point in safety planning to wear a helmet if the person cannot ride a bike, or if there are no bikes available to ride. There is no basis for safety planning for potential sexually abusive behaviours if the behaviours have never been alleged or noted before.

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What is the purpose of a safety plan?

A common-sense definition of a safety plan would likely be: 'To manage identified risk'.

Safety plans provide a 'road map' to 'involved others' (for example, family, friends, professionals) for the management of risk-related behaviours. In some circumstances, they also provide a road map for the person exhibiting risk behaviour(s). The plan must be precise enough in that it identifies specific risks and identifies specific risk management strategies related to that risk. Safety plans often provide a response prior to the risk emerging, based upon past risk scenarios, ('pro-active'), however can also provide a response plan for risk that presents in a particular moment ('pre-active').

Mandatory components of safety plans

Mandatory ('non-negotiable') components of safety plans should clearly identify the person to whom the plan applies (**who**), as well as **what** behaviour(s) need we be concerned about. They must also identify **when** the behaviour(s) are risky – for example: for some people we care for, sexual behaviours in private when consent and mutual respect is present are not risky, however sexual exploitation scenarios are risk-laden and must be identified and managed.

Another issue is **where** the risk might be more likely to be present, and provide a clear, concise rationale as to **why** the safety plan is required (one paragraph at most). A commonly seen example here is when a child abuses a younger sibling in their home, and keeps it secret for a number of months. After discovery, a risk assessment indicates that there is moderate risk of recidivism, specifically against younger, familial children within the home. The risk of a sexual assault occurring at the school is assessed as "low", and a decision made not to inform the school. The assessor has taken into account the pattern of the sexually abusive behaviours, including who (against), where, and when, and come to the conclusion that the risk to school peers or younger students is low; the child is terrified of friends at school finding out. This is a perfect example of situational risk management.

Think about precipitating factors: in other words, are there issues that arise or issues that the client comes to you with that may impact a client and thus their behaviour, and when thinking of precipitating factors, are they static or dynamic in nature?

Static versus Dynamic risk factors

Listed below are some of the Static risk factors which may impact a client and thus their behaviours. This is not a definitive list, rather, some risk factors that are seen often:

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- A background family violence history,
- Sexual abuse history,
- Intellectual disability,
- Criminal history (for older client's incarceration),

In other words, static factors could be any background, historical unchangeable factors that impact the child.

Dynamic risk factors which may also impact the client and thus their behaviours:

- Poorly managed mental health,
- Lack of education,
- Negative view of, and belief in treatment,
- Poor social and vocational skills.

In other words, any current, changeable or treatable factors that impact the child.

Non-mandatory (common-sense) components of safety plans

Think about **precipitating** factors: in other words, are there factors, situations, or other contact with other persons which might result in greater of safety being compromised, such as:

- Drug and alcohol issues,
- Interpersonal conflict between residents,
- Professionals whose reactions and responses might result in raised risk (Donald Trump and 'Rocket Man' language: You might be right but so what?),

Forewarned is forearmed: a good handover will pay you back in spades.

Gather as much information as you can when you take on a child. But be careful. If you have a large amount of information, ensure, and be careful not to overload or overwrite your safety plan to include so much that they are unmanageable;

- An elegant safety plan should be concise and target the actual risk,
- A safety plan should not be a catch-all that aims to make the subject a better, more well-rounded person, it manages the current risk,
- A good safety plan is objective, it does not involve itself with subjective issues.

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What occurs if items are not recorded in safety plans

If it is not recorded then it *does not* exist. A safety plan cannot be valid without known information being included. It's like working with "...one arm tied behind your back".

Signing off of safety plans by all stakeholders

Research and practice wisdom both provide the same learnings to us. All stakeholders being on the same page regarding their clients is one of the top indicators of successful outcomes for the client.

Having all stakeholders sign off and thus agree with the plan shows consensus. Without 'universal' sign-off, you could ask yourself whether:

- Do all stakeholders agree? (fundamental disagreement regarding the plan may lead to 'white-anting'),
- Do all stakeholders understand? (if it's not signed off by all, why do you believe that all the team know about it?),
- What's my role? (Without sign-off, no clarity of role when things go awry),
- Remember - our clients sometimes do naughty things (if you are not up to speed on the safety plan, how do you know that the client's version is the correct one?).

When to create a safety plan

It might seem obvious when a safety plan is required, however, think about your clients, how many have safety plans, and why did you/the team/management decide a safety plan was required? They exist for various purposes, are generally deficit based rather than strength based, however there is a shift in this regard, given the general shift to strength-based principles.

You should create a safety plan when you believe there is an issue to be managed, and that a safety plan will assist in a logical way by collating known information about risk and risk moderating strategies. You should include the following in your plan:

- Client: age, gender, IQ, EQ, diagnosis, trauma, background history,
- Previous responses to risk issues and have they worked?
- Client's ability to learn,
- How the client interacts with the professionals and other clients,
- Is the safety plan for the client, or for professionals?
- What else have you tried?
- Why will the safety plan work better than what has been tried before?
- Look at your safety plan – is it 'actionable'? Do the members of the care/professionals team know what their role is when things go wrong?

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Thinking about risk potential

Remember, risk does not exist 'in a vacuum' – when you want to alert people to risk, you must describe the interaction of person, behaviour and environment to assess risk.

Ask yourself - which would you rather deal with?

- A **high-risk** client in a **low-risk** environment? Or A **low-risk** client in a **high-risk** environment?

Whilst there is no definitive answer to this question, the majority of people who respond go for high risk client in low risk environment. Have a think about why this is so. Discuss with your work colleagues.

Nuances of safety plans

Safety plans are not "blunt instruments", rather they should convey situational risk rather than blunt risk. They can be described in the following ways:

- **Blunt risk:** "This person is dangerous" – in regards to safety plans, this is not a useful statement. It does not tell us where, when and against whom the risk may be unmanageable, whereas:
- **Situational risk:** "This person is dangerous to "whom", in the following circumstances. 'How', 'when' 'where', and 'what behaviour/s' are articulated for the reader.

Ask yourself:

- Looking at the safety plan – is it actionable easily and sensibly?
- Does it specifically target the behaviour identified as risky?
- Does it adequately manage it to a level required?
- Does it articulate in a common-sense way who does what and when?
- Where does the client sit within this plan (agency of client in plan)?

Following implementation of the safety plan, is there follow up and debrief, and review of the plan?

What occurs if a safety plan is not implemented?

....and Case Managers/Managers are aware of actions that require a Safety Plan to be implemented? Well, we simply don't know.

Why?

Because research indicates that RISK FACTORS and SAFETY FACTORS are not correlated. Whilst it is tempting to think that introducing safety factors will extinguish risk, this is not the case. However, it makes sense that a SAFETY PLAN will assist in managing the risk of a poor outcome in whatever area the safety plan involves itself with.

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Monitoring effectiveness of in-place safety plans

Safety plans are dynamic tools. If you do not update them with new information on a regular basis they are “worse than useless”. Additionally, in managing safety plans, ask yourself, how did the client do the last time the safety plan needed to be implemented? How did the staff do the last time the safety plan required implementation? And, what has changed since the last implementation?

Your considered and professional approach to safety planning, along with your ability to monitor and adjust the plan over time as treatment takes effect will assist the youth to remain safe – and thus that those around the youth will also be safe – until a safety plan is no longer required. Always share the plan appropriately, and always welcome critique and input. Those who know the youth best should have input. Ensure that involved professionals are aware of the limitations of safety plans. They are not meant to replace good, practical common sense, and should neither be over-optimistic nor overly pessimistic.

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