HER HEALTH, HER HOUSING
IMPROVING SERVICES FOR WOMEN EXPERIENCING HOMELESSNESS
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Safety Planning for Women Experiencing Homelessness

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Disclaimer

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Presenters
Learning Objectives

Participants will be able to...

• Prepare a well informed, client directed, safety plan with women receiving services.
• Determine who, within their agency, should safety plan with clients and when
• Determine how a safety plan should be documented and distributed
Why prioritize a safety plan?

The benefit of a well developed safety plan – for you and those you serve.
Why complete a safety plan

• Responding vs. Reacting
• Allows space for purposeful evaluation and planning
• An opportunity to build coping skills
• Empowers consumer
• Provides a safety net
What a safety plan is not…

• An evaluation of lifestyle choices
• A plan to change the client’s circumstances – a safety plan is made in light of the current circumstances
• A wishlist
• Corrective
• A guarantee of safety
Who should assist the client in completing a safety plan?
Ideally, the team member preparing the plan will be someone who...

- Is familiar with her story
- Does not determine what benefits or services she receives
- Will see the client regularly
- Has a strong knowledge of community resources
- Understands the clients emotional and physical needs
- Is trusted
The plan must be developed and led by the client

The client must determine her needs
The client must determine what is or is not safe
The client must determine her own priorities
Are there additional players to consider?

- Parole/probation officers
- Department of Children’s Services
- Restrictions due to felony or sex offender convictions
What does a solid safety plan include?
Realistically, what kind of plan can we develop?

• How much time do you have?
• How much time/energy does the client have?
• What is the client’s competency level?
• When will someone from your agency next see the client?
• What is the level of lethality or chance of significant harm?
Questions to consider...

• What is most important to you right now?
• What is working well?
  • Strengths based approach
• When do you feel safe?
• Who do you trust?
• What is dangerous for you right now?
  • When do you feel most afraid or most in danger?
  • Who are you most afraid of right now?
Where and Who?
Additional components

Physical Safety
- Medications
- Providers
- Allergies/health conditions
- Substances?
- Emergency contact

Mental/Emotional Safety
- Medications
- Mental health conditions
- Providers
- Coping Mechanisms
Common Sense Safety Tips

• Safety in numbers
• Find well lit public places
• Safety "password" with plan
• Avoid confined places
• Avoid kitchens and bathrooms
• Watch the behavior of those around you
• Use your voice!
• Call the police?
Significant Risk Factors

- Solitary – no support system
- Serious medical or mental health condition
- Non verbal
- Intellectual delay
- Domestic Violence
  - Choking, burning, use of weapon
- Hopelessness
- Youth
- History of gang involvement or prostitution
Suicide/Self-Harm Safety Plans or Contracts

• Cannot replace intervention
• Do not guarantee safety
• Should be used primarily for assessment
How will this information be recorded?
Documenting a safety plan

• Is it safe to document?
• Are there essential elements that should be recorded and easily accessible?
• What would be most helpful?
30 second safety plan
Boundaries in Safety Planning

- Respect personal choices
- Accept the consequences of behavior
- Avoid vilifying others
- You are probably not the solution
- Making promises you cannot keep
- I have to be ok, even if you are not
A safety plan communicates care and concern

Reinforcing the value of the women you are serving
Questions?