The Power of Partnership

WORKBOOK

How to use the Signs of Safety in Child Protection Casework

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The Power of Partnership
Workbook

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Jeugdbescherming Noord, formerly Bureau Jeugdzorg Drenthe (BJZ), provides statutory child protection services in the Netherlands province of Drenthe. BJZ began a system-wide implementation of the Signs of Safety approach to child protection casework in 2007. Marieke Vogel and Joke Wiggerink are employed with Jeugdbescherming Noord.

SafeGenerations is a private non-profit organization in Chaska, Minnesota. Team members have been learning and practicing the Signs of Safety approach since 2005. They provide safety planning services to families. The majority of their work is done with practitioners and organizations who seek training and consulting in the Signs of Safety approach. Sarah Brandt and Sherry Amelse work for SafeGenerations.
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Our awareness of the details of the Signs of Safety approach, and of our own skills, has continued growing as we have journeyed together writing this workbook. We hope it offers you a similar experience as you work your way through it and as you use what you learn in your daily work with families and other professionals.

We sincerely hope you enjoy the Power of Partnership Workbook and that it helps you guide families toward lasting safety for their children.

Joke, Marieke, Sarah and Sherry.
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Chapter 1

Introduction

The Power of Partnership Workbook

This workbook has been written to accompany the Dutch video *Signs of Safety: De Kracht van Partnerschap* or, in English, *The Power of Partnership*.

Background: Purpose of the Video

Bureau Jeugdzorg Drenthe (BJZ), provided statutory child protection services in the Netherlands province of Drenthe. BJZ began a system-wide implementation of the Signs of Safety approach to child protection casework (Turnell and Edwards, 1999; Turnell and Murphy, 2014) in 2007. Until 2014, BJZ had 200 social workers and served a population of 490,000. The capital city is Assen and has 67,000 citizens. Drenthe is a rural area with some larger cities. In 2015, BJZ Drenthe merged with a similar organization in the province of Groningen and is now called Jeugdbescherming Noord.

The video was created to capture both the transformation in BJZ’s practice as well as the growth in their organization brought about from adopting the Signs of Safety approach. As the implementation unfolded, all aspects of agency functioning were affected, including case practice, decision-making, supervision and management. BJZ employees learned that to genuinely work in partnership with parents, children and their networks, everyone in the organization, from the Director to the practitioners, needed to actively engage in building a more creative, intelligent and compassionate human organization focused on participatory, risk-sophisticated practice. The implementation has involved more than just training social workers in new skills and a new model. As an organization, BJZ has also had to figure out how to take the risk of putting parents, children and their networks in the middle of decision making and safety planning. Through this process, employees at BJZ have learned to become more honoring and engaging with each other, which has lead to more rigor and courage in risk assessment, supervision and management.
The video follows the use of the Signs of Safety approach with a “multi-problem” family being investigated by “Alice” due to unexplained injuries to infant “Amy” along with domestic violence and physical abuse to 8-year-old “Max”. The case scenario presented is a synthesis of five injured infant cases with which BJZ had worked. The practice represents how the agency has learned to use the Signs of Safety approach and methods in its casework. The action in the video was developed from a Signs of Safety Assessment and Planning framework, or “map”, and a Safety Planning trajectory. The filmmaker worked with BJZ staff to identify the key moments from the casework and then developed a storyboard for the video. The storyboard described each scene but no scripts were used in the filming. Although the actors had been given a description of the scene and some ideas of the sorts of questions that could be asked, the conversations that unfolded in the video were improvised to preserve the authenticity of the interactions. Professional actors were hired to portray the roles of family members, while the BJZ staff members who appear in the video are actual Drenthe child protection practitioners. The video follows the work with the family from case commencement through the first safety plan and the first home visit for the children. It includes the initial investigation, safety network development, and safety planning meeting.

**Purpose of the Workbook**

The video *Signs of Safety: The Power of Partnership* shows some of Alice’s steps during her involvement with the family of Max and Amy. There are many steps Alice took that were not captured in the video, including contacts with the family, processing within her agency, and rigorous decision making with everyone involved. The workbook provides a more complete overview and includes a more detailed description of:

- the development of the Signs of Safety framework (map) over time
- the tools used by Alice to engage Max
- the involvement of a safety network
- the development of a case trajectory (game plan toward closure)
- the development of the family-driven safety plan
- the use of individual and group supervision.

The best hope is that readers will gain a greater appreciation for how the Signs of Safety approach makes it possible to create safety for children in circumstances of abuse by working in partnership with parents and their networks. The workbook can be used as a reference for social workers, practice leaders, supervisors and managers who are interested in integrating the Signs of Safety into their own work.

Throughout the workbook, there are exercises that invite readers to apply their learning to the case of Max and Amy as well as to their own practice with families. The exercises can be
done individually or with a group of colleagues. Likely there will be times when readers would prefer to have more information about the Max and Amy case than they can discern from the video and written material. The exercises should be approached with the same realization that social workers often face in their everyday work: they can never have all the information but must move forward based on what they do have. In relation to the “Your Case” exercises, readers may choose to work through a single case of their own throughout the workbook or may use different cases for each exercise.

As readers engage in the exercises, it will be important to keep in mind that what is presented is not a prescriptive representation of using the Signs of Safety approach. There are many factors that affect the application of the approach, including a social worker’s unique style, organizational structure, culture and values, community standards, and the level of risk within any given family. Even though the approach was applied in a certain way by BJZ, readers will likely need to consider how the practice would differ for them, their organization, and their community.
Chapter 2

What is Signs of Safety?

“The Signs of Safety approach to child protection casework is an innovative, strengths-based, safety-organized approach to child protection casework. This model was developed through the 1990s in Western Australia. Signs of Safety was created by Andrew Turnell and Steve Edwards, in collaboration with over 150 West Australian child protection workers, and is now utilized in jurisdictions in the United States, Canada, the United Kingdom, Sweden, the Netherlands, New Zealand and Japan. The approach focuses on the question: ‘How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?’

This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilize and strengthen a child’s and family’s situation. A format for undertaking comprehensive risk assessment assessing both harm/danger and strengths/safety—is incorporated within the Signs of Safety assessment protocol (this is the only formal protocol used in the model). The approach is designed to be used from commencement through to case closure in order to assist professionals at all stages of the child protection process, whether they be in statutory, hospital, residential or treatment settings.” (Turnell, n.d.)

The Signs of Safety is not a fixed approach but one that continues to evolve based on what is learned from the practitioners around the world who are using the model in their work. This action-research method, grounded in the use of appreciative inquiry, closes the usual gap between practice and theory in child protection. The most utilized adaptation of the original Signs of Safety Risk Assessment and Planning framework is a simple, straightforward, three-column map (Figure 1).
The development of the Signs of Safety during the 1990s was strongly influenced by the Resolutions Approach to working with “denied”\(^1\) child abuse. The Resolutions Approach was developed by Susie Essex, John Gumbleton and Colin Luger of Bristol, England. The Resolutions model, which was centered around rigorous safety planning that places families and children at the center of the work, provided inspiration and depth to the Signs of Safety approach.

\[\text{Figure 1: Signs of Safety 3-Column Map}\]

Child protection intervention has traditionally been geared toward the professionals. The simplicity of the Signs of Safety Risk Assessment and Planning Framework, or “map”, makes child protection intervention more meaningful for parents, children and their naturally-occurring networks, while building rigor to satisfy the professionals. Historically, the child protection system has prioritized the professional voice and ignored the perspectives of the most important people: parents, children and their networks. By integrating professional knowledge with the

\(^1\) The word “denied” is set in quotation marks because the problem of “denial” within the Resolutions Approach is seen as a complex, interactional process that is often caused, or at least exacerbated, by the professional systems engaged in responding to reports of alleged abuse. When professionals describe a situation as “denied”, it implies that their explanation of the problem is the absolute truth and discounts other possible explanations or perspectives. When professionals believe they know the absolute truth, they often find themselves stuck in a “denial” dispute with families. Dangers that fall outside their focus can go unnoticed and result in subsequent, sometimes avoidable, harm to children. (Turnell and Essex, 2006)
family’s own expertise about their culture and experience, a balanced analysis is undertaken to examine harm, danger, strengths, existing safety and future safety (Turnell, n.d.). This analysis involves an ongoing journey with the professionals walking alongside families to help them think through, plan for, and demonstrate safety that will last once the child protection authority (CPA) is no longer involved. The diagram below, created by Dutch practitioners Theo Klooster and Marieke Vogel, describes the shared journey between the professionals, children, parents and network.

The blue words in the diagram describe some of the underpinnings of the approach. The words in black are the steps taken by the social worker and the green words are the tools used within the Signs of Safety approach. The exact steps in the journey with each family are different but the principles and processes underpinning the journey with each family are the same.

![Figure 2: Signs of Safety Journey](image)

Through this diagram, Klooster and Vogel remind practitioners that Signs of Safety is not a product but a process of partnering with families. The diagram depicts the small portion of a family’s life in which the CPA is involved. During this relatively short time, the Signs of Safety approach can be used to help create safety and facilitate lasting change.
Chapter 3

Action-Learning Cycle

The Signs of Safety approach is more than a framework, or map, utilized with families. It also involves a process of constant learning by the professionals and agencies that provide child protection services. In their Comprehensive Briefing Paper on Signs of Safety, Turnell and Murphy (2014) introduced the action-learning cycle, represented in the diagram below.

Figure 3: Action-Learning Cycle

In child protection systems, supervisors are the key drivers of learning and the development of a learning culture within agencies. Unfortunately, with the nature and intensity of the work, learning often falls to the bottom of the priority list because supervisors are pulled between the demands of supporting frontline staff and the pressures from above to demonstrate compliance with standards and timelines. As such, “doing” often supersedes “learning” within the fast-paced child protection world. When supervisors get caught up in “doing,” they often default
to telling practitioners what to do rather than growing the capacity of each person in their team through an active learning culture. The “culture of telling” starts with top executives and trickles down to managers, to supervisors, to practitioners, and finally to families. In order for a learning culture to grow within child protection organizations, supervisors need to be engaged by managers and executives to slow down and reflect on their own learning. This will deepen supervisors’ understanding of effective child protection practice so they can lead their teams through inquiry and reflection (Turnell and Murphy, 2014).

The integration of action-learning and the Signs of Safety approach is represented in the diagram below.

"Implementing the Signs of Safety requires action-based learning across the agency to build and sustain a clear vision of what constructive practice and organizations actually look like (Turnell and Murphy, 2014, p. 48)."

In this workbook, the phases of the action-learning cycle are presented as they relate to the macro-level process of conducting child protection casework. Within each phase, there are micro-level action-learning cycles that often occur. Some of those cycles are described within grey boxes to illustrate the interplay between macro-level and micro-level action-learning cycles.
Chapter 4

Gather Information

The first phase in the action-learning cycle is the *gather information* phase. It begins by establishing working relationships with both the professionals and the service recipients. Ensuring collaboration with the professionals and partnership with service recipients minimizes the likelihood of derailment and maximizes the likelihood of successfully resolving the child protection concerns. Collaboration and partnership are built when child protection professionals practice from a stance of inquiry. They do this by holding their own judgments aside, avoiding “denial” disputes, and engaging in a balanced assessment through all three columns of the Signs of Safety Risk Assessment Map.

![Figure 5: Signs of Safety Analysis Categories Within the Map](image)
Within the three columns of the Signs of Safety Map, there are seven analysis categories to be considered: harm, danger, complicating factors, strengths, existing safety, safety goals, and next steps.

The family being followed throughout the video, Signs of Safety: The Power of Partnership, includes two children, 8-year old “Max” and infant “Amy.” Amy had been brought to the hospital by her parents after suffering injuries consistent with shaking. Below is the full genogram that Alice developed in the initial stages of her investigation.

![Figure 6: Genogram for Max's and Amy's Family](image)

As you follow along with Alice’s work in the gather information phase, pay attention to the ways she begins to develop working relationships, while keeping a clear focus on safety, by approaching each stakeholder from a genuine stance of inquiry.

**Collaboration with Professionals**

The child protection intervention in this situation began with the incident report from the hospital. The pediatrician reported that he suspected, upon Amy’s admission, that she had been a victim of Shaken Baby Syndrome. Realizing that Shaken Baby Syndrome is a formal diagnostic term, Alice knew she needed to ask questions of the pediatrician to understand the specific nature and severity of Amy’s injuries. Alice knew from her experience that parents rarely admit to causing injuries in situations like this. She wanted to make sure she separated the facts of Amy’s injuries from the conclusions drawn by the medical professionals. Alice anticipated that this would become important in her interactions with the parents and would likely help her avoid being caught in a “denial” dispute.
To achieve the separation, Alice sought to get behind the diagnostic label by asking the following types of questions of the pediatrician:

- **What did you see or observe in your examination of Amy that makes you think this is a shaken baby case?**
- **What are the actual injuries to Amy?**
- **What actions do you and your colleagues believe would have been required to have caused such injuries?**
- **Do you and your colleagues believe the injuries occurred in one or multiple incidents?**
- **What explanations have the parents offered for the injuries?**

Alice followed the safety-organized logic embedded within the Signs of Safety approach (Dale et. al., 2006; Turnell and Essex, 2006) for dealing with disputed or "denied" child abuse. By paying particular attention to the facts about the nature and seriousness of the harm to Amy, Alice set the stage to focus her work on building future safety instead of spending her time trying to get an admission that would likely never come.

During the conversation with the pediatrician, Alice knew it was critical that she listen carefully and ask questions to uncover the details of even the smallest concrete things that were going well with regard to Amy's care. She would later be able to use those “nuggets” of information to begin developing her relationship with the parents, Yvonne and Richard. Some of the questions Alice asked of the reporter included:

- **In your discussions and dealings with the mother, what have you seen that impressed you in how she has responded to Amy? What else?**
- **You told me the mother reacted well. What did you actually see Mom do that makes you say she reacted well?**
- **That is good to hear that Mom remained calm. Does Mom know that you noticed this in her?**

Before finalizing the conversation, Alice created the opportunity to discuss any relevant issues that had not yet been covered. Alice asked:

- **What else should I know before calling the parents?**
- **What do you think is important for me to know as I am preparing to contact Mom?**
- **What other important things have you seen or heard that you want me to know right now?**

Like many jurisdictions around the world, the CPA in the Netherlands collaborates with the police in situations of alleged child abuse. Worldwide that collaboration may look different depending on each jurisdiction’s laws, procedures and working relationships. In the Netherlands, when there is suspicion of child abuse, the CPA reports it to the police. The police, in collaboration...
with the prosecutor, investigate the case. Within the Signs of Safety model, transparency is vital at all levels so the CPA always tells parents that the report of suspected child abuse must be shared with the police.

Often, when police and the courts get involved, CPAs end up dealing with more “denial” about the alleged abuse because of many factors, including that caregivers are fearful of the possible legal consequences. Traditionally, child protection professionals have operated from the standpoint that admission is a critical component of the change process. The Signs of Safety approach neither relies on admission as an indicator of lasting safety nor does it require admission in order to work toward lasting safety. Regardless of the factors that contribute to “denial”, it is important to find ways to work toward demonstrated safety in spite of it, since caregivers in the majority of child protection cases refute the allegations, at least in part. Extensive writing has been done about strategies for working towards lasting safety in spite of “denial”. The book *Working with 'Denied' Child Abuse: The Resolutions Approach*, written by Andrew Turnell and Susie Essex, is a key resource for practitioners who want to learn more. The following diagram, taken from the book, provides a visual representation of how the Resolutions Approach addresses the problem of “denial” (Turnell and Essex, 2006).

![The Resolutions Approach and the Problem of “Denial”](image-url)

*Figure 7: The Resolutions Approach and the Problem of “Denial”*
The mother in the video went to court and was prosecuted. Alice knew from her experience that the criminal case could provide leverage that she could use in her work with the family, since Yvonne was likely to achieve a better outcome in court if she worked with the CPA. However, this did not guarantee Yvonne would avoid a prison sentence. At the same time, Alice recognized that these cases are often difficult to prosecute, which means, either way, Yvonne would likely return to having some sort of relationship with her children in the future. Given all the possible ways that Yvonne could end up back in a caregiving role with these or other children, Alice knew it was best to invest in long-term safety planning from the beginning.

Alice had learned that collaboration with the other professionals was critical to establishing both immediate and long-term safety for children in these situations. Alice had close contact with police and the prosecutor throughout her work with Max and Amy’s family. They kept each other constantly informed and sought each others’ input along the way.

One of the early benefits for Alice of working closely with the police in this case was that she learned of important history that needed consideration, including information about Richard’s past violence, drug use and criminal record. This helped Alice assess not only the level of safety for the children, but also the level of safety for her should she decide to visit the family alone. Even though Alice and her colleagues generally prefer to meet with families separately from the police, it is important that they ask questions to assess their own safety before doing so.

Alice asked the police the following types of questions to assess her own safety:

- **What history, if any, do you have of aggressive behavior by these parents towards social workers or other professionals?**
- **During your past contacts with the parents, how have they reacted to you?**
- **What have you noticed about how they react in stressful situations, like now, for instance, with the baby in the hospital?**
- **To your knowledge, what has been their most concerning reaction in stressful circumstances?**

Alice did not conduct the worker safety assessment on her own. It was done in consultation with the supervisor based upon the information that Alice gathered from the initial reporter and the police. Together, Alice and the supervisor decided on the level of safety and the meeting options that Alice offered to the parents when she first made contact with them. BJZ has the following possibilities:

- **Assessment that it is sufficiently safe**: parents are asked if a visit can take place at their home where the social worker visits alone.
- **Assessment that it is sufficiently safe, but the social worker feels more comfortable if accompanied by a colleague**: parents are informed by phone that they will be visited by two child protection workers (this is always an option).
• **Assessment that it is unclear whether one of the parents could possibly react aggressively:** police are asked to be present during the visit for support; parents are informed and given the choice of meeting locations (at their home, the office or elsewhere).

• **Assessment that aggression is likely to occur:** parents are invited to come to the office and police are present for support.

**Partnership with Families**

**Preparation**
It is common for social workers who are meeting a new family for the first time to feel anxious and unsure, especially in the most serious cases of alleged abuse. Anxiety is a reality in child protection work. For social workers to feel supported in doing this difficult work, they need to know that the responsibility for vulnerable children, and the anxiety that goes with it, is shared. Terry Murphy, former Executive Director of Western Australia Department of Child and Family Services, advised, “Never carry anxiety alone. Anxiety needs to be shared upwards.”

Since anxiety-driven decisions are often not the best decisions, it is important that social workers process their anxiety and plan ahead for their interactions with families. When social workers recognize and process feelings of anxiety, they move to a level of reflection that allows them to make better decisions.

To manage her anxiety, Alice met with her supervisor who used questions to lead her through a three-columns mapping of the situation. The conversation focused on facts about the worries and the things that were reportedly going well in the family. Where Alice identified uncertainty, she and her supervisor were able to think through questions Alice could ask the family to learn more details. Together they made a map of what Alice already knew and clarified which questions she wanted to ask during the conversation with parents. By being transparent with the family about her worries and anxiety, Alice was able to engage them in a conversation about what they could do to reduce her worries, or even convince her the children would be safe.
EXTENDED LEARNING: Organizational Alignment

In child protection, there is a tendency to work in a culture of do and tell. Schein states that “In the United States, status and prestige are gained by task accomplishment, and once you are above someone else, you are licensed to tell them what to do” (2013, p. 57). The best child protection social workers are frequently promoted to supervisors and then expected to tell their staff what to do.

When supervisors tell social workers what to do, social workers are more likely to tell parents what to do. Instead, to successfully adopt the Signs of Safety approach, leadership within child protection organizations should model a parallel process that mirrors the Signs of Safety principles, disciplines and processes.

Social workers look to their supervisors and senior managers for guidance about how they should operate in relation to those over whom they hold some level of authority. For social workers to be able to go to families, ask questions and recognize strengths in addition to worries, they must be supervised and led in that same way. Leadership can model the Signs of Safety approach in some of the following visible ways:

• Asking questions and being curious.
• Applying the Signs of Safety principles and disciplines in everyday interactions.
• Using the three-column assessment and planning map for strategic planning and to address operational/organizational challenges.

One of the core principles of Signs of Safety suggests that “the best outcomes for vulnerable children are achieved when constructive relationships exist” between professionals and with families (Turnell and Murphy, 2014, p. 9). Constructive relationships are built between leaders and social workers when social workers are treated as “people worth doing business with” (Turnell and Edwards, 1999, p. 30). While this may sound simple in theory, it is much more difficult in practice, especially in environments that have traditionally operated within a paternalistic system. When social workers are asked what leaders should do to respect them, they say things like, “listen to me”, “ask for my solutions”, and “build my confidence that I am doing a good job”. By telling social workers what to do, leaders fail to respect them as professionals with their own expertise.

Instead of telling people what to do, leaders need to “tame their inner gorilla” (the one that wants to jump out and yell, “What are you thinking?! This is what you should
do!”) and start asking questions. Schein (2013) has said that not all questions are equivalent. He has come to believe that practitioners need to learn a particular form of questioning called “humble inquiry.” This is “the fine art of drawing someone out, of asking questions to which you do not already know the answer, of building a relationship based on curiosity and interest in the other person” (Schein, 2013, p. 2).

Shifting practice within an organization is no easy task. It takes time and must happen incrementally. Families struggle to break old patterns, and practitioners also face this challenge. It is easy to become overwhelmed and discouraged by attempting to accomplish everything at once. Social workers in organizations that are adopting Signs of Safety rely on strong leaders who can help them, as Viv Hogg from England said, “grow as big as they can be.” Strong leaders will draw attention to the small successes that move their teams incrementally closer to their goals.

Another way leaders can begin to shift practice within their agencies is to offer choices. Because it is impossible to adopt the whole Signs of Safety approach at once, leaders can ask social workers to choose the part of the approach he/she wants to focus on first, or about which he/she feels best. In this way, social workers are not given the option to decline the use of Signs of Safety altogether, but are given lots of choices regarding the path they will take to adopt it as a guiding practice framework.

In the Netherlands, it is commonly said, “Voorbereiding is 90% van het succes.” This means “Good preparation constitutes 90% of success.” In BJZ’s experience, child protection workers and agencies take themselves and others more seriously when they prepare well for each session. When practitioners have shared about their successes, they have found that one factor that often contributed to success was that the social workers took 5–10 minutes to think through their positions, possible assumptions and questions before the session.

Before even picking up the phone, social workers should try to imagine the position of the parents who may be anticipating a call from the CPA or who may be scared that their children are about to be taken away. Social workers should ask themselves, “How would I like to be approached in a situation like this?” By doing so, the worker will likely have more success in engaging rather than alienating the family because they will be better able to convey empathy and compassion through the conversation. The partnership with the family begins with the first moment of contact.
Alice made telephone contact with the mother, Yvonne, to schedule an appointment for the same day. As you saw during her first call, Alice began to build partnership with Yvonne in several ways.

**EXERCISE #1: Max and Amy Case**

Thinking back to the video, specifically Alice’s first phone call with Yvonne, write your reflections about the following question in the space provided. You may want to review the first 7 minutes and 10 seconds of the video.

As you think back on the first phone call, what did you notice Alice doing to build partnership with Yvonne?
Some things Alice did to build partnership with the mother during the first telephone contact were:

- reserved judgment about what she thought happened
- asked Yvonne how she was doing
- spoke in a calm voice
- complimented Yvonne on strengths that were noticed
- checked the accuracy of the information
- showed understanding of a stressful situation
- offered choices about where the meeting would take place and what time it would happen later that day
- conveyed empathy by anticipating and answering Yvonne’s and Richard’s questions as best she could.

Some questions Alice asked during the first phone call included:

- Is it correct that you knew I would call today?
- If I’m not correct, please tell me, but I understand from the pediatrician that Amy was not acting normally and that you came to the hospital because you were worried about her? That sounds like a good reaction.
- I can imagine you are busy with Amy in the hospital. Knowing that we need to meet today, what time would be best for you?
- We can do two things: either I come to your house or you come to our office. Which would you prefer?

While they spoke, Alice added information from the telephone contact to the three-columns map she started earlier with her supervisor.

**EXERCISE #1: Your Case**

When you think about a case where you had a successful first contact with a family, what made it successful?

Suppose you are starting a new case. From what you have learned, what questions would you ask in your first contact to begin creating partnership?
First meeting with parents

An important factor that can make the difference in the lives of vulnerable children is the partnerships social workers establish with parents and their network.

Parents who are meeting with CPAs for the first time often have many concerns and fears because they have something to lose. Child protection workers have a high level of authority by the inherent nature of their jobs. De-emphasizing that authority can help put parents more at ease so partnership can begin to develop. One way Alice chose to de-emphasize her authority was to meet Richard and Yvonne separately from the police.

Alice focused on establishing a partnership with both parents right from the beginning. During her first encounter with Richard, the father of Amy, she could see he did not trust her and was not entirely willing to allow her inside. In that moment, Alice asked herself, “What does this father need in order to let me in?” Alice understood his distrust and wanted to position him in his role as Amy’s concerned father. Alice asked questions and made statements like these at the door to convey understanding while also using her authority skillfully:

- Are you Amy’s father? I spoke with Amy’s mother and we agreed I would come for a visit.
- I see that you’re not excited about the involvement of the CPA. I can understand that. In this situation, we have to deal with each other.
- What do you need from me to agree to engage in a conversation? How can we organize this so we do this together?
- We can have this conversation here on the doorstep with the risk that your neighbors can hear us, or I can come in. What would you and your partner prefer?

From the moment Alice entered the house she continued to focus on establishing a working relationship with Richard and Yvonne. Alice presented with a relaxed attitude to provide some comfort and made a bit of small talk. Early in the conversation, Alice gave an explanation of the CPAs involvement and answered their questions about the process. Alice explained the reported concerns and asked the parents for their points of view.

Before Alice started taking notes, she showed Richard and Yvonne a blank three-columns map and explained that all the information supplied by them would be recorded as they spoke. Alice made sure Richard and Yvonne could see what she was writing and checked with them to make sure the words she wrote were accurate. Alice explained:

- As we talk, I want to make sure to capture the worries, the good things and what we all think needs to happen moving forward. I will check in with you to make sure I get things right and use the words like you meant them to be used. Is there anything else you want me to know before we continue?
Alice asked these types of questions to gather information from Yvonne's and Richard's perspective on what happened (past harm) and their worries (future danger):

- What has the pediatrician told you about the injuries?
- What has the pediatrician told you about how she thinks the injuries may have been caused?
- What do you think happened to Amy?
- What is your worst fear for Amy at this time?

These questions gave Richard and Yvonne the opportunity to elaborate on the situation from their point of view. Yvonne explained to Alice that she “comforted” Amy too much and Amy was hurt as a result. When Alice responded with follow-up questions, she used Yvonne's words, at least initially. Some viewers of the video have raised concern about whether, by using the word “comforted”, Alice was minimizing the abuse to Amy. When Alice decided to repeat Yvonne's words back to her, she accomplished a number of things. First, she communicated to Yvonne that she was listening without judgment. Second, she kept Yvonne and Richard engaged in the conversation to gather information about their perspective instead of getting caught in a dispute that would derail her effort to build a working partnership with them. Alice trusted that once she had built a working relationship with Yvonne and Richard, there would be opportunities to address the differences between Yvonne's view and Alice's view of the incident.

During the initial meeting with Richard and Yvonne, Alice also communicated her worries for the children and explored their ideas about future safety by asking some of these questions:

- Now, this is the most important thing for us to talk about. What are your ideas about how we can make sure this sort of thing never happens in the future?
- If Amy could talk, what would she say she wants you to do in the future to comfort her when her crying is starting to push you to your limit?
- If you were always able to comfort Amy and Max in ways that kept them from getting hurt, what difference do you think that would make in your relationship with them?

Often, parents want the social worker simply to tell them what they need to do. Historically, CPAs have interacted with families in just this way. The problem is that this positions the CPA as the expert, which can lead to compliance rather than meaningful and sustainable change. Alice explained to Richard and Yvonne that she was not there to tell them what to do or what not to do. She told them she needed their input and valued their ideas. This began to convey to them that they were the experts on their family, they had the responsibility to solve the child safety concerns, and they should have ownership over the safety plan that developed.

Introducing the concept of a safety network
A key component of the Signs of Safety approach is built on an African proverb: “It takes a village
to raise a child.” While the best hope is always that parents will be able to change the things that have led to harm for their children, experience indicates that change within caregivers is not always possible. Given that reality, building an informed and committed safety network is a critical step in ensuring lasting safety, whether or not parents are able to make the desired changes. Furthermore, research has revealed that “child abuse is a syndrome of secrecy” (Furniss, 1991, in Turnell, 2013, p. 12). When naturally occurring networks around children are involved, the secrecy that perpetuates abuse and neglect is broken. That is only the first step in building lasting safety because, even when family and friends know about the concerns, they may not always know how to respond in ways that keep children safe. Social workers who are implementing Signs of Safety in their practice have said that involving safety networks can open up opportunities to establish new patterns in the way families care for their children, especially when concerns come up.

Naturally occurring networks know more about families than the professionals ever could and often remain involved in children’s lives long after child protection cases close. Some topics to explore with friends and family are their level of concern for the children, their knowledge of general strengths and existing safety (times caregivers kept the children safe when the worry could have happened), their confidence in parents’ ability to keep the children safe, and their willingness to stay involved in a way that increases safety. It is important to convey during the first meeting with parents the expectation that natural supports will need to be involved in the safety planning process.

Alice had a discussion with Richard and Yvonne about who to involve in the child protection work. She explained that she did not know the family well and did not think it was fair for her and the CPA to make decisions based solely on the reported concerns. Alice explained it in this way:

- **We don’t know anything about you. All we know is that we received a telephone call from the hospital about your daughter and that there are concerns. People who know you well know much more about you. They can tell us whether they share our concerns or have no concerns at all. They can also share the things they know you do well as parents so that we get a balanced view of your family.**

One way to introduce the idea of involving others is to create a genogram for the family during the initial visit. This can be done right at the beginning or at any point when parents begin to share information about people in their support network. After Alice gathered information about the immediate and extended family, she made an inventory of who already knew what happened and who parents would allow to know. Alice asked these types of questions to elicit information that could be used to build a strong safety network for Max and Amy:
• Who did you intend to call about Amy today?
• Who in your family or social circle already knows that Amy is in the hospital?
• Who else do you think should know?
• Who has helped you most during other difficult situations? Who else? What have they done to help? What difference did that make for you? What difference do you think that made for the kids?
• Who would Max and Amy say are the people, besides you, who care about them the most?
• Who in your social circle knows you well and also wants what’s best for your children? What would he/she tell us about what you do well in caring for your children?
• Who would you most likely be willing to listen to if they had ideas on how to keep your kids safe in the future? Do you think this person would be willing to share ideas with us? How would that be for you? Would you want to be there during that conversation?

Furthermore, Alice explicitly asked for permission from Yvonne and Richard to approach other people, like Max’s teacher. She gave them the option to explain the CPA’s involvement themselves or to have her explain it to the school by asking these questions:

• Do you want to explain to the school why I am involved with your family or would you prefer that I explain it to them?
• What words would you use to explain it?
• What words would you want me to use to explain it?

Establishing collaboration between key professionals is a vital first step before beginning any safety planning work with families involved with child protection. Failing to ensure that the key professionals are on the same page will often lead to less safety and serious disruptions in progress. This can cause frustration, anger and mistrust with families when it becomes apparent that not everyone is working toward the same goal (Turnell and Murphy, 2014).

Alice knew she needed to start things off right with the other professionals who would be involved in the safety planning process. When she first made contact with the school staff, she did several things to set the tone of partnership and transparency. In the first moments of her conversations, she stated that she had the parents’ permission to call. She explained the reason for the CPA’s involvement using the words that had been agreed upon with Richard and Yvonne. Alice also emphasized the importance that there be openness and transparency with all involved. Alice started her call by saying something like this:

• I’m pleased I’ve got you on the phone now so that I can share with you what I know.

To find out the school staff’s views on Max and his family, Alice used the information from the conversation with Richard and Yvonne to set the context for her questions:
Max’s mother tells us that he is happy to go to school. It would be good for us to hear your point of view on this. What do you think is going well for Max at school? What else?

Is there anything that worries you about Max?

During Alice’s conversation with the teacher, she learned that there were additional concerns about Max. In the previous few weeks, the teacher had been noticing bruises on Max. Alice informed the teacher that she would need to talk with his parents about the new concerns that same day. The teacher was uncomfortable with that because, although she had attempted to reach them, she had not yet been able to discuss the bruises with them herself. Alice asked the following questions to see what would need to happen for the teacher to be agreeable about Alice discussing the concerns with Max’s parents:

What are you most worried might happen if we discuss this with Max’s parents?
What would you suggest is the best way to talk with Richard and Yvonne about this concern for Max?
Who at your school would be best positioned to play a role in this?
What safety implications would there be for Max if we did not discuss it with his parents?

Once agreement was reached about how the concerns regarding the bruises would be brought to the parents’ attention, Alice was ready to proceed.

Second meeting with parents
When Alice arrived at the house to follow up with Richard and Yvonne, the maternal grandmother, “Grandma”, was already there. Alice introduced herself and expressed her appreciation for Grandma’s presence by complimenting her on the love and commitment she showed toward her grandchildren by responding so quickly. Alice asked the parents what Grandma already knew and how they could best inform her about what had happened.

Alice paid close attention to non-verbal signs and asked questions to check for any possible interpretation differences between Grandma’s and Alice’s understanding of the circumstances. As Alice was talking with parents and Grandma, she slowed the conversation down and asked further questions when she sensed that there may be differences of understanding or different levels of information about the incident with Amy. When it was clear that Grandma had all the key information, Alice moved more quickly through the conversation. Alice asked the following sorts of questions to assess the degree of understanding:

I don’t want to explain or say anything that you haven’t talked about yet. Precisely what does Grandma know about Amy?
Would it be helpful for me to explain what the pediatrician told me about Amy and how she is doing at the moment?
EXTENDED LEARNING: Micro-Level Action Learning Cycle – Establish Immediate Safety

Amy’s immediate safety was secured by virtue of her hospitalization, but Alice also needed to address the new concerns raised by the school staff about recent bruises on Max. She gently explained to parents and Grandma the school staff had no concerns up until a month ago, at which time they started to notice some bruises Max said had happened at home. Alice asked Richard and Yvonne:

- **What do you think might have caused the bruises on Max?**
- **What do you think worried Max’s teacher most when Max told her the bruises happened at home?**
- **At this point, how can I be confident that Max will be safe at home?**

In response to Yvonne’s insistence that there was no reason Max would not be safe at home, Alice used the power of silence to avoid an argument by simply waiting for her question to be answered. If this had not worked, Alice would have done her best to reflect on and compliment the family before putting the question to them again. Alice asked questions like these to help the family think through the immediate safety plan:

- **OK, I hear you say that Max is always happy to go to school, that’s good. I still don’t have the answer to the question about how I can be sure Max will be safe. What are your ideas about how I can be confident Max is safe while we sort out the worries?**
- **I hear you say that you do not beat Max at home. What could be the reason that, at school, Max says that you do?**
- **What we know about children is that sometimes they don’t exactly say what is happening, but may say something to signal that all is not well. What do you think Max could be worried about?**
- **I wasn’t here so I don’t know what has happened and what hasn’t happened between you and Max. If it is true that beatings are not happening, what do you think needs to be different so that these sorts of reports will stop?**

Alice primarily listened as Yvonne, Richard and Grandma found solutions that suited them as a family.

Subsequently, Alice asked additional questions to find out both what the family needed to put their solution into effect and how she might convince her supervisor their solution was safe. Here are some examples of questions Alice asked:
• Grandma, what help do you need to take care of Max in the coming period? Who might you need help from? Are there perhaps any other things you will need? What else?
• Maybe this is a strange question, but my supervisor will want to know why I am confident that Max will be safe in Grandma’s care. In your opinion, how can I explain this to her?

Additionally, questions were asked about other perspectives in order to examine the level of safety with the family’s proposed plan. These questions included:

• How would Max feel about this plan?
• How would Max’s father or grandfather feel about this plan? Would they have any concerns about this plan? If so, what concerns would they have?
• Are there any issues which you as parents would worry about if Max stays with Grandma?

Alice called her supervisor to get approval for the family’s proposed plan of having Max stay with Grandma for the time being. The plan agreed upon included details about Max’s contact with his parents and Grandma’s responsibility if worries arose. That day, Richard, Yvonne and Alice worked together to make the transition for Max go smoothly. One of the most important things they did was make sure Max knew he had his parents’ permission to go and they were in agreement with the plan.

**Follow-up phone calls**

Working in partnership means staying in close contact with parents, especially right after their child(ren) has/have left home under the guidance of the CPA. It is important to check in with them to see how they are doing, to listen to what they have to say, and to answer any questions they may have.

Since the previous day, the context was completely different for Max’s and Amy’s parents because two children had left their home. They did not know how things would develop or when their children would return home. Before Alice could expect them to listen to her, she first needed to listen to them and answer their questions to the extent she could.

Alice explained again that she wished to involve everyone, including the children. She explained roughly what a conversation with Max would involve, what would be done with the information, and how she intended to provide Yvonne and Richard with feedback following that conversation.
Alice talked to them about how important it was for them to give Max permission to talk to her, both for Max to be comfortable having the conversation and for Alice to be confident that she could trust what Max had to say. She asked if they were willing to give Max their permission. When they agreed, Alice also discussed with them how Max would be prepared for the conversation and by whom. They worked out the details of where the conversation would take place and who would communicate the permission of parents to Max. If Richard and Yvonne had been unwilling to give their permission, Alice would have asked these types of questions to help them think through their hesitance:

- *Suppose I was to talk to Max, what would he tell me he enjoys most at home with you? What would he say worries him the most? What does he definitely not like at home?*
- *What do you most worry could happen if I was to talk to Max?*
- *Together we are going to work on creating a plan so the children can be safely at home again. In order to achieve this, it is necessary that we talk to everyone, including Max. If you tell me that this is not yet possible, it will mean that we can’t move forward with creating the details of the safety plan. What are your thoughts about that?*
- *I understand that you are anxious about us talking to Max. What can we do to make you less anxious?*
- *What might be helpful about you allowing me to talk to Max?*
- *Who do you think is the best person to tell Max that I want to talk to him about how he thinks things are going at home?*
- *Where do you think Max would feel most comfortable to talk to me?*
- *Are there any other important things about Max that I should know before I talk with him?*

During the follow-up phone call with Yvonne and Richard, Alice let them know that a critical next step was to schedule a first safety network meeting. They discussed logistics. Parents should always be given as much say as possible over the timing and location of safety network meetings, with due regard for the availability of the worker. This improves the chances that the family will feel as safe as possible to openly discuss the issues with their support system when the time comes. An initial safety network meeting should not be held without the parents and social worker both present. Alice asked Richard and Yvonne these questions during the discussion to determine the timing and location of the first safety network meeting:

- *In which location would Max feel most comfortable to have a conversation with you, me, and the other people important to your family?*
- *What would be the most comfortable location for you?*
- *Would someone on the list possibly have a problem with this location?*
- *Are there any other people we should take into account when we choose the location for the network meeting?*
- *What time of day works best for the people you’d like to invite?*
A tentative date and time for the first safety network meeting was agreed upon between Alice and the parents. As Alice continued to work with parents to finalize arrangements for the meeting, she considered practical issues like whether there was sufficient space for everyone to sit down, the availability of wall or window space on which to stick large paper for mapping, and the ability to offer coffee/tea or other refreshments.

In addition to creating a partnership with parents, social workers must also create a partnership with other people in the network who are important to families and children. To that end, Alice informed Max’s parents that she would be making telephone contact with Grandma to see how she and Max were doing. By seeking contact with Grandma, giving her the opportunity to relate how things were going, and complimenting Grandma on her willingness to help the family, Alice recognized and supported her contribution to Max’s safety. Alice was careful to avoid discussing any issues with Grandma that had not been discussed with Richard and Yvonne. By being transparent with Grandma and only talking about what had been discussed and agreed upon with the parents, Alice developed trust with the family.

**Planning for child involvement**

Alice worked together with Grandma to identify the timing for a conversation between Max and Alice. She immediately informed Yvonne and Richard of the details knowing it was vital to make sure everyone had the same information. This promoted transparency and furthered trust between the CPA, the family and the network.

**Mapping**

Once immediate safety of the children is secured and connections are established with the parents and initial network members, it is a good time for the social worker to take a step back and evaluate what has been learned thus far by drafting the first version of the Signs of Safety Risk Assessment Map.

To get clarity about what she already knew and what her next questions would be, Alice filled in the first two columns of the map with the information she had gathered and her initial observations. This helped her to see more clearly the next steps and corresponding questions she wanted to ask. If Alice had been too overwhelmed to get a clear overview on her own, she would have asked a colleague or supervisor to walk through the map with her by asking her questions. Alice thought through the following questions as she created the draft map:

- *What did I see in, or hear from, the family that reassures me of the children’s safety? What did I see or hear that makes me less concerned now compared with when we started?*
- *What did I see or hear that makes me concerned for the safety of the children in this family?*
- *What did I see or hear that increased my concern about the children’s safety even more than*
I was when I first got the referral?

- What do I already know about the network that reduces my concern? What increases my concern?
- What remaining questions do I have about the network? To whom shall I direct these questions?
- What remaining questions do I have about parents’ behaviors related to the children’s past and future safety? To whom shall I direct these questions?

Create an initial map with parents

As quickly as possible in the initial stages of a child protection intervention, it is important to engage parents in a conversation to map out the concerns and strengths and to begin inquiring about their main safety goals for their children. With the first draft as a reference, the social worker can start by mapping the strengths and concerns from the parents’ perspectives on a clean three-column map.

It is common to see resistance and anger from parents during this phase of the CPA’s involvement. Parents often feel somewhat powerless when the CPA has established a role in their lives. It is important to respect these reactions as normal and to give parents space and time to experience and process their reactions. Social workers should be careful not to contradict parents’ feelings or minimize what they are experiencing. At the same time, child protection workers must have clear limits around parents’ expressions of anger, frustration or other emotions whenever they begin to compromise the safety of the worker.

As long as it was safe for her to continue processing their feelings of anger and resistance, Alice stayed in the conversation with Richard and Yvonne and continued to ask questions to get a clear understanding of what they were experiencing. This created an opportunity for Yvonne and Richard to feel heard and understood, which is often all that is needed to ease the strong feelings of parents in situations like theirs. Alice demonstrated her commitment to come alongside them in partnership by working with them to identify steps that she could take to help them feel a bit more okay about the CPA’s involvement. Alice asked the following kinds of questions:

- It’s really important that I hear what you have to say and I’m having trouble hearing you when you are screaming. Based on what I can hear, it sounds like you are feeling very much overruled. How could I or the CPA work with you differently to help ease that feeling?
- Has there been a situation in the past when you felt similarly? What did you or other people do to help you cope?
- Ask the other parent: Is it common that your partner gets this angry when he thinks something is not fair? How do you deal with this in a way that is helpful? Would it be good to do that now?
- I can see you are very angry. What did I say or do that has made you this angry? How can we deal with this now in a way that will be helpful?
• What can I do differently so that you gain confidence that I want to work with you, not against you?
• I understand you’re angry because we took the children away from home. If that happened to me and I disagreed with it, I would be very angry too. But I also know that if we make a plan together, the children will be back when it is safe enough. Are you ready to work with us on this? If not, what might it take for you to be ready?

Together with Richard and Yvonne, Alice walked through the mapping conversation and wrote down their descriptions of the situation in each column. Throughout the discussion, Alice only asked questions and was careful to keep her opinions to herself. She used different types of questions to gather pertinent information that she knew would be vital to the next phase in the development of her partnership with Richard and Yvonne. The types of questions Alice posed included:

1. Relationship (or perspective) questions—to help Mom and Dad reflect on the worries and strengths from other points of view, while stepping around areas of “denial”.
2. Exception questions—to identify strengths that would lead to more safety for Max and Amy.
3. Miracle (or preferred future) questions—to help the parents identify their best hopes (safety goals) for their children in light of the current situation.

Throughout the mapping conversation, Alice followed the EARS questioning structure (elicit, amplify, reflect, start over) (DeJong and Berg, 2008) to guide Max’s and Amy’s parents through a deeper reflection, while digging for behavioral details within each column of the map. Alice carefully noted Richard’s and Yvonne’s exact words and checked with them frequently for accuracy.

Later in the process, Alice integrated the parents’ perspectives with other perspectives including the kids’, safety network members’ and involved professionals’ to formulate the map that guided her work with the family through case closure: the Risk Assessment Map. She included key information about how others described the family’s situation, including:

• strengths and safety factors that had been observed within the family and the system
• concerns for the children considering everything they knew about what had happened and about the family’s history
• best hopes they were each holding for the children related to the worries.

During this conversation and in all conversations with parents, social workers should continue to keep them informed of next steps while seeking their input as much as possible. Next steps may include dates for conversations with the child, safety network meetings, and any other important events.
Three Houses—Mapping with Children

According to Andrew Turnell, a considerable amount of research shows children and teenagers who have been involved in the child protection system consistently say they felt like "pawns in big people's games" and have little say or choice in what happens to them (Turnell, 2012, p.27 & Turnell, 2010, p. 3). Because of this, it is critical that CPAs strive constantly to elicit the children’s voices throughout the work. Keeping this in mind, when social workers using the Signs of Safety approach talk to children, they often use a child-friendly version of the three-columns map. The most commonly used, child-friendly adaptation of the map was developed by Nicki Weld and Maggie Greening in New Zealand. Nicki calls her mapping tool the “Three Houses". There are many other adaptations that have been created over the years to capture children’s voices and give them an opportunity to be heard by the adults.

‘Three Houses’ Child Protection Risk Assessment Tool to use with Children and Young People

![Three Houses Map](image)

Figure 8: Three Houses Child Protection Risk Assessment Tool

It can often be intimidating and scary for children to meet with adults they may not know well, or at all, especially when their parents are not present. It is important to build rapport with children before diving into more serious conversations about their family. Social workers might start by positioning children as experts about the location where they are meeting by asking questions about the school, house or other location where the conversation is taking place. When children seem comfortable enough and the social worker has a sense for their capacities, the conversation can transition into the child-friendly mapping. One of the key Signs of Safety practice principles is offering choices whenever possible, and this applies as much to children as anyone else (Turnell and Edwards, 1999). It might be as simple as letting children choose which column (or house) they want to focus on first. It might also mean letting children set the tone, pace and direction of the conversation as it progresses.
EXERCISE #2: Max and Amy Case

Based on what you know so far about the case with Max and Amy, draft 5–7 questions for each house you would want to ask if you were preparing to talk with Max using the Three Houses tool.
Before beginning to draw or write, it is important that social workers explain their role, the purpose of the meeting, and the importance that everyone involved understands the children’s thoughts and feelings about what has happened and what should happen going forward. They could do so by saying something like this:

*Hi. My name is _____ and I work with families where people are worried about the kids. My job is to help everyone get the worries sorted out. I get to talk to lots of kids. Since lots of kids like to draw and write, one of the ways I like to talk to kids is to do what we call the Three Houses.*

Alice involved Richard and Yvonne in deciding where and when she would talk to Max. Together they decided that she would meet him at school. During her meeting with Max, Alice asked some of these questions:

- *Hi, Max. I’m Alice. What a lovely school you have here. This classroom is also very nice. Is this your classroom? Is there anything hanging on the walls that you’ve made? Which is your desk? Where do you think is the best place to sit?*
- *Your Mom, Grandma and I decided it would be best for me to come here today to talk and draw with you. We all agreed that you can tell me how you are doing. Did your Mom or Grandma tell you anything about my visit?*
- *I work for a big organization called the Child Protection Agency and we work with parents and children. This means that we also talk to children and that is why I am here with you today. I know from your Mom, Daddy Richard and your Grandma that you are staying with your Grandma right now and that Amy is in hospital. Mom tells me that you sleep well at your Grandma’s house. What else do you like about being at Grandma’s?*
- *One of the ways I like to talk with kids is by drawing houses together. I have three pieces of paper which we can use to write things down and make drawings. One of the houses will be for the things that are good and the things you like about your family. Another house will be for the things that make you worried, sad or angry. The third house will be for the things that you want to be different. Is that OK?*
- *When you are at Mom and Daddy Richard’s home, what do you like? Oh yes, I can imagine that. Do you want to draw that in the House of Good Things? What else?*
- *Now that you’ve talked with me a little bit about what’s in your House of Good Things, is it okay if we talk a bit about the things that make you worried, sad or angry? What do you want to write down or draw about that? You just wrote that you don’t like it when Mom and Daddy Richard fight and start screaming. What worries you the most when Mom and Daddy Richard fight? Tell me about the last time something like this happened. What were you doing when they were fighting? What was that like for you?*
- *You tell me that you are sometimes afraid of Daddy Richard. When you’re not afraid of him, what are the things you do with him that you like?*
EXERCISE #2: Your Case

Think about a child with whom you need to meet and may consider using the Three Houses tool. Draft 5–7 questions for each house that you plan to ask as you talk with the child.

During a Three Houses conversation with children, it is critical to get their permission to share the Three Houses. This may not always come easily since children can be scared or unsure how their parents may react to what they have shared. Social workers may need to ask children follow-up questions to assess the level of safety in sharing the information and to make decisions on how to proceed. Questions may include:

- What worries you most about sharing the Three Houses with your Mommy and Daddy?
- What could be good about sharing the Three Houses with your Mommy and Daddy?
- What parts of the Three Houses could we share?
- What would need to happen to make it okay for Mommy and Daddy to see the Three Houses?
- Who would you be okay sharing the Three Houses with?

It is imperative that social workers keep in mind that sharing the Three Houses with parents can be a sensitive moment for them. An attitude demonstrating humility and respect is always important, especially during this conversation. It is possible that the social worker may have learned things about the child that the parents do not yet know. When parents read their children’s words and see their drawings, it can be very confrontational for them and they may need time to process their emotions. There are many possible ways of sharing the children’s Three Houses with their parents. Some possibilities are to:

1. first ask parents what they think their children may have shared in each house
2. have parents review the houses before asking any questions
3. explain what was asked and how the houses developed.

It can be helpful to give parents compliments on their children by pointing out what you liked about them or what they did particularly well.

Alice asked Yvonne and Richard to come to her office for a meeting where she shared Max’s Three Houses.
CASE EXAMPLE: Max’s Three Houses

Below is the Three Houses map Max created in Dutch that was shared with Richard and Yvonne when Alice met with them. The English translation is provided below the image.

**Figure 9: Max’s Three Houses**

<table>
<thead>
<tr>
<th>House of Sad Things</th>
<th>House of Good/Nice Things</th>
<th>House of Dreams</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When Mama and Richard yelling</td>
<td>• Mama is often sweet/lovely</td>
<td>• Having a cozy time</td>
</tr>
<tr>
<td>• When I’m afraid</td>
<td>• Play soccer with Richard</td>
<td>• No quarrels</td>
</tr>
<tr>
<td>• When Richard grabs me and drags me on my arm</td>
<td>• Amy is sweet</td>
<td>• On the couch together playing games</td>
</tr>
<tr>
<td>• When Mama scold me</td>
<td>• Reading together with Mama</td>
<td>• Mama, Max and Amy are living together and when Richard behaves are okay and gentle he too</td>
</tr>
<tr>
<td>• When I hide under bed after a nightmare</td>
<td>• Playing with my dinos</td>
<td>• Never being afraid again</td>
</tr>
</tbody>
</table>
After explaining what she did, Alice asked some of the following questions:

- **When we last met we agreed I would use the Three Houses to hear from Max. As we discussed, Max and I created a house of good things, a house of worries, and a house of dreams. Has Max told you anything about the work we did?**
- **Shall I show you the drawings first, then we can talk about them?**
- **What are your first reactions to what Max said?**
- **What surprises you the least about what Max said?**
- **What surprises you the most about what Max wrote or drew?**
- **What is it like for you to see Max’s Three Houses?**
- **What questions do you have as you look at what Max shared?**
- **He also has his own ideas about how he would want things to be. What do you think is good about his ideas? What worries you about his ideas?**

Another crucial time to re-assess the level of safety for children is during the conversation about what their child shared. Depending on parents’ reactions, a social worker may need to have further discussion with them to address the social worker’s increased worry and help parents think through a plan to give the worker confidence the children will remain safe. Alice asked some of the following questions of Richard and Yvonne:

- **I can see how hard it is for you to realize that Max is so afraid at home. I imagine it might make you feel a little defensive to know he has shared this with me. This may be difficult to hear, but I’m a bit worried about how things might go when you first see Max again. What do you think your response will be to Max next time you see him now that you know what he has shared?**
- **You know him the best, how would he feel knowing that you saw his houses? What do you think he might be worrying about? What do you think Max needs from you now to feel okay when he first sees you?**
- **Who might be a reliable safety person for Max the next time you meet so that you can talk about the Three Houses in a way where Max will feel okay?**

Alice was able to re-assess the level of physical and emotional safety for Max based on Richard’s and Yvonne’s responses.

Before moving into the analysis phase of the action-learning cycle, Alice made sure that she had gathered each person’s perspective about past harm and existing safety. Toward the end of the gather information phase, Alice integrated the perspectives into formal statements for the elements of harm and existing safety on the Signs of Safety Risk Assessment Map.
Harm Statements

Harm statements capture the details of what happened that led to the CPA becoming involved with the family. In cases with disputed facts, it is important that practitioners include all perspectives within the description of harm. This helps avoid being caught in a “denial” dispute and honors the caregivers’ positions, without compromising the perspective of the CPA or other professionals.

When getting clear about harm, the frequency, severity and impact on the child(ren) of the incident(s) should always be considered. Harm statements should capture:

- what happened to the child(ren) - what the parent did or did not do that caused harm or could have led to harm
- how the incident(s) affected the child(ren) - the negative physical and emotional effects.

Statements of Existing Safety

What sets Signs of Safety apart from other risk assessment models, is the attention paid to what is already working to keep children safe. Since very few children are maltreated 24 hours a day, 7 days a week, there are almost always Signs of Safety if practitioners learn to look for them as diligently as they have traditionally looked for problems. Statements of existing safety capture the details of what has happened or is happening to protect the children when the harm could have occurred. Existing safety is the most critical element in the “What’s working well?” column. The other element in this column is strengths. Existing safety is a strength that demonstrates protection, related to the worries, over time (McPherson, Macnamara and Hemsworth, 1997). Strengths are good things happening within the family that make life better in general. Recognizing and asking questions about strengths often helps build a partnership with the family during the initial stages of the work. In order to differentiate between strengths and existing safety, practitioners need to ask lots of questions to uncover the details, including:

- what happened to keep the child(ren) safe - who did what, when and how
- how it affected the child(ren) - the positive physical and emotional effects.

EXERCISE #3: Max and Amy Case

Draft harm statements and statements of existing safety for the Max and Amy case based upon what you know so far. Write them in the space provided:
Below are the initial harm statements and statements of existing safety, created by Alice from the information she gathered during the investigative interviews, for the case with Max and Amy.

**CASE EXAMPLE: Harm Statements**

Baby Amy, 4.5 months old, was brought to the hospital by Yvonne and Richard when they noticed that something was wrong with her. The doctors found blood behind Amy’s eyes. Yvonne said she comforted Amy too much. Doctors say someone must have shaken Amy to cause the blood behind her eyes. Yvonne and Richard say they were the only ones who had been caring for Amy during the time the doctors say her injuries must have happened. Richard is worried about Yvonne’s temper. She gets annoyed fast and acts furious to him and the kids.

The teacher has seen several blue spots on Max’s back and arms the past month and this is unusual for him. Max said that he sometimes feels afraid at home, that the blue spots happened there and they did not happen by accident. Richard said that Max did not get the blue spots at home. Yvonne is worried about the way Richard interacts with Max. Richard drinks a lot of alcohol regularly and then he shouts at Max and treats him hard.

There are three recent reports by the police of domestic violence which say that Yvonne has hit Richard and Richard is verbally aggressive and throws stuff. Max told the teacher that he is scared sometimes when there are fights at home between Richard and Yvonne.

**CASE EXAMPLE: Statements of Existing Safety**

The neighbor supported the family by taking care of Max when Amy was brought to the hospital.

The children can live with Grandma while the worries are sorted out. They feel safe with Grandma, and Grandma has always been able to stay calm when Amy cries a lot.

Max can stay with his paternal Granddad whenever his caregiver needs a break or needs support. Granddad has a close relationship with Max, while Max says that he is safe with Granddad.

**EXERCISE #3: Your Case**

Draft harm statements and statements of existing safety for one of your own cases.

**CASE EXAMPLE: Initial Risk Assessment and Planning Framework**

Below is the Initial Risk Assessment and Planning Framework that was created with Richard and Yvonne.
<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is going well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Harm statements:</strong></td>
<td><strong>Strengths:</strong></td>
<td><strong>Bottom lines:</strong></td>
</tr>
<tr>
<td>• Baby Amy, 4.5 months old, was brought to the hospital by Yvonne and Richard when they noticed that something was wrong with her. The doctors found blood behind Amy’s eyes. Yvonne said she comforted Amy too much. Doctors say someone must have shaken Amy to cause the blood behind her eyes. Yvonne and Richard say they were the only ones who had been caring for Amy during the time the doctors say her injuries must have happened. Richard is worried about Yvonne’s temper. She gets annoyed fast and acts furious to him and the kids.</td>
<td>• Mother works part-time as a cleaning lady (social participation, contact).</td>
<td>• Parents are not allowed to be alone with the children, at least until the first safety plan is developed.</td>
</tr>
<tr>
<td>• The teacher has seen several blue spots on Max’s back and arms the past month and this is unusual for him. Max said that he sometimes feels afraid at home, that the blue spots happened there and they did not happen by accident. Richard said that Max did not get the blue spots at home. Yvonne is worried about the way Richard interacts with Max. Richard drinks a lot of alcohol regularly and then he shouts at</td>
<td>• The teacher and pediatrician say the children look well taken care of.</td>
<td>• During visits with the children, Richard will always be sober.</td>
</tr>
<tr>
<td></td>
<td>• Yvonne is active at Max’s school.</td>
<td>• Grandma is always allowed to end the visit if that will be better for the children.</td>
</tr>
<tr>
<td></td>
<td>• Richard and Yvonne have told Grandma and Willem about what happened to Amy.</td>
<td>• Next steps:</td>
</tr>
<tr>
<td></td>
<td>• Parents are willing to work with BJZ and with other organizations, when necessary.</td>
<td>• Amy and Max stay with Grandma.</td>
</tr>
<tr>
<td></td>
<td>• Max has friends at school.</td>
<td>• Yvonne can come for a visit whenever she wants if it works for Grandma to supervise the visit.</td>
</tr>
<tr>
<td></td>
<td>• Until a couple of months ago there were no worries at school about Max’s well-being.</td>
<td>• Richard can come for a visit too, if Grandma can supervise.</td>
</tr>
<tr>
<td></td>
<td>• Parents want Max to have a good relationship with Frits, his father, and paternal relatives.</td>
<td></td>
</tr>
</tbody>
</table>
Max and treats him hard.

- There are three recent reports by the police of domestic violence which say that Yvonne has hit Richard and that Richard is verbally aggressive and throws stuff. Max told the teacher that he is scared sometimes when there are fights at home between Richard and Yvonne.

**Complicating factors:**

- Yvonne has been diagnosed with bipolar disorder, which means she has mood swings and can be impulsive.
- Richard is currently unemployed and this is causing financial problems.

**Existing safety:**

- The neighbor supported the family by taking care of Max when Amy was brought to the hospital.
- The children can live with Grandma while the worries are sorted out. They feel safe with Grandma, and Grandma has always been able to stay calm when Amy cries a lot.
- Max can stay with his paternal Granddad whenever his caregiver needs a break or needs support. Paternal Granddad has a close relationship with Max, and Max says that he is safe with Granddad.

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 means it is so unsafe for the children that they must be placed into care.</td>
<td>10 means that everybody involved knows the child is safe enough so BIZ can close the case.</td>
</tr>
</tbody>
</table>

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_Figure 10: Initial Signs of Safety Map for Max’s and Amy’s Family—July 21, 2013_
Chapter 5

Analysis

Often in child protection organizations, there is a constant drive to gather more and more detailed information in an effort to “build a case” or “avoid missing something”. Child protection workers frequently find themselves drowning in information including police reports, medical records, school records, psychological reports, parenting assessments, and the list goes on. When they do not know what else to do, they ask for another assessment or another service. Practitioners often find themselves stuck in the first phase of the action-learning cycle. In order for families and child protection organizations to move forward toward lasting safety, they must progress as quickly as possible from information gathering to analysis, the second phase of the action-learning cycle. This phase of the process is critical but often missed altogether because social workers, agencies and even families jump into safety planning or service planning before they have taken time to analyze where they are and where they are headed. In order for safety plans to be successful, they must be based on the worries that are keeping the CPA involved (danger statements) and the vision for future safety that will get the CPA out for good (safety goals).

Danger Statements

As noted previously, harm statements describe what has already happened in the past, including the most recent incident as well as past incidents related to the same concerning situations. Danger statements describe what could happen in the future, based on the pattern of past harm and complicating factors.

Danger statements answer three critical questions:

• Who is worried about the children?
• What behaviors of the caregiver (what they will do or not do) are they worried might happen?
• What is the possible negative impact on the children?
Danger statements need to capture the collective worst fears for the children, informed by the pattern of past harm, if things do not change. In most situations there would be one danger statement for each type of harm or potential harm.

![Figure 11: Constructing a Danger Statement](image)

**Safety Goals**

While danger statements describe the collective worst fears for the children if things do not change, the safety goals describe what needs to be achieved to address the danger. Safety goals can often be developed from the identified best hopes of the family and network for the children. One safety goal is developed for each danger statement.

Safety goals describe what the CPA needs to see in order to know that the child is safe and that the case can close. Safety goals must capture the realistic expectations of what needs to happen in the care of the child to address the danger, described as actual caregiver behaviors. Therefore, safety goals are what parents or other caregivers will do differently when caring for the children to ensure safety related to the danger. The safety goals are not interventions or services. Interventions and services are a possible means to the end, but they are not the goal, in and of themselves. One huge challenge in defining safety goals is that practitioners often struggle to stay away from defining how the children will be kept safe. This gets into creating the safety plan which is ultimately the family’s job. The process of developing lasting, family-driven safety plans will be explored in more depth later.

As with danger statements, safety goals answer three critical questions:

- What is the goal or “end game”?
- What needs to happen differently in the care of the children related to the danger (the protective behaviors of the caregivers)?
- What is the anticipated positive impact for the children?
Subtleties to writing danger statements and safety goals

Within the Signs of Safety approach, social workers must remain safety-focused AND relationship-grounded. When they do both well, families are more likely to be engaged, rather than alienated, by their approach. When parents are invested in the work being done, there is greater likelihood of sustainable change. Here is a list of considerations that may help ensure both a focus on safety and strong engagement with families while danger statements and safety goals are created:

- Use clear, simple and family-friendly language; avoid professional jargon.
- Capture the seriousness of the worry (danger).
- Capture a clear vision of child safety (safety goal).
- Include behavioral detail.
- Stay based on facts and/or research.
- Develop with family input.
- Convey compassion.

Process to arrive at co-created danger statements and safety goals

The most important part of creating danger statements and safety goals is that the family is involved in the process. How that is done will be dependent on the timing and comfort level of the social worker. Figure 13 shows flowcharts that portray different ways of working with families to create the statements.

Danger statements and safety goals generally do not change once they are solidified with the family. These statements are recorded in the ongoing Risk Assessment Map and can be transferred from one social worker to another, or shared by multiple social workers involved with the same family. Occasionally, changes to the danger statements and safety goals may be necessary when:
Consultation with Supervisor
BJZ never wants social workers making critical decisions alone. It is important that organizations have a policy about which decisions a social worker cannot make alone. Decisions made about the safety of children are difficult and have a big impact on the lives of children and their families. Relying on the opinion of one individual social worker can have huge ramifications not only for the family, but also for the social worker and the agency as a whole. Sound decision making depends upon thorough analysis, which is best accomplished through a team approach. At a minimum, the supervisor should always be consulted regarding significant decisions. When decisions are made by the organization rather than by individuals, children, families and social workers are better protected. At BJZ, decisions that social workers cannot make alone include:

- removal
- reunification
- screening decisions
- approval of a proposed safety plan.
Alice knew it was important that she talk with her supervisor about her assessment of Max’s and Amy’s safety and what would need to happen in order for them both to be confident the children were safe long-term. When Alice met with her supervisor she brought the current map. This gave the supervisor an opportunity to review the information and allowed her to ask questions to understand better Alice’s assessment of the situation. Alice’s supervisor paid special attention to the things that were going well for the family and to Alice’s actions that had led to the development of a partnership with the family and network. The supervisor asked solution-focused questions about the details of the case to raise Alice’s level of conscious competence. Alice’s supervisor asked questions like these:

- What are some of the things you have seen or heard Richard and Yvonne do that have kept Max and Amy safe in the past? What else?
- Based on what you currently know, what are you most worried about for Max and Amy in the future?
- What information do you think is still missing? What questions could be asked to gather information about ___? Who do you think can best answer these questions?

To help Alice think her way into and through what needed to be included in the safety goals, her supervisor asked questions like:

- What would Yvonne say are her best hopes for what Max and Amy would learn from watching her and Richard deal more positively with disagreements?
- What do you need to see from Richard when he is caring for Max to know that Max will be safe with him?
- What would you need to see from Yvonne to feel confident that she is managing her temper and can keep the kids safe?
- What are your best hopes for the way Yvonne and Richard would be able to manage their frustrations around the kids in the future? What difference do you think this would make for the kids?

During the consultation, Alice and her supervisor answered scaling questions to help assess Alice’s readiness to work with the family:

- On a scale from 0–10, where 10 means you know enough to have a safety network meeting and 0 means there is vital information you need to gather before you can hold a safety network meeting, where would you rate it?
- On a scale from 0–10, where 10 means this is the least worrisome case you’ve ever had and 0 means this is the most worrying case you’ve ever had, where would you rate it? What brings your number up to a ___? What else? What does it mean to you to work on this case with a score of ___? What do you need in order to feel like you can move forward in the work on this case?
Because of the seriousness of the case, they agreed to involve the team in thinking through the danger statements and safety goals. A portion of this interaction was depicted in the video.

**EXTENDED LEARNING: Group Supervision**

Group supervision provides an opportunity for social workers to discuss cases, practice skills, and learn from each other. It is often helpful to start group supervision by sharing good practice. This can be done by having a social worker share about a case in which something went well. The social worker is asked questions through the Appreciative Inquiry process (Cooperrider, 1987). The questions are aimed at extracting all the details of the things that went well and allowing the social worker the opportunity to reflect on the difference that was made for themselves, the family, and any others involved. This process creates a learning environment where reflective practice can grow the capacity of the social worker who is sharing and the team members who are observing. It slows the social worker down so he/she can think through what actually worked in a particularly difficult situation and stake a claim for his/her good practice.

- *When you think about your work with ____, what are you pleased with?*
- *What went well in your work with ____?*
- *What are you proud of in your work with ____?*
- *What did you personally do so that it went well?*
  - *If I were in the room when ____ was happening, what would I have seen you doing?*
  - *What would I have heard you saying?*
  - *What would I have noticed in ____ after you did these things that indicated that it was helpful?*
- *What would Mom/Dad/child say you did well?*
- *What would ____ say you did that helped them most?*
- *When you think about all the work with ____, what would ____ say made a difference for them?*
- *What are the biggest lessons you are learning from this piece of work?*

The appreciative inquiry process allows the observers to learn vicariously and consider how they might apply the learning to their own work. At the conclusion of the appreciative inquiry, it is important always to take time to honor the worker who shared by asking the observers a question like:
• What impresses you the most about the work that ___ shared?
• What learning are you taking from what ___ shared that will help you in your work with families?
• What is the most important thing you learned from listening to ___ that you want to try in your work with families?

During group supervision, social workers often bring cases forward for consultation. Often the focus is on the process the worker will go through with the family rather than case content. Questions about which the worker may want to consult include:

• How can I create a better partnership with these parents?
• How can I best discuss our concerns with the parents?
• How can I get the parents on board with the idea of involving a network?
• What are the agency's bottom lines related to this case?
• Is there enough safety for the children to return home?

In group supervision, the facilitator can lead a process, guided by the three columns, to tap into the collective wisdom of an entire team to support their colleague who is raising a question or bringing forward a struggle. This positions each person as a member of a team that together shares responsibility for the quality of work being done by the agency. It removes any identification of one person as the "expert" and honors the knowledge of each member of the team. Amongst other things, the team may generate a list of questions so the worker can bring to the family clear agency bottom lines for the safety planning process and/or ideas about how to word the danger statements (as you see in the group supervision portrayed in the video) and safety goals, if they have not already been established. Some questions that may be asked during group supervision include:

• What would you like to talk about today so that this will be a useful meeting for you?
• What do we know from scientific research about the impact on a child from a mother who struggles with healthy relationships?
• On a scale from 0 to 10, where 10 means you are satisfied about the partnership you have built with the parents and 0 means there is no partnership, where would you rate it?
  • What brings your number up that far?
  • What number would Mom (Dad) rate it? What brings their number up to that point?
• What do you think the teacher (or Grandma, or the judge, or the police, or the neighbor) would say needs to change to resolve their worries?
• When you close your eyes and you think about the worst thing that could realistically happen to these kids if things don’t change, what is it? What are you most worried might happen? How well does the danger statement capture your worst fears?
• Which words do you think the parents would understand best so that your danger statement is crystal clear to them?
• If there was a safety plan that covered all the worries described in your danger statements, would you be ready to close the case?

During group supervision, the Signs of Safety approach is modeled through a parallel process by using three columns mapping to think through issues. The supervisor should model the practice principles during their interactions with social workers in the same way they want social workers to interact with service recipients. Throughout group supervision, it is important that everyone, including the supervisor and social workers, always listen with an appreciative ear. This means turning their attention to things that are going well, instead of the worries or problems.

Together, Alice, her supervisor and the team drafted danger statements and safety goals, as well as questions that could be asked of the family and/or network to refine them. From Alice’s initial conversations with Yvonne and Richard, she learned something about what they wanted to be different for their family as they all worked together to move forward. Alice learned the following about Richard’s and Yvonne’s goals for their family:

• Richard and Yvonne want to raise the children themselves at their home.
• They want to give the children a safe home.
• Richard and Yvonne want to fight less, especially when the children are present.

As seen in the video, Alice, her supervisor and the team created the first draft of danger statements and safety goals incorporating, as much as possible, Richard’s and Yvonne’s ideas with their own.

Involving parents
Although it is preferable for parents to share the CPA’s worries, it is not required for the safety planning process to move forward. However, it is imperative that parents fully understand the CPA’s worries. The level of understanding and agreement about the danger statements
will generally correlate with the level of engagement in developing the safety plan. Shared investment in safety goals is much more critical. When parents are fully invested in the safety goals, the CPA can have much more confidence they will remain motivated to keep the kids safe after the case closes. Sometimes parents express concern that the involvement of the CPA is causing more damage to their children. When the CPA takes these concerns seriously, it provides the opportunity to build partnership with the family toward the goal of ending the CPA’s involvement by achieving adequate safety for the children.

Alice took the draft danger statements and safety goals to Richard and Yvonne to review and finalize. She wanted to make sure they were written in language the family could understand. Furthermore, Alice wanted to establish as much clarity and investment with Richard and Yvonne as possible. During the discussion, Richard was a little hesitant about the wording and did not fully agree with what BJZ’s worries included, so Alice asked questions like these:

- Can you accept the words we have used to describe the concerns for the future? Which example would be most appropriate for us to mention to make the description even clearer?
- What words would you want to use so that it makes more sense for you and still conveys how worried we all are?
- My supervisor is deeply concerned. How can I convince her that you are going to work with us to build more safety for the children? Which words should we use?
- What other worries do you have for your children that would be helpful for us to talk about?
- If this safety goal were to be achieved, who in your social circle might still have concerns?
- If this safety goal were to be achieved, what difference would that make for Max, especially in how he feels about his safety?
- On a scale from 0 to 10, where 10 means your network would fully understand the safety goals as they are written and 0 means your network wouldn’t be able to make any sense of the safety goals we have written, where would you rate it?

**EXERCISE #4: Max and Amy Case:**

Draft danger statements and safety goals based on what you saw in the video and write them in the space below.
Below are the revised danger statements and safety goals agreed upon by Alice, Richard and Yvonne.

**CASE EXAMPLE: Danger Statements**

BJZ, Grandma and the pediatrician are worried that, if nothing changes in the home, especially about parents' stress, Richard's drinking and Yvonne's mood swings, further harsh treatment of Max and Amy may occur and either of them could be hurt, bruised or afraid of their Mom or Dad. We are especially worried about Amy. She is so small that she could die if she ends up with serious injuries like when she had blood behind her eyes.

Richard and Yvonne have said that it is sometimes really hard for them to get along because they deal with stress so differently. BJZ, the police, Grandma, Richard and Yvonne are worried that Max, and Amy in the future, may grow up feeling afraid and could even get hurt if they are caught in the middle of a big fight between Yvonne and Richard.

**CASE EXAMPLE: Safety Goals**

BJZ knows that Richard and Yvonne love Max and Amy and want to give them a safe home. For this to happen, BJZ needs to know that Richard, Yvonne and their support system will work together to make sure Max and Amy are always looked after by a sober adult who can control himself/herself well enough to deal with the children in safe ways, even when feeling stressed or overwhelmed, so that the children feel secure, stay as healthy as possible and grow up knowing how to deal with stress.

BJZ will be able to close the case with the family when BJZ and the family’s network can see that Richard and Yvonne are able to work out their differences in calm enough ways, especially when Max and Amy are present, so the children will know they are safe with their parents, even during times of stress or disagreement.

**EXERCISE #4: Your Case**

Draft danger statements and safety goals in one of your own cases and bring them to the family to finalize them. After finalizing the danger statements and safety goals, reflect on the difference this process made in your work with the family.

**Words and Pictures (W&P) Explanation**

Creating a first draft

Often children who are involved with the CPA are left out of conversations. This can leave children
feeling confused, anxious and ashamed. Sometimes children may start to put their own story together based on things they have seen, overheard, or been told by adults in their lives. This story may not always be accurate and can leave children with more questions than answers.

When children have a clear, age-appropriate explanation about why they are not living at home or why social workers are visiting their family, it can benefit them, their family and the CPA in many ways. It can:

• help parents process what happened, including any shame they may be carrying as they go through the process of creating the explanation with the CPA
• connect parents to the experience of their children and help them see the impact for their kids
• settle the anxiety children often feel when things are unknown or unclear to them
• create openness and transparency for everyone
• ensure children receive more consistent messages when everyone is using common language to explain the situation to the children
• keep the focus of the work on the children
• invoke compassion in the worker for the children and the family
• ensure the children know both the CPA’s and their parents’ perspectives, especially in “denied” abuse cases.

Parents often worry about what will be included in the Words and Pictures Explanation or about being made out to look like a villain. Sometimes it helps for parents to see some examples of anonymized Words and Pictures Explanations that have been used in similar situations. Alice prepared for the home visit by copying a few examples of Words and Pictures Explanations to show Richard and Yvonne. After explaining the process, Alice asked Richard and Yvonne questions to help them think through what might be important about the Words and Pictures Explanation and what should be included:

• What questions do you think Max has in his head right now about the CPA’s involvement with your family?
• On a scale of 0–10, where 10 means it is vital and 0 means it is not important at all, where would you rate the importance of Max having answers to those questions?
• How would you want to explain those things to Max?
• What does Max already know about what happened to Amy? What else do you think he should know?
• What would you want Max to know about the steps you are taking to move forward?

Together, parents and social worker draft agreed upon words and pictures (stick figures) to answer four key questions (Turnell and Essex, 2006):
• Who is worried?
• What are they worried about?
• What happened then?
• What are we doing about it?

It is important that parents and the CPA agree about both the drawings and the text. Sometimes parents deny the explanation of a certain situation or their explanation differs from the one given by the social worker. In this situation, the Words and Pictures Explanation should reflect both versions while simultaneously protecting the child from any blame for the alleged abuse or for the CPA’s involvement with the family.

Supervision related to the Words and Pictures Explanation
At BJZ, supervisors share the responsibility for good practice by helping the worker (who was involved in creating the draft) to step back and take an objective look at what was created. Some of the things they consider are whether the explanation is an accurate account, whether it is written in child-friendly language, and whether it captures the seriousness of the CPA’s worries.

Alice wanted to make sure the CPA as a whole would support the explanation for Max, so she shared the draft with her supervisor. The supervisor was able to ask questions to help Alice think through areas she was unsure about and identify steps that needed to happen to finalize the Words and Pictures Explanation before sharing it with Max.

Refining the Words and Pictures Explanation with the parents
Alice went back to meet with Yvonne and Richard shortly after consulting with her supervisor to fine-tune the Words and Pictures Explanation. Richard, Yvonne and Alice thought through the questions developed with the supervisor and changed some of the language to make sure Max would understand the explanation. During this preparation, they considered questions Max may have had, even after the explanation was read, and discussed how they would have responded. Some of the questions Alice raised during this conversation included:

• What parts of the Words and Pictures Explanation are you most confident Max will understand?
• What parts of the Words and Pictures Explanation do you think could be most confusing for Max? How could we change those parts so he has a better chance of understanding?
• What sort of picture could we use in the second box to help Max understand what happened to get the CPA involved?
• What questions do you think Max might still have even after the Words and Pictures Explanation is read to him? How do you want to go about answering those questions?

Alice worked out details with Richard and Yvonne about who would make the pictures (parents, social worker or children). They agreed to draw pictures ahead of time but allow Max to
color them when the Words and Pictures Explanation was shared. Alice, Richard and Yvonne also discussed who would be present when the Words and Pictures Explanation was shared with Max. Even though Amy was an infant, Alice talked to Richard and Yvonne about having her present when the explanation was read. This set the stage for openness with Amy in the future about what happened. Alice, Richard and Yvonne agreed that Yvonne would read the story to Max and Amy. They also agreed that Grandma would be present to support Max, along with Yvonne and Richard.

**EXERCISE #5: Max and Amy Case:**

Draft a Words and Pictures Explanation for Max and Amy based on the information you have, including both the words and the pictures. (For advanced practitioners: As you work on your draft, if you find that critical information is missing, write down the questions you would want to ask and to whom you would ask them to gather the missing details.)
CASE EXAMPLE: Words and Pictures Explanation

Below is the Words and Pictures Explanation in Dutch that was shared with Max and Amy after they went to stay with Grandma. The English translation is provided below the image.

Figure 14: Words and Pictures Explanation for Max and Amy
<table>
<thead>
<tr>
<th>Who's worried?</th>
<th>What are they worried about?</th>
</tr>
</thead>
</table>
| Doctor, Teacher José, Alice of BJZ | Picture 1: Mom comforted Amy so firmly that Amy got a headache and big hurts. Amy had to go to the hospital.  
|                            | Picture 2: Daddy Richard punished Max so hard that Max got bruises and had to go to bed without having dinner. |
| What happened then?        | What are we doing about it?                                                                 |
| Amy stayed in the hospital and everyone agreed Max would go with Grandma to her house. | Mom and Daddy Richard are going to create a plan with good rules together with Grandma, Granddad, Uncle Willem, neighbor Nel, the police, and Alice and Lea from the CPA so Max and Amy can go home without anyone being worried that they will get hurt again. |

**EXERCISE #5: Your Case**

Draft a Words and Pictures Explanation for one of your own cases, including both the words and the pictures. As you work on your draft, if you find that critical information is missing, write down the questions you will ask and to whom you will ask them to gather the missing details.

**Sharing the Words and Pictures Explanation**

Yvonne, Richard, Grandma and Alice met with Max and Amy to present the finalized Words and Pictures Explanation. A decision was made in advance that everyone would meet at Grandma’s house where they thought Max would be most comfortable. Alice introduced the Words and Pictures Explanation to Max by telling him that all the adults thought it was important that he understood what had happened that led to Max and Amy staying with Grandma. Before Yvonne started to read the explanation, Alice explained to Max what he could do if he had questions or needed a break:

- *I have three cards with me that have traffic lights on them and you can use these when we read the Words and Pictures Explanation together. Green means that the explanation is clear and that you want to continue reading. Yellow means that you don’t understand something and you want to ask a question or that you need to take a break. Red means that you want to stop reading because you don’t want to hear it, because it frightens you or because it makes you angry or sad. Where shall we put the cards?* (Turnell and Essex, 2006).
Alice helped facilitate the process while Yvonne read the Words and Pictures Explanation to Max. Alice answered questions and gave Max the opportunity to help finish and color the drawings. After Yvonne finished reading the Words and Pictures Explanation, they all discussed who should get copies of the explanation. Max was asked some of the following questions:

- Who do you think should have a copy of your Words and Pictures?
- Who are the grown-ups that you will ask if you have questions about what is happening in your life?
- What do you think would be good about your teacher having a copy of your Words and Pictures?
- What worries you about your teacher having a copy of your Words and Pictures?

**Engaging the Safety Network**

**Preparation for the safety network meeting**

Preparing well for the network meeting can do a lot to ensure it is successful. It is critical for the social worker and family to think through the purpose and game plan for the meeting. The preparation can put parents more at ease and raise their confidence that the meeting will help them move toward the agreed safety goal. Having a clear purpose and game plan also helps the worker maintain focus while facilitating the meeting.

Topics often discussed in preparation with parents for the first safety network meeting include:

- the importance of involving a network
- the plan for the meeting
  - agency and family goals for the meeting
  - topics that will be covered
  - key questions for each topic
- facilitation of the meeting and strategies for managing possible issues
  - use of a neutral facilitator
  - mapping format
  - possible ground rules
- review of danger statements and safety goals
- how this first network meeting fits into the bigger process of safety planning (number and frequency of meetings)
- logistics for the meeting
  - Where do the parents and the children feel most comfortable to hold the meeting?
  - When is the best time for the meeting?
  - Who will invite the participants (preferably parents if possible)? What information will be shared with the invitees prior to the meeting?
Specifically regarding the questions of whether and how to involve the children in the safety network meetings, there are many considerations to make. First and foremost, everyone must think through the appropriateness and value of having the children present at the meeting. Age, attention span, ability to provide input, and possible benefits for the children are all important factors. If possible, children should be offered the opportunity to attend, since safety network meetings are about them. Their presence can help keep the focus of the meeting on the children. Sometimes professionals worry whether or not children will be able to cope when faced with all the concerns and dynamics of the meeting. On the other hand, it is clear that children are capable of making concerns bigger than they really are and often blame themselves when they are left in the dark. These dynamics may be exacerbated if they are needlessly excluded from safety network meetings. Involving them can help them get a more realistic picture of the situation, can validate their concerns, and can convey that they are not to blame. It is also helpful for children to see that there are people who know about the concerns and who want to help their family. Children who are part of the safety network meetings are often able to give valuable input into the safety plan.

If the decision is made to have the children present, it is important to identify a trusted person who will take responsibility for paying attention to, and responding, to the children’s needs during the meeting. This should be a person the children trust and in whom they are willing to confide.

Even if the decision is made to hold the meeting without the children present, it is important to bring their voice into the middle of the meeting in some other way. Possible strategies include sharing the Three Houses with the safety network, asking questions that get at the children’s perspective, and/or having a picture of the children visible during the meeting.

After preparing with parents, the social worker, facilitator and/or supervisor should think through final preparations. Key questions they may discuss include:

- What are the main goals for the family and social workers at this network meeting? What is their best hope?
- Do the social workers and the family already agree on the danger statements and safety goals or do we need to have further discussion about this during the safety network meeting?
- How well informed are those who have been invited to the safety network meeting (about the particular situation and role of the safety network)?
- Are there complicating factors we need to plan around or keep in mind while facilitating the meeting?
• Is the decision about whether and how to involve the child in the safety network meeting acceptable to the CPA and consistent with CPA policy?

As Alice was preparing with Richard and Yvonne for the first network meeting, she referred back to the genogram they had created during their first meeting together. This created another opportunity for the parents to think through who else should be in the network as well as for Alice to assess the current and potential strength of the network. Alice asked:

• Who have you managed to tell what happened since our first meeting?
  - How did you manage to tell _____?
  - What words did you use to explain what happened?
  - What was most helpful about telling them?
• Since we last met, who are the other people you have thought you might want to involve in the network?
• How would it be to also inform _____?
• Who in your network could help show the CPA your children would be safe if they came home?
  - What do you imagine _____ would do that would demonstrate safety?
  - And who else?
• If we asked Max, who would he say are the most important people to him?
  - What does _____ do that makes him important for Max?

At times, families struggle to identify people to whom they are naturally connected and who could be potential safety and support network members. This may be because they are reluctant to involve others, or because they genuinely do not have many people around them, or because they assume people will not want to be involved. While it is not the social worker’s job to find network people for families, it is his/her job to ask questions that help families identify others who can support them and work with them in creating and maintaining safety for their child. A useful tool to consider using to further develop the safety network is the “safety circles”, which were created by Susie Essex, a family therapist in England who has specialized in safety planning in high-risk child protection cases. More information about using the safety circles can be found in Working with ‘Denied’ Child Abuse: The Resolutions Approach (Turnell and Essex, 2006, p. 92).

When using the safety circles, it is important to keep in mind that the questions on the circles are just a starting point for a deeper conversation. The greater value comes from asking follow-up questions to gather more detail about the people identified and to help parents reflect on the strength of their children's safety network. A useful tool to consider using to further develop the safety network is the "safety circles" (see figure 15) which were created by Susie Essex, a family therapist in England who has specialized in safety planning in high-risk child protection cases.
**EXERCISE #6**

Develop as many questions as you can to ask families when helping them identify and engage a network. Share your list with your colleagues and keep it as a reference for yourself.

**Holding the safety network meeting**

The process of developing family-driven safety plans that alter the way families live on a day-to-day basis takes time. It usually happens over the course of several meetings with parents and their network. Often, the plan needs to be revised over time until everyone is confident that it will continue to be used and that it will keep the kids safe after the case closes.

![Figure 15: Safety Circles](image)

At the first safety network meeting, it can be tempting to jump right into writing the safety plan without laying the groundwork. When this happens safety plans often “fail”, meaning they either do not keep the kids safe or they are not utilized. One common factor in “failed” safety plans is when they are made FOR the family and not WITH the family. Another common factor is when the safety plan does not relate to the danger statements and safety goals. In order to lay solid groundwork with the safety network, the following topics should be covered before the safety plan is defined:
• What happened to the children that got the CPA involved (harm)?
• What are the worries for the children if things do not change (danger)?
• Times the children have been kept safe in relation to the worries (existing safety)
• What needs to happen in the care of the children to ensure long-term safety (safety goal)?

**The degree of detail in which these areas are covered may vary depending on the seriousness of the concerns and/or the purpose of the meeting(s) (i.e. building an immediate safety plan versus a long-term safety plan).

Prior to the first safety network meeting, Alice had already set the tone with Yvonne and Richard about involving a network by creating an extensive genogram, asking questions about sources of support, even at the first home visit, and describing how their support system would be engaged in the safety planning process. Alice’s primary objective at the first safety network meeting was to facilitate an extensive mapping of the situation. The information she learned in the meeting was integrated with the information she had already gathered prior. Alice also worked with the family and network to create a first set of rules to ensure safety for Max and Amy while the worries got further sorted. This included plans around network-supervised contact.

EXTENDED LEARNING: Tips For Successful Safety Network Meetings

**Before:**

• Have clearly defined purpose(s) and or goal(s) for the meeting.
• Draft key questions for each goal before the meeting.
• Give parents as many choices as possible (where to meet, when to meet).

**Upon Arrival:**

• Make sure you arrive first.
• Post the genogram and other important information you want to review on easel paper.
• Draw up your blank three-columns map (“What are we worried about?”; “What’s working well?” and “What needs to happen?”) on a whiteboard or easel paper.
• Be welcoming, greet each person as they arrive, provide compliments/reassurance, offer food and/or drink if available.
• Set a relaxed tone.
• Note observed strengths and be prepared to honor the family during the meeting.
To start the meeting:

- Thank everyone for attending.
- Provide compliments based upon observations of strengths and exceptions.
- Acknowledge everyone’s commitment to, and love for, the children.
- Establish the focus of the meeting on the children by making sure they are represented, even if they are not present. This can be done by displaying the Three Houses, their photos or another item to represent them, with parents’ consent.
  - *Do you think it’s OK for these cups to represent your children this afternoon? Can I put them in the middle of the table so that everyone can stay focused on them while we talk today?*
  - Invite everyone to think about what should happen and how things should happen to ensure the children are safe and well wherever they are staying.
- Check in to see if ground rules are needed and, if so, what they should be.
  - *Do you think it is necessary to have ground rules for how we will interact during this meeting?*
  - *If so, what should we agree on? Is this okay for everyone? Do we need any other rules?*
- If the parents made the invitations, ask them to explain what they have told the network about the meeting, then share more details, if needed, including the purpose of the meeting.
- Ask for everyone’s best hopes and worst fears for the meeting(s).
- Review the genogram and add any significant people who might be missing.

During the meeting:

- Observe and ask questions about the dynamics between the people present at the meeting to help clarify roles and positions within the family.
  - *In your family, are there any decisions that one person has more say about than the other? Who is most in charge or the head of the family? Who else?*
  - *That’s good to know. Are there perhaps any other important family dynamics that I should know about?*
- Use the blank three-columns map and scaling question(s) to guide the meeting.
- Capture the words of the family and network in as much detail as possible.
Continually look for opportunities to honor and/or compliment those present in meaningful ways.

Be firm, but hugely kind (Susie Essex, personal communication, 2013).

At the conclusion:

- Review next steps.
- Schedule the next meeting.
- Thank people for attending and for their contributions to the meeting.
- Confirm contact information for each participant.

After the meeting:

- Send the meeting notes to each participant, with parents’ agreement.
- Check-in, if needed, related to next steps and/or how the plan is working.

During the first safety network meeting, Alice brought the draft map she had been developing since beginning her work with the family. She reviewed the reported harm and existing safety early in the first network meeting and sought further input from the network by asking questions:

- **What else is going well that has not already been noted in the “What is working well” column?** What else? And what else?
- **What impresses you most about what Yvonne and Richard are doing well in caring for Max and Amy?**
- **What is your biggest worry for the children?**
- **What other worries do you have for the children that we have not discussed yet?** What else? What else?
- **What have you seen people doing already that has kept the children safe in the past or that is keeping Max and Amy safe now?** Who has helped make this happen?
- **When are the times that the concerns do not happen?** What is different about those times?

Alice then shared the danger statements that had been created with Richard and Yvonne prior to the meeting. Everyone agreed that no changes needed to be made. Alice asked some scaling questions to get each person’s perspective on the level of safety for Max and Amy:

- **I’m going to ask you a bit of a strange question, but I think it can help us to come to agreement later on. On a scale from 0 to 10, where 10 means it is safe to let the children live at home**
without any help, and 0 means it is so unsafe that the children must stay away from home and live elsewhere, how would you rate it?

- On a scale from 0 to 10, where 10 means everyone knows that Max and Amy are safe enough that the CPA can close the case, and 0 means that Max's and Amy's situation is so bad that they can no longer live at home, how would you rate it?
- What have you seen happening that brings your number up to a ______?
- What concerns are reflected in your number that we have not yet discussed?
- What needs to happen to move your number up just 1 point?

This last question helped Alice shift the conversation into the “What needs to happen?” column, thereby beginning to define the safety plan rules. A few rules were made about the things that needed to happen between the first and second network meetings to ensure Max’s and Amy’s safety. Where Alice saw gaps that needed to be addressed, she shared minimum requirements from the CPA’s point of view (bottom lines), including that Yvonne and Richard would never be alone with Max and Amy during visits while they continued to sort out the concerns. Alice was careful not to define more than a few minimum requirements. She wanted to leave plenty of room for the family and network to define the safety plan rules. Some questions Alice asked to get at the rules included:

- Now that we know everybody’s point of view of the situation, we can discuss ideas people have for rules we can make about what will happen differently going forward?
- Knowing that Richard and Yvonne cannot be alone with Max and Amy right now, what can be done to show the CPA that minimum requirement is being met? Who can help Richard and Yvonne have as much time with the children as possible, while meeting the requirement that they not be alone with the children?
- What other important issues are there that need to be discussed and/or agreed upon now?

Since the children were not present at the first safety network meeting, Alice and the family agreed on what would be shared with the children about the initial rules and who would share it with them.

After the meeting, Alice made sure all the notes - including the three-columns map, scaling questions, minimum requirements, initial rules for contact between Richard, Yvonne and the children, and details about the next meeting - were captured in a digital format. These documents were sent to everyone who attended the first meeting. Alice let everyone know that she planned to use these documents as a starting point for the next scheduled safety network meeting when the more detailed safety plan would start being developed.
CASE EXAMPLE: Updated Risk Assessment and Planning Framework

Below is the Updated Risk Assessment and Planning Framework that Alice sent to everyone who attended the meeting. The updates from the initial Risk Assessment and Planning Framework are italicized.

*Figure 16: Updated Signs of Safety Map for Max’s and Amy’s Family - September 2, 2013*

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is going well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Baby Amy, 4.5 months old, was brought to the hospital by Yvonne and Richard when they noticed that something was wrong with her. The doctors found blood behind Amy’s eyes. Yvonne said she comforted Amy too much. Doctors say someone must have shaken Amy to cause the blood behind her eyes. Yvonne and Richard say they were the only ones who had been caring for Amy during the time the doctors say her injuries must have happened. Richard is worried about Yvonne’s temper. She gets annoyed fast and acts furious to him and the kids.</td>
<td>• Mother works part-time as a cleaning lady (social participation, contact).</td>
<td>• BJZ knows that Richard and Yvonne love Max and Amy and want to give them a safe home. For this to happen, BJZ needs to know that Richard, Yvonne and their support system will work together to make sure Max and Amy are always looked after by a sober adult, who can control themselves well enough to deal with the children in safe ways, even when feeling stressed or overwhelmed, so that the children feel secure, stay as healthy as possible, and grow up knowing how to deal with stress.</td>
</tr>
<tr>
<td>• Harm statements:</td>
<td>• The teacher and pediatrician say the children look well taken care of.</td>
<td></td>
</tr>
<tr>
<td>• The teacher has seen several blue spots on Max’s back and arms the past month and this is unusual for him. Max said happened there and they did not happen by accident. • Richard said that Max did not have a good relationship with Frits, his father, and paternal relatives.</td>
<td>• Richard and Yvonne have told Grandma and Willem about what happened to Amy.</td>
<td></td>
</tr>
<tr>
<td>• Parents are willing to work with BJZ and with other organizations, when necessary.</td>
<td>• Parents want the children home and are willing to show that Max and Amy will be safe by working with BJZ and involving a network of relatives/friends.</td>
<td></td>
</tr>
<tr>
<td>• Until a couple of months ago there were no worries at school about Max’s well-being.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strengths:**

• BJZ will be able to close the case with the family when BJZ and the family’s network can see that Richard and Yvonne are able to work out their differences in calm enough ways, especially when Max and Amy are present, so the children will know they are safe with their parents, even during
<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is going well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>get the blue spots at home. • Yvonne is worried about the way Richard interacts with Max. Richard regularly drinks a lot of alcohol and then he shouts at Max and treats him hard.</td>
<td>• Parents love the children and want to take good care of them. They brought Amy to the hospital right away when they noticed that something was wrong with her. • Richard plays with Max. They have a lot of fun playing football together. Max told Granddad that he likes playing football with Richard. Max told Granddad he wants to tell Alice that he would like to sleep at home with Granddad. • Max told Granddad he wants to tell Alice that he would like to sleep at home with Granddad.</td>
<td>times of stress or disagreement. <strong>Bottom lines:</strong> • Parents are not allowed to be alone with the children, at least until the first safety plan is developed. • During visits with the children, Richard will always be sober. • Grandma is always allowed to end the visit if that will be better for the children. • 10 means that everybody involved knows the child is safe enough so BIZ can close the case.</td>
</tr>
<tr>
<td>Harm statements: • There are three recent reports by the police of domestic violence that say Yvonne has hit Richard and Richard is verbally aggressive and throws stuff. Max told the teacher that he is scared sometimes when there are fights at home between Richard and Yvonne.</td>
<td><strong>Danger Statements:</strong> • BIZ, Grandma and the pediatrician are worried that, if nothing changes in the s home, especially about parents’ stress, Richard’s drinking and Yvonne’s mood swings, things may lead to further harsh treatment of Max and Amy and either of them could be hurt, bruised or afraid of their Mom or Dad. We are especially worried about Amy since she is so small that she could die if she ends up with serious injuries like when she had blood behind her eyes. Richard and Yvonne have said that it is sometimes really hard for them to get along because they deal with stress so differently. BIZ, the police, Grandma, Richard and Yvonne are worried that Max, and Amy in the future, may grow</td>
<td><strong>Next steps:</strong> • Amy and Max stay with Grandma. • Yvonne can come for a visit whenever she wants if it works for Grandma to supervise the visit. • Richard can come for a visit, too, if Grandma can supervise. • Finalize the safety plan for visits and create a Words &amp; Pictures Safety Plan for Max.</td>
</tr>
<tr>
<td>What are we worried about?</td>
<td>What is going well?</td>
<td>What needs to happen?</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>up feeling afraid and could even get hurt if they are caught in the middle of a big fight between Yvonne and Richard.</td>
<td>Yvonne called Grandma every day to talk about the children. She visits the children at least 5 times a week. She stays calm when she takes care of the children. Grandma reports that when Yvonne got stressed one time, she asked for help and took a walk around the block.</td>
<td>—</td>
</tr>
</tbody>
</table>

**Complicating factors:**
- Yvonne has been diagnosed with bipolar disorder, which means she has mood swings and can be impulsive.
- Richard is currently unemployed and this is causing financial problems.

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 means it is so unsafe for the children that they must be placed into care.</td>
<td>10 means that everybody involved knows the child is safe enough so BIZ can close the case.</td>
</tr>
</tbody>
</table>

Yvonne: 7  
Richard: 6  
Grandma: 5  
Willem: 5  
Granddad: 4.5  
Neighbor: 4  
Teacher: 5  
Police: 3  
Alice: 4

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Chapter 6

Judgment

The third phase in the action-learning cycle is the *judgment* phase. This may seem ironic because social workers are often told to be "non-judgmental". To clarify, while it is true that child protection workers should avoid judging people, it is their job to assess and make judgments about safety for children.

Within the Signs of Safety approach, safety scales are used to facilitate communication about the level of safety, judged from each person’s perspective. The traditional scaling question used in the Signs of Safety approach to assess and judge child safety is, "On a scale of 0–10, where 10 means it is safe enough to close the case and 0 means it is so unsafe the child needs to be removed, where would you rate it?" This safety scale is a key domain of the Signs of Safety Risk Assessment and Planning Framework where judgments of child safety are articulated and recorded within the map.

The basic safety scale can, and often should, be modified within the map to capture the unique circumstances for each family. This modified version is commonly referred to as the “family-specific” or “case-specific” safety scale. It is developed using details from the danger statement(s) to define 0 and details from the safety goal(s) to define 10, so that it becomes more meaningful and understandable for each family. It is often useful to have a separate case-specific safety scale for each danger statement/safety goal combination. Other times, it may make more sense to combine the details of all danger statement/safety goal combinations into one scale. In any given case, the most important thing is to do what works best for the family and the social worker.

Case-specific safety scales, once created, can guide conversations to uncover details in each column of the map. By asking the scaling question, social workers learn about each person’s judgment of the level of safety for children. Once they know the rating, the social worker can start a conversation by asking questions:
• “What brings your number up to a ____?” elicits details within the “What's working well?” column.
• “What keeps your number from being higher?” elicits details within the “What are we worried about?” column.
• “What needs to happen to move you up just 1 point?” elicits details within the “What needs to happen?” column.

When using case-specific safety scales to guide conversations, it is important to remember that the rating, or number, is not as important as the details behind the rating. For this reason, it is vital to ask lots of follow-up questions to gain a clear understanding of the meaning behind each person's number. The scaling question is simply an eliciting question within the EARS questioning structure. Vital details about safety are found in the answers to the amplifying and reflecting questions that follow.

**EXERCISE #7: Max and Amy Case**

Using the danger statements and safety goals that were drafted in Exercise #4 for the Max and Amy Case, create one or more case-specific safety scales that you could use to measure progress throughout the case. Begin each scaling question with “On a scale of 0–10, where...” and end it with “…where would you rate it?”. Write your scaling questions in the space below.
CASE EXAMPLE: Case-specific safety scale

Once Alice and the parents agreed on the danger statements and safety goals for the case, Alice used them to create the following scaling question to guide her conversations with Richard, Yvonne and their safety network:

On a scale of 0–10, where:

- 10 means everyone thinks it is time to close the case because they are fully confident that Max and Amy are always being looked after by a sober adult, who is staying calm enough to keep them safe, even when Richard and Yvonne are having disagreements or when they are feeling stressed or overwhelmed with parenting, and
- 0 means everyone thinks the kids should stay in care because they are really worried that the stress, drinking and mood swings are so bad that it’s only a matter of time before the kids end up being badly hurt or die from harsh treatment or from being caught in the middle of a dangerous fight between Richard and Yvonne,

where would you rate it?

EXERCISE #7: Your Case

Using the danger statements and safety goals you drafted in Exercise #4 for your own case, create one or more case-specific safety scales that you could use to measure progress throughout the life of the case. Begin each scaling question with “On a scale of 0–10, where…” and end it with “…where would you rate it?” Write your scaling question(s) in the space below.

At the start of the next safety network meeting, Alice asked the case-specific safety scaling question she had created and used it to guide an in-depth exploration of the existing safety as well as to gather more details about the worries for Max and Amy. Alice asked the following questions to Willem and Richard during the meeting:

- Willem, you said your number was a 4. What have you seen that brings your number up to a 4?
  - So, Richard has been staying sober. What has been different about Richard that tells you he is sober?
  - Richard, it is fantastic you have been able to stay sober through all of the stress of having the CPA involved! How have you been able to do that?
    - Since our last meeting, when have you most wanted to crack open a beer but decided against it?
    - What was happening right before you felt like cracking open a beer?
- What were the most important things you did to stop yourself?
- Who else was there when you did that?
- What would ___ say he/she noticed that told him/her you might be wanting to drink?
- What did you learn about yourself and the way you manage through stress?

• Willem, what impresses you most hearing how Richard handled that situation without drinking?

• What keeps your number from being a little higher?
• What number would you need to be at to feel like it was okay for Max and Amy to move back home?
Chapter 7

Take Action

Create A Case Trajectory (Game Plan)

After the danger statements and safety goals have been agreed upon, it is important to think through the path that will be taken with the family to move toward the safety goal. This has often been described as the case trajectory, but has also been referred to as the “path”, “route” or “game plan” for the casework. At a minimum, any trajectory should define the key steps in the safety planning process that will need to happen, an estimate of the time it will take to complete each step, and the positive progress that will be made toward reunification or case closure as the steps are completed.

The graphic below depicts the detailed safety planning process that is undertaken with the family and their network. This “roadmap” is not meant to be prescriptive but rather to describe, in detail, all the steps that may be taken in moving with families from the danger statement to the safety goal. Development of the trajectory is identified as step number 4. Steps 5-12, along with the tools and methods listed in the right hand column, are often included in case trajectories.

Often parents have no idea what to expect from the CPA and have many questions that are difficult to answer. Some questions that can be answered through the creation of a case trajectory may include:

- What do you want from us?
- When can my kids come home?
- What do I need to do to get you out of my life?
- How long is this going to take?

Case trajectories create clearer vision which often leads to an increased sense of hope for parents and social workers, especially those who are caught in a contentious dispute with no end in sight. A clear case trajectory can prevent parents from feeling they are waiting around,
Figure 17: Roadmap for Family-Owned Safety Planning
entirely dependent on the planning of the CPA. Apart from offering parents a guideline and some concrete expectations for the CPA’s involvement, creating the trajectory provides a clear action plan for the social worker.

Alice used a chart to create a visual representation of what BJZ expected of Yvonne, Richard and their network, along with the steps everyone would take to move toward increased safety. Her case trajectory included an estimated timeframe for each step.

As with much of the Signs of Safety approach, it is important to get input from parents as the trajectory is developed. Social workers can ask families questions to help them think through what would need to happen, any complicating factors that may affect the process, and how long they might need to complete each step.

Alice drafted the trajectory in her office, with the help of her supervisor, while including the ideas and thoughts she had discovered in her previous conversations with Yvonne and Richard. When she took the draft to Yvonne and Richard, she asked questions like these:

- **How much time do you think you will need to inform your network and ask them if they are able to support you so that the children can live at home safely?**
- **Do you have any other concerns or problems that could keep you from spending sufficient time getting these steps completed in the next few months?**
- **Is it clear to you what we, the CPA, are going to do in the immediate future to help you develop a safety plan that would allow us to recommend returning the children home?**

**EXERCISE #8: Max and Amy Case**

Draft a trajectory that describes the process you would want to walk through with the family in the Max and Amy Case. Consider possible steps and tools described in the road map graphic. Use any format you choose but be sure to include timeframes, process steps and tasks. A couple of blank trajectory template options can be found in the workbook appendices.
Alice created the trajectory outlined below with her supervisor, the family, and their network. To recognize the work done up until this was developed, at the beginning of the trajectory Alice documented the agreements already made and the commitment to work toward reunification.

**Game Plan for work with Max’s and Amy’s Family**

To show everyone that Max and Amy are safe, they will stay with Grandma while the steps in the game plan are taken. This game plan was developed to begin the first week after everyone understands the danger statements and agrees they will work towards achieving the safety goals.

Everyone agreed that when the steps below are completed, and everybody is convinced that there is enough safety, the children can return home as outlined. This process will be followed step-by-step. Throughout, there will be lots of contact between Yvonne, Daddy Richard, and the children. There will also be lots of chances for everyone to discuss the things that are going well and any worries they have.

*Figure 18: Trajectory for Work with Max’s and Amy’s Family*

<table>
<thead>
<tr>
<th>Week</th>
<th>Goal</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Building vision of process for family | Meeting with parents about the people they will involve to build a safety network.  
Plan a safety network meeting. |
| 1–3  | Visits                        | Yvonne and Richard visit Max and Amy every day at Grandma’s house. Grandma and Granddad supervise these visits. |
| 2–3  | Build informed network with family | Inform the network about the danger statements and safety goals.  
Yvonne and Richard will ask their network if they want to participate in the long-term safety plan for Max and Amy which means a long-term commitment. |
<p>| 4–5  | Visits                        | Home visits for two hours a week supervised by Alice or a colleague.   |
| 3–5  | Getting the safety network ready | Safety network meeting with the people who want to participate to share their safety plan ideas, options and possibilities. |</p>
<table>
<thead>
<tr>
<th>Week</th>
<th>Goal</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–10</td>
<td>Visits</td>
<td>3-hour home visit for Max and Amy, once a week, supervised by 2 people from the safety network.</td>
</tr>
<tr>
<td>8</td>
<td>Getting Max's input</td>
<td>Use a safety house to understand who Max wants involved in his life to keep him and Amy safe.</td>
</tr>
<tr>
<td>8–10</td>
<td>Ongoing assessment continues</td>
<td>Meeting with the family and the safety network to evaluate the progress and create an initial safety plan.</td>
</tr>
<tr>
<td>10</td>
<td>Explanation for the children</td>
<td>Create a Words &amp; Pictures Safety Plan for Max and Amy from the adult safety plan.</td>
</tr>
<tr>
<td>11–14</td>
<td>Visits</td>
<td>Yvonne spends two nights a week at Grandma's home. She will take care of the children, under Grandma's supervision.</td>
</tr>
<tr>
<td>11–14</td>
<td>Visits</td>
<td>Max will visit parents at their home on a Saturday or Sunday with somebody from the safety network present.</td>
</tr>
<tr>
<td>14–16</td>
<td>Ongoing assessment continues</td>
<td>Meeting with the family and the safety network to evaluate the progress and adjust the safety plan.</td>
</tr>
<tr>
<td>14–16</td>
<td>Ongoing assessment continues</td>
<td>Get input from Max using the Three Houses to assess progress and how the safety plan works for him.</td>
</tr>
<tr>
<td>15–20</td>
<td>Visits</td>
<td>Max will have unsupervised visits two afternoons a week after school and Saturday. Saturday he will sleep at home with someone from the network present.</td>
</tr>
<tr>
<td>15–26</td>
<td>Visits</td>
<td>Amy will visit at home with Yvonne two mornings during the week, supervised by someone from the safety network.</td>
</tr>
<tr>
<td>20–22</td>
<td>Ongoing assessment continues</td>
<td>Meeting with the family and the safety network to assess progress and adjust the safety plan.</td>
</tr>
<tr>
<td>21–25</td>
<td>Visits</td>
<td>Max will visit home every other day and will sleep there unsupervised 2 nights per week.</td>
</tr>
<tr>
<td>26</td>
<td>Ongoing assessment continues</td>
<td>Review Max's Safety House with him and inquire about any changes he wants to make.</td>
</tr>
<tr>
<td>26</td>
<td>Ongoing assessment continues</td>
<td>Show parents and the network Max's revised Safety House and discuss what this means for the safety plan and the placement at home</td>
</tr>
<tr>
<td>26</td>
<td>Max returns home</td>
<td>Max moves home with the safety plan in place.</td>
</tr>
</tbody>
</table>
Several formats have been used by practitioners to create case trajectories. Some social workers have used calendars, scales, narratives and/or charts.

SafeGenerations in Minnesota, which has been practicing Signs of Safety since 2005, is currently using four key questions to guide the development of case trajectories on a chart that is grounded in the case-specific safety scale. The four key questions are:

- What do we want to achieve?
- What are the leverage points toward reunification or case closure?
- What will we do to get there?
• What process steps will we take with the family to achieve the desired outcomes?
• How will we know it's working so we can keep going?
• What behaviors and/or conditions would tell us we can keep moving forward on the trajectory?
• How long do we expect it to take?

CASE EXAMPLE: Trajectory – An alternative format

On the next two pages, the case trajectory for Max's and Amy's family is shown in the Safe-Generations format.
### Game Plan for Work with Max & Amy’s Family

<table>
<thead>
<tr>
<th>Danger Statement (0)</th>
<th>1</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>5.5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What do we want to achieve?</strong></td>
<td>Yvonne &amp; Richard visit every day at Gina’s house with Granddad supervising (this continues until kids move home)</td>
<td>Max &amp; Amy – 2-hour home visit per week supervised by Alice or colleague</td>
<td>Max &amp; Amy – 3-hour home visit per week supervised by 2 SN people</td>
<td>Yvonne sleeps 2 nights a week at Gina’s supervised by Granddad; Max – 1 weekend visit with 1 SN person present</td>
<td>Max – unsupervised visits 2 afternoons per week; Saturday sleepover visits with SN person present; Amy – home with Yvonne 2 mornings a week with SN person present</td>
<td>Max – visits every other day; 2 unsupervised sleepovers per week</td>
<td>Max moves back home to live with Richard &amp; Yvonne &amp; SN in place; Amy stays with Gina &amp; Granddad</td>
<td></td>
</tr>
<tr>
<td><strong>What will we do to get there?</strong></td>
<td>Mtg with parents – identify possible SN people; SN mtg to share DS &amp; SG</td>
<td>SN mtg to draft initial SP</td>
<td>Safety house with Max; SN mtg to assess progress and finalize initial SP; W&amp;Ps SP done</td>
<td>SN mtg to assess progress and adjust the SP; Updated 3 Houses with Max and revise the SP to address any issues; SP test</td>
<td>SN mtg to assess progress and adjust the SP; SP test</td>
<td>Review and update the safety house with Max; SN mtg to assess progress, review safety house &amp; adjust plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How will we know we are on track?</strong></td>
<td>Family will have SN members who have committed to help</td>
<td>SN &amp; family can openly discuss ideas, options and possibilities for SP</td>
<td>Max’s ideas are included in the SP; Max has an explanation of the SP that he understands</td>
<td>SN and parents can openly discuss concerns &amp; gaps in the plan with Alice and each other including results of any SP tests; Max feeling safe during visits</td>
<td>SN and parents can openly discuss concerns &amp; gaps in the plan with Alice and each other including results of any SP tests; Max feeling safe during visits</td>
<td>SN &amp; parents can pay attention to and respond together to what Max needs; Max is ready to move home</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How long should it take?</strong></td>
<td>1-3 weeks (Week 3)</td>
<td>1-3 weeks (Week 5)</td>
<td>5 weeks (Week 10)</td>
<td>4 weeks (Week 14)</td>
<td>6 weeks (Week 20)</td>
<td>5 weeks (Week 25)</td>
<td>(Week 26)</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>What do we want to achieve?</td>
<td>What will we do to get there?</td>
<td>How will we know we are on track?</td>
<td>How long should it take?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Max moves home with SP in place; Amy visits 2 days per week supervised by SN</td>
<td>SN mtg to assess progress and adjust SP; SP test</td>
<td>SN and parents can openly discuss concerns &amp; gaps in the plan with Alice and each other including results of any SP tests; Max feeling safe at home</td>
<td>6 weeks (Week 32)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.5</td>
<td>Amy – 4 daytime visits per week unsupervised from 11am–3pm with SN checking-in and present before and after</td>
<td>SN mtg to assess progress and adjust SP</td>
<td>SN and parents can openly discuss concerns &amp; gaps in the plan with Alice and each other including results of any SP tests; Max feeling safe at home</td>
<td>8 weeks (Week 46)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Amy – 2 overnights per week, supervised by the safety network at night and check-ins by SN during the day</td>
<td>SN mtg to assess progress and adjust SP; SN mtg to determine how SN mtgs will be planned and facilitated in the future</td>
<td>SN and parents can lead the discussion of concerns and gaps in the SP at a SN meeting including results of any SP tests; Max feeling safe at home; SN and parents can work together to plan a SN meeting</td>
<td>8 weeks (Week 48)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Amy – 2 days per week with Gina; the rest of the week at home unsupervised with SN check-ins at least one time per day</td>
<td>SN mtg to assess progress and adjust SP; Parents and SN plan and facilitate their own SN meeting with Alice present</td>
<td>SN can plan and facilitate their own meeting to discuss concerns &amp; gaps in the plan; Max and Amy indicating that they feel safe at home; stable and involved SN</td>
<td>4 weeks (Week 52)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Amy will move home with the SP in place</td>
<td>SN mtg every 8 weeks to assess progress and adjust SP; SN mtg planned &amp; facilitated independently with full notes sent to Alice; SN mtg to define process for future changes to the plan</td>
<td>Case is closed</td>
<td>28 weeks (Week 80)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EXERCISE #8: Your Case:

Draft a trajectory that describes the process you would want to walk through with a family in one of your own cases where you have already developed clear danger statements and safety goals. Consider possible steps and tools described in the roadmap graphic. Use any format you choose but be sure to include timeframes, process steps and tasks. Blank trajectory template options can be found in the workbook appendices.

Defining the Initial Safety Plan

As stated previously, safety goals define what the CPA needs to see in the care of the children in order to feel confident the children will be safe related to the worries. Safety plans define how the family will keep the children safe long-term; in other words, how they will meet the safety goals.

Effective safety plans can be created only in cooperation with families and their safety networks. This is because effective safety plans must define exactly how families and their naturally occurring support system will live differently on a day-to-day basis to ensure the children are safe. The safety planning process begins with families and their network at the first point of contact, when asking everyone to think through the issues that got child protection involved and how they will be resolved. While the actual list of safety plan rules that is developed over time is important, what is more critical is the process the social worker goes through with the family and their network to arrive at a plan that everyone is confident will work after the case closes.

Safety plans are not a list of services, promises for future safety or court orders. Safety plans are descriptions, often defined as "rules", about the specific actions people will take both to prevent and respond to the worrisome behaviors. SafeGenerations, based on extensive experience, has developed this list of key areas to explore with families and consider including in the written safety plan:

- Signs that things are going well related to the worry.
- Triggers to worrisome behaviors happening.
- Steps people will take to keep the good things happening and/or to prevent the worrisome behaviors from happening.
- Warning signs (red flags) that tell everyone the worries may be happening.
- Steps people will take in response to the warning signs to keep the children safe.
- Back-up plans around factors that could disrupt the safety plan. i.e. Safety network members get burned out, the family moves away from their network, etc.
- The process for making changes to the safety plan after case closure.
As Alice was preparing to work with the family and their network to create the initial safety plan, she gathered all the information they had discussed at the first network meeting and posted it on easel paper so that it could be reviewed at the start of the next meeting. That information laid the foundation for the development of the initial safety plan. What she wanted to review included the agreed upon danger statements, safety goals and case-specific safety scales. Just as she did with the first safety network meeting, Alice prepared key questions she wanted to ask to guide the family and network through the development of the safety plan that would work for the family while also satisfying the CPA.

Alice began with the same general format as the first safety network meeting. In addition to defining the safety plan rules and assessing their feasibility, she also wanted to evaluate everyone’s willingness and capacity to use the plan and their confidence it would keep Max and Amy safe. Alice used her questions to facilitate a conversation to produce clearly defined rules that spelled out exactly who would do what and when they would do it to keep the kids safe. Some of Alice’s questions to the family and network were:

- What have people seen Richard and/or Yvonne doing to stay calm, even when Amy is crying for long periods of time?
- What would be the first signs that would tell you Richard and/or Yvonne are at their limit with the kids?
- Richard and Yvonne, what are all the things that make it harder for you to be patient and calm with the kids?
- Network people, what are some factors that you know can push Richard and Yvonne to lose their cool with the kids?
- Richard and Yvonne, what would you want people in your network to do to keep the kids safe if they noticed you were starting to lose your cool?
- What worries do people have about the agreement that Yvonne will always call her brother, Willem, if she suspects Richard has been drinking? How often is Willem available to be contacted? Willem, what times might you be least available? Yvonne, who would you call if you were unable to reach Willem for some reason?
- Richard, you know yourself best. If you have been drinking, how likely are you to allow Yvonne to make phone calls?
- With these rules in place, on a scale of 0 to 10 - where 10 means Max would feel completely safe living at home, even when things are stressful, and 0 means that Max would still be really scared and on edge if he was living back home and problems started happening - where would you rate it?
- Knowing Max as well as you do, how confident are you that he would tell his teacher or move his safety object if he didn’t feel safe at home or if he was sad? What gives people at least some confidence that Max would talk to his teacher? What else would he need to hear or see from Richard and Yvonne to increase people’s confidence that he would be able to tell his teacher?
Based on her experience, Alice knew that families are sometimes scared to tell the CPA when things do not go exactly as planned with the safety rules. Because of this, Alice explained how important it was for her to know what actually worked and did not work with the plan so adjustments could be made and eventually arrive at the most effective plan possible. Alice emphasized that, if there were problems with the plan or the plan was not followed, it was vital that they all discuss it openly so she could see everyone working hard to ensure they ended up with the right plan for Max’s and Amy’s family. She explained that, by bringing challenges or struggles forward, it would not mean they had to start over, but that they would need to have more conversations to sort out the issues, since Max’s and Amy’s safety was the first priority for everyone involved. Alice also shared that, if there were big problems with the safety plan and it really was not working, they may have to back up a step or more in the process to keep Max and Amy safe while they all worked together to sorted out the struggles.

Children over 5 years of age growing up in the Netherlands are more visible in the community because they are required to attend school daily. This can increase their safety because teachers who know them well can often pick up on signals that something may be wrong and can be asked to take a role in protecting them. Because children under 5 are most vulnerable and research shows they are most likely to suffer serious injuries or even death, the CPA in Drenthe requires safety plans for them to be assessed and approved by the supervisor and the assistant director. (Senior) Managers who are removed from direct practice can often be more objective in their assessment of a safety plan and may be more apt to quickly detect possible gaps in one. In addition, by engaging more than one professional from the CPA to assess the safety of the most vulnerable children, responsibility is shared. The need to seek manager approval for a plan can be used skillfully in discussions with families. Alice might have said, “The ideas you are coming up with to keep Max and Amy safe are a good start. I’m not sure they will be enough for my assistant director to approve the plan as it is right now. What else can we put into the plan that will give my assistant director more confidence that it is solid and that Max and Amy will be safe when they return home?”

At the conclusion of the meeting, Alice explained she would take the proposed safety plan to her supervisor and assistant director for approval. She said she would bring any concerns or questions the supervisor and assistant director had back to the group to work out. Once the plan was approved by the CPA, Alice would notify everyone that they could move forward based on the agreed safety plan rules. Alice scheduled a follow-up meeting with the safety network so the plan could be reviewed and adjusted as needed.

Right after the safety network meeting, Alice typed up the safety plan and sent it to her supervisor and assistant director for review. In her case record she filed the original notes about the rules that the family and safety network members had signed. After the plan was approved, Alice sent each parent and network member a copy of the plan with the genogram and map attached.
Words and Pictures Safety Plan

As referenced earlier, involving children is a critical element of the Signs of Safety approach. Just as the Words and Pictures tool is used to provide children with an age-appropriate explanation of the CPA’s involvement, it is also used to explain the safety rules to children in a way that will be understandable to them. Sometimes it is useful to incorporate a description of good times children have experienced with their families so the Words and Pictures Safety Plan, like the map, portrays a balanced description of the situation. This is especially important when children are not able to return home and other permanent arrangements have had to be made. Some of the benefits to developing a Words and Pictures Safety Plan include that it:

• takes the complexity of the plan developed with the adults and simplifies it into words and pictures that everyone can understand
• gives parents and network members an opportunity to think through how to talk to children about the safety plan
• is a visual reminder of the safety plan rules
• provides common language for everyone so the children can be involved in assessing how well the safety plan is working over time
• helps the children understand when they are unable to ever return home.

The process of creating adult and child-friendly safety plans can vary. Below are some ideas about the possible steps.

• Develop an Adult Safety Plan and, from that, create a Words and Pictures Safety Plan. Choose one of the following approaches.
  • First work with the adults to develop an Adult Safety Plan, then work with the adults to convert the Adult Safety Plan into a Words and Pictures Safety Plan for the children. Finally, present the Words and Pictures Safety Plan to the children (the children, adults and/or social worker can make the pictures).
  • First work with the adults to develop an Adult Safety Plan, then negotiate with the adults about which aspects need to be covered with the children. Finally, engage the children in developing the Words and Pictures Safety Plan by having them help write the words and/or draw the pictures in response to the social worker’s questions.
• Develop a Words and Pictures Safety Plan for everyone. Choose one of the following approaches.
  • Work with the adults and children to develop a Words and Pictures Safety Plan together.
  • Work with the adults to develop a Words and Pictures Safety Plan and then share it with the children.
• Work with the children to develop a Words and Pictures Safety Plan and then add to or refine it with the adults.
• Develop an Adult Safety Plan that older youth will understand. Choose one of the following approaches.
  • Work with the adults and youth together to develop an Adult Safety Plan.
  • Work with the adults to develop an Adult Safety Plan and then share/refine it with the youth.
  • Work with the youth to develop an Adult Safety Plan and then share/refine it with the adults.

So that the Words and Pictures Safety Plan could be shared with the kids as soon as possible, Alice decided to develop it with Richard and Yvonne and then involve the safety network when it was ready to be shared with Max and Amy. She made an appointment with Richard and Yvonne to create the first draft. Alice asked some of the following questions:

• Suppose you were Max, which of the rules that we made at the safety network meeting would be most important for you to know?
• Which rules do you think my supervisor would say are most important for Max and Amy to understand?
• As Max’s and Amy’s parents, what words would you use to describe the agreement that Richard will be sober when he is around the kids? What sort of picture would you use to go with those words?

Alice reviewed the first draft of the Words and Pictures Safety Plan with her supervisor, then took their questions and concerns back to Richard and Yvonne. Together they refined and finalized the plan to make sure it was in language Max would understand. Alice spoke with Richard and Yvonne about who would be present when the Words and Pictures Safety Plan was read to the children. They agreed it would be shared with Max at his grandmother’s home where he was living at the time. Alice explained and asked the following during the conversation with Max:

• Max, last time we talked I let you know that all the adults would be meeting to talk about rules we could make so you and Amy will be safe when you see Mom and Daddy Richard. Mom and Daddy Richard worked very hard with Grandma, Uncle Willem, Grandpa, Neighbor Nel, Police Officer Henk and Miss José at school. We’ve put the rules on paper for you. We would like to read and explain them to you. Who do you think should read the safety rules to you?
• Do you remember how you used the traffic lights when we read the Words and Pictures explanation? Which traffic light told us that you needed to stop or take a break?
• Which rules do you think will work the best?
• Which rules do you have questions about?
• Are there other rules you think need to be added so you feel safe when you are with Daddy Richard and Mom?
• Who do you think should have a copy of the safety plan?

Alice gave Max a copy of the safety plan, that he colored, and provided duplicates to everyone else in the safety network, including Richard and Yvonne.

**EXERCISE #9: Max and Amy Case**

Draft an initial Words and Pictures Safety Plan for Max and Amy to help them understand the agreed upon safety rules for their visits with Richard and Yvonne. Using your imagination and experience, decide what the initial safety plan rules should be, based on your knowledge of the case so far.
CASE EXAMPLE: Initial Words and Pictures Safety Plan

Below is the Initial Words and Pictures Safety Plan in Dutch that was shared with Max and Amy while they were living with Grandma. The English translation is provided below the image.

Figure 20: Initial Words and Pictures Safety Plan for Max and Amy
Initial Safety Plan for Max and Amy to Visit Mom and Daddy Richard

Rules to make sure Max and Amy are safe.

<table>
<thead>
<tr>
<th>Max and Amy will live with Grandma for at least the next six months.</th>
<th>Mom can call every day and make an appointment with Grandma about the times to visit them.</th>
<th>Granddad or Uncle Willem will always be at Grandma's house when Daddy Richard is visiting too.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max can tell Alice about the things that are important to him, things he would like to change, and which rules he needs in order to feel safe at home with Mom and Daddy Richard.</td>
<td>Everyone will work together to agree on the rules that need to be followed when Max spends time with Mom and Daddy Richard. Once the rules are agreed upon, Alice will make sure Max knows about all the rules and about the schedule for his time with Mom and Daddy Richard.</td>
<td>If the visits and rules work out well, Max will be at home during the day without a safety person around. Max can also stay overnight when Granddad or Uncle Willem stay too.</td>
</tr>
<tr>
<td>When everyone agrees it is okay, Max will go home to live with Mom and Daddy Richard first. Amy will stay with Grandma until everyone agrees it is okay for her to move home too.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXERCISE #9: Your Case**

Draft an initial Words and Pictures Safety Plan for one of your own cases where you have started working on a safety plan with the parents and safety network. This could be the safety plan around visitation or reunification. It could also be the initial plan for children to remain in the home.
Chapter 8

Track Results

Monitoring, Testing and Refining the Safety Plan

Once the case-specific safety scales and initial safety plans are agreed upon, everything necessary is in place to begin tracking results and measuring progress toward lasting safety. The scale is used as the foundation for conducting an ongoing assessment of the effectiveness of the safety plans so that they can be tested and refined over time. Because the definition of safety is “strengths demonstrated as protection over time” (Boffa and Podesta, 2004; Turnell and Essex, 2006, p. 114), it is critical that families and networks are given sufficient opportunity to show that the safety rules will be effective in keeping the kids safe once the CPA is out of their lives.

As the safety plans are utilized, there are key opportunities to monitor, verify, test and refine the details. Some of those opportunities include:

- unannounced check-ins by professionals or network members to see that the plan is being used
- conversations with parents, children and network members to understand and compare their perspectives on how the plan is working
- reviews of a safety journal where notes are made about times when safety plans have been used, what has worked and what has not worked about the plan (including changes in behavior that led to more safety for the children)
- safety network meetings to review progress and assess the level of confidence in the safety plan based on how it is working
- practice runs or tests for parts of the safety plan (i.e. whether the safety network will respond when expected, whether the child will use the safety object as planned, etc).

When the safety plans have worked well, it is imperative that social workers spend significant time honoring those involved and asking questions to gather extensive details. This helps the family and network think through exactly what was done, who did it, how and when it happened, and the difference it made for the children. Thinking through, talking about and reflecting on
these details will increase the likelihood that families and networks will be able to repeat their success in the future. The details from the conversations about times when the safety plans have worked should be captured in the “What’s working well?” column of the map.

Andrew Turnell frequently points out that “fantastic opportunities” to strengthen safety plans arise when things do not go as planned. While these times may feel to child protection workers like failures of the plan, as long as the children remain safe, they actually provide workers and families the chance to identify and close gaps in the plan while the case is still open. Through this process, social workers are able to assess the ability of families and networks to sort challenges that arise once the CPA is no longer involved. This is vital information when the CPA is considering case closure. It helps CPAs and families avoid closing cases too early and having to reopen them later because safety plans were not rigorous enough or the family and network were not ready to function independently.

In the video, it looks at the end as if Alice is closing the case. What is shown in the video looks like reunification but, in fact, is the first home visit for the children. This is when the safety plan that was developed with the family and network began to be monitored and refined based on the results that were tracked throughout the life of the case. BJZ has typically had this type of case open for two years from investigation through reunification and, eventually, case closure. Timing for closure in any case varies between jurisdictions or countries and is dependent on particular systems, their policies and guidelines.

During the months after the initial safety rules were made, Alice had regular contact with Richard, Yvonne, Grandma and the school to see how things were progressing, especially as contact between the parents and children was increasing. Several safety network meetings were held to monitor the plans and make changes as needed. In addition, Alice met alone with Max regularly to get his assessment of his and his sister’s safety.

**EXERCISE #10: Max and Amy Case**

Review the list of key areas to cover in safety plans from the third paragraph in *Section 8: Take Action*. Draft as many questions as you can think of to assess the effectiveness of the initial safety plan for Max and Amy. Write your questions in the space below.
Alice asked some of the following questions during her work with the family to assess the effectiveness of the safety plan:

- *Since we last met, what parts of the plan have been working the best when Max and Amy have been visiting?*
- *Which parts of the plan have you had an opportunity to use?*
- *Which parts of the plan haven’t worked so well?*
- *When has it been most difficult to use the plan?*
- *When has it been easiest to use the plan?*
- *Have there been times you have seen Yvonne lose her cool recently? What are the things that have most often been happening prior to losing her cool? What did you do to help support Yvonne when those things started to happen that you would want to keep doing in the future?*
- *Have there been times you have seen Richard lose his cool recently? What are the things that have most often been happening prior to losing his cool? What did you do to help support Richard when those things started to happen that you would want to keep doing?*
- *When you think about Richard and Yvonne following the plan, what has most impressed you about how they have gone about it?*
- *On a scale of 0–10, where 10 means that the safety plan has worked exactly the way we wanted it to work and is making sure nothing like what happened to Max and Amy before will happen in the future and 0 means the plan looked really good on paper but has not worked at all, where would you rate it?*

**EXERCISE #10: Your Case**

Review the list of key areas to cover in safety plans from the third paragraph in Section 8: Take Action. Draft as many questions as you can think of to assess the effectiveness of the initial safety plan for the child(ren) in one of your own cases and write them in the space below.

**CASE EXAMPLE: Updated Adult Safety Plan**

At the point when Max was ready to move back home with Richard and Yvonne, Alice worked with them and their network to revise both the adults’ and children’s versions of the safety plan. Additional revisions were made after Max returned home and in preparation for Amy’s first unsupervised overnight visit. Shown below is one version of the updated Adult Safety Plan. Everyone on the safety network received an updated copy of the safety plan following each safety network meeting where revisions were made.
### Safety Plan for Max and Amy

#### Danger Statement:
1. BJZ, Grandma and the pediatrician are worried that, if nothing changes in the home – especially about parents’ stress, Richard's drinking and Yvonne's mood swings – things may lead to further harsh treatment of Max and Amy and either of them could be hurt, bruised, or afraid of their Mom or Dad. We are especially worried about Amy since she is so small that she could die if she ends up with serious injuries like when she had blood behind her eyes.

2. Richard and Yvonne have said it is sometimes really hard for them to get along because they deal with stress so differently. BJZ, the police, Grandma, Richard and Yvonne are worried that Max, and Amy in the future, may grow up feeling afraid and could even get hurt if they are caught in the middle of a big fight between Yvonne and Richard.

#### Safety Goal:
1. BJZ knows that Richard and Yvonne love Max and Amy and want to give them a safe home. For this to happen, BJZ needs to know that Richard, Yvonne and their support system will work together to make sure Max and Amy are always looked after by a sober adult who can control themselves well enough to deal with the children in safe ways. That includes even when feeling stressed or overwhelmed, so that the children feel secure, stay as healthy as possible, and grow up knowing how to deal with stress.

2. BJZ will be able to close the case with the family when BJZ and the family's network can see that Richard and Yvonne are able to work out their differences in calm enough ways, especially when Max and Amy are present, so the children will know they are safe with their parents, even during times of stress or disagreement.

#### Signs things are going well related to Richard's drinking:
- Richard is helping with stuff around the house after work.
- Richard eats supper at the table with the rest of the family instead of eating on his own in front of the TV.
- Uncle Willem gets a call from Richard at least twice a week and they have light-hearted talks about sports.
- The refrigerator has no beer in it and the garbage has no beer cans/bottles in it.

#### Signs things are going well related to Yvonne's mood swings:
- Yvonne has a relaxed attitude even when things are not going quite right.
- Yvonne is smiley and talkative with friends, Richard and the kids.
- Yvonne is using a calm, soothing voice with Amy when Amy is crying.
<table>
<thead>
<tr>
<th><strong>Triggers to Richard’s drinking:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being out of work.</td>
</tr>
<tr>
<td>• Financial stress.</td>
</tr>
<tr>
<td>• Being bored, especially in the evenings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Triggers to Yvonne’s mood swings:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feeling alone in parenting, especially if Richard is working long hours or drinking so much that he is too drunk to help with the kids.</td>
</tr>
<tr>
<td>• Getting less than 4 hours of sleep at night because she has to be up with Amy.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Triggers to fighting between Richard and Yvonne:</strong></th>
</tr>
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<tbody>
<tr>
<td>• Bills are overdue and there is no money to pay them.</td>
</tr>
<tr>
<td>• Not getting enough sleep (at least 4 hours a night for Yvonne and at least 6 hours a night for Richard).</td>
</tr>
<tr>
<td>• Chores are not getting done.</td>
</tr>
<tr>
<td>• Richard drinking too much</td>
</tr>
<tr>
<td>• Yvonne having a mood swing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Preventative Plan Rules:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Richard will never drink beer at home. When Richard is home, he will drink only coffee, soda and water.</td>
</tr>
<tr>
<td>2. There will never be any beer kept at Max’s and Amy’s house.</td>
</tr>
<tr>
<td>3. A safety person will care for the kids at least one night every two weeks so that Richard and Yvonne can have time together to discuss adult issues. They will always review finances during their adult time and will never talk about money or bills around the kids.</td>
</tr>
<tr>
<td>4. Richard and Yvonne will keep a chore list on the refrigerator. During their adult time, they will decide who is responsible for each chore and will write it on the list. Grandma will always check the list when she visits and will talk with Yvonne and Richard to make sure they all agree that the chores are being divided up fairly.</td>
</tr>
<tr>
<td>5. If Amy has been crying for more than 15 minutes, both Richard and Yvonne will stay together with Amy until she settles down.</td>
</tr>
<tr>
<td>6. Richard and Max will spend at least 30 minutes a day doing something fun together. Some of the things they may choose to do are playing football, playing with dinos, reading, and laughing together.</td>
</tr>
<tr>
<td>7. Richard will be in charge of Amy from 9pm–1am and Yvonne will always get to sleep during that time. Yvonne will be in charge of Amy from 1am–7am and Richard will always get to sleep during that time. If either Richard or Yvonne is too tired or stressed to be in charge of Amy, they will get Grandma or Nel to stay overnight so they can take that parent’s shift caring for Amy. This will continue until Amy has been sleeping through the night for 3 months.</td>
</tr>
<tr>
<td>8. Teacher José will spend at least 15 minutes alone with Max each week to see how he is doing. They will talk about things that are happening at school and things that are happening at home.</td>
</tr>
<tr>
<td>9. Nel will stop over every day to check on Yvonne. She will look for any signs that Yvonne is feeling stressed, sad or upset.</td>
</tr>
</tbody>
</table>
### Red Flags/Warning Signs:
- Richard goes to the store for beer or brings beer into the house.
- Richard and Yvonne are not speaking to each other.
- Richard is staring at the television and ignoring Yvonne and the kids.
- Richard is turning the volume up on the television so he can’t hear Amy crying.
- Yvonne gets quiet, starts shutting people out and is keeping to herself.
- The kids are getting cautious around Richard and/or Yvonne.
- Either Yvonne or Richard starts to raise their voice at the other person.
- Richard has been sleeping away from home so he could drink more than once a week.

### Response Plan Rules to Richard’s drinking:
1. If Richard is thinking about drinking beer, he will call Willem. They will talk about whether Richard should spend the night at Willem’s house.
2. Richard will go to Willem’s house if he has plans to drink beer. He will sleep there overnight and will not return home until the next day when he is sober.
3. If Yvonne sees Richard bring beer into the house, she will call Willem right away. Willem will talk to Richard and Richard will go to Willem’s house for the night. The beer will go with him.
4. If Max notices any signs that Richard is drinking or planning to drink beer, he will call a safety person right away to let them know. If he is unable to call, he will go next door to tell Nel and Nel will call Grandma.

### Response Plan Rules to Yvonne’s mood swings:
1. Yvonne will never be alone with Amy when she (Yvonne) is feeling stressed, sad or upset. When Yvonne notices that she is starting to feel stressed, sad or upset, she will send a text message to Grandma and Nel right away. They will come over that same day to see what Yvonne needs so she can regroup.
2. If Nel or anyone else notices signs that Yvonne is heading into a mood swing, they will talk with Yvonne about what they are noticing and immediately send a message to everyone on the network. The network members will have a conference call to make arrangements so Yvonne and the kids are not alone together until everyone agrees it is okay. The CPA will be informed whenever this safety action is taken.
3. If Max notices any signs that Yvonne is feeling stressed, sad or upset, he will call a safety person and move his stone at school. Whomever Max notifies will be in charge of coordinating with Yvonne and the safety network to make sure Yvonne and the kids are not alone together until everyone agrees it is okay.

### Response Plan Rules to fighting:
1. If Richard and Yvonne start fighting, even if it is only at the point of not speaking to each other, the first one to notice will call Grandma, Willem or Nel. This means that Max will call too if he notices any signs of fighting.
2. Grandma, Willem or Nel, whomever gets the call, will come to the house right away to help Richard and Yvonne decide what safety action needs to be taken until the fight is resolved.
Other Response Plan Rules:

1. Anytime a safety person is called for help, he/she will come to the house right away to help Richard and Yvonne decide what safety action needs to be taken. If they cannot agree on a safety action, the safety person will make the final decision and parents will accept their decision. They may decide:
   a. the kids will leave for the rest of the day and spend the night with a safety person
   b. the safety person will stay with the kids while Richard and Yvonne go out for the evening to have some time for adult conversation
   c. Richard will go to stay with Willem and the safety person will stay with Yvonne and the kids.

2. If Max is feeling sad or worried about anything, he will put his stone on his desk at school. Teacher José will always be watching for Max’s stone to move. If she sees it on his desk, she will check in with Max before he leaves school for the day. After she speaks with Max, Teacher José will call Yvonne to talk about it. If necessary, she will also call someone from the safety network to take some action.

Safety People (names, addresses, phone numbers and email addresses):
- Grandma Annie
- Granddad Bert
- Uncle Willem
- Neighbor Nel
- Teacher José

Professional Network (names, addresses, phone numbers and email addresses):
- Social worker Alice
- Pediatrician
- Police
- Mom’s therapist
- Foster care social worker

CASE EXAMPLE: Updated Words and Pictures Safety Plan

The updated Words and Pictures Safety Plan shared with Max and Amy before Max returned home is shown in figure 22 in its original Dutch format followed by the English translation.
Figure 22: Updated Words and Pictures Safety Plan for Max and Amy
### Words and Pictures Safety Plan for Max and Amy

| The Safety Plan for Max and Amy | Rule 1: Mom and Daddy Richard won't hurt Max and Amy. Max and Amy won't get blue spots and headaches anymore. Max says things that are allowed are:  
• Playing football with Daddy Richard  
• Laughing together  
• Dancing with Mom  
• Playing together with the dinos | Rule 2: Daddy Richard doesn't drink beer in the house. He can drink coffee, soda or water.  

---

**Rule 3:** Daddy Richard goes to Uncle Willem if he wants to drink and stays there to sleep.  

**Rule 4:** If Mom and Daddy Richard are fighting they will call Grandma, Uncle Willem or Nel. Max can call too.  

**Rule 5:** Grandma and Nel will come immediately to the house if Max, Mom or Daddy Richard calls when there is a fight.  

**Rule 6:** Max keeps a stone at school. He will put it on his desk when he feels sad. Teacher José will then call Mom so everyone can figure out how to help Max.  

Everybody in this picture knows about the rules and will help Max, Amy, Mom and Daddy Richard so that Max and Amy will feel okay and safe.  
• Doctor  
• Alice  
• Nel  
• Uncle Willem  
• Grandma  
• Granddad  
• Teacher José  
• Police

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**EXERCISE #11: Your Case**

Based on the details that were drawn out from the family and their safety network on one of your cases, create a draft of the final Words and Pictures Safety Plan. Make sure to draft both the words and the pictures.

After both children were home, Alice continued to monitor the safety plan for approximately 6 months. Safety network meetings continued to be held periodically to review the effectiveness of the safety plan and refine it to cover any identified gaps. Alice conducted ongoing assessment of safety throughout her work with the family from beginning to end, constantly mapping with the family in the three-columns format and using the new information she gathered to update the Risk Assessment and Planning Framework.
EXTENDED LEARNING: Micro-Level Action Learning Cycle – Refining the Plan

Alice went through a micro-level action-learning cycle with the family and the network every time they evaluated the effectiveness of the safety plan. She frequently asked the family and network members to rate the effectiveness of the safety plan on a 0–10 scale. From the conversation that followed, Alice gathered information about details of times the plan had worked and times it had not worked as well as they had hoped. Together with the family and network, Alice analyzed the impact on Max’s and Amy’s safety, often by thinking through how their ratings on the case-specific safety scale had changed since the previous meeting. Finally, they worked together to take action to refine the safety plan.

Within the details about the times the plan had worked, Alice honored Richard, Yvonne and the network members for the positive changes they were making for their children. She also listened for behaviors and actions that had been taken to enhance safety. If those behaviors and actions were missing from the formal safety plan, Alice asked questions to help the family and network decide if those behaviors and actions should be added to the plan.

Alice also asked the family and the network questions related to the times the plan did not work as well as they had hoped. These questions gave everyone an opportunity to decide what additional rules should be added to the safety plan to ensure it would work better in the future.

One example of this process occurred soon after Max returned home. Richard and Yvonne began to argue about whether Richard would be spending the night at Willem’s or whether he would be sleeping at home. Max was in his room upstairs and his parents were in the backyard. Even so, Max heard them raising their voices at each other so he called Grandma to come over. Grandma and the parents were able to talk through the situation and Grandma ended up staying overnight to help Yvonne care for Amy while Richard spent the night at Willem’s house. In the meeting Alice had with Max after the incident, Alice complimented Max for following his safety plan. Max shared that he was feeling unsure because the situation had happened over a holiday weekend, meaning he had not been able to move his stone at school until 4 days later.

Gather Information: During the safety network meeting, there was a lengthy discussion about this natural test of the safety plan. Alice asked lots of questions to
learn about the parts of the plan that had worked and honored those who had been involved in making it work. She highlighted that Max had called Grandma and that Grandma, Richard and Yvonne had been able to settle on a safety action.

**Analysis:** Together, Alice and the network analyzed the extent to which this natural test demonstrated safety with respect to the identified worries. They reviewed the danger statements and safety goals, and discussed the aspects of each that had occurred during this incident. Particular attention was paid to the impact of the incident on Max and Amy.

**Judgment:** When Alice asked the family and network members to rate safety out of -10 using the case-specific safety scale, their numbers ranged from 5 to 7. One of the things that kept their numbers from being higher was the realization that Max was unable to use his safety object during times when school was not in session. Richard and Yvonne were able to see that, even in spite of an identified gap, many of the ratings had gone up since the last meeting. This gave them hope, confidence and energy to keep working with Alice and their network to identify and close gaps in the plan.

**Take Action:** Everyone agreed that Max should have another safety object at home. Max chose a dinosaur magnet that was kept on the right side of the refrigerator when everything was okay. When Max was feeling worried, sad or scared, he moved the magnet to the left side of the refrigerator. Nel agreed to check Max’s safety object every day when she stopped over to see Yvonne. If the magnet was on the left side of the refrigerator, Nel would spend time talking with Max alone to help guide her decision about whether or not a safety action would be needed. Both the Adult Safety Plan and the Words and Pictures Safety Plan were updated to reflect these revisions.

**Track Results:** Whether a safety action was needed or not, Nel notified Alice and everyone on the safety network by email anytime she found Max’s safety object had been moved. Alice checked in with Max to see how this new safety rule was working for him. She also spoke with Richard, Yvonne and Nel to get their input about how the at-home safety object was working.
Reflection: When Alice checked in with Max, Richard, Yvonne and Nel, as well as the rest of the safety network, she asked questions to help them reflect on the usefulness of the added safety object. Some questions she asked were:

- *What difference do you think it has made for Max to have a safety object not just at school but also at home?*
- *Richard, what do you think Max would say it has meant to him to see that no one has ever tampered with his safety object, especially when he has moved it to the left side of the refrigerator?*
- *When my supervisor learns that Max has felt comfortable to move his magnet twice, that everyone has respected it, and that the plan for Nel to notice and then check in with Max has worked, how do you think that will affect her rating of the kids’ safety on the scale?*
- *As you know, it would be easy for anyone to touch or change Max’s safety object which we discussed when we first agreed to include an at-home safety object. What do you think it would do to Max going forward if the safety object was tampered with or if it disappeared once the CPA closes your family’s case?*

Over time, Alice gradually reduced the frequency and intrusiveness of her visits. Since things were progressing well over those last few months, Alice slowly transferred the responsibility for monitoring and revising the safety plan to the parents and the safety network.

CASE EXAMPLE: Updated Risk Assessment and Planning Framework

Below is another example of an updated Risk Assessment and Planning Framework for the case. New information since the last update is in italics.
### Figure 23: Updated Signs of Safety Map for Max’s and Amy’s Family – January 10, 2015

#### Updated Signs of Safety Map
Made by: Alice Vogelzang, Yvonne and Richard  
Date: 10 January 2015

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is going well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm statements:</td>
<td>Strengths:</td>
<td>Safety goals:</td>
</tr>
</tbody>
</table>
| • Baby Amy, 4.5 months old, was brought to the hospital by Yvonne and Richard when they noticed that something was wrong with her. The doctors found blood behind Amy’s eyes. Yvonne said she comforted Amy too much. Doctors say someone must have shaken Amy to cause the blood behind her eyes. Yvonne and Richard say they were the only ones who had been caring for Amy during the time the doctors say her injuries must have happened. Richard is worried about Yvonne’s temper. She gets annoyed fast and acts furious to him and the kids.  
• The teacher has seen several blue spots on Max’s back and arms the past month and this is unusual for him. Max said that he sometimes feels afraid at home, that the blue spots happened there and they did not happen by accident. Richard said that Max did not get the blue spots at home. Yvonne is worried about the way Richard interacts with Max. Richard drinks a lot of alcohol regularly and then he shouts at Max and treats him hard.  | • Mother works part-time as a cleaning lady (social participation, contact).  
• The teacher and pediatrician say the children look well taken care of.  
• Yvonne is active at Max’s school.  
• Richard and Yvonne have told Grandma and Willem about what happened to Amy.  
• Parents are willing to work with BJZ and with other organizations, when necessary.  
• Max has friends at school.  
• Until a couple of months ago there were no worries at school about Max’s well-being.  
 • Parents want Max to have a good relationship with Frits, his father, and paternal relatives  
• Parents want the children home and are willing to show that Max and Amy will be safe by working with BJZ and involving a network of relatives/friends  
• Parents love the children and want to take good care of them. They brought Amy to the hospital right away when they noticed that something was wrong with her.  
• Richard plays with Max. They have a lot of fun playing  | • BJZ knows that Richard and Yvonne love Max and Amy and want to give them a safe home. For this to happen, BJZ needs to know that Richard, Yvonne and their support system will work together to make sure Max and Amy are always looked after by a sober adult, who can control themselves well enough to deal with the children in safe ways, even when feeling stressed or overwhelmed, so that the children feel secure, stay as healthy as possible and grow up knowing how to deal with stress.  
• BJZ will be able to close the case with the family when BJZ and the family’s network can see that Richard and Yvonne are able to work out their differences in calm enough ways, especially when Max and Amy are present, so the children will know they are safe with their parents, even during times of stress or disagreement.  
• Define how any future changes will be made to the safety plan.  
• Schedule a case closing meeting to celebrate. |
<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is going well?</th>
<th>What needs to happen?</th>
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</table>
| • There are three recent reports by the police of domestic violence which say that Yvonne has hit Richard and Richard is verbally aggressive and throws stuff. Max told the teacher that he is scared sometimes when there are fights at home between Richard and Yvonne. **Danger Statements:**  
  • BJZ, Grandma and the pediatrician are worried that, if nothing changes in the home, especially about parents’ stress, Richard’s drinking and Yvonne’s mood swings, things may lead to further harsh treatment of Max and Amy and either of them could be hurt, bruised or afraid of their Mom or Dad. We are especially worried about Amy since she is so small that she could die if she ends up with serious injuries like when she had blood behind her eyes.  
  • Richard and Yvonne have said that it is sometimes really hard for them to get along because they deal with stress so differently. BJZ, the police, Grandma, Richard and Yvonne are worried that Max, and Amy in the future, may grow up feeling afraid and could even get hurt if they are caught in the middle of a big fight between Yvonne and Richard. | football together. Max told Granddad that he likes playing football with Richard.  
  • Max told Granddad that he wants to tell Alice that he would like to sleep at home with Granddad.  
  • **Richard has a job as a construction worker four days a week.**  
  • **The teacher sees Max doing well at school, having a good time with friends, and is happy that Amy is home too.**  
  • **Existing safety:**  
    • The neighbor supported the family by taking care of Max when Amy was brought to the hospital.  
    • The children can live with Grandma while the worries are sorted out. They feel safe with Grandma, and Grandma has always been able to stay calm when Amy cries a lot.  
    • Max can stay with his paternal Granddad whenever his caregiver needs a break or needs support. Paternal Granddad has a close relationship with Max, and Max says that he is safe with Granddad.  
    • **The teacher reports that Max is more happy at school. He used his stone twice. Once because he wanted to check if it would work and more recently because he was feeling sad because he was** |
<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is going well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complicating factors:</strong></td>
<td><strong>missing his mom. The teacher informed Yvonne and Grandma. Yvonne took Max to a playground and they spent the afternoon together.</strong></td>
<td><strong>Richard stays with his brother Willem whenever he wants to drink. He comes home the next day. He did this already 7 times. Richard started drinking twice at home. Yvonne went to the neighbor and called Willem. He came to pick up Richard without any trouble.</strong></td>
</tr>
<tr>
<td>• Yvonne has been diagnosed with bipolar disorder, which means she has mood swings and can be impulsive.</td>
<td>• Yvonne called Grandma every day to talk about the children. She visits the children at least 5 times a week. She stays calm when she takes care of the children. <em>Grandma reports that when Yvonne is getting stressed, she can ask for help and takes a walk around the block. This happened 4 times. Once Grandma had to convince her to go for a walk. The last month Yvonne didn’t have big mood swings.</em></td>
<td></td>
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<td>• Richard is currently unemployed and this is causing financial problems.</td>
<td>• Grandma has noticed that Amy seems more relaxed the last 4 weeks when Yvonne is taking care of her. Amy is smiling more at mom and her body looks relaxed, not stiff.</td>
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<td>• Police reported that they had a call from the neighbor 2 months ago about a fight between Yvonne and Richard. When the police...</td>
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<td>What are we worried about?</td>
<td>What is going well?</td>
<td>What needs to happen?</td>
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| • Max told Grandma, Granddad and Yvonne that he does not feel scared any more for Richard. He says that Richard knows himself better and goes away to drink or to be angry.  
• Max told the teacher that Yvonne is singing in the house and asks him often if he is feeling okay with the rules. Max moved the stone just one time to tell the teacher that Granddad felt sick and he was worried that Granddad might die.  
• Yvonne and Richard had counseling and are able to solve disagreements without yelling or hurting each other. They have documented 15 times in their safety journal when they had disagreements they were able to resolve without yelling.  
• Yvonne has shown several times that over the last six months she can ask for help from Grandma and the neighbor Nel during emotional mood swings.  
• The neighbor, Nel, takes care of Amy whenever needed or just to help. Max sometimes has dinner with Nel when Richard and Yvonne want to spend a few hours together. During that time Nel checks in with Max about how... | came to house they found Yvonne and Richard together with Willem who was called by Richard.  
• Max told Grandma, Granddad and Yvonne that he does not feel scared any more for Richard. He says that Richard knows himself better and goes away to drink or to be angry.  
• Max told the teacher that Yvonne is singing in the house and asks him often if he is feeling okay with the rules. Max moved the stone just one time to tell the teacher that Granddad felt sick and he was worried that Granddad might die.  
• Yvonne and Richard had counseling and are able to solve disagreements without yelling or hurting each other. They have documented 15 times in their safety journal when they had disagreements they were able to resolve without yelling.  
• Yvonne has shown several times that over the last six months she can ask for help from Grandma and the neighbor Nel during emotional mood swings.  
• The neighbor, Nel, takes care of Amy whenever needed or just to help. Max sometimes has dinner with Nel when Richard and Yvonne want to spend a few hours together. During that time Nel checks in with Max about... | |
What are we worried about?  |  What is going well?  |  What needs to happen?
---|---|---
things are going at home and how the safety plan is working.  
- The pediatrician and the health nurse are satisfied about Amy’s growth, including her weight, length and condition. She has recovered well from her injuries. She will continue to be checked every 3 months for possible signs of brain damage.  
- The pediatrician checked Max’s body several times and didn’t find any bruising.

0 means it is so unsafe for the children that they must be placed into care.

Yvonne: 7  
Richard: 6  
Grandma: 5  
Willem: 5  
Granddad: 4.5  
Neighbor: 4  
Teacher: 5  
Police: 3  
Alice: 4  

10 means that everybody involved knows the child is safe enough so BJZ can close the case.

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Prior to ending her involvement, Alice worked with Richard, Yvonne and their network to define the process they would use in the future to continue monitoring Max and Amy’s safety and to adjust the safety plans as needed. The case with Max’s and Amy’s family closed when everyone, including the key professionals, were fully confident that the family and network had everything they needed in place to live their lives in ways that assured future safety for their children.
Chapter 9

Reflection

The final phase of the action-learning cycle is reflection. This is where the “learning” is solidified. On the micro-level, this reflection happens throughout the life of a case when social workers ask questions to help families think through what they did, the difference it made and what they learned. In essence, this is an Appreciative Inquiry process with families that can grow their capacity to keep their children safe. Similarly, reflection happens within the context of supervision to grow the capacity of social workers in their roles.

More formally, Appreciative Inquiry can be used with families and/or social workers at the time of case closure to reflect on what they have achieved and learned from doing the work. Ideally, formal Appreciative Inquiry sessions are video recorded so that others within the child protection community can learn directly from families what works for them when child protection intervenes. When Appreciative Inquiry sessions are conducted with child protection professionals, they are often both video recorded and attended by colleagues so that the learning taken from the work is shared.

EXERCISE #12: Max and Amy Case

First, write down questions that Alice could ask Richard and Yvonne at her final visit to reflect on what they have achieved and learned from their hard work. Next, write down questions Alice’s supervisor could ask her at the point of case closure to help her reflect on the good work she did with Max’s and Amy’s family. Make sure to include elicit, amplify and reflect questions.
In Alice's final meeting with Richard and Yvonne she asked Yvonne some of the following questions to guide reflections on what she had achieved:

- Yvonne, you’ve worked really hard to get to this point. When you think about everything you have done along the way, what makes you most proud?
  - I know others have shared this same thing; however it’s really good to see how proud you are of yourself that you’ve been able to stay calm with the kids even when you’ve been overwhelmed or upset with Richard. What are the 3 most important things you’ve learned to do differently in those stressful moments?
    - What difference do you think Max and Amy would say it has made in their relationship with you since you’ve learned to stay calm with them?
- What else has changed in your family to give you confidence that your family will be able to continue on this good path from here?

Alice’s supervisor was so impressed with the work she had done with Richard and Yvonne, she asked Alice if she would be willing to share her work with the team through an Appreciative Inquiry. Alice agreed and was asked questions by her supervisor that were similar to the ones she asked Richard and Yvonne.

- Alice, you’ve worked your butt off to get these kids safely returned to their family and to get this case closed. When you think about everything you have done along the way, what makes you most proud?
  - Yes, I remember how hard it was the first time you visited Richard and Yvonne at the door. Richard didn’t even want to let you in but, as you said, in the end they really developed a lot of trust in you. What are the 3 most important things you did in your work with Richard to earn his trust?
    - What difference do you think Max and Amy would say it made for them that you were able to develop trust with Richard?
    - What did you learn about yourself as a practitioner having walked through this with Richard to develop a strong working relationship with him?
- What else are you pleased with in the work you did with Richard and Yvonne?
- What difference will your learning from this case make to your future work with families and children?

**EXERCISE #12: Your Case**

First, think of a family you are working with where you are getting ready to close your case. Write down questions you could ask the parents at your final visit to reflect on what they have achieved and learned from their hard work.
If you are a supervisor, think of a social worker who you would like to interview about his/her good practice with a family. Write down questions you will ask the social worker at the point of case closure to help the worker reflect on the good work he/she has done with the family. Make sure to include *elicit*, *amplify* and *reflect* questions.

**EXERCISE #13: Key Learnings**

*As you reflect on the process of completing this workbook, answer the following questions and email your responses to info@safegenerations.org:*

1. What are the main things you have learned from progressing through this workbook?

2. What are the biggest questions you have that you want to continue thinking through to move your Signs of Safety practice forward?

3. What are the first steps you will take to incorporate what you have learned into your day-to-day practice?
References


Appendices

Appendix 1: Resolutions Consultancy Trajectory Template

Safety Planning Timeline, Meetings and Monitoring

<table>
<thead>
<tr>
<th>Date/Weeks</th>
<th>Steps/Tasks</th>
<th>Meetings/Monitoring</th>
<th>Contact Changes</th>
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## Appendix 2: SafeGenerations Trajectory Template

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<th>Safety Goal (10)</th>
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<th>4</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tr>
<td><strong>Danger Statement (0)</strong></td>
<td>What do we want to achieve?</td>
<td>What will we do to get there?</td>
<td>How will we know we are on track?</td>
<td>How long should it take?</td>
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