Introducing an Integrated Safety-Organized Practice

March 2013

STATE OF CALIFORNIA

Department of
SOCIAL SERVICES   CDSS

**UCDAVIS
EXTENSION
CENTER FOR HUMAN SERVICES**
Northern California Training Academy

NCCD | Children's
Research Center

SAFETY is:

Actions of protection taken by the caregiver that mitigate the danger and are demonstrated over time.

Initial Source: Boffa, J., & Podestra, H. (2004). Partnership and risk assessment in child protection practice. *Protecting Children, 19*(2), 35–49.

Adapted over time by Andrew Turnell and members of the Massachusetts Child Welfare Institute.

TABLE OF CONTENTS

INTRODUCING SAFETY-ORGANIZED PRACTICE
By Philip Decter and Raelene Freitag

What is integrated Safety-Organized Practice?[1]

The term "safety-organized practice" was first used by Andrew Turnell to describe an approach to day-to-day child welfare casework. The practice is designed to help all key stakeholders involved with a child—parents, extended family, child welfare workers, supervisors and managers, lawyers, judges and other court officials, and even the child him/herself—keep a clear focus on assessing and enhancing child safety at all points in the case process. This adapted approach *integrates* the best of Signs of Safety (a strengths- and solution-focused child welfare practice approach) with the Structured Decision Making® (SDM) system (a set of research-based decision-support assessments) to create a rigorous child welfare practice model.

Overarching Objectives

- *Development of Good Working Relationships:* Using a spirit of curiosity, practices of family engagement, and a shared language for important child welfare concepts to help create good working relationships among all the key stakeholders involved with a family.

- *Use of Critical Thinking* and *Decision-Support Tools:* Helping all stakeholders use the best of their experience and the best of state-of-the-art child welfare research to jointly assess family situations and arrive at clear statements of both the danger to the children and the goals for a child welfare intervention.

- *Creation of Detailed Plans for Enhancing Daily Safety of Children:* Creating jointly developed, understandable, achievable, and behaviorally based plans that include all stakeholders and clearly show how the protection of children will be enhanced on an ongoing basis.

Each objective is detailed below with the associated practices involved.

Development of Good Working Relationships

Child welfare research consistently shows that good working relationships among all stakeholders involved—both professional and familial—are strongly associated with positive outcomes.

Safety-organized practice helps build and maintain good working relationships in three main ways:

Solution-Focused Interviewing (SFI). Originating with the work of Steve DeShazer and Insoo Kim Berg at the Milwaukee Brief Treatment Center, SFI is a "questioning" approach or interviewing practice

---

[1] The term "safety-organized practice" was first used by Andrew Turnell in 2004 to organize and frame day-to-day child welfare casework. Good working relationships between all stakeholders are central to safety-organized practice. These relationships need to be focused through a risk assessment and planning framework completely understandable to both family members and professionals. In many US states, counties, and jurisdictions, safety-organized practice is used as a broader "umbrella term" describing an integration of elements from Turnell's Signs of Safety approach to child welfare casework with other child welfare innovations. For more about Turnell and the Signs of Safety approach, visit www.signsofsafety.net.

based on a simple idea with profound ramifications: the areas people pay attention to grow. It highlights the need for child welfare professionals to ask families about their "signs of safety" in as rigorous a way as their "signs of danger" and provides a series of strategies (exception questions, relationship questions) to help do this.

Strategies for Meaningful Child Participation. While most professionals agree that obtaining children's perspectives is vital to child welfare work, accomplishing this on a consistent basis is a challenge for even seasoned professionals. The temptation to make working with children a superficial part of child welfare casework is great. This model provides a series of practices (The Three Houses, The Safety House) that allow children, in developmentally appropriate ways, to meaningfully contribute to both the assessment and the case-planning process.

A Common Language and Operational Definitions. One of the biggest roadblocks to developing collaborative, effective relationships in child welfare practice is the lack of a common language for even the most basic concepts used to assess families and situations. Words like "safety," "danger," and "risk" are used vaguely and inconsistently and can prevent stakeholders from understanding each other and making effective plans together. This model draws on the best of previous practice models and risk assessment frameworks to offer a common language for families and professionals (see Figure 1).

Using operational definitions accomplishes two important goals. It allows everyone involved with a child to understand distinctions between key constructs such as "what happened in the past," "what we are worried about in the future," and "what we need to see happen." In particular, the definition of *safety* gives stakeholders a joint vision for desired child welfare intervention outcomes.[2]

Figure 1: Operational Definitions

> *Harm*—PAST actions by a caregiver to a child that hurt the child physically, emotionally, or developmentally.
>
> *Danger*—Credible concerns that child welfare or members of the child's community have about the caregiver's FUTURE actions that may harm the child.
>
> *Risk*—The statistical likelihood that a child may be harmed in the future.
>
> *Complicating Factors*—Literally anything that complicates efforts to make the child safe, excluding direct harm to the child by the caregiver.
>
> ***Safety*—Actions of protection taken by the caregivers that directly address the danger and are demonstrated over time.**
>
> *Strengths*—Coping skills/qualities in an individual or a family that contribute in positive ways to family life but do not, in and of themselves, directly enhance protection of children from the danger over time.

---

[2] Particular thanks is owed to Julie Boffa and the Victorian risk assessment framework for helping advance the creation of this common language. For more see Boffa, J., & Podesta, H. (2004). Partnership and risk assessment in child protection practice. *Protecting Children, 19*(2), 36–48.

Critical Thinking and the Use of Decision-Support Tools
Good assessment in child welfare requires the ability to look at the facts in any given situation along with our own internal lenses, assumptions, and biases in order to see what is happening to a child as clearly as possible. This model offers three major ways of moving toward this goal.

Safety Mapping. This process organizes the key information known about a child and family at any given time into key domains relevant to the goal of enhancing ongoing child safety. Safety mapping is designed to be inclusive of the family, but it can also be helpful when done by a child welfare worker and a supervisor; in case consultations; with multidisciplinary teams; etc. It makes use of the common language to help sort and prioritize ambiguous case information, allowing increased clarity about the hopes, concerns, and purpose for any particular child welfare intervention.

SDM® Assessments. Regular, critical, key decisions need to be made in almost every child welfare case (e.g., opening and closing cases, bringing a child into care, deciding what should go on a case plan, etc.). Research into child welfare decision making indicates these key decisions are, unfortunately, often made in inconsistent fashion using inconsistent criteria. The SDM system brings the best of child welfare research and aggregate data into assessments that caseworkers can use at key decision points to ensure immensely important decisions are consistent and congruent with both research and organizational policy.

Harm/Danger Statements. Once a good assessment is completed, it becomes possible to create detailed, short, behaviorally based statements that state in very clear, non-judgmental language:

- What the *caregiver actions* were ;

- What *impact* those actions have had on the child; and

- What caregiver actions the child welfare professionals (and anyone else who cares about the child) are worried could happen in the *future* and what those acts could potentially do to the child.

Such statements provide a clear rationale for child welfare involvement and are a foundation for making clear goals about the work. These deceptively simple statements take time to construct, but once made, they can be shared with family members, community partners, court officials, and anyone interested in supporting the safety of the particular children involved in the case.

Creation of Detailed Plans for Enhancing Daily Safety of Children
Clear Agency and Family Goals. Child welfare goals are often *service driven* rather than *safety driven*. Everyone working with a family in an open child welfare case should be able to unambiguously articulate what needs to happen for the case to close and for protection to be demonstrated. These goals should:

- Address the danger statement;

- Be collaborative, created with the family members when possible;

- Be written in clear, everyday language; and

- Describe the presence of new, observable behaviors or actions (particularly behaviors with the children) rather than simply the absence of old, problematic behaviors.

<u>Building Safety Networks</u>. The axiom that "it takes a village to raise a child" is never truer than in child welfare work when caregivers have been found to be a danger to their children. Drawing on much of the wisdom of Family Group Conferencing and Team Decisionmaking approaches, this model offers strategies for building a network of people around the child, communicating the danger statements to them, and enlisting their help in developing and implementing plans that keep the children safe.

<u>Behaviorally Based Case and Safety Plans</u>. Case planning must be more than a simple "laundry list" of services in which a family has agreed to participate. A key observation is that *services and safety are not the same thing*. Services in this framework are a means to an end—that end being actual safety for the child. Case plans and safety plans must include detailed actions to which parents and extended family members have agreed in order to show everyone involved that the child will be safe.

Current State of the Practice
Integrated practice is a developing model. Parts of the practice are being implemented and taught in multiple US states and in many countries around the world. For a child welfare field that in many ways is still in its infancy, this approach offers child welfare organizations and its partners a hopeful and detailed new direction for rigorous engagement, assessment, and planning in partnership.

Suggested Reading:

Children's Research Center. (2008*). Structured decision making: An evidence-based approach to human services.* Retrieved from http://nccdglobal.org/sites/default/files/publication_pdf/2008_sdm_book.pdf

Chin, S., Decter, P., Madsen, W., & Vogel, J. (2010). Enhancing risk assessment through organizational learning: A mid-stream report from Massachusetts. *Protecting Children, 25*(3), 7–20.

Department of Child Protection. (2011). *The signs of safety child protection practice framework. Department of Child Protection, Perth.* Retrieved from http://www.signsofsafety.net/?q=bioandpublications

Lohrbach, S. (2000). *Child protection practice framework – Consultation and information sharing.* Unpublished manuscript.

Lohrbach, S., & Sawyer, R. (2004). Creating a constructive practice: Family and professional partnership in high-risk child protection case conferences. *Protecting Children, 19*(2), 26–35.

Turnell, A., & Edwards, S. (1999). *Signs of safety.* New York, NY: Norton.

Turnell, A. (2004). Relationship-grounded, safety-organised child protection practice: Dreamtime or real-time option for child welfare? *Protecting Children, 19*(2), 14–25.

SAFETY-ORGANIZED FACILITATED PROCESS
By Heather Meitner

A Rolling Agenda
It could take three to five meetings, or more, to get through the entire process, depending on the family. Get as far as you can in each meeting and pick up where you left off next time.

- The Three Questions and Safety Mapping: To get everyone on the same page regarding worries and what has worked well.

- The Three Houses: To include the child's voice on Three Questions in the safety map.

- Danger Statements/Safety Goal: To reach shared understanding/agreement about why we are involved and what the situation needs to look like to end our involvement.

- Safety Circles: To build a network of support (informal).

- Safety Planning With Network: To co-create a detailed safety plan with day-to-day activities and to find a network of people to monitor plan implementation and success.

- +/Δ Feedback: To reflect on what we did well and what we would like to change.

Dialogue Structure for Facilitating Any Meeting

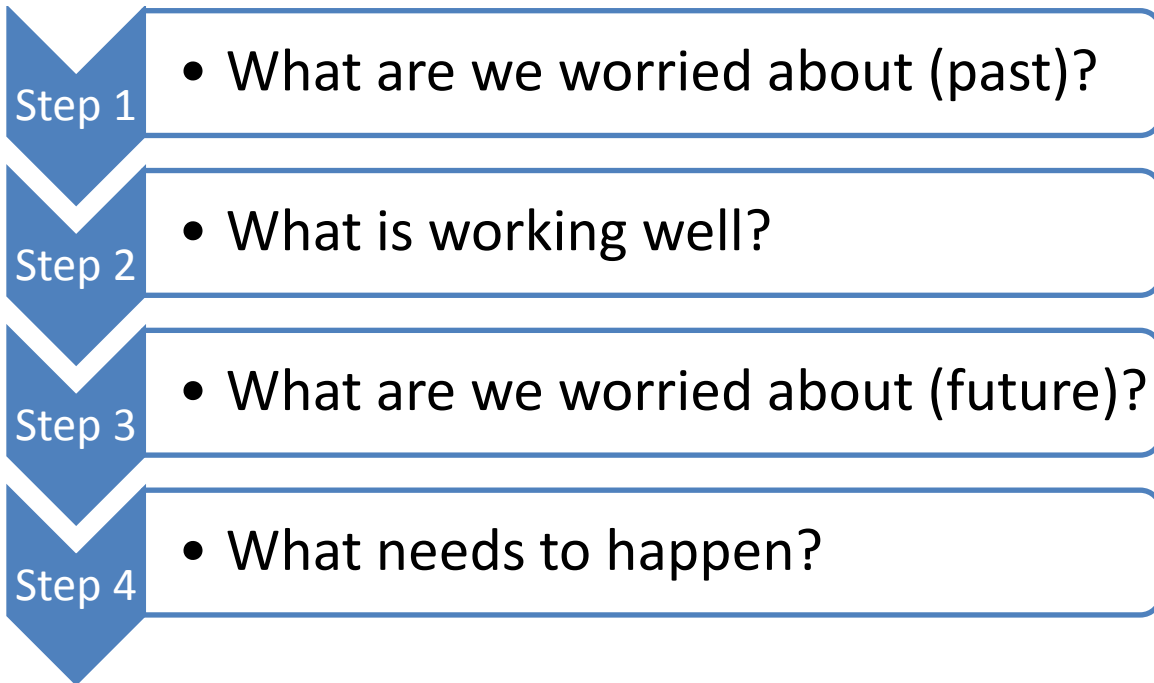| Meeting Stage	Key Question to Guide Each Stage of the Meeting
Purpose	Why are we meeting today?
Context	Is there anything that might pull our attention away from our focus today?
Group Agreements	How do we want to work with each other?
Network/Stakeholders	Is everyone here who should be here? If not, what should we do to get them here?
Desired Outcome	What do we want to walk away with today from this meeting (a plan, list, decision, etc.)?
Content	What do we want to talk about today (actual safety mapping, safety circles, etc.)?
Next Steps	What steps do we need to take next? Who does what? By when? Next meeting date?
+/ Δ Feedback	What worked and what should we do differently next time?

MULTICULTURAL GUIDELINES FOR COMMUNICATING ACROSS DIFFERENCE

- **Try on.** Try on each other's ideas, feelings, and ways of doing things for the purpose of greater understanding. Keep what you like and let go of the rest at the end of each interaction, discussion, session, or meeting.

- **Okay to disagree and NOT okay to blame, shame, or attack ourselves or others** because of our differences. One of the necessary ingredients for differences to be expressed and valued is that people let go of the need to be, think, or act the same.

- **Practice "self-focus" and use "I" statements.** Begin by talking about your own experience. It is helpful to make "I" statements when speaking about your experience, rather than saying "you", "we," or "someone." When you intend to refer to others, be specific about them by name or group. This invites and creates space for multiple perspectives to be shared especially when they are different than yours.

    » Learning from uncomfortable moments is an important part of this process so, pay attention to your feelings.

- **Be aware of intent and impact.** Be aware that your good intentions may have a negative impact, especially across racial, gender, or other cultural differences. Be open to hearing the impact of your statement.

    » If you want to "stretch" yourself, seek feedback from the individual before he/she brings it to your attention.

- **Practice both/and thinking.** Look for ways to fit ideas together and not set up an "either/or" process or a competition between ideas.

    » Look for the existence of many truths from the perspectives of the many cultural backgrounds involved or that you are serving.

- **Notice both process and content.** Notice both process and content during work sessions. Content is what we say, while process is how and why we say or do something and how the group reacts.

    » Notice who is active and who is not, who is interested and who is not, and <u>ask</u> about it.

- **Confidentiality** with regard to personal sharing is important. You can carry the work of the group; your own learning, stories, and perspectives; and the public work from the group. Allow others to tell their own stories.

    » Ask first to see if an individual wants to follow up on the initial conversation.

    » Do not use any information shared negatively toward a progress report or against a supervisor.

This Multicultural Tool was created by VISIONS, Inc.—added info by Amy Cipolla-Stickles. VISIONS, Inc. is a nonprofit training and consulting enterprise providing a variety of services that support organizations, communities, and individuals as they continue to clarify their diversity-related goals and engage in a dynamic process of multicultural development. VISIONS, Inc. was established in 1984 as a nonprofit, educational organization. Today it is a 501(c)(3) entity with offices in Roxbury, Massachusetts and Rocky Mount, North Carolina and is supported by a team of consultants around the United States and abroad. www.visions-inc.com

ASSESSMENT WITH FAMILIES
QUESTIONS YOU CAN USE

This handout is based on work by Insoo Kim Berg, Steve de Shazer, Sonja Parker, Andrew Turnell, Adriana Urken, Michael White, and members of The Massachusetts Child Welfare Institute. It was compiled by Children's Research Center (CRC) staff.

Step 1
- What are we worried about (past)?

Step 2
- What is working well?

Step 3
- What are we worried about (future)?

Step 4
- What needs to happen?

STEP 1: WHAT ARE WE WORRIED ABOUT?
EXPLORING PAST HARM

Opening

- There has been a report of concern about your child that said…

- What do you think led to child protective services (CPS) getting involved with your family?

- What have you heard about why your child was removed?

Behavioral Details

- When did [harmful event] happen?
- Can you tell me about what happened that day?
- Where was it? Where were you? Who else was around?
- How did you respond when it happened?
- How long has this been going on?
- What were the first, worst, and most recent times this happened?

Impact on the Child

- Where were the children when this was happening?

- Do you think [harmful event] is affecting your child in any way?

- Do you ever worry about [harmful event]? When do you most worry? What is happening?

- If your child were here right now, what would they say [harmful event] does to them?

- Do you think [harmful event] might be affecting him/her at school?

- Do you think [harmful event] might be affecting how he/she makes friends?

- Does [harmful event] ever come between you and your child?

- Does [collateral] think [harmful event] is affecting your child in any way?

- Does [family member] think [harmful event] is affecting your child in any way?

- On a scale from 0 to 10, with 10 being your child was totally safe when [harmful event] happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when [harmful event] happened?

- What would your child say if he/she were here?

Close

- Of all the things we have talked about that have happened in the past, what do you think is most worrisome?

- What would your child say is most worrisome?

- What do you think my supervisor or I might think is most worrisome?

- We have a way of summing up these kinds of things which is called a harm statement. Can I share it with you and see what you think?

- On a scale from 0 to 10, where 10 is the harm statement really describes something that concerns you too, and 0 is you think I am really off base, where would you say things are?

Follow Up: Impact of Exceptions on Children

- Where were the children when [exception] was happening?

- When you did [exception] did it made a difference to your child in any way? How?

- What do you think your children would say they like best about the fact that you took this step?

- Do any [family members/friends] know you took this step? What kind of difference would they say it made to the children?

- Do any [collaterals] know you took this step? What kind of difference would they say it made to the children?

- On a scale from 0 to 10, with 10 being your child was totally safe when [exception] happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when [exception] happened?

  » What is helping you keep that number as high as you have?

Identifying Potential Network Members

- Who or what else may have helped you do that?
- Who else knows you were able to take this step?
- Who from your life would be least surprised at your ability to take these steps?

- What would your best friend say about how you are doing this?

Coping

- What you have been going through is not so easy. How do you think you have survived as long as you have? What is keeping you going?

- Given everything we have talked about, how do you think you have managed to keep things from getting worse?

Close

- Of all the things you are doing to care for the children, what do you think you are doing that is most protecting the kids?

- What would your child say he/she is most pleased that you are doing?

- What do you think my supervisor or I will be pleased to see?

STEP 2: WHAT IS WORKING WELL?
SEARCHING FOR SAFETY AND STRENGTHS

Opening

- What do you think is working well in your family?
- What are you most proud of in your family?
- What do you see in your child that you are most proud of?
- What is your family like at its best?
- If your child were here right now, what would he/she say is going well in your family?
- What would they say they are most proud of in you? In themselves?
- Who else knows you/your family really well? What would they say is going really well?
- What do you think I see working well?
- Can I tell you what I see working well?

Searching for Exceptions/Past Examples of Safety

- Has there ever been a time when [the problem] could have happened, almost did happen, but somehow you were able to do something different?

- Can you tell me about a time you were able to manage [the problem] in a way that you felt good about?

- What are you already doing to help keep your children safe and respond to the concerns?

Specific Examples of Exceptions

- Tell me about a time you were able to look after your child even though you were dealing with other difficult things?

- Can you tell me about a time when you were really angry with your child, but rather than hitting him/her, you were able to find a way to calm yourself down?

- Can you tell me about a time you were both really pissed off with each other, but rather than yelling or hitting each other in front of your child, you were able to keep it away from him/her or to sort it out so it did not blow up?

- Can you think of a time you were going to use drugs but either made sure your child was looked after first or made another decision about using altogether?

Follow-Up: Gathering Behavioral Details of Exceptions

- When did that [exception] happen?

- How did you do that? [Specific details of exception.]

- Can you tell me what happened that day?

- When was it? Where were you? Who else was around?

- Suppose I were a fly on the wall when this was happening. What would I have seen you do?

- What were the first, worst, and most recent times this happened?

STEP 3: WHAT ARE WE WORRIED ABOUT?
EXPLORING FUTURE DANGER

Opening

- Of all the things we have talked about today, which are you most worried about happening in the future?

- Of all thing things we have talked about today, which do you think your child is most worried about happening in the future?

- Of all thing things we have talked about today, which do you think I am most worried about for the future?

- What do you think the initial reporter might be most worried about happening in the future?

- On a scale of 0 to 10, with 10 being your child is totally safe now and 0 being your child is in a lot of danger, where do you think things are now?

- What do you think is getting in the way of the number being even higher?

Potential Future Impact on the Children

- What do you think will happen in your family if nothing else changes?
- What do you think might happen to your child?

Identifying Potential Network Members

- Does anyone else in your family worry about what might happen to your family or to your child in the future if nothing changes?

- Do any of your friends worry about this?

- Do any of the collaterals worry about this?

- What do you think they worry will happen to your child if more of [harmful event] occurs?

Close

- Can I take a minute and tell you how we at CPS are trying to think these days?

- Now that I have shared these definitions with you, which of the things we have talked about do you think are real dangers to your child in the future? Which are complicating factors?

- We have a way of summing up these kinds of things called a danger statement. Can I share it with you and see what you think?

- On a scale from 0 to 10, with 10 being the danger statement really describes something that worries you also and 0 being you think it is really off base, where would you place the danger statement?

STEP 4: WHAT NEEDS TO HAPPEN?
DEVELOPING GOALS

Family Goals

- Ten years from now, what would you like your child's story about this time to be? What do you think needs to happen for him/her to be able to tell that story?

- It is clear from what you have said that you are not happy with how things are going. How would you like things to be instead?

- Given all we have talked about, what is your biggest hope for what could be different in your life?

- What is the least that could happen that would still leave you feeling like you had accomplished something important?

Agency Goals

- Given all we have talked about, what are the next steps you think we need to take to make sure your child is safe?

- Which of the danger statements do you think is most important for us to deal with first?

- You have said you want CPS out of your life. Given everything we have talked about, what do you imagine I am going to say needs to happen for us to get out of your life?

- Our agency has a format for talking about goals that we feel is important. It is called a safety goal and is also going to move us to discuss who else needs to be a part of our work together. Can I show you what this goal format looks like, and can we think about who else needs to be involved?

- What do you think you will need to see in yourself in order to take these steps?

- What will you need from others?

- Who would be good to talk to about this?

- When you first start making these changes, who will see them? First? Second?

Identifying Potential Network Members

Moving toward these kinds of goals is hard work and often requires help. Do you know the phrase, "it takes a village to raise a child"? Who from your community would be important for us to invite to these meeting to help you move in the directions we have been talking about?

Services

- Do you think going to [service] might do anything to address the danger statement? What do you think it might do?

- If I were to suggest you to go to [service], what do you think I might be hoping would be different as a result?

- By going to [service] what are you hoping will change about safety for your child?

Small Steps

Suppose we meet for coffee a few years from now and all the problems we have talked about, specifically the danger statement, have all been taken care of.

- What do you think you will have done to achieve this?
- Who or what will have helped you make that possible?
- How will I have contributed?

First Steps

- What will have been your first step?

- What difference will it have made in your life?

- If you take that step, how will it affect your child?

- Will that be enough to keep your child safe/address the danger statement?

- Will your child think it is enough?

- Will I think that it is enough?

- Now that you have made up your mind to stop doing [harmful event], how long do you think it will be before you take action on it?

- On a scale of 0 to 10, with 10 being "my child is totally safe now" and 0 being "my child is in a lot of danger," where do you think things are now?

- If we keep working at this and a month from now the danger/safety scale number has improved by one number, what do you think will be concretely different in your family?

- If I were a fly on the wall and saw you taking that step, what would I see?

- What will you or others be doing differently?

- What services will be in place? What will you be doing differently as a result?

Willingness, Confidence, and Capacity

- On a scale from 0 to 10, with 10 being you are very willing to take these first steps and 0 being you are not willing at all, where would you place yourself?

- On a scale from 0 to 10, with 10 being you are very confident you can complete these first steps and 0 being you are not sure at all if you can do it, where would you place yourself?

- On a scale from 0 to 10, with 10 being you have everything you need and all the help you need to take these first steps and 0 being you do not have what you need, where would you place yourself?

- For all questions: What would need to happen to increase that number by one?

Confirming Direction/Monitoring

- What will tell you that you are on the right track?
- How will you know that you have reached this goal and your child is safe?
- What will tell me that you are on the right track?
- How will I or my supervisor know you have reached this goal and your child is safe?
- Who will be the first people to notice a change?
- What will they see?
- What will you see?
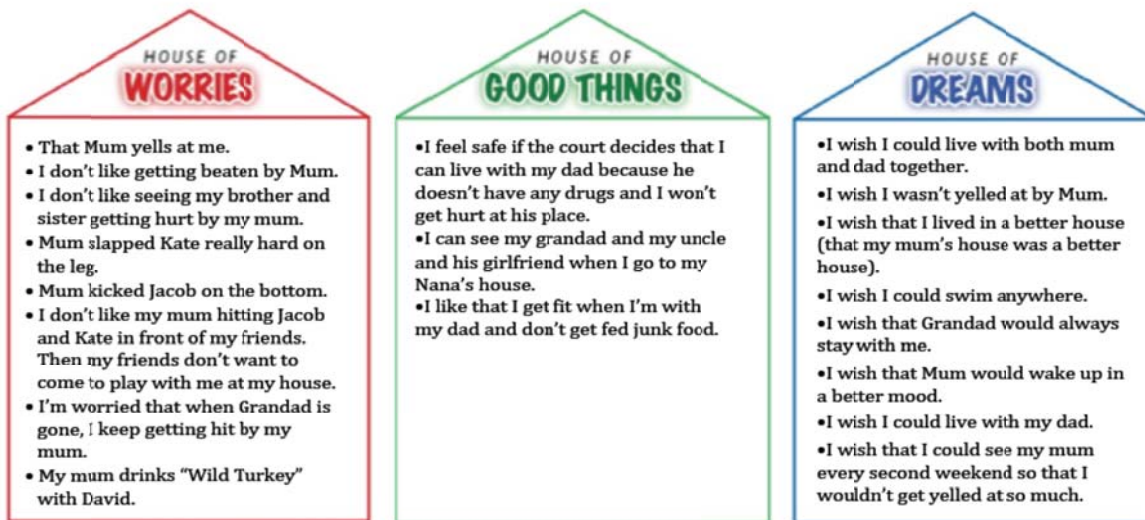- What will your kids notice?
- What will I notice?

Three Houses Tool
Created by Nicki Weld and Maggie Greening, New Zealand

HOUSE OF WORRIES

HOUSE OF GOOD THINGS

HOUSE OF DREAMS
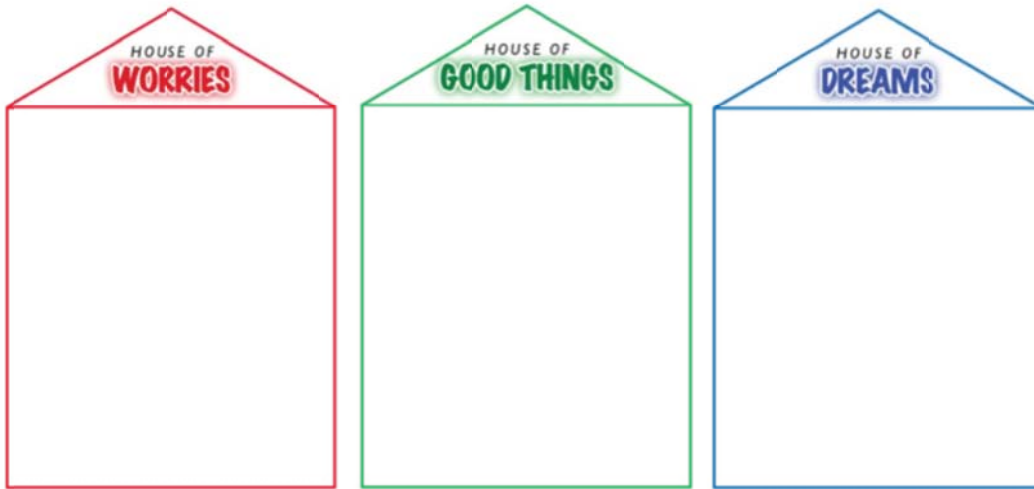
A tool for involving children and young people in child protection assessment and planning.
Detailed "Three Houses" booklet and DVD available at www.aspirationsconsultancy.com

Three Houses Case Examples
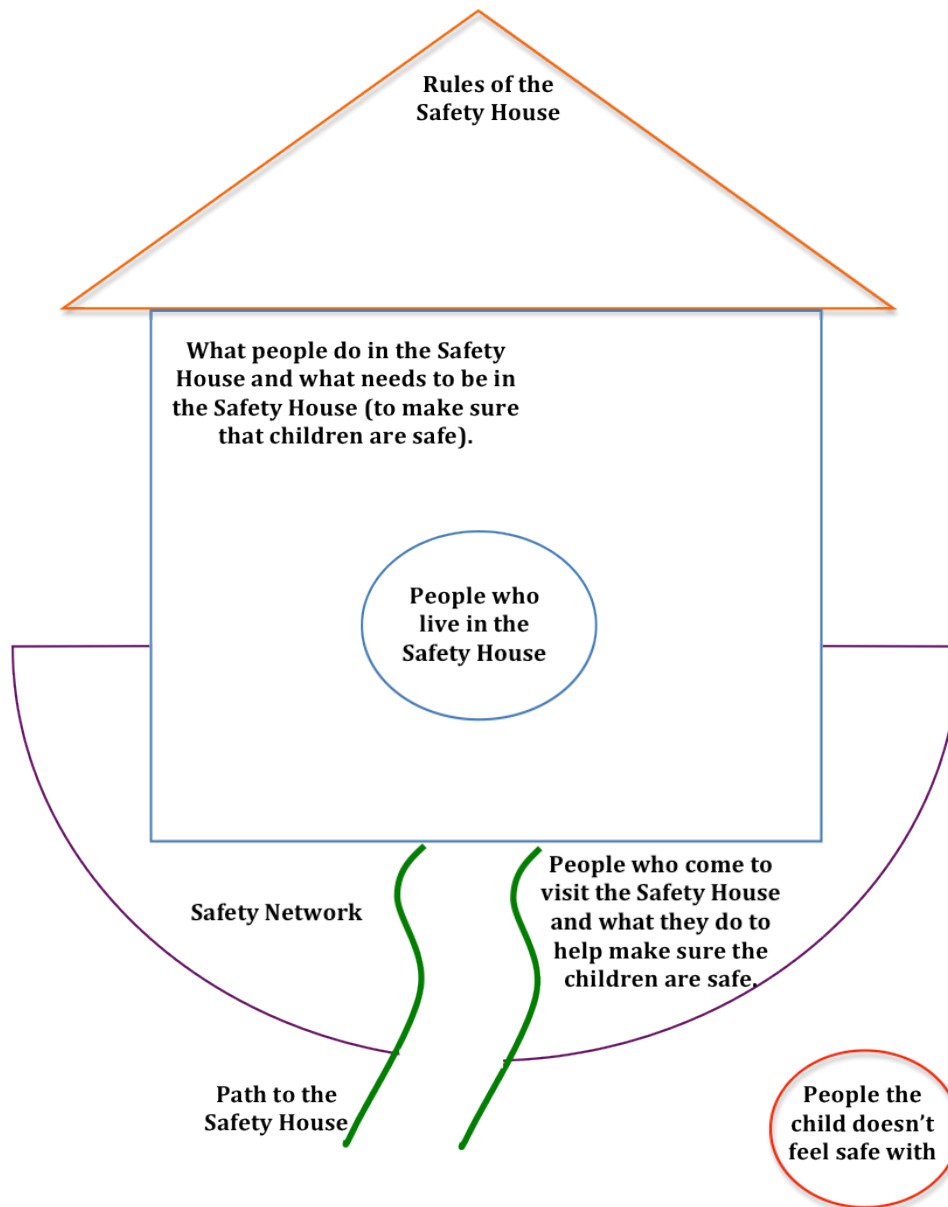Emma's Three Houses (8-year-old girl)

HOUSE OF WORRIES

- That Mum yells at me.
- I don't like getting beaten by Mum.
- I don't like seeing my brother and sister getting hurt by my mum.
- Mum slapped Kate really hard on the leg.
- Mum kicked Jacob on the bottom.
- I don't like my mum hitting Jacob and Kate in front of my friends. Then my friends don't want to come to play with me at my house.
- I'm worried that when Grandad is gone, I keep getting hit by my mum.
- My mum drinks "Wild Turkey" with David.

HOUSE OF GOOD THINGS

- I feel safe if the court decides that I can live with my dad because he doesn't have any drugs and I won't get hurt at his place.
- I can see my grandad and my uncle and his girlfriend when I go to my Nana's house.
- I like that I get fit when I'm with my dad and don't get fed junk food.

HOUSE OF DREAMS

- I wish I could live with both mum and dad together.
- I wish I wasn't yelled at by Mum.
- I wish that I lived in a better house (that my mum's house was a better house).
- I wish I could swim anywhere.
- I wish that Grandad would always stay with me.
- I wish that Mum would wake up in a better mood.
- I wish I could live with my dad.
- I wish that I could see my mum every second weekend so that I wouldn't get yelled at so much.

Kaden's Three Houses (5-year-old boy)
Work of Jo Goodwin, Reunification program, Perth

Worries

I'm worried every time I have to leave my real mum, Lisa, the one that made me go to foster care.

Good Things

I am happy when I play the playstation at my real mum's house.

Dreams

I'm happy because I am waving the magic wand
I wish that I could live with my real mum, Lisa.

Three Houses Process

1. **Preparation**: In preparing to do the 'Three Houses' with a child or young person, it can be helpful to find out as much background information as you can. The other important part of preparation is working out what materials you will need to take. At a minimum, you will need sheets of paper (preferably one for each house, as well as some spares) and some coloured pencils and textas. The other important decision is where to meet with the child. If possible, choose a venue where the child is likely to feel most comfortable is important, particularly for your first meeting.

2. **Inform parents and obtain permission to interview child/ren.** Sometimes, child protection workers have to interview children without advising or seeking the permission of the parents or primary caregivers. Wherever possible, the parents should be advised/asked in advance and showing the 'Three Houses' Tool to the parents can help them to understand what the worker will be doing.

3. **Make decision whether to work with child with/without parents present.** Again sometimes child protection workers need to insist that they speak with the children without a parent or caregiver present. Wherever possible it is good to make this a matter of choice for the parents and the child, but when this isn't possible, all efforts should be made to provide an explanation to the parents as to why the worker feels it is necessary to speak to the child on their own.

4. **Explain and work through 3 houses with child** using one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage child in the process. They can re-name houses, use toys, lego houses, picture cuts outs etc. etc. Give child choice about where to start. Often start with 'house of good things' particularly where child is anxious or uncertain.

6. **Explain to and involve the child or young person in what will happen next.** Once the 'Three Houses' interview is finished it is important to explain to the child or young person what will happen next, and to obtain their permission to show the 'Three Houses' to others, whether they be parents, extended family, or professionals. Usually children and young people are happy for others to be shown their 'Three Houses' assessment of their situation, but for some children there will be concerns and safety issues that must be addressed before proceeding with presenting what they have described to others.

7. **Present to parents/caregivers** usually beginning with 'house of good things'. Before showing the child's 3 Houses, it can be useful to ask the parents: 'What do you think the child would say is good/worried about/dreams of?'

The Safety House Tool

**Rules of the
Safety House**

**What people do in the Safety
House and what needs to be in
the Safety House (to make sure
that children are safe).**

**People who
live in the
Safety House**

Safety Network

**People who come to
visit the Safety House
and what they do to
help make sure the
children are safe.**

**Path to the
Safety House**

**People the
child doesn't
feel safe with**

A tool for involving children and young people
in the safety planning process.

Further information available in the Safety House booklet available at www.aspirationsconsultancy.com

Zoe's Safety House

Rules

1. No Fighting or hitting because I get really hurt and mum gets hurt.

2. Shane can't come around and if he bashers on the door mum will tell him to go away or she'll call the Police.

3. If mum get's really sad then Someone has to help her because she cries and stays in bed and then she doesn't get up. Nana could come over now.

4. I get to stay at my school because I like my school and I don't want to goto a new school and I want to stay at my school

mum making yumy things

Me

Mum

Fluffy

me and mum playing a game.

mum and fluffy comeing to say goodnight and fluffy sleeping on my bed with me

Big lock on the door

My foster family would come and visit me and I could still sleepover sometimes.

Nana and Grandad would visit all the time and Grandad would take me to the movies and Nana would help mum.

I'm here on the path. mum has broken up with shane and she has stoped drinking berbon all the time

I like my mums friend Andrea and when she comes over she would help mum

my friend Lucy from school can come over and we can play

not shane he can't come over

Prompt sheet for using the Safety House

1. Inside the Safety House: The inner circle and inside the four walls

Inner circle:
- Child draws her or himself in the inner circle (leaving space to draw others).
- Who else would live in your Safety House with you?

Inside the house:
- Imagine that your home/house back with _____ (e.g. mummy and daddy) was as safe as safe and you felt as safe and happy as possible, what sorts of things would _____ (eg. Mummy, Daddy, big sister) be doing?
- What are the important things that _____ (eg Mummy and Daddy) would do in your Safety House to make sure that you are safe?
- Are there any important objects or things that need to be in your Safety House to make sure that you are always safe?

2. Visiting the Safety House: The outer circle
- Who would/will come to visit you in your Safety House to help make sure that you are safe?
- When _____ (each of the safety people identified above) come to visit you in your Safety House, what are the important things that they need to do to help you be safe?

3. The red circle: Unsafe people
- When you go home to live with _____ (eg. Mum and Dad), is there anyone who might live with you or come to visit who you would not feel completely safe with?

4. The roof
- "Remember we talked about how all those adults are talking together to make a safety plan for when you go home? One of the things they are trying to decide is what the rules of the safety plan should be. What do you think? What would the rules of the house be so that you and everyone one would know that nothing like _____ (use specific worries) would ever happen again?"
- "What else and what else?"
- "If your _____ (sister/brother/Nana etc) was here, what would they say?"

5. The Safety Path
- If the beginning of the path is where everyone was very worried and you weren't able to live with Mum and Dad and you had to go and live with _____ and the end of the path at the front door is where all of those worries have been sorted out and you will be completely safe living with Mum and Dad, where do you think things are right now?
- If the beginning of the path is that you feel very worried that if you go home to live with Mum (or have an overnight stay) that Mum will start using drugs again and then not be able to look after you properly and the end of the path at the door is that everything in your Safety House is happening and you're not worried at all that Mum will use drugs again, where are you right now?

BRINGING A TRAUMA LENS TO CHILD WELFARE

Trauma-informed child welfare practice mirrors well-established child welfare priorities. Looking through a **trauma lens** can prevent missteps and *allow workers to find better ways to help families and be more productive.*

Child traumatic stress refers to the *physical and emotional responses* of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling). Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal. A child's response to a traumatic event may have a profound effect on his/her perception of self, the world, and the future. Traumatic events may affect a child's:

- Ability to trust others;
- Sense of personal safety; and/or
- Ability to effectively navigate life changes.

Types of Traumatic Stress[3]

Acute trauma is a single traumatic event that is limited in time. Examples include:

- Serious accidents;
- Community violence;
- Natural disasters (earthquakes, wildfires, floods);
- Sudden or violent loss of a loved one; and
- Physical or sexual assault (e.g., being shot or raped).

During an acute event, children experience a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

Chronic trauma refers to the experience of multiple traumatic events.

- These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or longstanding trauma, such as physical abuse, neglect, or war.

- The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.

- A child who goes through multiple placements might experience chronic trauma.

Complex trauma describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child.

---

[3] Source: Cook et al. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35*(5), 390–398.

- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.

- Complex trauma has profound effects on nearly every aspect of a child's development and functioning.

Possible Effects of Trauma Exposure

- **Attachment**—Traumatized children can feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.

- **Biology**—Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.

- **Mood regulation**—Traumatized children can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

- **Dissociation**—Some traumatized children experience a feeling of detachment or depersonalization, as if they are "observing" something happening to them that is unreal.

- **Behavioral control**—Traumatized children can show poor impulse control, self-destructive behavior, and aggression toward others.

- **Cognition**—Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.

- **Self-concept**—Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

- In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors. These behaviors place them at risk for a range of serious mental and physical health problems, including:

  » Alcoholism;

  » Drug abuse;

  » Depression;

  » Suicide attempts;

» Sexually transmitted diseases (due to high-risk activity with multiple partners); and

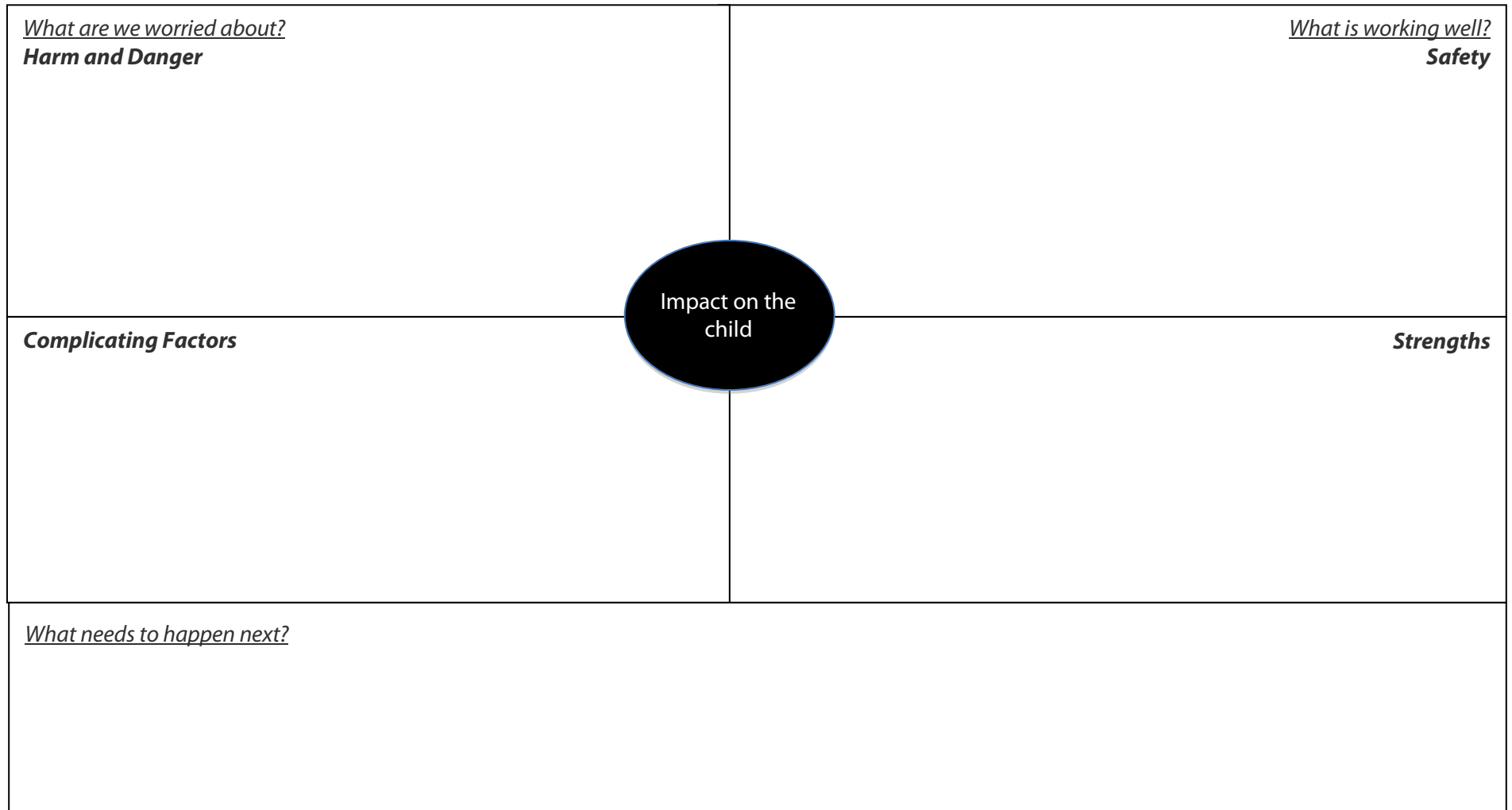» Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

Essential elements of trauma-informed practice …

- Maximize the child's sense of safety.

- Help children reduce overwhelming emotion.

- Help children make new meaning of their trauma history and current experiences.

- Address the effect of trauma and subsequent changes in the child's behavior, development, and relationships.

- Coordinate services with other agencies.

- Use comprehensive assessment of the child's trauma experiences and their impact on his/her development and behavior to guide services.

  » Know how and when to apply the right evidence-based treatments.

- Support and promote positive and stable relationships in the child's life.

- Provide support and guidance to child's family and caregivers.

  » Recognize that many of the child's adult caregivers are trauma victims as well (recent and childhood trauma).

- Manage professional and personal stress.

SAFETY MAPPING: SAFETY-ORGANIZED ASSESSMENT AND PLANNING

Based on the Signs of Safety assessment and planning framework (Turnell & Edwards, 1999; Department of Child Protection, 2011)
and The Massachusetts safety mapping framework (Chin, Decter, Madsen, & Vogel, 2010).

Context: Purpose of the Consult; Family/System; Cultural Considerations

What are we worried about? **Harm and Danger**	*What is working well?* **Safety**
Complicating Factors	**Strengths**

Impact on the child

What needs to happen next?

DANGER
0

SAFETY
10

PURPOSE: What is the worker, team, family and/or network looking for from this mapping?
DECISIONS: Is there a decision that needs to be made? Is there an SDM tool can help support that decision? *(take out and have during mapping)*

GENOGRAM/ECOMAP/CIRCLES OF SUPPORT:
• Who is in the family?
• Who cares about the child/family?
• Who already knows what is going on?
• Who is willing to help?

CULTURAL CONSIDERATIONS: What ways do race, ethnicity, culture, gender, sexual orientation and other parts of the family identity or cultural history play a role in the family's ability to enhance safety?

HARM: Past actions by the caregiver that have hurt the children physically, developmentally, or emotionally

DANGER: Credible worries/concerns child welfare and others in the community have about actions the caregiver may take in the future that will harm that child

ALL SDM Safety Threats: Provide behavioral details
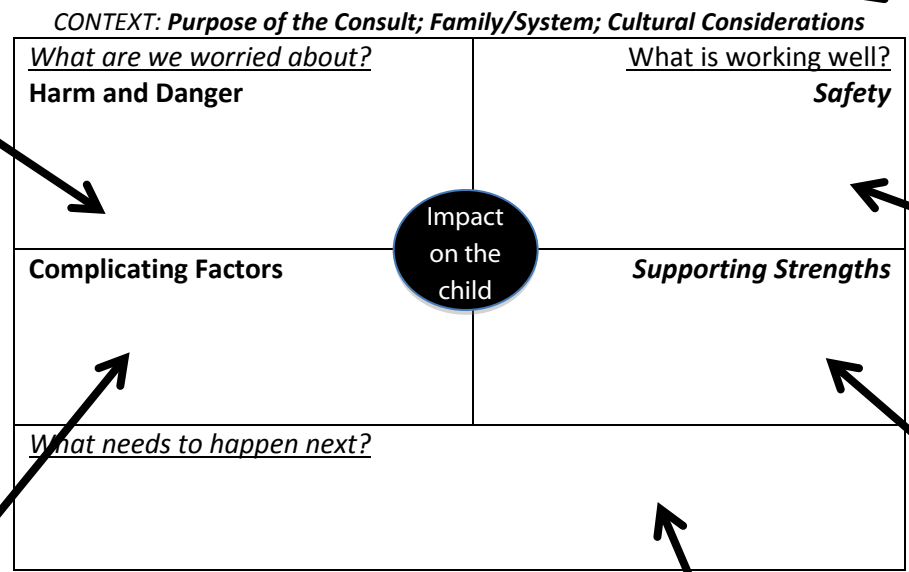
SAFETY: Actions of protection taken by the caregiver that mitigate the danger and are demonstrated over time.

*CONTEXT: **Purpose of the Consult; Family/System; Cultural Considerations***

What are we worried about? **Harm and Danger**	*What is working well?* *Safety*
Complicating Factors	*Supporting Strengths*

Impact on the child

What needs to happen next?

COMPLICATING FACTORS: Anything that complicates the provision of protection to the child but is not direct harm from the caregiver

SDM RISK ITEMS: Most individual items on the SDM Risk Assessment are complicating factors.

What needs to happen next?

SCALE: Safety/danger, progress, agreement, willingness, confidence, capacity

DANGER STATEMENTS and **SAFETY GOALS**: Be clear about concerns and what needs to change

PLANS: Directed at enhancing protection and reducing the danger

ACTION STEPS: Who has agreed to do what, when?

MONITORING: How will we all know the plan is working?

SAFETY AND SERVICES ARE NOT THE SAME THING: Services as a means, not an end

SDM GUIDANCE: Supports key decisions

SUPPORTING STRENGTHS: Positive elements or factors in a child or family's life that are good for that family, that support that family, but in and of themselves do not directly address or minimize the current dangers.

SDM PROTECTIVE CAPACITIES: Most SDM Protective Capacities are strengths.

SIGNS OF SAFETY ASSESSMENT AND PLANNING FORM

Based on the Signs of Safety assessment and planning framework (Turnell & Edwards, 1999; Department of Child Protection, 2011).

What Are We Worried About? (Harm and Future Danger)	What Is Working Well? (Strengths and Demonstrated Safety)	What Needs to Happen? (Safety Goals and Next Steps in Working Toward Safety)
Past Harm (What has happened to these children or other children in the care of these parents that worries us?)	**Existing Safety** (What actions has the family taken in the past to keep the children safe, in relation to the dangers?)	**Agency Goals** (What does the agency need to see the parents doing in their care of the children, and over what time period, to be confident there is enough safety to close the case?)
Future Danger (What are we worried might happen to these children in the care of these parents in the future?)		**Family Goals** (What does the family think they need to do to care for the children for them to be safe or for child protection services to be willing to close the case?)
	Strengths (What is happening in the family that makes things better for the children?)	
Complicating Factors (What makes building safety for the children and working with this family more complicated?)		**Next Steps** (What are the agency's and family's ideas about what needs to happen next in working toward these goals?)

Safety Scale: On a scale of 0 to 10, where 10 means everyone is confident the children are safe enough for child protection services to close the case, and 0 means there is not enough safety for the children to live at home, where do we rate the situation? (Place different people's assessments on the continuum.)

0 ⟵——————————————————————————————⟶ 10

MAPPING USING THE SIGNS OF SAFETY FORM: A STEP-BY-STEP GUIDE
By Sonja Parker

This document is designed to help practitioners understand the Signs of Safety form and how to "map" cases (record their assessment) with it. The three-column version of the Signs of Safety form is explained here, but the information below applies equally to the original Signs of Safety form.

What Are We Worried About?
There are three elements in the "What Are We Worried About?" column:

- Harm statements;
- Danger statements; and
- Complicating factors.

Harm Statements
Harm statements are clear and specific statements about the harm or maltreatment that has happened to these or any children in the care of parents/caregivers. The harm statement needs to include specific details, such as **who** reported it, **what** happened, **where** it happened, and **when** it happened. An understanding of past harm is vital, because research shows that the best predictor of future danger is the pattern of past harm.

Writing Harm Statements
Harm statements have three components:

- Who reported it (or "It was reported that …");
- What has happened to the child, where, when, etc.; and
- The impact it has had on the child.

Example: The social worker and doctor at the hospital told CPS that Tahlia (14 months) was brought to the hospital two days ago by her maternal grandmother, who told hospital staff that she thinks Tanya and David are using drugs and not feeding Tahlia properly. Grandma said that when she went to visit them two days ago, Tanya and David were not home, the door was unlocked, and Tahlia was alone and crying in the house. The doctor said that Tahlia is significantly underweight for her age (in the third percentile) and appears to be a little developmentally delayed.

Danger Statements
Danger statements have three components:

- "CPS workers are worried that …";
- Behavior of parents/caregivers (what they might do); and
- Possible impact on the child (what those involved worry may happen to the child).

Suggested Formula:

We are worried that   _____   _____

                                 Possible behavior of parents/caregivers   Possible impact on child

Examples: CPS workers are worried that Tanya and David will not feed Tahlia often or well enough, and Tahlia might become sick and not develop properly because she is not getting the food she needs to grow and be healthy.

CPS workers are worried that Tanya and David will leave Tahlia at home on her own, and Tahlia might be frightened, hurt herself, or be hurt by someone who comes into the house.

Complicating Factors
Complicating factors make the situation more challenging, both for family members and for professionals involved with the family. Complicating factors may make it more difficult for parents to achieve future safety for their child, e.g., substance use, mental illness, poverty, or isolation. Complicating factors also make it difficult for the family and parents/caregivers to work together, e.g., disputes between professionals and family, cultural misunderstandings, etc. When analyzing the family information, it is critical to distinguish between the past harm to the child and the complicating factors. A clear distinction will enable the development of clear danger statements (what everyone is worried will happen to the child if nothing changes in the family), and case planning can then address danger statements in the shortest time possible. If harm statements are confused with complicating factors, identifying and addressing the danger to the child is much harder.

Examples: Tanya told CPS workers that she and David do not get along with either of their families, so they do not have much contact with their families.

CPS workers have not had contact with either Tanya or David's families or friends and do not know if any of them would be willing or able to be part of Tahlia's safety network.

What Is Working Well?
The middle column (What's Working Well?) describes what is happening in the family that contributes to the child's safety and well-being. It contains two elements:

- Existing safety; and
- Strengths.

This information is critical, as it provides ideas of what future safety could look like (based on examples of existing safety) as well as the resources and capacity (strengths) on which the family can draw to build future safety. Attention to strengths and existing safety builds relationships and creates hope and energy for talking about and addressing difficult issues.

Existing Safety
Statements of existing safety describe times when the parents/caregivers have taken actions or made decisions that led to the child being safe in relation to the dangers. Statements should be specific and describe the actions/behaviors of parents/caregivers that resulted in safety for the child.

Example: Grandma told the worker that last month, when she knew David's friends were coming over for a party and people would be drinking and using drugs, she arranged for her friend Kathy to look after Tahlia for the weekend. The worker called Kathy, who confirmed that this had happened. She gave the worker the date and described what she did with Tahlia that weekend.

Strengths
Strengths statements describe things that are happening in the family or resources/capacities of the parents/caregivers that improve the child's situation, particularly in relation to what those concerned are worried about. Statements should be specific and describe the actions/behaviors of parents/caregivers that contribute to the child's safety and well-being.

Examples: Tanya says that she wants to stop using drugs and be a better mom for Tahlia.

Tanya and David are willing to talk to their families to see if someone is willing to look after Tahlia when she is released from the hospital and to ask them to be part of Tahlia's safety network so she can come home.

The Safety Scale
The safety scale uses a number to represent everyone's judgment about how safe the child would be at home right now if nothing were to change in the family. People record their views by writing their numbers on the scale and names beneath. Wherever someone places him/herself, workers can ask what has them this high (or this low) on the safety scale. Different opinions can be explored to help everyone understand each other's views.

Examples: On a scale of 0 to 10, where 0 means the situation for the child is so bad that CPS needs to remove them into care immediately and 10 means there is sufficient safety to close the case, where would you rate the situation right now?

On a scale of 0 to 10, where 0 means the recurrence of similar or worse abuse for the child is certain and 10 means there is sufficient safety to return the child to the parents' care, where would you rate the situation right now?

What Needs to Happen?
The third column is the planning component of the Signs of Safety framework. It contains three elements:

- Agency goals;
- Family goals; and
- Next steps.

Agency Goals
Agency safety goals identify what CPS would need to see the parents/caregivers doing in their care of the child to satisfy everyone that child protection concerns have been addressed and the child will be safe in the care of the parents/caregivers, in relation to the identified dangers.

Goal statements need to:

- Directly relate to the danger statements;

- Be specific and describe what the parents would actually do to care for the child to address the concerns; and

- Be written in straightforward language.

Suggested Formula

_____ will need to work with CPS and a safety network (of family, friends, and professionals) to develop and put into place a safety plan that will show everyone that:

- Statements (usually one for each danger statement) that describe in broad terms what the parents will do in their care of the child to make sure the child is protected in relation to the identified dangers.

CPS will need to see this safety plan in place and working for a period of at least _____ months so that everyone is confident that the safety plan will keep working once CPS withdraws.

Examples: Tanya and David will need to work with CPS and a safety network (of family, friends, and professionals) to develop and put into place a safety plan that will show everyone that:

- Tanya and David will make sure Tahlia is getting the food and attention she needs to stay at a healthy weight and to reach her developmental milestones; and

- Tanya and David will make sure Tahlia is always looked after by an adult who is sober/not affected by drugs and who everyone agrees is a "safe" adult.

CPS will need to see this safety plan in place and working for a period of six months so that everyone is confident that the safety plan will keep working once CPS withdraws.

Family Goals
Family safety goals describe:

- What the family thinks they need to do to care for the child to make sure the child is safe in relation to the concerns; and

- What the family thinks CPS would need to see the family doing to care for the child for CPS to be confident that the child will be safe.

Goal statements need to:

- Be specific and describe what the parents would actually be doing (differently) in the care of the child to show that the identified dangers have been addressed; and

- Be written in the family's language.

The "future house" tool can be used with parents/caregivers/safety networks to elicit their safety goals, and the Safety House can be used with the child to elicit his/her ideas of what future safety would look like.

Next Steps
The next steps describe what the family and the agency need to do next to work toward safety goals and toward building enough safety to close the case.

Once people have placed themselves on the safety scale, the next steps can be identified by asking questions like the following:

- "So, if that is the safety goal, what do you think is the smallest next step that will help the family move toward that happening all the time?"

- "You rated the situation 3 out of 10 on the safety scale. What needs to happen next to move things up to a 3 and a half?"

The safety path in the "future house" and Safety House identify the person's next steps in working toward future safety.

CREATING HARM STATEMENTS, DANGER STATEMENTS, AND SAFETY GOALS
Based on work by Sue Lohrbach, Sonja Parker, and Andrew Turnell.

Harm statements and danger statements are short, simple behaviorally based statements workers can use to help family members, collaterals, and staff within the department clearly understand what has happened in the past, why the agency is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff are talking with families about items that are the most critical to address. Safety goals are clear, simple statements about what the caregiver will *do* that will convince everyone the child is safe now and will be safe in the future.

Constructing harm and danger statements and safety goals first involves safety mapping and separating harm from complicating factors. Once that is completed, staff can create these statements.

As much as possible, try to use the family's own language for these statements. Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why CPS is involved, what the agency is worried about, and what needs to happen next. They should be written in honest, detailed, nonjudgmental "just the facts" language.

Harm Statements
Harm statements are clear and specific statements about the harm or maltreatment that has happened to the child. The harm statement includes specific details: who has reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee, a *clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future (danger).*
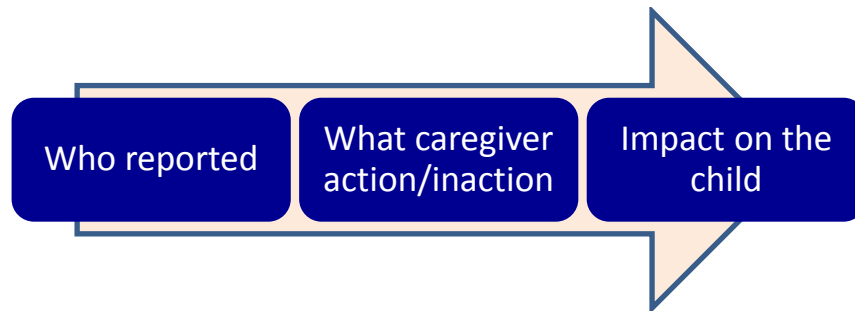
Cheryl Example: Boston Police and doctors at Mercy Hospital report that Cheryl turned on the gas in her kitchen while the children were home, flooding the home with toxic fumes, causing both her and the children to pass out.

Danger Statements

One of the most crucial parts of this work is creating detailed statements about the resulting concerns the agency and others have. Danger statements clearly identify what the professionals are worried may happen if there are not enhanced actions of protection by the family and network. Sharing danger statements with the family, agency, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps to avoid "case drift." Danger statements are composed of the following.

Who is worried	About what potential caregiver action/inaction	Possible impact on the child

Cheryl Example: CPS and doctors at Mercy Hospital are worried that Cheryl may try to injure herself in the future and that the children could be scared, hurt, or seriously injured as a result. We are also worried that if Cheryl were to be seriously hurt or die, the children would have to grow up without their mom.

Safety Goals

Safety goals are short, simple, behaviorally based statements used to help family members, staff within the department, and other professionals clearly understand what actions parents need to take to show that the child will be safe. Safety goals lay the groundwork for the family to successfully complete their case plan. They describe what the family can do to create safety to their child.

As much as possible, try to use the family's own language for these statements. Remember that the best use of these statements is to help ensure that all the key stakeholders—especially the family—are clear about where the family is headed with help from child welfare services. These should be written in honest, detailed, nonjudgmental "just the facts" language.

Safety goals should respond to the danger statements and are typically three or four sentences long. The objectives for the case plan should come almost directly from the safety goals. Safety goals are composed of the following.

Who is part of the network/plan	What will the caregiver DO differently	For how long?
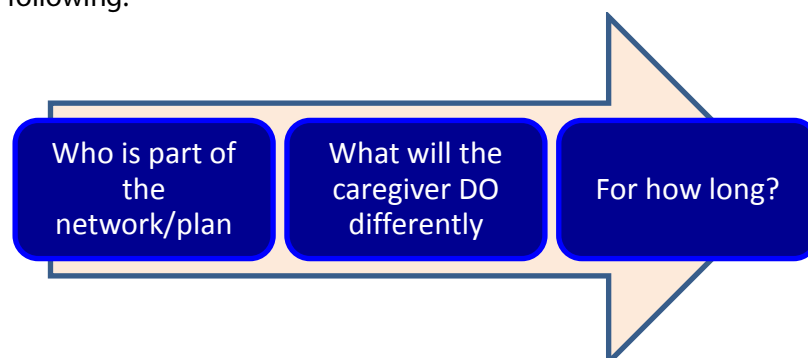
Cheryl Example: Cheryl will work with a network of family, friends, and professionals to make a plan that will show everyone she will always ask for help if she is feeling depressed or thinking about hurting herself or the girls. CPS will need to see this plan in place and working continuously for six months to begin planning for the girls to come home.

Family And Safety-Centered Practice
Whenever possible, involve children, family, extended family, and network members in the creation of harm statements, danger statements, and safety goals. They are meant as a bridge between professionals and family members. Perhaps the most important use of these statements is to help family members, network members, and professionals reach agreement about what everyone is worried about and what needs to happen to address concerns and the agency's bottom lines.

When these statements are not created in partnership with families (e.g., if they are being created at a case consult or in supervision), they should still be shared with families and their network to help ensure that everyone who cares about the child understands why CPS is involved and what the family is being asked to do differently.

One way to think about best practices when creating these statements is to follow these steps.

1. Make sure the danger statement and safety goals address the agency's bottom lines.

2. Sharing them and refine them with the family (while still holding the bottom line).

3. The best practice is to use solution-focused questions to collaboratively develop statements that address the agency's bottom lines *and* have family approval.

Harm Statement	Danger Statement	Safety Goal
Domestic violence, teenager witnessed It was reported that 13-year-old Sam has come to school multiple times stating that his mother, Susan, has gotten drunk and into physical fights with her husband, John. Sam has witnessed the fights, which have included his parents hitting, punching, and throwing things at each other. During this time, Sam's grades and attendance at school have dropped, and many at school are now worried that he may not be able to complete this grade.	Child protective services (CPS) is worried that Susan may continue to drink to excess, that during these times she and John will continue to get into physical fights, and that Sam may try to put himself in the middle of an altercation and become hurt, or that he may become so distracted from what is going on at home that he does not finish school.	Susan and John will work with a network of family, friends, and professionals to create a plan that will show everyone that: • They can talk about their problems and avoid violence with each other; and • If they do have physical arguments, they will find a safe adult to look after Sam first. CPS will need to see this plan in place and working continuously for six months in order to know the plan will continue once the case is closed.
Physical abuse It was reported that 14-year-old Caleb was punched, hit, and kicked by both of his parents, Paul and Liz, on Saturday night, resulting in multiple bruises on his face, hands, and chest.	Hospital staff and CPS are worried that Caleb will continue to be punched, hit, and kicked by his parents, and that Caleb will become bruised and cut by this, as has happened in the past. Hospital staff and CPS are also worried that Caleb will feel so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs, and place himself in dangerous situations that could lead to him being seriously hurt. Caleb is worried that if his parents cannot stop the violence he will have to live with strangers or in a group home.	Paul and Liz will work with CPS and a network of family, friends, and professionals to develop a plan that will show everyone that: • Caleb will always be in the care of adults with whom he feels safe and comfortable; and • Caleb will always be disciplined by adults in safe and respectful ways that do not involve punching, hitting, or kicking. CPS will need to see this plan in place and working continuously for a period of at least six months so that everyone is confident the plan will continue to work once CPS closes the case.

Harm Statement	Danger Statement	Safety Goal
Injured infant case (doctors say caregivers' explanation does not match injuries) *Sometimes it is not clear how the child was injured, so it is hard to write a harm statement, but concern for the future can be described and workers can write a statement that makes these concerns very clear.*	Because of the bleeding in the brain that baby Chelsea suffered while in her parents' (Sam and Diane) care in October and because no one knows how the injuries happened, CPS and doctors at the hospital are worried that if nothing changes, Chelsea could be seriously injured again, could suffer permanent brain damage, or even die.	Sam and Diane agree to work with CPS and a safety network of family, friends, and professionals to develop and put into place a safety plan that will show everyone that: • Chelsea is always in the care of at least one adult who could not have hurt her last October. CPS will need to see this safety plan in place and working for a period of one year so that everyone is confident the safety plan will keep working once CPS withdraws.
Theft with child present National City Police report that (mother), Rebecca, took her 9-year-old daughter Lisa to the Stop and Shop today and while she was there, Rebecca attempted to steal $45 worth of products. Lisa became very upset when her mother was arrested and could not be soothed until her grandmother picked her up from the police station.	CPS is worried that Rebecca may try to steal again while with her child and that she may have to serve jail time, forcing Lisa to grow up without her mom.	Rebecca will work with a network of family, friends, and professionals to create a safety plan that shows everyone that she will: • Follow the law and the rules of her probation; and • Ensure that Lisa is always kept away from any criminal activity. CPS will need to see this safety plan in place and working for a period of three months so that everyone is confident the safety plan will keep working once CPS withdraws.

Harm Statement	Danger Statement	Safety Goal
Grandparent who "could "not continue" with placement for adolescent Oceanside police report that while interviewing 15-year-old Lesley about the reports of her assault and battery charges and selling marijuana, Lesley's grandfather, Herb, became so upset that he threw up his hands and said, "I can't do this anymore—call child welfare and tell them to take her!" and walked out of the police station. Lesley became quite angry, spitting, swearing, and eventually crying a great deal.	**Child had to be placed in a residential program, and, one year later, the grandfather said he was ready to consider reunification efforts.** CPS, the program, and therapist are worried that Lesley will come to live with her grandpa again, her grandpa will become overwhelmed if she gets in trouble again, and her grandpa will ask for her to be removed again; as a result of all of this, Lesley will be even more angry and hurt, and may have to live in residential programs "forever."	Herb and Lesley will work with a network of family, friends, and professionals to create a plan to show everyone that: • When Lesley comes to visit Herb, she will stay with him and follow the rules they have agreed upon (including refraining from selling drugs); and • Herb will follow through on the visits he plans and will call Lesley and the program if he cannot make it. CPS will need to see this plan in place and working for six months to begin planning for Lesley to come home.
Neglect due to substance abuse, methamphetamines Mercy Hospital; Kim's landlady, June; and 10-year-old Paul report that Kim overdosed on methamphetamines and became unconscious while cooking dinner. Paul was home at the time. A neighbor heard the fire alarm and had to call the police to open the door.	CPS; Kim's sister, Donna, and her wife, Ann; and the hospital treatment team are worried that Kim might use meth again while she is caring for Paul, she might not be able to care for him, and he could be sick, seriously hurt, or injured as a result.	Kim will work with CPS, Donna, Ann, and a network of family friends and professionals to develop a plan that will show everyone that: • She will always be drug free when she is caring for Paul; and • If she thinks she will relapse, she will ask for help from Donna, Ann, or someone in the network to ensure that Paul stays safe. CPS will need to see this plan in place and working continuously six months to begin planning for Paul to return home.

Family Safety Circles: Identifying people for the safety network

Family Safety Circles is a visual tool to help identify people for the child's safety network and to help professionals and family members have conversations about safety networks, the role of the safety network and assessing who can be part of the safety network.

I usually use the family safety circles tool on the very first visit with a family, when I am talking about the need for us to work together to build a safety plan to address the concerns and the importance of having a safety network, of family and friends and involved professionals, who will work together to ensure that the children will always be safe in the family's care in the future.

Family Safety Circle:

Name/photo/picture of child/children

Who already knows everything that has happened?

Who knows nothing about what has happened?

Who knows a little bit about what has happened?
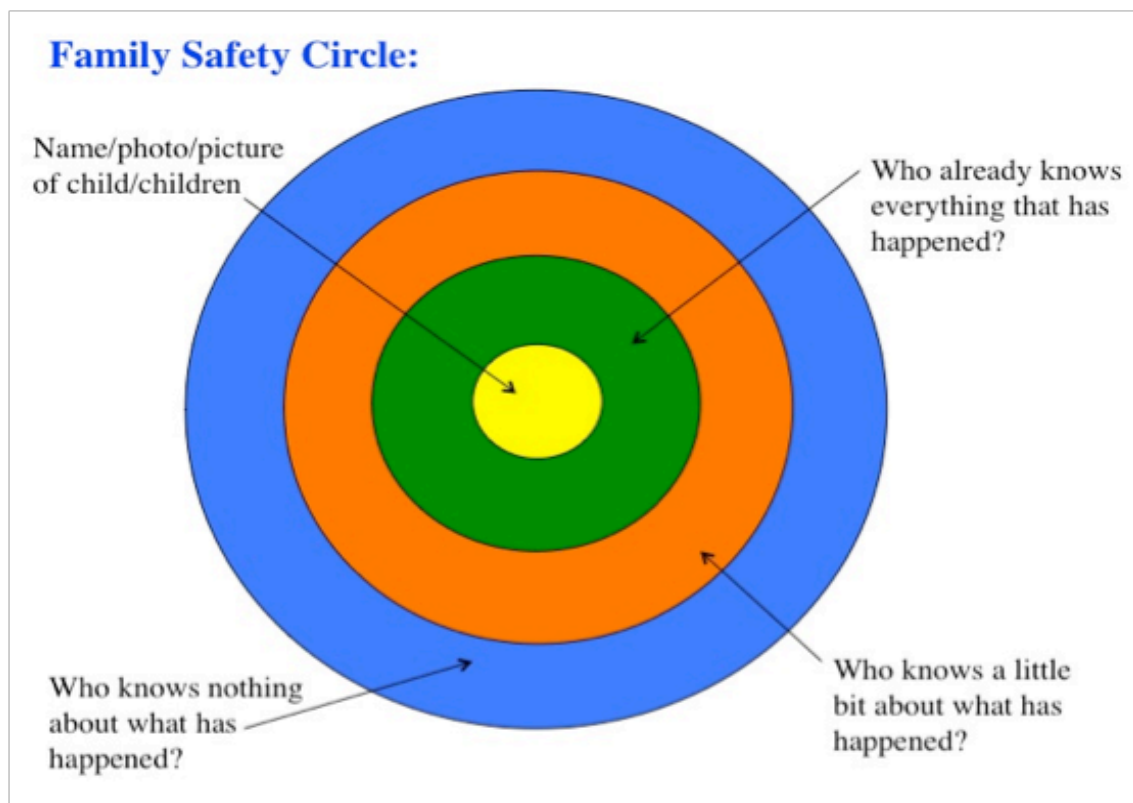
Process

Initial question (inner circle): "Who are the people in your life and your child's life who already know what has happened (that led to your child being in care/to child protection services being involved with your family)?

Middle circle: "Who are the people in your life and the kids' lives who know a little bit about what has happened, who maybe know that something has happened but don't know the details?"

Outer circle: "Who are the people who don't know anything about what has happened?"

Further information available in Family Safety Circles booklet (www.aspirationsconsultancy.com)

Prompt sheet for using the Safety Circles

1.   Talking about the need for a safety network
The first step in the process of using the Family Safety Circles tool flows directly out of the conversation with parents/caregivers about what we mean by a safety network and the fact that a safety network needs to be in place for safety planning to progress.

2.   The Inner Circle
"Who are the people in your life and your child's life who already know about what has happened that led to your child/children being in care (or to child protection services being involved with your family)?"

Giving compliments
Pay attention to what parents/caregivers have already done that will help to build future safety and acknowledge this with compliments, wherever and whenever possible.

3.   The Middle Circle
"Who are the people in your life and the kids' lives who know a little bit about what has happened; who don't know the whole story but maybe know some of what has happened? Or maybe they know that something has happened but don't know any of the details?"

4.   The Outer Circle
"Who are the people in your life and your children's lives who don't know anything about what has happened?"

5.   Moving people from the outer circles to the inner circle
- *"Who else from these outer circles do you think needs to be part of this inner circle?"*
- *"Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven't quite gotten there yet?"*
- *"Who would Grandma (for example - pick a person already in the inner circle) say needs to be in this inner circle with her?"*
- *"Who would the kids want to have in this inner circle?"*
- *"You know all of these people, I don't know them yet, but who do you think I would want to have in this inner circle?"*
- *"Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?"*

6.   Discussing the following:
- What is the role of the safety network?
- How many people do we need in the safety network?
- What we mean by 'safety' people and how is this decided?
- What do people need to know to be part of the safety network?
- How do we ensure that everyone is informed about the concerns?

COLLABORATIVE PLANNING AND ACTION STEPS

Once the information about the family has been organized through the mapping process, decision-support tools have been used, and danger statements and safety goals have been created, staff can help the family figure out *how* to achieve the goal that mitigates or addresses the danger over time. These action steps can be included on the safety plan or the case plan.

Collaborative planning, as it is described here, does not just answer the question, "How can we get through tonight?" or "How can we get through the weekend?" It is an ongoing process that begins at the first phone call and proceeds after the case is closed. It is an attempt by the family and network to create meaningful and sustainable protection for the child over time. It involves significant change for the family and requires leadership, facilitation, patience, and rigor from the child welfare practitioner.

These plans and the action steps that comprise them can take multiple meetings to create, but they require the family, network, and, when appropriate, the child to think through the critical question, *"*What needs to change in the care of the child so that everyone will know he/she will be safe?"

Here are some stages to consider when collaboratively creating plans and action steps with the family, network, and child.

1. **Building relationships; assessing danger and safety.**
   Start by creating a good working relationship. Use social work practice skills for connecting, but stay focused on the key information that needs to be gathered: What have the caregiver's actions been? What has been the impact on the child? This is a good time to use solution-focused questions to help with relationship building, information gathering, and critical thinking.

2. **Be clear about the danger statements and safety goals.**
   Once you have the needed information, create danger statements and safety goals. Share the danger statement and safety goal with the parents and the network. Ask for their feedback and try to incorporate their ideas. Remember that while the best statements are ones created with families and in their own language, these statements are agency "bottom lines" and have to address the agency's concerns.

3. **Orient the family and the child to the task.**
   Be clear with the family about what a plan is and how it relates to the danger statement and safety goal. The plan will help them demonstrate, through "turn-by-turn" action steps, that they are moving from danger to safety. Acknowledge that this will take some time, hard work, and likely many changes in how the family usually functions. It may also require more than one meeting to create.

4. **Identify and involve the network.**
   If you have not already, ask the family who else should be involved. Remember that you cannot create safety only with the people about whom you are concerned—"no network, no plan." Networks also help families work toward a different level of accountability; often, the people in the family's network are the ones who know what steps are realistic for parents to take and know what the caregivers are actually doing (or not doing).

5. **Address the critical concerns.**
Ask hard questions. "What will happen if …" and "How will you handle it when …" Seek clarifications for unusual circumstances: What if the child is sick or needs to be transported to an unusual place? What if network members cannot do what they said they would do? What is the backup plan? It is relatively easy to create a superficial plan that will look good on paper or in the SACWIS system. Strive to add more rigor and complexity.

6. **Reach agreement on the plan.**
Once you have the outline of a plan, rate willingness, confidence, and capacity with scaling questions. Use gradients of agreement to test the family's and network's commitment to take the steps you have created together. Be willing to keep working on the plan until the whole network has some basic agreement. Figure out if the plan is best written up and documented as a safety plan, a case plan, or something else.

7. **Bring it back to the child.**
Take the plan back to the child. Write it in a developmentally appropriate way. Ensure that there are ways for the child to take action as well (e.g., safety objects, ensuring he/she knows who is in the network and how to reach them, etc.). Let him/her know that his/her parents have endorsed the plan. Ask the child for his/her ideas or enhancements so he/she also feels a sense of ownership. Finally, give the child a chance to draw parts of the plan and post it around the house.

8. **Monitor, build on it, and continue to assess.**
Ask, "How will we know?" Create clear methods and timelines for measuring the plan and coming back together. These plans are a process, not an event, and will need to be adjusted over time. Make changes when needed. Celebrate successes as they come!

WHAT IS THE DIFFERENCE BETWEEN THESE TWO PLANS?

Plan 1

- Cheryl needs to go to the therapist weekly to work on depression, its causes, and the impact it has on her life.

- Cheryl needs to go to the psychiatrist at least monthly to make sure she is taking her medication and it is working properly.

- Cheryl needs to attend a therapeutic group for "women facing depression" weekly so she can hear how other women have responded to it.

- Cheryl needs to go to a job retraining course.

- Cheryl needs to go to a parenting class.

Plan2

Cheryl agrees to present the following to her children and to her safety network.

- Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy all agree to be part of Cheryl's safety network.

- Cheryl will ask for help with the children if she feels higher than a 7 on a 10-point scale for depression.

- Cheryl will not be alone if she is thinking about hurting herself again and will ask for help from someone in the network if this happens.

- Cheryl agrees to keep a logbook of her work in resisting the worst of her depression. She will rank the impact of her depression every day in the book and detail everything that is helping her reduce that impact.

- Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening.) They will talk to Cheryl, ask how she is doing, and rank the impact of depression on her. They also will talk to the kids and ask them how they are doing. When the whole network visits, they will also write in the logbook and ensure the children have their phone numbers as well.

- Betsy will visit the home two to three times per week, and she or her team will be available 24 hours a day if Cheryl wants to call. During her visits, she will also rank the impact of depression on Cheryl and write in the logbook. Betsy will work with Cheryl to make sure she goes to the doctor.

- Cheryl, the safety network, and CPS will meet to review this plan again in three weeks.

THE VOICE OF THE SDM® ASSESSMENT

When

1.　In a group supervision mapping session THAT

2.　Has a PURPOSE related to a KEY DECISION (i.e., whether to remove a child, open a case, develop a safety plan/case plan, return a child, change permanency goal, or close a case).

Why

- To help focus the mapping.

- To help distinguish danger from complicating factors.

How

1.　One person in the group is designated the "voice" of the SDM assessment.

2.　That person has the relevant SDM assessment and definitions open, and keeps track throughout the mapping.

3.　The "voice" of the SDM assessments should ask to pause if:

　　a.　The group is spending more than a few moments on information that is not relevant;

　　b.　The group is getting stuck on whether something is a danger versus a complicating factor or a strength versus safety;

　　c.　The group is misidentifying something as a danger versus a complicating factor or safety versus a strength; or

　　d.　The group is moving toward "what needs to happen" before covering all relevant information.

4.　If pausing, the "voice" should read the relevant item and/or definition. The mapper should then direct questions to help raise the necessary information.

Example

1. In a mapping session, the group is talking about the extensive arguing and occasional physical fights between parents. Some see this as harm; others see it as a complicating factor. The purpose of the map is to decide whether the child needs to be removed. The "voice" should read the SDM safety threat definition for domestic violence. The questioner should then use the definition to craft questions that will raise behavioral detail that, based on the definition, will help sort whether in this family, the domestic violence creates imminent danger of serious harm, based on caregiver actions and the impact on the child.

2. In a mapping session to determine whether a child should be reunified, the group is on a tangent about an issue related to the child's behavior in school that is unrelated to risk, visitation, or safety. The "voice" should pause and redirect the mapping to any aspects of the SDM reunification assessment that have not been mentioned.

REFERENCES FOR MORE DETAILS

Overall

Boffa, J., & Armitage, E. (1999). The Victorian risk framework: Developing a professional judgment approach to risk assessment in child protection work. 7th Australian Conference on Child Abuse and Neglect, Perth, Australia.

Children's Research Center. (2008). Structured Decision Making®: An evidence-based approach to human services. Retrieved from http://www.nccdcrc.org/crc/pdf/2008_sdm_book.pdf

Department of Child Protection. (2011). *The signs of safety child protection practice framework.* Department of Child Protection, Perth, Australia. Retrieved from http://www.signsofsafety.net/?q=bioandpublications
NOTE: This is the most up-to-date resource on Signs of Safety and lists material on each section listed here.

Johnson, W. (2004). *Effectiveness of California's child welfare Structured Decision Making® model: A prospective study of the validity of the California family risk assessment.* Sacramento, CA: California Department of Social Services. Retrieved from http://www.nccd-crc.org/crc/pubs/ca_sdm_model_feb04.pdf

Lohrbach, S., & Sawyer, R. (2004). Creating a constructive practice: Family and professional partnership in high-risk child protection case conferences, *Protecting Children, 19*(2), 26–35.

Turnell, A., & Edwards, S. (1999). *Signs of safety.* New York, NY: Norton.

White, M., & Epston, E. (1999). Narrative means to therapeutic ends. New York, NY: Norton.

On Inquiry and Using Questions as an Intervention

Berg, I.K. (1994). *Family based services: A solution-focused approach.* New York, NY: Norton.

Berg, I.K., & Kelly, S. (2000). *Building solutions in child protective services.* New York, NY: Norton

de Shazer, S. (1985). *Keys to solution in brief therapy.* New York, NY: Norton.

Madsen, W. (2007), *Collaborative therapy with multi-stressed families: From old problems to new futures* (2nd Edition). New York, NY: Guildford.

White, M. (2007). *Maps of narrative practice.* New York, NY: Norton.

On Working With Children

Freeman, J., Epston, D., & Lobovits, D. (1997). *Playful approaches to serious problems: Narrative therapy with children and their families.* New York, NY: Norton.

Parker, S. (2009). *The safety house: A tool for including children in safety planning.* Perth, Australia: Aspirations Consultancy. Available from http://www.aspirationsconsultancy.com

Weld, N. (2008). *The three houses tool: Building safety and positive change.* Martin. Dorset, UK: Russell House Publishing.

On Mapping

Chin, S., Decter, P., Madsen, W., & Vogel, J. (2010). Enhancing risk assessment through organizational learning: A mid-stream report from Massachusetts. *Protecting Children, 25*(3), 7–20.

Lohrbach, S. (2000). *Child protection practice framework – Consultation and information sharing.* Unpublished manuscript.

Munro, E. (2006). *Effective child protection.* London, England: Sage.

Turnell, A., & Parker, S. (2009). *Introduction to the signs of safety* [DVD and workbook]. Available from http://www.signsofsafety.net

Lee, M.L., Sebold, J., & Uken, A. (2003). *Solution-focused treatment of domestic violence offenders: Accountability for change.* New York, NY: Oxford University Press.

On Building Networks

Buckley, E., & Decter, P. (2006). From isolation to community: Collaborating with children and families in times of crisis. *The International Journal of Narrative Therapy and Community Work, 2006*(2), 3–12.

Parker, S. (2010). Family safety circles: Identifying people for their safety network. Perth, Australia: Aspirations Consultancy. Available from http://www.aspirationsconsultancy.com

On Safety Planning

Essex, S., Gumbleton, J., & Luger, C. (1996). Resolutions: Working with families where responsibilities for abuse is denied. *Child Abuse Review, 5*(3), 191–201. doi: 10.1002/(SICI)1099-0852(199608)5:3<191::AID-CAR272>3.0.CO;2-E

Lee, M.L., Sebold, J., & Uken, A. (2003). Solution-focused treatment of domestic violence offenders: Accountability for change. New York, NY: Oxford University Press.

Turnell A., & Essex S. (2006). *Working with 'denied' child abuse: The resolutions approach.* Buckingham, U.K.: Open University Press.