

STRENGTHENING FAMILIES: EXPLORATION OF ELEMENTS FOR SUCCESSFUL IN-HOME SAFETY PLANNING LEARNING COLLABORATIVE



OCTOBER 2024 ENGAGING IN PARTNERSHIP TO OBTAIN VOLUNTARY CONSENT

The judgment of whether the parent/caregiver is willing and able to voluntarily consent and participate in a safety plan is considered in the beginning of the process when we Establish Eligibility for a safety plan and at this point, once all the elements of the plan have been discussed, to Confirm Commitment. This determination involves the exploration of three key elements with the family.

What must be considered when obtaining voluntary consent.

1. There is a competent parent/caregiver available. There must be parent or caregiver available who can legally make decisions on behalf of the child. If there are concerns regarding the capacity of the person to understand the meaning and details of the plan (cognitive, mental health or AODA impairment), other steps may be necessary before establishing agreement.

If there are multiple parents, caregivers, or adults who have a role, or potential limitations, on the plans, all such individuals should provide voluntary consent.

Confirm Commitment: Once a safety plan has been negotiated, the agreement to implement the plan must be made with a legal, competent parent or caregiver.

2. Parent/Caregiver is willing. “Willing” refers to basic agreement to move forward with the safety plan. The parent/caregiver’s willingness to allow the plan to shield from identified danger and avoid placement of the child is sufficient.

Confirm Commitment: At this point, the parents/caregivers can react to an actual safety plan. Agreement is no longer just theoretical. The parent/caregiver must confirm their commitment to have the agreed upon providers in their home at these specific times required to perform their critical functions. Parents/caregivers must agree to interact with the providers in a manner that allows them to be effective in their role. Parents/caregivers must be willing to continue to utilize their strengths and existing protective capacities during times when danger is NOT active. The child welfare professional must be confident in the parents’/caregivers’ ability to do this based on past actions or thorough exploration of the parents’/caregivers’ plans to fulfill their responsibilities.



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What must be considered when obtaining voluntary consent. (continued)

3. The living environment is consistent and accommodates services. To implement a safety plan in the home, the family must have a place to live that allows services to be provided in a manner that is safe for all involved. The families with whom we work often experience instability in housing. You need to make a judgment about whether the current living situation is stable enough to allow implementation of the safety plan.

Confirm Commitment: Once the safety plan is developed, you must consider whether the services, as described, can be delivered in a meaningful manner under the current circumstances. There needs to be enough routine and predictability in the home that the schedule can be maintained. The home must be safe for the providers who will be entering it under the plan.

AFTER: Considerations when obtaining voluntary consent with a power imbalance.

A

Allow Time – It's easier to decide when you're not being stared at. The parent might need time to think about it, sleep on it, maybe consult with a trusted individual whose opinion matters to them.

F

Freely Given – Ensure no one is attempting to manipulate the parent/caregiver for their preferred outcome.

T

Trustworthy – There are indicators the parent/caregiver is being honest and truthful with providing consent.

E

Enthusiastic - Is there some positive energy and attitude to implement the plan to keep the child safe in the home? It's certainly not a requirement that a parent/caregiver would love the idea of oversight, however, feelings of dread are more likely to result in an unsuccessful safety plan and considerations should be made how to address this in a communication plan.

R

Reversible – The parent/caregiver knows they have a right to change their mind. If the plan becomes too much, they should discuss this with the CPS professional for considerations, preferably when stress starts and not when they've decided they're done.



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Reflection on Content

How does this information relate to different types of safety plans (protective plans and safety plans)? Is there a difference between providing consent in emergency versus planned for situations?

Action Item

Consider times in which you've obtained voluntary consent during your partnership with a family. How were you able to ensure they did so with enough information to weigh the costs and benefits? Or, perhaps, this becomes an action item to consider the difference between consent (permission) and voluntary consent (informed and capable to consent without outside pressure).