Calgary
Homeless
Foundation

December 19, 2011

Advisory to CHF Funded Agencies:
Safety Planning in CHF Funded Programs

During the last quarter the CHF have conducted reviews with funded programs. This has been a valuable opportunity for CHF to enhance our awareness of the challenging work that programs are engaged in to end homelessness. Discussions with program staff, team leads and managers have revealed the development of promising and innovative practices in many areas. The reviews have also reinforced the many challenges associated with housing and supporting individuals and families with complex needs. The complexity and vulnerability of our clients frequently present unique challenges with respect to managing risk and safety relating to client behavior.

The well-being and safety of our clients and staff is a paramount concern and priority for all of us. The program reviews have informed us that program capacity varies across the sector with respect to mitigating risk and safety planning for clients and staff. The CHF would like to share some of our learning's and "best practices" with respect to this area of our work.

Risk Assessment and Safety Planning

1. Programs should have clearly written policies, procedures and protocols which take into account staff safety and security. Program protocols included, staff check ins at pre-determined intervals, staff access to cell phones, staff attend home visits in pairs where safety may be an issue, safety is an ongoing part of staff supervision, safety concerns are reflected in case plans, staff teams regularly discuss safety concerns, and staff receive safety training.

2. It is important for programs to maintain detailed documentation in the client file. The documentation should provide adequate details with respect safety concerns, case management support and intervention relating to the safety concerns and ongoing monitoring and reporting of safety concerns.

3. With frequent exposure to expressions and/or acts of aggression and violence in our sector it is important for staff and supervisors to be aware of adverse emotional and psychological impact. The impact may also result in increased tolerance or de-sensitivity to acts of client aggression and violence which may put both staff and clients at risk. This is a particularly concern in housing couples and families whose history of discord is intensified due to mental health, addiction and/or financial stressors.

4. The capacity of a program to mitigate risk with respect to client and staff safety is largely determined by program structure and staffing resources. In other words, some programs may not have the program structure and/or staffing resources to provide the level of clinical support or monitoring which some higher acuity clients

require. It is important that eligibility criteria and screening processes of programs are aligned with the target population that the program is designed to serve.

5. It is important that programs have tools and/or processes in place to assess behavior that may put the client or staff risk. The assessment of risk should minimally include assessment of a client's criminal background and presence of domestic violence prior to intake into the program. It is essential in this process that programs develop working relationships and communication protocols with partners including the CPS and correctional services to gather information to complete a full assessment.

6. It is important for programs to develop safety plans with clients who may be at risk. A safety plan is an individualized plan developed to reduce the identified risks. Safety plans are developed with the client and are interactive, practical, relevant and frequently reviewed. In cases where domestic violence is a concern, particulars of each plan vary depending on the client's unique situation – whether the client is living with the abuser, separated from the abuser, plans to leave the abuser, plans to stay with the abuser as well as what resources are available to them. Plans will change as life circumstances change and they should be reviewed and edited when things change to ensure safety. The safety plan should guide case management activities to ensure appropriate mainstream services and clinical supports are in place to meet client needs.

At the system level, the CHF is currently working on a template for conducting risk assessments and safety planning. In addition, the CHF will consult with agencies with expertise in domestic violence, risk assessment and safety planning to offer staff training. Both the risk assessment /safety planning template and domestic violence training will be provided early in 2012.

Reporting Critical Incidents

It is essential that the CHF has timely access to Critical Incident reports to coordinate system level responses; determine trends across the system of care and corresponding remediation to improve client outcomes.

All funded agencies are reminded to report Critical Incidents to the CHF for as outlined in the Case Management Standards – particularly 2.1.6-2.1.8 (below) using the CHF required CI form.

2.1.6 Serious Incidents*
The program has a written policy defining what is considered a reportable incident. Reportable incidents include:

- Unanticipated or unauthorized absence from the program
- A medical or other kind of emergency, serious illness or accident
- A dangerous situation (i.e. threats of violence; weapons, client is a danger to self through self-mutilation; suicidal ideation or attempt; etc.)
- Suspicions and/or allegations of abuse, either within or outside the program

- Use of restrictive procedures (i.e. restraints, unlocked confinement)
- Searches
- Death
- Inappropriate use of strategies to influence behaviour by staff; volunteers, students and/or contractors
- Other events as identified by the program

2.1.7 Documentation Required – Serious Incidents*

The program has written policy and procedures that require reportable incidents to be documented and reviewed. Documentation to include:
- A history of the events or circumstances leading up to the incident
- Behaviour of the client that required intervention, if applicable
- Timeline of interventions used
- Description of actions taken by staff/volunteer, supervisor and/or others involved (i.e. police, medical personnel, etc.)
- Follow-up actions/recommendations
- Follow-up after the incident to include
- Debriefing with clients and others who may have been affected
- Client was informed of their rights (i.e. initiate the appeals procedure, contact an advocate etc.)
- Timelines for reporting to the appropriate authorities (i.e. legal guardian, police, etc.).

2.1.8. Review Of Serious Incident Reports*

The program reviews all incident reports on a case by case and semi-annually (at a minimum) on a program basis to:
- Ensure the completeness of the information included
- Identify trends (i.e. number of incidents with a particular client, staff, particular circumstances – time of day/month/season; related issues, etc.)
- Address corrective action required (i.e. training needs identified)
- Ensure reporting requirements are being met (i.e. members of the team, Senior Management, family and /or guardian, police, etc.)