



Signs of Safety Workbook

2nd edition

Andrew Turnell, Katrina Etherington
& Pene Turnell





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1st edition published April 2011

2nd edition published April 2017

ISBN: 978-0-9924284-0-2

Cover Artwork

The cover artwork was created by West Australian Social Worker, Katrina Etherington.



RESOLUTIONS

Published by Resolutions Consultancy Pty Ltd.

COM 1, 153 Kensington Street

East Perth WA 6004

Australia

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Version 2.0.0

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1. Signs of Safety Mapping Process

1.1 A Questioning Approach

The Signs of Safety is a questioning (not an expert) approach.

The Signs of Safety consultation mapping process is designed to help workers think their way into and through a child protection case in preparation to take the assessment map to the family and other professionals involved in the case. The consultant/supervisor uses an inquiring (questioning) approach to help the worker 'map' or 'think themselves into and through' the case using the Signs of Safety framework. By mapping the case, a worker can get their own assessment out of their head and onto paper, so that the assessment and case plan can be reflected on and developed more easily, both with other professionals and the family.

1.2 The Signs of Safety Assessment and Planning Framework

The Signs of Safety assessment and planning form, presented in Appendix 1, is designed to be the organising map for child protection intervention from case commencement to closure. At its simplest, this framework can be understood as containing four domains for inquiry:

1. What are we worried about? (Past harm, future danger and complicating factors.)
2. What's working well? (Existing strengths and safety.)
3. What needs to happen? (Safety goal and next steps.)
4. Where are we on a scale of 0–10 where 10 means there is enough safety for child protection authorities to close the case and 0 means it is certain that the child will be (re)abused? (Judgment.)

1.3 Case Example

What follows is an example of a completed Signs of Safety 'map'. It is an amalgamation of two similar Western Australian cases worked on by Social Worker Katrina Etherington. This case involves Mum Merinda, Dad Eddy and children Darel (6), Alkira (4) and Jirra (18 months). Workers from CPS were concerned due to a high number of domestic violence incidents involving police over a 12-month period. Of particular concern was the impact on the children. Darel told police after one incident that he had been 'punched and booted' by Merinda, and in another incident Alkira cut her foot on glass broken by Merinda during a fight with Eddy. During child assessment interviews, Darel and Alkira told workers about other fights and worries they had. Merinda and Eddy had some family nearby, however most family members were frightened of getting involved

when Eddy and Merinda were fighting. Police notified child protection of their concerns and a joint meeting was held with Merinda and Eddy (separately and together) and the extended family. The map on the following page is the assessment and initial plan from that meeting.

These segments of the four domains ('What are we worried about?', 'What's working well?', 'What needs to happen?' and 'Judgment') further guide and refine the questions professionals use to deepen the analysis when mapping a case, whether in supervision, in a conference, or in working with family members. Each domain will be explored in this document, with particular focus on the inquiry process for engaging others to use the Signs of Safety approach to make sense of the child protection situation they are dealing with.

This workbook is a guide for the facilitator/supervisor who is working with a child protection worker or team to complete the map and thus attain clarity and detail around the case. The workbook can also be applied for workers themselves in how they are thinking about a case and when they are preparing for their meetings with families.

Signs of Safety® Assessment and Planning Framework

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>Past Harm</p> <p>Merinda and Eddy both say that they have had lots of bad fights. CPS have heard about 21 separate fights between 16/10/2012 and 22/09/2013 with Darel, Alkira and Jirra nearby.</p> <p>On the 13/08/13 Darel called the Police saying that his mother had 'started up again'. When Police arrived, they found Darel, Alkira and Jirra crying and hiding in the bathroom. Merinda had rung Rose and Darel Snr to come and get the kids saying she was going to kill herself.</p> <p>In the last fight on 22/09/13, Eddy and Merinda were screaming and throwing things at each other. Merinda threw a glass of coke at Eddy, which hit the wall and smashed. Alkira badly cut her foot on the glass requiring stitches</p> <p>Sally and Diane talked to Darel and Alkira on 23/09/2013. Some of what they said was:</p> <ul style="list-style-type: none"> • "When Mum and Dad are arguing, I take my sisters and we hide in the bathroom." • "Mum and Dad were fighting and smashed the glass that cut my foot. I was really crying. I had a big needle. I was brave." • "Mum shouts really loud and I don't want baby to die...because Mum stressing out, shouting and throwing things around." • "Mum was in the car and driving the wrong way, she tried to smash into Dad, Jirra was in the car. I thought she would get squashed." 	<p>Existing Strengths</p> <p>Darel, Alkira and Jirra all get plenty of food and have good clothes, Darel is doing well at school and Alkira loves preschool, Jirra is on track developmentally.</p> <p>Darel and Alkira say they love playing football at the park with Dad and love playing hide and seek and building cubby houses with Mum.</p> <p>Merinda says she quit smoking weed two months ago and is not drinking alcohol after she went to Mum Rose's for a week-end. Eddy said that Merinda's strongwill helped her to do this.</p> <p>Merinda and Eddy have talked to Sally and Diane about what triggers their fighting and say they want to make changes. Merinda and Eddy would like to go to a couple/family type rehab place like the one in Wanneroo to help them change their ways.</p> <p>Rose and Darel live nearby and help the family a lot, looking after the children and can calm both Merinda and Eddy down when they are angry.</p> <p>Eddy and Merinda haven't had much contact with Eddy's parents Kerri and Pat. Kerri and Pat say now they are back in touch and know what has been happening they are willing to do whatever it takes to help Eddy, Merinda and the kids out. Eddy and Merinda say this would be good and they want the help.</p>	<p>Safety Goals</p> <p>Sally and Diane from CPS want Darel, Alkira and Jirra to be back with Merinda and Eddy because they all want to be together and there have been so many good times in their family. For this to happen they need Merinda and Eddy to work with Sally, Dianne and other people in their family to create a story that explains to Darel, Alkira and Jirra what all the worries have been about and why they went to stay with nana Rose.</p> <p>Once the story has been shared with the children Merinda and Eddy and the safety network will work with CPS to make a plan that the children can understand and shows everyone that:</p> <p>When Merinda and Eddy do argue they can sort things out without hitting or screaming and so none of the kids get scared:</p> <ul style="list-style-type: none"> • Darel, Alkira and Jirra will only be in the car with Merinda and/or Eddy when they are safe to drive • Eddy and Merinda have ways of telling the kids off without punching, hitting and screaming at them • CPS will close the case when the safety plan has been working for 6 months after Darel, Alkira and Jirra go home.
<p>Danger Statements</p> <p>Sally and Diane from CPS are worried that when Merinda and Eddy fight they scream, shout, swear, throw things at each other, drive off dangerously with the kids in the car and Darel, Alkira and/or Jirra will be really upset and frightened and get hurt like on Tuesday night when Alkira cut her foot badly on a broken glass or end up in a really bad car accident and die.</p> <p>Sally and Diane are worried that Eddy and Merinda will hit the children when they misbehave and cause bruises or other injuries.</p> <p>Sally and Diane, Rose, Darel, Kerri and Pat are worried that Darel, Alkira and Jirra will think it is okay to scream, swear, throw things, hit, drive dangerously, threaten, punch or kick people, because of Merinda and Eddy's behaviour. If Darel, Alkira and Jirra do grow up doing these things they are more likely to have violent relationships, get into trouble with the Police and have the same problems in their future lives.</p>	<p>Existing Safety</p> <p>On 24/09/13, CPS and Police met with Merinda and Eddy and they made a plan to send the children to live with Rose and Darel so they could both work on their problems. Darel, Alkira and Jirra have been staying at Rose and Darel's since then.</p>	<p>Next Steps</p> <p>Merinda and Eddy say they will stick to the safety plan and not visit the kids together.</p> <p>At the next meeting on Monday Dianne and Sally will talk with Eddy and Merinda about creating an explanation for the kids about why they can't live with Eddy and Merinda at the moment. Over the next two weeks they will work together to create a full words and pictures story for the kids.</p> <p>After the words and picture story is finished Sally and Diane will help Eddy and Merinda and the safety network work on a long-term safety plan.</p>

Safety Scale: On a scale of 0 to 10 where 10 means, even if Merinda and Eddy do get stressed, angry and drink too much, everyone including the children know what Eddy, Miranda and the support people will do so no one gets screamed at, hit or scared and there's adults Darel, Alkira and Jirra can call and will come if they are worried and 0 means there's no plan to keep the kids safe when things start getting bad so the children can't be living with Eddy and Miranda right now, where would you rate the situation today?

0



10

2. Danger, Safety, Goals, and Judgment

2.1 Danger: What Are We Worried About?

Mapping child protection concerns using the Signs of Safety involves sorting the concerns into these categories:

- Past harm to children.
- Future danger for children.
- Complicating factors (aspects of the situation that make it more complicated).

2.1.1 Harm statements (past harm) related to the children

Since the best predictor of future harm is a clear understanding of past harm, the first item of business on the left-hand side of the Signs of Safety map is to look at what is known about past harm by the adults under consideration toward any children (including, of course, the children who are the focus of the present case).

You, the facilitator of the process, should begin by asking the worker:

‘What are the worries regarding the child(ren) that have resulted in the agency being involved in this case or that make this an open child protection case?’

Another good question along the same lines is:

‘What has happened to this child that worries us?’

You should then seek to ask further questions to refine the information toward clear and specific statements of past harm. Particularly look to capture a clear sense of the pattern/history of harm, paying careful attention to these areas:

- Behaviour: ‘What is the behaviour of the parents (or the young person themselves if the case involves an adolescent) that is causing the harm to the child(ren) (or themselves)?’
- Incidence: ‘How often has the harm occurred over time?’
- Severity: ‘How severe is the harm-causing behaviour?’
- Impact: ‘What impact has the harm-causing behaviour had on the child?’

Where there has been a long history of harm and it is likely the sheer volume of incidents will overwhelm the mapping process, you should focus on mapping the first, worst and most recent incidents alongside a description of frequency (e.g. ‘How many times a week or month would the harm typically happen?’).

Ask as many simple questions as you can think of to get the worries and harm (impact on children) articulated in simple, clear and behavioural descriptions, including details of the history and severity of what has happened, or is happening, to the child(ren).

As an example of using a questioning approach to dig for detail about harm, what follows is from an actual consult. In this case the worker was very worried about the mother not taking her children to medical appointments. The doctor, physiotherapist and health nurse were very anxious about this because the children had multiple disabilities and chronic health issues. When asked more specific and detailed questions about how many appointments the mother missed, the worker paused for quite a while and then answered that Mum was not taking the children to appointments 30% of the time. This was a surprise for both the facilitator and the other observers because, based on the way the worker was speaking, most felt sure the mother was missing almost every appointment. With this answer, the facilitator then wrote on the safety side of the form that the mother was taking the children to appointments 70% of the time. These were questions about frequency.

The next step was to seek to specify the harm by asking the worker how the missed appointments were affecting the children’s health, then refining this line of inquiry by asking the following scaling question:

‘On a scale of 0–10, where 0 means the 30% missed appointments are severely putting the children’s health at risk and we need to intervene immediately to get the children to all appointments and 10 means the missed appointments are a concern but perhaps have more to do with an overloaded mother and her feeling ordered around by the medical people – where would you rate this problem?’

Breaking down the concern about the children in these very specific ways caused the worker to become calmer about the case and to step back from the anxiety she had inherited from the health professionals. The worker began to realise that she had become caught up in being overly negative and pessimistic about this mother, when in fact taking the children to medical appointments was a problem only 30% of the time, and the missed appointments were not actually that

harmful for the children in the child protection worker's view. Part of the issue that became clear, however, was the conflictual interaction between the physiotherapist, the lead doctor and the mother. Furthermore, the health professionals were putting a lot of pressure on the child protection worker to force the mother into compliance.

You (the facilitator) should always ask a worker questions that make explicit how the issue is affecting the children. For example, a worker might say that the house is a mess with rubbish everywhere, that the father has stripped down a motorcycle in the living room, and that both parents use drugs and have drug dealers visiting the house. But the crucial issues are how these things are causing harm or creating a danger for the children and what the worker is seeing that indicates the children are being harmed by these behaviours.

The harm statements in the earlier 'Darel, Alkira and Jirra' example are as follows:

Merinda and Eddy both say that they have had lots of bad fights. CPS have heard about 21 separate fights between 16/10/2012 and 22/09/2013 with Darel, Alkira and Jirra nearby.

On 13/08/13 Darel called the police saying that his mother had 'started up again'. When police arrived, they found Darel, Alkira and Jirra crying and hiding in the bathroom. Merinda had rung Rose and Darel Snr. to come and get the kids, saying she was going to kill herself.

In the last fight on 22/09/13, Eddy and Merinda were screaming and throwing things at each other. Merinda threw a glass of coke at Eddy, which hit the wall and smashed. Alkira badly cut her foot on the glass requiring stitches.

Sally and Diane talked to Darel and Alkira on 23/09/2013. Some of what they said was:

- "When Mum and Dad are arguing, I take my sisters and we hide in the bathroom."
- "Mum and Dad were fighting and smashed the glass that cut my foot. I was really crying. I had a big needle. I was brave."
- "Mum shouts really loud and I don't want baby to die ... because Mum is stressing out, shouting and throwing things around."
- "Mum was in the car and driving the wrong way, she tried to smash into Dad, Jirra was in the car. I thought she would get squashed."

2.1.2 Danger statements (possible future harm) related to the children

Clearly understandable, simple language descriptions of danger are the most critical statements to be sorted out on the left-hand side of the Signs of Safety assessment form. The danger statements are the statutory agency's 'bottom line' that must be addressed before the case can be closed. They are the fundamental statements of the key child safety issues that any meaningful safety plans must directly address. Without danger statements that clearly articulate the seriousness of the problems and are written in language that everyone – both professional and family – can understand, it is almost impossible to undertake safety planning.

Questioning for danger statements should revolve around one simple question:

'What are you most worried may happen to the children in the future if nothing in the family changes?'

Ask as many questions as you can think of to get the worries articulated in simple and clear behavioural descriptions. It is advisable that the danger statements begin with: 'The statutory agency/worker is worried that...'. For example: 'The CPS caseworker and the child representative are worried that Bam Bam and Pebbles will get really scared and may be hurt again if Fred and Wilma continue to use drugs so much that they can't look after the children and give them the everyday care they need.'

To connect the worker's sense of the danger to the family members' worries, ask questions like:

'What would the parents/children/extended family members say they are most worried will happen to the child(ren) in the future?'

'What would they say you are worried about?'

When the content is close to complete, you may need to re-work and re-write it often to sort it out. At this stage, ask the worker these two questions:

'Considering the danger statements we have just made: Do the statements convey the seriousness of the worries? Are the statements in language that the family members can understand?'

If the statements do not capture the seriousness of the issues and are not written in family-friendly language, ask the worker to consider reviewing the content and the language so that they can use the danger statements with the parents and children.

The danger statement in the Darel, Alkira and Jirra example is as follows:

Sally and Diane from CPS are worried that when Merinda and Eddy fight they scream, shout, swear, throw things at each other, drive off dangerously with the kids in the car and Darel, Alkira and/or Jirra will be really upset and frightened and get hurt like on Tuesday night when Alkira cut her foot badly on a broken glass or end up in a bad car accident and die.

Sally and Diane are worried that Eddy and Merinda will hit the children when they misbehave and cause bruises or other injuries.

Sally and Diane, Rose, Darel, Kerri and Pat are worried that Darel, Alkira and Jirra will think it is okay to scream, swear, throw things, hit, drive dangerously, threaten, punch or kick people because of Merinda and Eddy's behaviour. If Darel, Alkira and Jirra do grow up doing these things, they are more likely to have violent relationships, get into trouble with the police and have the same problems in their future lives.

2.1.3 Complicating factors

The key question here is:

'What are the factors/issues/things that make this situation more complicated, both for the family and for the professionals?'

Typical complicating factors are things like poverty (the big one!), addiction, mental illness, isolation, disputes between professionals and family, previous unhelpful and difficult relationships between professionals and family members, the fears and misunderstandings that easily happen between peoples of different cultures, professionals using their authority oppressively, too many professionals involved in a case, and professionals not working together. Try to avoid merely creating a shopping list of everything that is supposedly wrong or problematic in the family. Endeavour to focus on how the complicating factor actually makes things worse for the child and/or how it makes it difficult for the professionals and family members to work together on solving the problems. It is advisable to always try to 'put the professionals in the frame' as possible complicating factors, since child death inquiries consistently tell us that problematic professional behaviour often creates significant danger.

Distinguishing between complicating factors and dangers/worries can be difficult for workers when they first start using the Signs of Safety map. As facilitator, you should use questions like these:

'What do we know about the mother's mental health?'

'How does this make the situation more complicated in making the child safer?'

'How does this mother's mental health affect her care of the children?'

This can help the worker and the supervisor to clarify whether the worry needs to be recorded as a harm statement or as a complicating factor.

Here is an example of a harm statement: 'In March 2008, the two children (6 and 8) were in mother's care when she had a psychotic episode. For two days, the children witnessed their mother talking to the walls and hallucinating about people being in the ceiling who would take over their lives. The mother would not let the children sleep and they were terrified.' This is an example of a complicating factor: 'Mother was diagnosed with schizophrenia in November 2007 and in January 2008 told her mental health worker that she was not taking her medication, as she does not believe she needs it.'

The involvement of extra professionals always makes the situation more complicated simply because, with more people involved, more time is required to coordinate a shared understanding and a commonly understood and agreed plan of action. Helping professionals can often underestimate the complicating multiplier effect that occurs when adding extra professionals to a case. Having more than four or five professionals involved in one case is usually too many. It is important not to assume that a professional being involved is automatically a positive unless a clear description can be made of what specific benefit that professional contributes to the family and for the child's safety and wellbeing. Therefore, do ask:

'Is the professional (therapist, parenting programme, early child educator, psychiatrist, etc.) making this situation better or more complicated?'

2.2 Existing Strengths and Existing Safety: What's Working Well?

Mapping what is working well in the middle column of the Signs of Safety map involves analysing:

- existing strengths and positive aspects of the situation; and
- existing safety (times when the child was protected in relation to the danger).

Andrew Turnell's motto is: *'The worse the problem, the higher risk the situation for the child, the more vital it is that professionals identify meaningful strengths.'*

Finding these positives (no matter how small) provides you with something you can use to honour and engage family members, which creates hope and a foundation upon which it is possible to talk about the difficult things. It certainly is the case that if after careful inquiry there really are very few or no positives within the situation then there is more danger for the child. But it is rare to see a case where it is impossible to find meaningful positives. Workers should exhaustively explore the details of positive aspects with the same energy and vigour as they explore the worries.

On the 'What's working well?' side, look particularly for strengths and existing safety that are meaningful in terms of the worries. Be wary of lightweight 'dinky' lists of strengths that have little significance to child safety and wellbeing that helping professionals can tend to create in the name of being strengths-based. For instance, saying things like 'she comes to appointments', 'the mother is well groomed', or 'Dad loves his kids'.

You (the facilitator) should always be searching for positives as you listen to the problem descriptions. For instance, in the example earlier, the worker was concerned that Mum wasn't taking the kids to appointments 30% of the time. The flipside of this meant she was taking them 70% of the time. Other examples that are quite common include the following:

- The single mother who is isolated, depressed, struggling and overwhelmed in various ways that are affecting the child, but has also left a violent relationship and stayed away from it.
- The mother who repeatedly leaves and then goes back to a violent relationship. It is almost always productive to focus on questions like 'What makes the mum decide it is so bad she needs to get out?', 'How does she even manage to keep herself away for a few days?', and 'What would mum say is the best thing about being able to get away?'. But usually the focus ends up being on the negative of her always going back.

In asking about what's working well, use questions like these:

'What do you like about these parents?'

'What are their best attributes as parents? What do they do well (or even well enough) as parents?'

'What would the mother say she likes most about her child, about herself as a mother, and time she spends with her child?'

'What would the children say they like about their parents?'

'Tell me about times when the kids are looked after okay.'

'What would Mum say are the biggest problems she has faced and dealt with in her life? How would she say she did this?'

Always ask for exceptions regarding the danger statement. One exception is a typical solution-focused question that follows this formula: 'Tell me about a time when the problem could have happened but didn't.' Here are questions you could ask about exceptions:

'When has Mum attended to the child's needs?'

'Has there been a time when Dad has stopped himself getting angry and, instead of hitting someone, done something different?'

'So, the house is a mess. How do they manage to keep the child reasonably healthy and clean?'

'Has there ever been a time when one of the parents has acknowledged, even a little bit, that the violence affects the children?'

'If you asked the mother, would she be able to describe a time when she told the boyfriend she won't use drugs or party with him and instead focused on making sure the baby was okay?'

It is then helpful to do a scan of the family network, which sets the scene for a safety network:

'In your view, which people in the network are most helpful with the children?'

'Who would parents/kids say help them and support them?'

'Who do the family/parents turn to when they have difficulties?'

'When things have been difficult in the past, who would Mum/Dad/kids say has been the most helpful?'

'Of the people around, who love this child the most?'

Follow this by finding out what is good about those people and what they do that is positive. Always use circular or relationship questions, where you ask one person about the perspective of another:

'What would the parents say is positive about the children?'

'What would Dad say are the best aspects of Mum as a mother?'

'Have you asked the child whether there are times when the mother has been able to stop the boyfriend taking control?'

'Who would the child say they feel safest with in their extended family?'

As you and the worker grow the list of positives, always seek to relate them back to their significance in terms of the child's wellbeing and of increasing safety. Do this by asking something like:

'How does this make the situation better for the child?'

'How does this help you/us/the family make the child safer in relation to the danger?'

In terms of the involvement of other professionals and services, try always to ask this question:

'How does the therapist/parenting course/in-home help make things better for the child?'

2.2.1 General scaling questions

At some point in exploring the strengths, ask scaling questions about the worker-client working relationship with parents and children:

'On a scale of 0 to 10, where would you rate your relationship with this father/mother/child/etc.? 10 means you can talk openly with them about the problems and what is good in their life and you are talking together about what can be done about the problems, while 0 means you have no working relationship with that person at all and they won't even talk to you.'

'Where would they rate their working relationship with you?'

10 means that the worker has achieved relationships where they can talk openly about the hard issues and focus together on doing something about them. 10 does not mean that people like each other! Sometimes workers are caught up in their dislike of clients or particular aspects of their relationship, hence the desirable 10 requires very careful and specific definition. This sort of detailed exploration can often make a significant difference.

Even if the rating is low, ask when the relationship has been at its highest. Get detail about what the worker is doing, and has done, well. Always compliment the worker on the positive things! This creates extra energy for the worker.

It is often important also to explore where family members would rate the relationship.

Remember that a good working relationship is key to a good outcome. No working relationship, no change! So, spend time on this area.

There are many aspects of the case you can scale. For example:

- Mother's capacity to control her drug use.
- Mother's own rating of her capacity to control her drug use.
- Grandmother's relationship with the child.
- Father's understanding that the child is terrified of his violence.
- A parent's capacity to provide day-in/day-out practical care for the child.
- Parents' understanding of how vital it is that the child receives certain medical care.

Scales are always useful, most particularly when you hear a worker or anyone else being absolute about something. e.g. 'She's unprotective' or 'He's manipulative'. By taking that concern and placing it onto a continuum using a scaling question, you are implicitly questioning definitive positions and creating room for change and movement. For any number above 0, you can then ask what is working well what makes it even 0.5 rather than a 0.

Scaling questions are very helpful for obtaining new information and creating dialogue about any situation or subject.

2.3 Safety Goals: What Needs to Happen?

Safety: Strengths demonstrated as protection (in relation to the danger) over time.

The key organising question of the Signs of Safety approach is:

'What do you need to see to be satisfied that this child is safe enough that the child protection agency can close the case?'

Organising all practice and actions around achieving the answers to this question is safety-organised child protection practice.

Parents who have been on the receiving end of child protection services consistently say, 'We weren't told what we had to do to get CPS out of our lives.' Child protection authorities of course do create case plans all the time, but these often avoid the real issues while confusing means (usually services) with ends (on-the-ground child safety). Child protection case planning tends to document services that families must attend, rather than being a process that clearly describes and creates future safety for children. One parent, Ah Hin Teoh, expressed it this way:

*It always felt like they had a hidden agenda because they'd get me to do one thing, then they wouldn't be certain that was enough so they'd come up with another thing. And they are really creative in a way because they would try to find something impossible for me to achieve. To me that was not in the children's' best interests, because they are working towards nothing, towards the hope that I fail.
(Teoh, Laffer, Turnell and Parton, 2003, p. 151)*

While it sounds completely logical and obvious to focus all practice on clearly defined everyday safety for the children, asking the above key safety question is probably the most terrifying question you can put to a child protection professional. As one child representative (guardian-ad-litem) put it:

*Who is going to be brave enough to make the decision that a child can go home and on what basis are they making it? It's far easier to find evidence to support the child not returning than to find evidence that a child should return home, and that's if there is the will to work towards rehabilitation.
(Luger 2003: 21)*

BE PERSISTENT, BUT GO VERY GENTLY AND COMPASSIONATELY, remembering these are very difficult questions particularly for a statutory child protection worker. They will almost always feel they have nowhere to hide and their anxiety will rise as they think, 'What if I'm wrong?'

As mentioned already, it is easy to confuse means with ends. Therefore, when working with child protection workers, in order to define what they need to see to be satisfied the child is safe, they will often propose services. e.g. 'Dad will attend a DV group.' This, like all services of any type, is a means to an end, so the follow up question should be something like this:

'Okay, so if Dad attends the DV course, what do you expect will change in the home that will tell you (and the child) that the children are safe now?'

When asked to consult on a new case, you (the facilitator) should always ask workers to address the question:

'What would they need to see to close the case?'

Thinking about case closure goals at the beginning of a case will focus the worker, and therefore their communication with the family, on what needs to happen for the worker to be confident that the children are safe. These goals then inform case direction and provide clear information to the parents about what they need to do. Maintaining this focus during subsequent consultations will ensure that all the work continues to be orientated around what needs to happen for the agency to be prepared to return the children home and/or close the case and usually gets the situation dealt with in the shortest time possible.

To help workers explore safety goals, it can be helpful to establish an answer to a safety scale question. This makes it possible to ask a question like this:

'If right now you rate the safety for these children at a 4, what would need to be happening in this family for you to rate it as a 10? 10 means you are prepared to close the case and walk away.'

It is very important to also canvas the goals of family:

'What would Mum/Dad/child/neighbour/Grandma say needs to happen for them to feel everything is okay for the child and the child won't be hurt again? What would they say needs to happen for them to feel like they don't need any further professional help?'

When the details of what needs to be seen to know the children are safe and to close the case are established, it is always critical to ask:

'Do we have those goals written down in a way, and in language, that the parents/relatives/child will understand?'

The goals need to be stated in straightforward language and measurable outcomes that can be discussed with the family. For example:

'Father has demonstrated that he can manage his anger without hitting the children or Mum, over a period of 6 months.'

'Mum and Dad show that they can maintain the everyday care routines of the children first on the contact visits, then in the day stays, then the overnight stays, and then for three months after reunification.'

'Mum and boyfriend always follow the doctor's and health nurses' orders about caring for baby.'

‘For six months, every time that Dad starts to feel himself get down and overwhelmed to the point where he doesn’t want to get out of bed and just wants to get on the dope, he contacts Grandma or his brother to take over the care of Mary.’

Continue asking, ‘What else would you need to see? And what else?’ until the worker is satisfied that the goals represent everything that they would need to see happening for them to be confident that the children are safe in the family. Referring the worker back to the danger statements throughout the questions about safety will ensure that the goals are relevant to the critical concerns for this family. Work through each danger statement and develop clear safety goals to each. It is always best to start with the more straightforward danger statements. For example, it is usually easier to create a safety goal for a danger statement about parents not addressing a child’s health needs than an emotional abuse danger statement.

At the same time, do not allow professionals to create a laundry list of safety goals, as this will inevitably overwhelm the family. Ask the worker questions along these lines:

‘I know you are really anxious about this case and would like to get all the problems sorted, but what are the bottom line issues?’

‘Do you think we are creating too many goals here? Do you think all these things might feel like too much for the parents? Are they too much or they all bottom line things that have to be done?’

The safety goal for the Darel, Alkira and Jirra example was:

Sally and Diane from CPS want Darel, Alkira and Jirra to be back with Merinda and Eddy because they all want to be together and there have been so many good times in their family. For this to happen they need Merinda and Eddy to work with Sally, Dianne and other people in their family to create a story that explains to Darel, Alkira and Jirra what all the worries have been about and why they went to stay with Nana Rose. Once the story has been shared with the children, Merinda and Eddy and the safety network will work with CPS to make a plan that the children can understand and shows everyone that:

- When Merinda and Eddy do argue, they can sort things out without hitting or screaming and so none of the kids get scared.
- Darel, Alkira and Jirra will only be in the car with Merinda and/or Eddy when they are safe to drive.

- Eddy and Merinda have ways of telling the kids off without punching, hitting and screaming at them.
- CPS will close the case when the safety plan has been working for six months after Darel, Alkira and Jirra go home.

2.3.1 Next steps

Once all safety goals are established, it is time to talk about next steps:

‘So, if that is the safety goal, what do you think is the smallest next step in moving toward getting that happening all the time?’

‘You rated the situation 3 out of 10 on the safety scale. What needs to happen next to move things up to a 3 and a quarter?’

‘What would Mum/Dad/child/aunt/child rep/health nurse/doctor say in the next step?’

2.3.2 Capacity, confidence and willingness

What seems like a good idea in the office to professionals may not make much sense to the family or simply may not be doable for them. Whatever safety goals are figured out and whatever action plans are made to achieve those goals, it is always important to consider:

‘On a scale of 0–10 where would Dad/Mum/uncle/neighbour rate their willingness to do this not just now, but to keep doing it?’

‘This seems a really good idea, but on a scale of 0–10 what would Mum say if we asked her whether she is actually able to do this?’

‘On a scale of 0–10, where 10 means they really believe in this part of the plan and know it will make the kid safe and 0 means they have no confidence it will make any difference and probably only will agree to it because they think they must agree with your idea – where do you think Mum and Grandpa would rate this?’

2.4 Safety Scale: Judgment

All assessment has three steps: gathering information, analysing that information, and reaching a judgment. The safety scale in the Signs of Safety assessment seeks to distil all the information on the map and to capture the most critical judgment that needs to be made in a child protection case, namely how safe is the child (or children). There are various ways of asking a safety scale question, depending on the context of the case. However it is critical that safety scale questions clearly define both the 0 and the 10 with definitions that are specific to the case.

Typically, the safety scale question seeks to ask:

‘On a scale of 0–10, where 0 means the situation for these children is so bad you need to remove them into care immediately and 10 means that there is sufficient safety to close the case – where would you rate the situation right now?’

The safety scale question in the Darel, Alkira and Jirra example was as follows:

On a scale of 0–10, where 10 means even if Merinda and Eddy do get stressed, angry and drink too much, everyone including the children know what Eddy, Miranda and the support people will do so no one gets screamed at, hit or scared and there are adults Darel, Alkira and Jirra can call and will come if they are worried, and 0 means there’s no plan to keep the kids safe when things start getting bad so the children can’t be living with Eddy and Merinda right now – where would you rate the situation today?

Alternative safety scales can involve 0 meaning the recurrence of similar or worse abuse for these children is certain and 10 meaning that there is sufficient safety to return the children to the parents’ care.

Although it may seem obvious, the critical issue of a safety scale is to scale the child’s safety. Rating a parent’s capacity to care for the child is informative but is NOT a safety scale. Some professionals confuse the two. Thus, a developmentally delayed parent may never be able to be rated higher than 4 or 5 on her capacity to care for her child, but a child’s safety in the home may be rated at 10 because there are others filling the care gaps that the mother cannot.

Asking the worker to scale their assessment of the children’s safety requires that worker to both quantify their judgment and to publicly stake a claim for their view of the current situation. This can be challenging for some workers to do, particularly in front of a group of colleagues, and so you may need to be gentle but persistent in your questioning.

Once a worker has rated the situation, you can usually get more information about the family by asking questions about what has led the worker to rate the situation as they have. For example, if they rate the current safety at a 3, you can ask:

‘What are the parents doing that brings your rating of them up to 3 points above 0?’

You can keep asking questions about this:

'What else leads you to rate this as high as a 3?'

'What's better between now than when the situation was previously at a 1?'

You can also look back at the left hand (worries) side of the equation if necessary:

'For me, your rating of 3 is lower than I expected, given what we've written on the danger side. Is there anything we've missed on that side or am I missing something?'

This is the critical judgment, so it is important to ask about others' perspectives:

'Where would the child rep/psychiatrist/child health nurse/principal rate the current situation on the safety scale?'

'Where would the mother/father/children rate the current situation on the safety scale?'

This can provide more information about the family, either on the worries or the strengths side. For example, if the worker believes the mother would scale the situation similarly to the worker, then you probably have a strength statement: 'Mother acknowledges that they are using drugs and are not always able to supervise the children adequately.'

This can elicit further information about the worker's relationship with the parents:

'How did you create a relationship with this mother where she is able to speak openly about her worries with you?'

The safety scale not only enables workers to quantify their assessment, it also creates a context for exploring the worker's view of what needs to happen for the children to be safe.

Andrew Turnell's Advice when Consulting on Stuck Cases

Most often I am asked to do case consults with stuck cases. In this context, particularly where I don't have an established working relationship with that practitioner, I often don't ask the worker to look at what they would need to see to be willing to close the case. This is because, in my experience, when a worker feels really stuck (often can't see the woods for the trees) their capacity to look at what the end game is very limited and asking questions about case closure goals often ends up being frustrating for them. Even though the Signs of Safety mapping inevitably gets them clear-

er about the case, they are still mostly focused on what to do next and looking at closure at this stage can be a big mismatch to their present position on the case. Instead I help them to map the case using the framework above and then focus on this question: ‘What do you want out of this consultation?’ I will often spend as long as 10 minutes getting this clear and almost inevitably the answer connects to next steps in the case. If I get the chance to consult with the worker again, after they have undertaken some work with the situation and feel like they are making progress again in the case, I make sure in that next consultation that we focus on this question: ‘What would you need to see to be confident you could close this case?’ In this way, when the practitioner has rebuilt some hope and feel they have some forward movement happening, I seek to help them set the longer-term direction of the case.

Andrew Turnell’s Top Tips for Mapping

1. Keep asking questions and resist the urge to give answers. Keep the questions simple to get straightforward detail on the form. Use the worker’s own language (don’t turn it into yours) to show you are taking their thinking and words seriously. Language and words are critical in this work!

2. Write the answers on the whiteboard. I do the writing myself because it gives me time to form the next question. Always slow the worker down and don’t let them run away with a story. Take it one small question and answer at a time. By taking the process slowly, if the worker is really stuck and bound up in the case, the dynamics of this tend to become apparent. You are then able to explore those dynamics, often simply by asking a question like: ‘When you look at what we’ve mapped out on the board, what do you think is happening here in your relationship to this family and in this situation that is making you feel stuck?’

3. Build a team case practice culture. The best decision making is collective decision making. (Provided it does not slide into the sloppy territory of easy consensus where supposedly everyone agrees with each other—an ever-present danger among helping professionals who have an in-built tendency to be nice.) Jurisdictions around the world that are most effective in moving cases through their systems consistently do most of their case supervision in groups. Team leaders/supervisors do not seek to micro-manage all cases, but rather to grow the collective practice of the team thinking its way into and through a few cases (usually at a weekly team meeting) using the Signs of Safety framework. Constructive group consultation never just happens, but rather is always carefully led, focusing first and foremost on helping the practitioner who has brought the case forward and on group dynamics managed purposively and clearly (particularly the tendency for others to slide into telling the worker what to do). Consistent use of group supervision grows

a sense of a common practice culture, increases the morale of the team and its collective wisdom, gives the supervisor more confidence in the work of their team, and breaks down the sense of isolation that many child protection practitioners often feel.

4. Focus the process on the worker in question. This is not a free-for-all for everyone to answer the questions for the worker; this is about helping the worker think into and through the case. You may well have to restrain others from answering for the worker or jumping ahead to the right way to deal with this case.

5. Move around the map. Move between the danger (worries) and safety (working well) sides. The consultation doesn't have to be, and shouldn't be, a linear process. Whenever the consultation feels stuck, create energy by moving to the constructive side of the map and look for opportunities to compliment the worker on anything they have done well. Shifting to the safety scale is often a very good way to move through impasse as it clarifies and distils the situation and only rarely does a worker say it is a 0. Even if/when they do say 0, that usually clarifies things. i.e. It's probably time to take strong action like removal.

6. Involve others. If you are running the consult as a group process, you can break it up with the worker and invite some reflections on the process (not on the content of the case) by others. For instance, get the others to think about questions they'd like to ask and offer them to the person leading the consultation.

7. Use the worker's language, don't change it or aggregate it. I mentioned this earlier. This shows the worker that what they say and think is vital and often helps them take themselves and what they are saying more seriously. Workers tend to become clearer in their thinking by hearing their thoughts and words coming back at them.

8. This is all about parallel process. If you, the supervisor, want workers to go out and draw on clients' strengths and get the clients to think their way into and through their own problems toward solutions that they own, then it only makes sense that you need to do the same thing for your worker. This means you often must work quite hard to restrain your impulse to tell the worker what to do and what you think is the right assessment/understanding of the case. If it is a group consult, inevitably you will also have to restrain and redirect others' impulses to play expert. If you are using the Signs of Safety process in a group context, it often makes people feel very uncomfortable because it will tend to highlight very quickly if the team's usual way of operating is to get out a quick story of the case and then everyone gets to give advice.

9. Offer suggestions and guidance. This approach to consultation does not mean you (the supervisor/consultant) cannot offer guidance, give advice, or make suggestions. This process is asking you to put that overt advice-giving role on hold until you have had the worker really think it through for themselves and exhausted the resources they must bring to finding their own solutions. Offering advice is only one way of introducing difference and change – the primary way this process works to introduce change is to slow the person down and get them to think more carefully about what they think and how they want to act. My experience is that if you do need to give advice or make suggestions after you have opened the case up carefully in this way, your advice is much more meaningful and on the mark. I make the habit of offering advice with the image of an open hand in my mind. i.e. ‘Well, here are my ideas. What do you make of them?’

10. Leading practice. My experience in doing this is that you get to know your workers much better and you help them develop into stronger practitioners who can more readily stake a claim for their own judgments and goals in their practice. The intensity of the focus in a few cases will quickly start to generalise to all their practice and there is less need for you to micro-manage your team. (It might also expose your desire to micro-manage if that has become a habit for you.) This process will expose weaknesses and bad habits in the practitioner; it is important to go gently in these areas.

11. Vulnerability. Always remember that this is a much more vulnerable process than the usual ‘you tell me the problem, I’ll tell you what to do’ style of consultation/supervision. The worker must expose their thinking and practice much more and will be challenged constantly to think carefully about their positions. You, the supervisor, must work harder to come alongside the worker and you must step out of the expert role. As a supervisor, it is always important that you are mindful of the additional vulnerability involved.

3. Danger Statements, Safety Goals and Safety Scales Examples

Developing a safety goal and safety scale matched to each danger statement within a Signs of Safety assessment provides the crucial analysis elements and measurement mechanism that can organise and focus the subsequent Signs of Safety casework.

The danger statement, developed from the past harm and complicating factors while considering any existing strengths and safety, explains why child protective services (CPS) are involved in a family's life. The safety goal clearly explains what the family and its networks need to do so that everyone knows the children will be safe and what the child protection professionals need to see to close the case. The safety scale provides the measurement process that everyone can understand, creating the means by which everybody involved – including family members, support people and professionals – can continually provide their rating of how safe the situation is and how the case is progressing.

As with all work in the Signs of Safety, it is vital that the professionals prepare these in simple, straightforward language that the family members can understand.

Below are examples of danger statements. Safety goals and safety scale trios are all anonymised and offer examples across a range of case types.

3.1 Sexual Abuse Example

Sexual Abuse – Danger Statement

Kay and Mark from CPS are really worried about Ben, Beverly, Damian and Jill because of what the children have told them happens at home with their Mum Anne and Dad Harry. Ben and Beverly said that Mum and Dad sometimes want the children to play special 'sex games', which means they get the children to touch their own and each other's private parts and sometimes Dad touches Jill's and Damian's private parts too. Workers at CPS are worried that if the children stay with Mum and Dad these types of sex games will keep happening and the children will keep being scared and worried about it and will not be able to grow and develop in a healthy way like children their age should.

Anne and Harry say the sex games didn't happen and nothing like this will happen in the future. Because CPS and Harry and Anne have been caught up in an argument about whether these things did happen or not, this has made the problems harder to resolve and CPS has become more worried.

Safety Goal – Sexual Abuse

Kay and Mark from CPS see how much Anne and Harry care about the children because they come to see them all the time and they say they'll do anything to get the children back home. CPS want the children to be living with Anne and Harry again and for this to happen the workers and the court need:

- Anne and Harry to work with the social workers to create an explanation that tells all four children what CPS are worried about, why they aren't living at home, and what needs to happen for the children to go back home; and
- Anne and Harry to invite at least 8 people, who know the family well and who understand what CPS are worried about, to support them. After this, Anne and Harry and the support people need to work with the CPS workers to create a safety plan that the children can understand so that no-one worries about the children being sexually abused in the future.

When the parents and support people have shown that they have been using the plan with increasing contact and overnight stays for 24 weeks, the children can go home. When the parents and support people have shown that the plan is working for another 24 weeks, CPS will close the case.

Safety Scale – Sexual Abuse

Thinking of everything we know and what the children have said at different times about playing 'sex games', on a scale of 0–10, where would you rate things right now? 10 means there is a clear plan in place, that everyone understands (including the children), that can make sure everyone is keeping the children safe from any sexual abuse being possible, while 0 means even though everyone would like to see the children go home, there is no plan in place, none of the family or professionals can agree on what 'safe' is, and if the children go home today it's very possible that the sort of sex games Ben and Beverly said happened to them before could happen in the future.

3.2 Neglect Example

Danger Statement – Neglect

Britt and Lynnea from CPS can see how much Mum Lee and Dad Fred love and care for Mari, Tracey and Agi when they come to see them at the office and everyone has big smiles, lots of love

and hugs. Lee and Fred say they hate that they don't have the girls at home with them and will do anything to have them back.

Before they went to foster care, there were some big worries about the girls not being looked after well enough by Lee and Fred and being left with people who were not safe. The girls' school told the social workers that often the girls were wearing dirty clothes and smelled of urine. When Britt and Lynnea visited, the house was a real mess. There were clothes, dirty dishes, and cigarette ash everywhere and the girls weren't always taken to important medical appointments.

Britt and Lynnea at CPS are worried that if the children go back to live with Lee or Fred the problems will continue and the children might get hurt or sick from not being kept clean, not being fed enough healthy food, not having a safe and clean place to live, and not getting to the doctor when they are sick.

Britt and Lynnea are also worried that if the children go home to live with Lee or Fred they might get left with people who have been drinking, using drugs, or who don't know how to look after children properly, like the time when Lee asked Fred to look after Tracey and the police said that Fred was so drunk he was stumbling around the place and walking sideways. If this sort of thing keeps happening then Lynnea and Britt are worried that the children will be scared and could end up getting badly hurt.

Safety Goal – Neglect

Lynnea, Britt and their manager at CPS, Johanna, want Mari, Tracey and Agi to return to live at home with Lee or Fred because it is clear both Lee and Fred love the girls and the girls love their Mum and Dad.

For that to happen, workers at CPS need Lee and Fred to work with the social workers to create a story that explains to Mari, Tracey and Agi why they don't live with them at the moment. They also need Lee and Fred to find some people who will work with them and CPS to make and follow a detailed safety plan to show everyone that the girls will have a clean house to live in, clean beds to sleep in, clean clothes to wear, will be kept clean, will be given food that fills them up, and will get to see a doctor when they need too, no matter what is happening in Mum's or Dad's life. The plan also needs to show everyone that the girls will always be looked after by an adult who is sober, treats them well, and is a known member of the safety network. When the plan is finished, Lee and Fred and their support people will explain it to Mari, Tracey and Agi so everyone understands the rules.

Safety Scale – Neglect

On a scale of 0-10, where would you rate things today? 10 means that if the children returned home tomorrow to live with Lee or Fred, it would be to a home that is warm and clean, where there are people to help, with a clear plan in place that shows how the girls will have clean clothes and good meals, will be able to attend all their doctor appointments, and are cared for by a safe sober adult. 0 means that nothing has really changed at all yet and there is no plan for how things could be different, and even though Mum and Dad really love and miss the children, things would probably be the way they were when the children went into foster care and it wouldn't be long before they were scared, sick or in danger of getting hurt again.

3.3 Teenager at Risk Example

Danger Statement – Teenager at Risk

Marie and her manager Johanna from CPS are impressed with how 15-year-old Ophelia has been working with Marie, her Mum, and her Grandma to make her life better and has been going to school. Marie and her manager Johanna are worried and think Mum, Dad, Grandma, 17-year-old sister Ella and 10-year-old sister Krissy are also worried that Ophelia's life has gotten really off-track and that Ophelia and Mum, who were really close, ended up not talking at all. Marie and her manager Johanna are worried that if things keep going the way they have been and Ophelia uses and deals in cannabis, gets drunk, assaults and robs anyone, and hangs out with the gang, then Ophelia's life will end up so messed up that she won't be able to become a beautician like she wants and might end up in a detention centre getting raped by someone in the gang, and end up with nowhere to live and life will go from bad to worse! Marie knows that Ophelia really loves her little sister Krissy and that Krissy really looks up to Ophelia. Marie worries that Krissy might think the things Ophelia does are really cool and try to do them too.

Safety Goal – Teenager at Risk

For Marie and her manager Johanna to know Ophelia is okay and has her life on track, they need Ophelia to sit down with Marie, Mum and some adults and friends she trusts and wants to work with to put together a safety plan. The safety plan should show everyone that Ophelia has a reasonable set of rules and responsibilities that both Mum and Ophelia feel they can live with, that will help Ophelia sort out her life and get their relationship back on track. Mum and Ophelia would need to show, along with Dad, Grandma and their support people, that the safety plan is in place for 3–4 months and will keep working once CPS are no longer involved.

Safety Scaling Questions – Teenager at Risk

For Ophelia:

Ophelia, on a scale of 0–10, where 10 means that you have a great plan in place, that even your parents think it is pretty good, that lets you have some freedom and is helpful to you in that it keeps you out of detention, makes sure you're safe from getting raped, and sees that you are able to live at home, and 0 means that you have no plan, no interest in making any plan, and CPS along with everyone else can stick their ideas and bugger off – where are you today?

For the parents and professionals:

Mum, Dad, Grandma, Marie, Manager Johanna, on a scale of 0–10, where 10 means you can see that Ophelia has a really good plan in place that you think is pretty good, it lets her have some freedom and looks like it will keep her out of detention, make sure she's safe from getting raped by gang members and will help you feel like you can deal with how Ophelia is and be okay about her staying at home, and 0 means there is no plan in place that Ophelia will have a bar of, nothing's changed, in fact they've gotten worse and something pretty drastic needs to happen and soon – how would you rate things at the moment?

3.4 Neglect and Domestic Violence Example

Danger Statement – Neglect

James and Coleen from Holywell Children's Services are worried because over their life Jill (6), Jane (4) and Jimmy (2) haven't always got the everyday care they need so sometimes they go hungry, they have been dirty, they get sick and not taken to the doctor, and they are living in a house that is dirty and makes them sick. James can see that Mum Marie has made changes like cleaning up the house and getting her sister Angie to help with this, but he is still worried that maybe the kids won't get food, be kept clean, be in a clean house and taken to the doctor like they need if they return home.

Safety Goal – Neglect

James and Coleen from Holywell Children's Services want Marie and the children to be together because they can see how hard Marie is working to be the best Mum she can be. For this to happen they need to see Marie and some support people she chooses like Angie to make a simple

plan together with James that the kids can understand about how the children get looked after every day so they are always fed, clean, their rooms and beds are fresh, the house clean, and they go to the doctor when they are sick.

Safety Scale – Neglect

On a scale of 0–10, where 10 means everything is sorted out and Marie has the support she needs so even if life gets tough Jill, Jane and Jimmy will get good meals, be clean, get to the doctor when they need to and the house will be clean, and 0 means even though Mum wants to make all this happen for the children she doesn't have anybody to help here and won't be able to keep it together when things get difficult so things will probably be as bad as they were before – where would you rate things today?

Danger Statement – Domestic Violence

James and Coleen from Holywell Children's Services are worried because when Marie was in a relationship with Barry (Jimmy's dad) there was lots of fighting all the time that scared the kids and made them really afraid and was so bad for Marie she was talking about killing herself. It's a huge step for Mum that she has been able to separate from Barry, but James and Coleen are worried about future relationships Marie has and that these might be bad for Marie and the children will get scared and hurt all over again.

Safety Goal – Domestic Violence

James and Coleen from Holywell Children's Services want Marie and the children to be together because they know how determined Marie was and how hard she worked in getting herself and Jill, Jane and Jimmy away from Barry. For the family to be back together, James and Coleen need Marie to agree and tell the children and her support people that when she starts her next relationship she will sit down with Holywell Children's Services and her support people and the new partner to make a simple plan that the kids can understand about what Marie and partner will do when they get angry or frustrated. The plan needs to show how when Mum and new partner do argue, no one gets shouted at, threatened, pushed, hit, attacked or hurt.

Safety Scale – Domestic Violence

On a scale of 0–10, where 10 means everyone including Jill, Jane and Jimmy are confident that when Marie goes into another relationship she will do everything to go slowly, talk to her friends and HCS, and make sure it's a good relationship for her and the children, and 0 means when the

next man turns up Marie likes the look of she'll jump straight into the relationship and not think through whether it's good for her and the children and not tell anyone she's doing it and everyone and the children will be worried – where are we today?

3.5 Physical Abuse: Syrian Refugee Example

Danger Statement – Physical Abuse

Marie and Mikael from Hagersten Children's Services and the police have been told that Abdul has been hit and beaten many times, since he was six years old, by both step-mum Sheida and Dad Hassan, but most violently by step-mum. Dr Svensen from the children's hospital says there are 'many marks on Abdul's legs and arms, body and head that are consistent with being beaten by hand and with implements on numerous occasions over many years'. Abdul says the worst thing about all this is that he feels step-mum treats him like an animal. Abdul says he doesn't ever want to live with step-mum and Hassan again. Marie and Mikael from Hagersten Children's Services know there is a lot of love for Abdul in the wider family. For example, they know Uncle Ali worries and wants to help Abdul and are sure Hassan loves Ali because of the way Abdul says his Dad talks and explains things to him. Hagersten Children's Services is considering the idea of Abdul going back to live with Dad and step-mum but because it seems there's been so much hitting for so long they wonder whether this should happen and whether step-mum Sheida wants Abdul back. Hagersten Children's Services is worried if Abdul does go back, the hitting and beatings will happen all over again and this could lead to Abdul getting very badly hurt, him lashing out at Sheida or Hassan, or him getting sadder, hating and maybe even killing himself.

Safety Goal – Physical Abuse

Marie and Mikael from Hagersten Children's Services want to talk about the possibility of Abdul going back to live with Dad Hassan and step-mum Sheida with everyone including Abdul, Uncle Ali, Great Uncle Aman and Abdul's younger brothers. It is important that everyone is involved in deciding where Abdul will live long-term and how he will stay connected to his family, especially if the family has to leave Denmark. For Abdul to go home to Hassan and Sheida's home, Marie and Mikael from HCS need Hassan and Sheida to bring together a group of people who know what HCS, the police and Doctor Svensen are worried about to help Hassan and Sheida create an explanation for Abdul, Ali and Aman about what has caused Hassan and Sheida to beat Abdul so much. Hassan and Sheida then need to work with HCS and the support people to create and show they will always use a straightforward safety plan with rules that make Abdul and the support people sure that Abdul will never be hit or beaten again and that Hassan and Sheida have ways to discipline and direct Abdul they will always use that never involve hitting or beating.

Safety Scale – Physical Abuse

On a scale of 0 to 10, where 10 means everyone knows and Abdul is certain that if he lives with Hassan and step-mum Sheida that he's never going to be hit or beaten and everyone knows how Hassan and step-mum Sheida will discipline and direct Abdul, and 0 means if we're honest when we think about Abdul going back to live with Hassan and step-mum we think this is not a good idea and Abdul will be hit badly – where would we rate it today?

3.6 Domestic Violence, Neglect and Drug Use Example

Danger Statement – Neglect/Drug Use

Manna and Lotte from CPS can see that Colin and Trina have done heaps of good things in raising their kids Dan, Mick and Alicia. They can see this in how smart Dan is and he clearly got this from Mum and Dad. Alongside that, Manna and Lotte are worried that Colin and Trina throughout their eight years together have always been using drugs. From reports CPS have, it seems Colin and Trina's meth use has got really intense with them using several times per week and sometimes daily. Manna and Lotte are worried that when Colin and Trina are using drugs a lot, the children don't get looked after properly, the house becomes very messy, and Dan, Mick and Alicia don't get food and don't get cuddled and played with like they need. Because of that they'll be hungry, scared and wonder if they can depend on their Mum and Dad. If this happens then Dan will try to care for the little ones and be scared about everything and the kids will end up behind in their development like the doctors say Mick is with walking and Alicia is with speaking.

Danger Statement – Violence

Manna and Lotte from CPS are worried about the screaming and fighting that Dan, Mick and Alicia are seeing that can start with Colin and Trina picking at each other and putting each other down. This then leads Colin to lose control completely and he goes on the attack saying really ugly things about Trina that no kids should hear said about their Mum and then him using his strength and power to push, shove and hurt Trina in front of the kids or when they are around. We've also been told that Colin is using the fights as an excuse to take off with the children and control Trina by saying you have to do what I say or you won't see the kids again. If these things keep happening, Manna and Lotte CPS are worried that Dan, Mick and Alicia will grow up really scared of their Mum and Dad and this will mean they will be so confused, angry or sad about what's happening at home they won't be happy kids, enjoying their family, learning what they need and having good friends.

Safety Goal – Violence

Manna and Lotte from CPS want Colin and Trina to be full active parents of Dan, Mick and Alicia and new baby whether they are together or not. CPS want the children to be living full-time with one or both of them because it's clear that as Colin says, 'those kids are our life'. For this to happen Manna and Lotte need Colin to bring together a group of people to support him who can act as a 'safety network' for him and the family. Together with Manna and Lotte and the safety network, Colin needs to create an explanation for the children and Trina about what this fighting and violence has been all about. After this, Colin and the safety network together with Manna and Lotte need to create and use a straightforward safety plan with rules that Trina agrees with and the kids understand to show everybody that arguing will never end up in any form of violence so everyone knows that Trina, the children or anyone will never get ridiculed, threatened, pushed, shoved, hit, attacked or hurt. The plan will show and prove to the kids that they will always feel and be safe when their parents fight and Colin is getting angry.

Safety Goal – Neglect/Drug Use

Manna and Lotte from CPS want Trina and Colin to be full active parents of Dan, Mick and Alicia whether they are together or not. Manna and Lotte from CPS want the kids to be living full-time with one or both of them because it's clear that as Colin says, 'those kids are our life'. For this to happen Manna and Lotte need Trina and Colin to bring together a group of support people who can act as a 'safety network' for them and the family. Working initially with Trina and Colin separately, Manna and Lotte will work with them and the safety network to create an explanation for Dan, Mick and Alicia about the drug use and the kids not always getting the care they need. After this, Trina, Colin and the safety network need to create and use a straightforward safety plan with rules that can be explained to Dan, Mick and Alicia to show everybody that the kids will always get food, be cuddled, played with, have good daily routines, get medical care and get to school, preschool and day care like they should whether Trina and Colin are using drugs or not.

Safety Scale – Violence

On a scale of 0 to 10, where would you rate the situation today? 10 means whether Trina and Colin are together or not and whether either or both are using the drugs or not, Dan, Mick and Alicia and the safety people all know and are happy with the plan that Colin and his support people have created. 10 also means that everyone knows exactly who will do what so that arguments between Trina and Colin never become screaming scary fights and Colin never ridicules, threatens, tries to control, shove, punch or hit Trina, the children or anyone. 0 means everyone's worried about the children and there's no clear plan for how Colin will keep control of himself when he gets angry

and no one knows who will do what so Dan, Mick and Alicia are always safe when Trina and Colin are using drugs, they start arguing, and Colin starts to lose control.

Safety Scale – Neglect

On a scale of 0 to 10, where 10 means that whether Trina and Colin are together or not and whether either or both of them are using drugs or not, everybody knows that Dan, Mick and Alicia will always get food, cuddles, attention, medical care and always get to school or child care like they should and the children always feel confident these things will always happen whatever problems their parents have, and 0 means everyone's worried about Dan, Mick and Alicia and there's no clear plan and no one knows who will do what when Trina and/or Colin are using drugs – where would you rate the situation today?

3.7 Injured Infant Example

Danger Statement – Injured Infant

Karl and Tanya from Campbell Manor Children's Services know Kelly and Sheldon love each other and Billy, and that Billy is more important than anything else in their lives. Campbell Manor Children's Services, police, doctors and the judge are worried because on January 6, when Billy was 13 weeks, he came to the hospital with skull fractures that the doctors say were caused by something like a hard fall or hit. The injuries were so bad, Billy was vomiting and couldn't follow or notice what was happening around him for four days.

Children's Services are worried because Kelly and Sheldon said that they have never left Billy alone with anyone else and they don't have an explanation for how Billy was hurt so badly. It seems like the injuries happened the night of the big fight when police were called and both Kelly and Sheldon were 'out of it' from drinking and using drugs. The fight had got so bad that night that police and doctors say Kelly had bruises on her throat and body, Sheldon had blood coming from his face. Children's Services is worried because from what they know Kelly and Sheldon drink, use drugs and fight a lot and Sheldon can get violent when the couple fight.

Children's Services, police, doctors and the judge are worried that whether Kelly and Sheldon are together or separated they will continue to drink, use drugs and fight and that if Billy returns home to live with them, he could be seriously hurt again, be very scared and he could be hurt even worse, or even die. What makes the worries harder to sort out is the fact that Children's Services will probably never know how Billy was hurt. To do its job, Children's Services must keep thinking about the possibility that Kelly or Sheldon hurt Billy.

Safety Goal – Injured Infant

Children’s Services want Billy to go home and live with Kelly and Sheldon because they believe Kelly and Sheldon when they say they will do anything to keep Billy safe because they love him so much. They have shown they are serious about that, both agreeing that Kelly and Sheldon will live separately, with Kelly living at her parents’, to have a safe home for Billy. Before Billy can return home, Children’s Services need Sheldon and Kelly to involve at least 6 friends and family to be a safety network that will work with Children’s Services to create a clear and simple plan about how they will make sure Billy is always safe, even if Kelly and/or Sheldon drink, use drugs, are stressed, argue and can’t focus on what Billy needs. When Sheldon, Kelly and the safety network show Children’s Services this plan is working for 18 months, Children’s Services will close the case.

Safety Scale – Injured Infant

On a scale of 0–10, where 10 means everyone knows that if Billy is living with Kelly and Sheldon again, there’s simply no way he could be hurt like he was when he was 13 weeks, and everyone knows what the plans are to make sure he is always safe and looked after even if Sheldon and Kelly drink, use drugs, are stressed or argue, and 0 means there are no plans in place and everyone is thinking it’s only a matter of time before the drinking, drugs and fighting problems mean Billy would be in danger and really scared if he was living with Kelly and Sheldon – where would you rate things today?

3.8 Example of Mother Suffering from Severe Mental Illness and Trauma from Past Abuse

Danger Statement

Julie and Mary from Child Protective Services (CPS) know Raelene loves Nilla so much and are worried about whether Raelene can give Nilla the home she needs. Julie and Mary are worried because:

- When Raelene is well she’s a great Mum, but when she gets sick she starts thinking all sorts of horrible things, hearing voices, feeling terrified and won’t be able to focus on what Nilla needs and then Nilla will be frightened and confused about what’s happening to her Mummy and what Mummy’s saying and doing, while Raelene won’t be able to give Nilla the long-term stable home she needs to grow up safe and happy.
- In the past Raelene has had relationships that have been bad for her, like when Raelene got thrown out the window by Paul, and bad for her kids, like the man/men that CPS believe

touched Justin on his private parts, got him to touch their private parts and forced him to have sex with them. This makes Julie and Mary worry Raelene might have a relationship with a new man who will touch Nilla, sexually abuse her or yell and scream horrible things and hit Raelene which will make Nilla scared or she may get caught in the middle of the fighting and get hurt.

Safety Goal – Mental Illness

Julie and Mary from CPS want Raelene to have the chance to have Nilla living with her again because Raelene loves Nilla and has been working so hard to make her life better. For Nilla to live with Raelene again, CPS need to be able to talk honestly with Raelene and her support people about when Raelene gets sick and for them to make a plan about this that can be explained to Nilla. The plan needs to show everyone what will happen when Raelene gets sick so Nilla never feels scared or confused or feels like she must look after her Mummy and always gets the love, attention and everyday care she needs.

Safety Goal – Men/Future Relationships

Julie and Mary from CPS want Raelene to have the chance to have Nilla living with her again because Raelene loves Nilla and has been working so hard to make her life better. For Nilla to live with Raelene again, CPS need to know that if Raelene starts another relationship she will sit down with CPS, her support people and the partner and make a plan they can follow that can be explained to Nilla about what Raelene and partner will do when they get angry or frustrated. The plan needs to show how Raelene and her partner will control themselves so no one gets shouted at, threatened, pushed, hit, attacked or hurt and Nilla is never around if Raelene or partner get so angry they get out of control.

Safety Scale – Mental Illness

On a scale of 0–10, where would we rate things today if Nilla went home? 10 means everyone knows that even if Raelene does get sick/gets crazy that she and her support people have got everything in place and can make sure Nilla is always safe and happy. 0 means even though Mum loves Nilla like crazy and wants the best for her, nothing is in place so when the illness and voices take over for Raelene, Nilla is going to be in the middle of this, probably will be frightened, will feel maybe like she has to try and make everything okay for Mummy and the everyday routines and care for Nilla will be completely messed up.

Safety Scale – Men/Future Relationship

On a scale of 0–10, where 10 means we're all confident that when Raelene goes into her next relationship there's a clear plan in place, she will have the support she needs and do this in a way that makes sure the relationship is good for Nilla, and 0 means we think who knows what will happen, nothing's in place and everyone's holding their breath thinking this relationship could be bad for Raelene and Nilla could easily get hurt – where do we rate this right now?

In this case, after the workers and consultant had created the danger statement, safety goal and safety scales, the practitioners were hesitating about whether they were willing to present them to Raelene. The issue both Mary and Julie had was, given Raelene had such a long history of difficulties and none of her 10 children were in separate permanent placements, if it was worth trying to reunite Nilla with her mother. This led the consultant to invite the practitioners to create together a 'worth doing scale' that could be discussed openly with Raelene, her friend, and her mental health worker so that the decision about whether to go ahead was taken together and not by the professionals without Raelene knowing. This is an example of how workers can use the approach flexibly to get critical issues on the table together with the parents, even in the most challenging situation.

What is a 'worth doing scale'? This is a really hard question. Maybe it is the money question in this situation. It is about CPS deciding if they should make a genuine effort at getting Nilla back living with Raelene.

On a scale of 0–10, where would you rate this? 10 means it really is worth trying to get Nilla back with Mum, because you think 'it might not succeed but I think there is a good chance we can make this work and we can do it in a way that is safe for Nilla', whatever happens. 0 means we know Mum loves Nilla and is a good Mum when she's well, but actually it's too risky, we just can't see how we can make this work long-term for Nilla, and what we need to do instead is make where she's staying her permanent home and set up good contact arrangements for Raelene and Nilla to always be able to see each other.

4. Interviewing Children in Child Protection Cases: Using My Three Houses and the Wizard/Fairy Tool

4.1 A Little Background

A considerable body of research indicates that many children and young people caught up in the child protection system feel like they are ‘pawns in big people’s games’ and that they have little say or contribution in what happens to them (Butler and Williamson, 1994; Cashmore, 2002; Gilligan, 2000; Westcott, 1995; Westcott and Davies, 1996).

Over recent years, one of the key growing aspects of the Signs of Safety approach has been the development with practitioners of tools and processes designed to more actively involve children in the child protection process. The My Three Houses™ tool is one of these methods. It is a practical approach to undertaking child protection assessments with children and young people.

The three houses concept developed from work initiated in the early 2000s by Nicki Weld and Maggie Greening, when they were working in Child Youth and Family, New Zealand (Weld, 2008). Weld and Greening had first developed a ‘Two Houses’ method (House of Worries and House of Good Things) for interviewing children and young people, inspired from ideas they had learnt from strengths-based practitioners from St Luke’s in Bendigo, Australia. In 2003, Nicki Weld showed the Two Houses tool to Andrew Turnell who suggested it needed a house of the future. This led to the House of Dreams being added and the My Three Houses tool was born.

The My Three Houses method mimics the three key assessment questions of the Signs of Safety framework – ‘What are we worried about?’, ‘What’s working well?’, and ‘What needs to happen?’ – and locates them in three houses to make the issues more accessible for children.

4.2 My Three Houses App

A My Three Houses app is now available for Android and iOS devices. It brings the three houses tool into the digital realm and features video, interactive animation and a drawing pad for children in one fun, elegant and engaging app. It includes a video explanation for parents and extensive guidance for workers. Most importantly, the app makes things easier for workers who have limited time to do the most important and often hardest part of their job: getting vulnerable children to speak. The My Three Houses app is available free for Android and iOS-based tablet devices. Further information is available at mythreehouses.com.

4.3 Using the My Three Houses Tool in Practice

What follows describes a process for using the My Three Houses tool when interviewing children in child protection casework, created by drawing on the experience of professionals using the tool in New Zealand, Australia, Holland, Sweden and USA. Several examples are referred to and described within the seven steps presented below and two additional examples are offered at the end of the paper.

4.3.1 Wherever possible, inform parents and obtain permission to interview the child

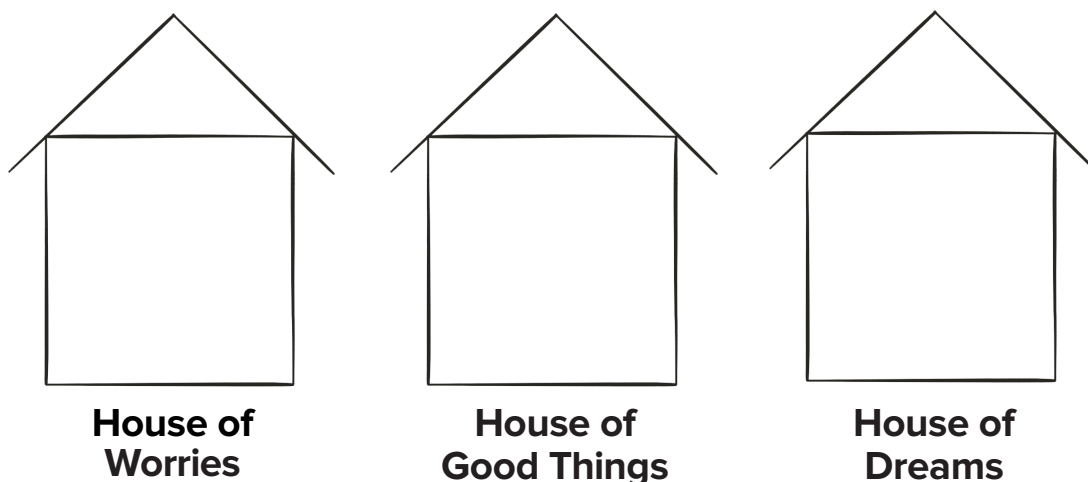
Sometimes child protection workers must interview children without advising, or seeking the permission of, the parents or primary caregivers. Wherever possible, the parents should be advised or asked in advance. The My Three Houses tool can be useful in obtaining permission and in building the parents' confidence about what the worker will be doing. When parents learn that a child protection worker wants to interview their child, this often raises their anxiety. Therefore it is good to show the parents and explain the My Three Houses tool so they know how the interview will be conducted. This demonstrates to the parents that the worker will not only look at problems but will also focus on good things and hopes for the future. This creates transparency and sets the context for the worker to be able to come back to the parents with the information from the child. It also sets a context for the worker to be interviewing the parents about their worries, strengths, and what needs to happen.

4.3.2 Make decision whether to work with child with/without parents present

Again, sometimes child protection workers need to insist that they speak with the child without a parent or caregiver present. Wherever possible, it is good to make this a matter of choice for the parents and child. When this is not possible and the decision is made to interview the child without the parents' knowledge, all efforts should be made to provide an explanation to the parents as to why it was considered necessary to speak to the child on their own.

If there is more than one child to interview, the worker needs to decide whether to meet with them separately or together. Usually working with three or more children at once can get out of hand, although not always. But certainly it is often very valuable to interview children in pairs, with one able to help the other. In pairs, it is common that each of the children will open up more readily and say more. It can also be very good for engaging a teenager to help a younger sibling undertake the My Three Houses process.

My Three Houses™ Child Protection Risk Assessment Tool to use with Children and Young People



4.3.3 Introducing the My Three Houses to the child

Even if the child was present with the adults when the worker explained the My Three Houses process, it is important to explain the process to the child again. Typically, workers use three sheets of paper (the size can be anything from A4 to flip chart) and draw an outline of a house on each sheet, often getting the child to draw the outlines with them. This active process, where the worker and child create the house drawings together, breaks the ice and provides a context where they can get to know each other a little. The worker can then explain the process to the child in a manner something like this: ‘In the first house, we will write or draw your worries; so, that’s the House of Worries. In the second, we’ll put in the things that you like in your life; that’s the House of Good Things. Then we’ll have a House of Dreams, where we can write and draw how you’d like things to be in your life if all your worries were solved.’ The worker and child can then write ‘worries’, ‘good things’ and ‘dreams’ on each respective house or, as some workers do, the child can also be offered the choice of suggesting their own name for each house. In this way, one eight-year-old girl in Stockholm working with Ophelia McKwashie gave her three houses these names: ‘The house where everybody fights’, ‘The house where my siblings and I are happy’, and ‘Cinderella house’.

4.3.4 The interview

Offering the child a choice is always a good strategy. Most workers ask the child if they would like to start with the House of Worries or of Good Things. Often it is easier to start with the House of Good Things, especially when a child is anxious or uncertain. If the worker is concerned the child has been told by adults not to speak openly, focusing on good things is a good place to start

because it would be very unusual for a child to be told not to talk about things they are happy with in their life and family. Many times, the child will choose to begin with the House of Worries, especially if they feel like they are carrying many worries in their head.

The child and worker can use words or drawings as seems most appropriate to the situation and child. If writing, the worker can offer the child the choice of whether they do the writing or they want the worker to do it. Sometimes a child will ask to do the writing but will end up speaking faster than they can write, in which case the worker can offer to take over the process. If drawing, the worker can easily get involved in drawing together with the child, but the child should always take the lead on what is drawn. The worker will probably want to guide the process a little about what the child draws in the House of Worries. It will usually be better to write things like 'Daddy hits Mummy' or 'Mummy hits me' than to draw them.

In using My Three Houses with children, it is essential always to use the child's exact words and ideas. Where the worker is doing the writing and filling in the information for the child, everything must always be read back to the child before finishing the interview. This gives the worker an opportunity to ensure they are accurately reflecting the child's views and to dig further into an issue the child has raised and that the worker feels may benefit from further exploration.

The My Three Houses process should not be considered a linear process and there is certainly no need to simply work through one house after the other. In fact, it is often better to work backwards and forwards between any of the houses, as makes most sense in each interview. If at any stage talking about worries becomes too difficult for the child, the worker should be ready to ask questions about things that make them happy or to ask about how things would be if all the problems were solved.

In situations where a child may be finding it difficult to participate in the conversation, it may be helpful to provide prompts or cues to assist the child. For example: 'What is good about where you are living now? What is good about school? What is good about the friends you have? What is good about your visits with Mum?' Exploring things the child feels are positive in their life often provides an entry point for exploring what is not so good and what they are worried about. As the worker opens up a child's worries, that worker should always check with the child if his/her responses belong in the House of Worries. For example, a child might say, 'I wish I wasn't being bullied,' or 'I wish Mummy and Daddy didn't fight so much at home.' The worker can amplify this statement by asking, 'It sounds like you're worried about being bullied at school (or Mummy and Daddy fighting). Should we put that in your House of Worries?' Where the worker prompts the child, it is important that these prompts or cues match the child's work. Therefore the worker must obtain as much information as possible about the child and his/her circumstances, either

before or at the start of the interview, and listen as carefully as possible throughout. For instance, if a child lives with his mother and visits his father on weekends, the worker might ask questions about what is good about living with Mum and if there is anything that worries him about living with Mum, and then proceed to explore what is good about his visits with Dad, and so on.

Drawing upon the My Three Houses interview, the child can easily be asked to give their judgment about where life is for them between a life that is dominated by their worries and a life that is the way they would like it to be. This can be done using a straightforward number scale from 0 to 10. It can also be done using a pathway drawn from the House of Worries to the House of Dreams and inviting the child to locate where they are on that path.

Children may take a while, or even need until almost the end of a conversation, to bring up the thing they are most worried about. This happened for Ophelia McKwashie when working with the eight-year-old girl mentioned earlier whose family had been refugees from South America. Ophelia was drawing the interview to a close when the girl indicated that there was something else she thought needed to go in the House of Worries. After some moments of silence, the girl stated, 'All of us (her four siblings and father) saw Mummy being raped by the soldiers.'

For this kind of reason, and to give the child every chance to express what they want to say, it is always a good idea before finishing the interview to ask the child if there is anything they want to add to any of the houses.

4.3.5 Explain to, and involve the child in, what will happen next

Once the My Three Houses interview is finished, explain to the child what will happen next and obtain the child's permission to show the three houses to others, whether they be parents, extended family or professionals. Usually children are happy for others to be shown their My Three Houses assessment of their situation. For some children, there will be concerns and safety issues in presenting to others what they have described. In such a situation, it is important to talk to the child about what they are afraid might happen and discuss ways to make them safe. Sometimes this will mean removing the child into care, at least while the issues are explored with their parents. Involving the children in this process will sometimes slow down how the professionals act, but if possible it is important to go at a pace that the child is comfortable with. Where the worker decides to act in ways that go beyond what the child is comfortable with, these decisions need to be explained to the child before action is taken.

4.3.6 Presenting the child's assessment to parents and others

Child protection workers all over the world report that taking the child's words and pictures back to the parents or caregivers is often the catalyst that makes the adults see the situation differently and to face the problems more openly.

'Jenny Smith', a child protection worker in Mirrabooka, Western Australia, with the help of her supervisor Jan Wilkinson, undertook a My Three Houses assessment with a ten-year-old girl in a situation where the mother's boyfriend had been very violent to the girl, her mother, and her disabled younger brother. This was a long-standing case and the mother had previously been very hostile toward the child protection workers when they had tried to talk to her about the concerns of the school and day care about the two children after the five-year-old came to school with bruising on his face. Workers had previously tried to talk with the girl and found her very guarded and protective of the mother, always saying everything was fine at home.

Jenny and Jan decided to interview the ten-year-old girl using My Three Houses. On the advice of Jan, Jenny started with the House of Good Things and then gave the girl the choice of whether to explore the House of Worries or Dreams. In what they called 'the House of Happiness', the girl described various things she liked about school and things she did with her mother and brother. Then she said she would like lots of new toys in her House of Dreams. She then added that if she was the boss of her house, Mummy's boyfriend would go away and Mummy would stop crying. This led the Jenny to be able to ask what worried the child about the boyfriend and the girl could describe that he scared her because he shouted a lot and that he would hit Mummy. The girl went on to say she was worried that the boyfriend would hurt her mother and brother. When Jenny and Jan showed the girl's My Three Houses to the mother, Jan said, 'She didn't rant and rave,' followed by, 'I need your help. What do you think I should do?' The mother then could talk with Jan, Jenny and hospital staff about the fact that the boyfriend had grabbed the five-year-old around the neck and smacked him across the face. The mother then made the decision that she would leave the boyfriend. Jan and Jenny were amazed at the outcome and that they could work together with the mother in this way. Jan felt what made the difference was the daughter's own words and that they started by presenting the House of Good Things to the mother.

When bringing a child's three houses to the parents, it is often very useful to begin with the House of Good Things because it shows the parent that the worker is able to see things in a balanced way. Additionally, it creates an opportunity to build engagement with the parents around the positives. A good strategy in bringing the information to the parents is to ask them what they think the child would have described as good in their life and what the parent might expect the child to say before presenting the child's house to the parents. This same process can be followed with

the House of Worries and the House of Dreams. This strategy serves to engage the parents in the process further and gives the worker a greater sense of the parents' insight into their child's perspective.

4.3.7 Make sure the child's My Three Houses assessment is put on the file!

The My Three Houses tool, though it seems simple, is a mechanism for enabling a child to provide their own assessment of their life. Some workers wonder whether the My Three Houses assessment is too childlike to put it on the case file or include in something like a court report. The child's own assessment is very often far more powerful and revealing than a professional assessment of that child and can have far greater effect on adults involved with the child. Judges receiving court reports on the child and family and authorities who review the files are consistently impressed to read a My Three Houses style assessment, because it directly communicates the child's voice and perspective and demonstrates the worker has engaged the child in the casework. It is critical therefore that a child's My Three Houses assessment – with the child's permission – is placed on the file.

4.4 Example

Margreet Timmer, a child protection worker from Bureau Jeugdzorg in Drenthe, the Netherlands, was responsible for a case involving a mother, her boyfriend and two children we will call Ramon (10) and Stephanie (7). The school that Ramon and Stephanie were attending had contacted Bureau Jeugdzorg concerned that the children's behaviour had deteriorated over six months. Ramon had become very aggressive to students and teachers and Stephanie had become very withdrawn. Both children's schoolwork had deteriorated. There were concerns that the children's home life was difficult and that the relationship the mother was in was violent, but the information Margreet had was very vague. Margreet had interviewed the mother and her boyfriend and gained little information. She had also made two attempts to interview the children, with little success. The school continued to raise concerns about the children, so Margreet, knowing she needed to do something different, decided to interview them using the My Three Houses tool.

Margreet conducted the interview with both children together, using one piece of paper per house, asking the children to draw pictures in the houses that represented their experiences.

Ramon's and Stephanie's House of Worries



Above: Ramon's and Stephanie's House of Worries

Margreet began by asking Stephanie and Ramon to draw an outline of a house at the bottom of the first page. The children wrote the word ‘zorgen’, Dutch for worries, at the top of the page. The children then began to draw the stables outside their house at the top of the page and told the story that their mother’s boyfriend often locked them in the stables all night as punishment for misbehaviour. They described how they were cold in the drafty stables and scared because there were lots of mice and because the boyfriend would also lock a big, black, aggressive dog (drawn at the left above the stables) in with them. Ramon described how he would try to comfort and protect Stephanie during the night. Next Ramon drew a picture (in the middle to the right) of him kicking and yelling at the boyfriend – this had never actually happened, but it was obvious to Margreet that it was important to let Ramon draw this picture.

On the roof, the children drew their mother crying in distress.

In the roof space, they drew Ramon’s bedroom, which he said he hated, including a broken window that made the room cold. Stephanie described that she didn’t have a bedroom since the boyfriend came and that her bed was in a corridor.

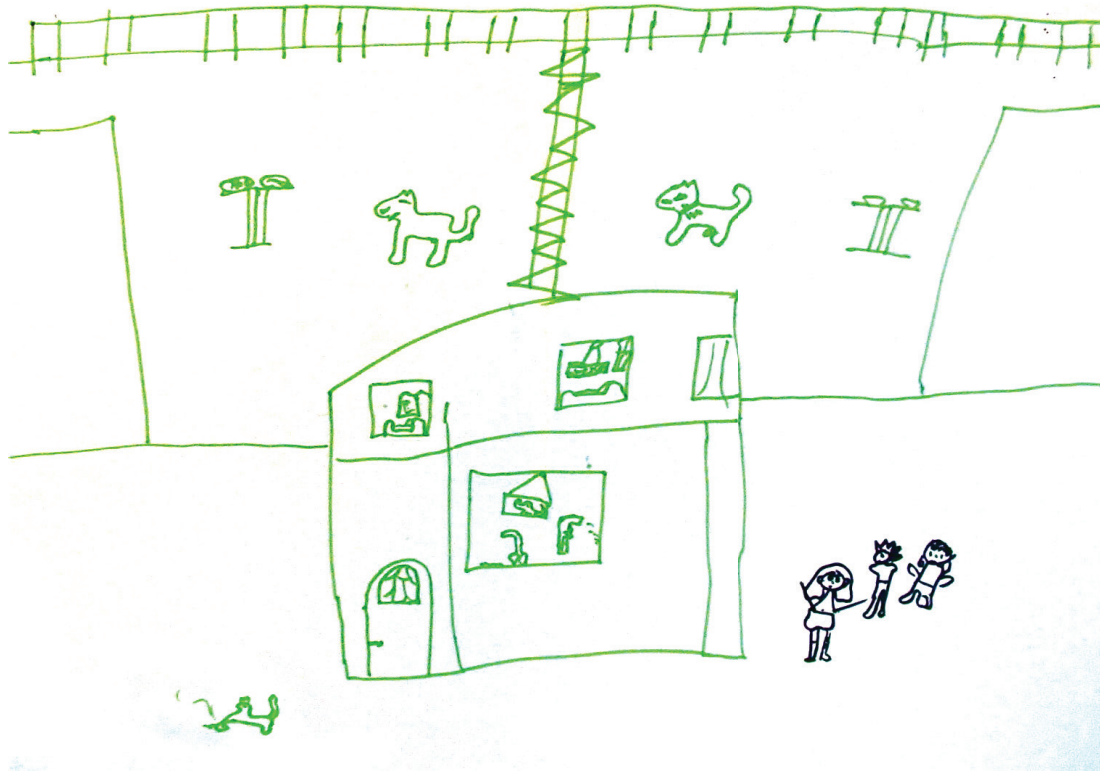
They then drew a picture of the boyfriend yelling at them for finishing eating a meal and the fork which he used to stab them with as punishment. (One of the children had healing scars on a hand that were consistent with being stabbed with a fork.)

By the time the children had completed this drawing, Margreet was distressed by what the children were describing, but also pleased that she had been able to find a way in which the children could tell her what was happening to them.

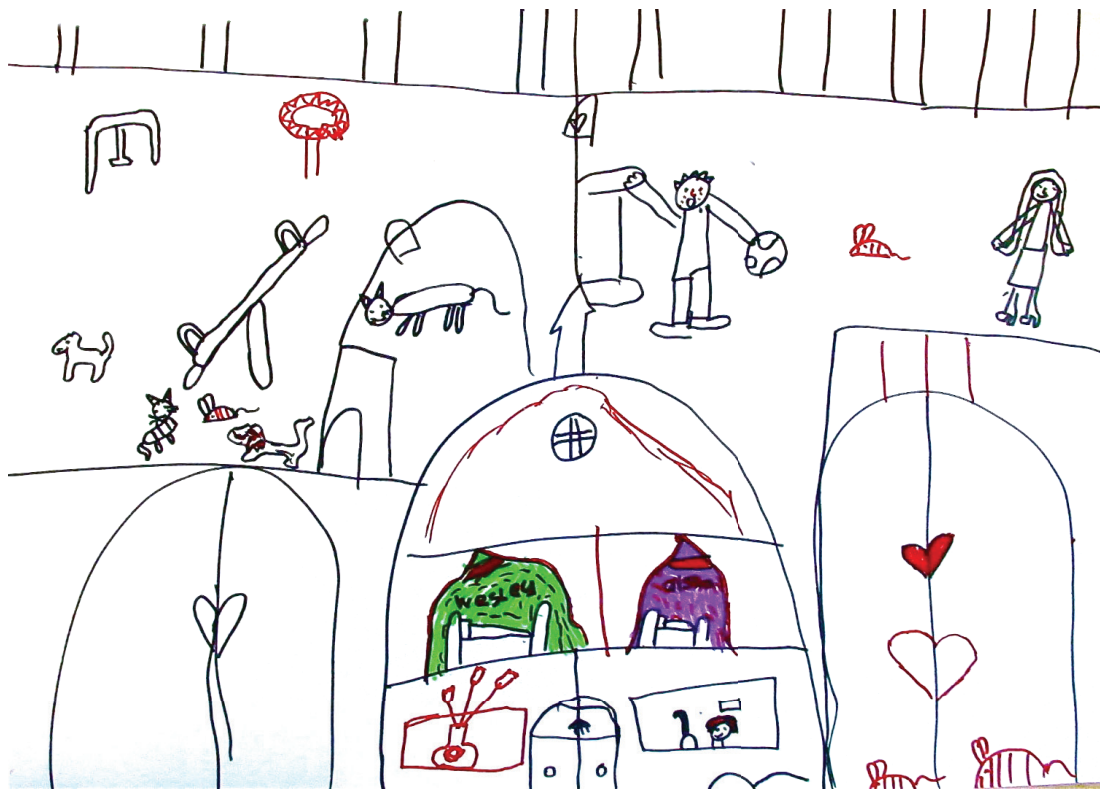
Ramon’s and Stephanie’s House of Good Things

In their House of Good Things, Stephanie and Ramon made drawings of being with their biological father, whom they visited every second weekend. The drawing shows the father and Ramon kicking a soccer ball and Stephanie holding up a yellow card. Inside the house, they have a bedroom they share and both like in the attic, complete with a disco ball. They described there are good things to do at their father’s house. Interestingly, they added mice to this drawing and both of their House of Dreams drawings.

Ramon's and Stephanie's Houses of Dreams



Above: Ramon's House of Dreams



Above: Stephanie's House of Dreams

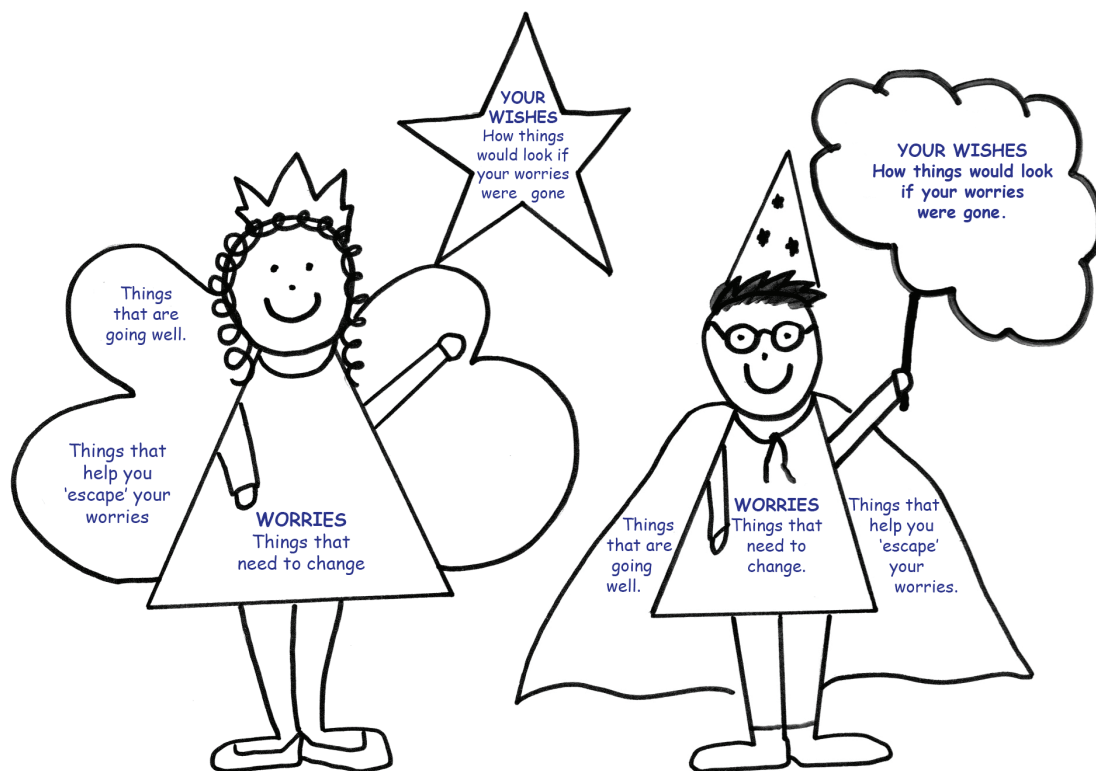
Stephanie and Ramon drew separate Houses of Dreams. Both drawings involved the children living together with their mother on their own, with each having their own bedroom and lots of activities to do and toys (this is more evident in Stephanie's drawing). In Ramon's drawing, he wanted to have two big, aggressive dogs and he decided they were so aggressive they had to be kept apart by a large dividing fence in the backyard. Stephanie drew her house with two very strong front doors and lots of animals to play with, along with lots of clothes, toys and activities.

What happened then?

After completing the My Three Houses drawings with Stephanie and Ramon, Margreet met with their mother. (The boyfriend was invited but chose not to attend.) Faced with the visual representation of her children's experience was distressing for the mother and created a context where she admitted the boyfriend was violent and that she knew she needed to leave him. In the discussions that followed, the mother committed to leave her boyfriend within a month and that in this time she would make sure the children no longer were forced to sleep in the stables and that she would protect the children from the boyfriend, particularly at meal times. Unfortunately, the mother was not able to leave the boyfriend at this time and Stephanie and Ramon were taken into care based on the information Margreet had gathered in the My Three Houses assessment. However, nine months later, the mother left the boyfriend and immediately came to Margreet asking to be able to have her children come back to her. After the mother had found a house and re-established herself, the children returned to her care. For Margreet, the My Three Houses process with the children provided the turning point in the case.

4.5 The Fairy/Wizard Tool

Vania Da Paz, now Senior Director in the Rockingham office of the Western Australian Department for Child Protection and Family Support, was involved in the 1996 Signs of Safety six-month development project. (Refer to a practice example in the Signs of Safety book, Turnell and Edwards, 1999, p.81). Vania has always been determined to find ways to involve children and young people in her child protection practice and, following the initial training in Signs of Safety, she developed a very similar tool that serves the same purpose as the My Three Houses tool, but with different graphic representation. Instead of My Three Houses, Da Paz explores the same three questions using a drawing of a fairy with a magic wand (for girls) or a wizard figure (for boys).



The same process for using the My Three Houses tool applies in using the Wizard/Fairy tool. Vania's method often breaks the ice for preschool and early primary school-aged children, since young children often engage quickly with the picture of the wizard or fairy. The worker can present the child with a pre-drawn outline or begin with a blank page and draw the wizard or fairy from scratch, asking the child to help, depending on what best suits the situation.

Da Paz uses the fairy's/wizard's clothes (which represent what can/should be changed – just as we change our clothes) to explore and write down, together with the child, the problems or worries from the child's perspective – or 'what needs to be changed'. The fairy's wings and the wizard's cape represent the good things or what's working well in the child's life, since the wings enable

the fairy to 'fly away' or 'escape' her problems and the cape 'protects' the young wizard and 'makes his problems invisible for a little while'. On the star of the fairy's wand, and in the spell bubble at the end of the wizard's wand, the worker and the child record the child's wishes and vision for their life, the way they would want it to be with all the problems solved. The wands represent 'wishes coming true' and explore hope for the future.

5. Building Effective Safety Plans in Child Protection Casework

Every aspect of the Signs of Safety approach is designed to create a context where the professionals can work with the family and its network to construct a specific and detailed safety plan that addresses the seriousness of the maltreatment concerns and that shows everyone that the child(ren) will be safe.

5.1 The Challenge of Organising Practice Around Clearly Defined Future Safety

Unfortunately, child protection practice, whether in statutory or treatment contexts, tends to be over-organised by everything that is perceived to be wrong with the family. In the words of one English guardian-ad-litem:

Who is going to be brave enough to make the decision that a child can go home and on what basis are they making it? It's far easier to find evidence to support the child not returning than to find evidence that a child should return home, and that's if there is the will to work towards rehabilitation. (Luger, 2003: 21)

Child protection authorities of course do create case plans all the time, but very often these plans fudge the issue of what is trying to be achieved. As mentioned earlier in this workbook, child protection case planning often tends to document services that families must attend, rather than being a process that purposively describes and creates future safety. This problem is reflected in research with service recipients. For instance, Farmer and Owen (1995), MacKinnon (1999), McCullum (1995), Thoburn et al. (1995) and Dale (2004) all found that service recipients often feel child protection professionals do not clearly define what they want and frequently engage in shifting the goal posts. One service recipient expressed it this way:

It always felt like they had a hidden agenda because they'd get me to do one thing, then they wouldn't be certain that that was enough so they'd come up with another thing. And they are really creative in a way because they would try to find something impossible for me to achieve. To me that was not in the children's' best interests, because they are working towards nothing, towards the hope that I fail. (Teoh, Laffer, Turnell and Parton, 2003, p. 151)

Part of this case planning problem arises because professionals confuse means (the services and other mechanisms to get to safety) with ends (the safety that is required to close the case). The practice of creating plans that document lists of services, rather than specifically defining safety, also comes about because delineating the endgame of a child abuse case in an explicit way is very challenging. In the defensive culture that tends to surround child protection casework, it is far easier to list services for service recipients to attend rather than go out on a limb and make a clear claim regarding what constitutes enough safety to close a high-risk case.

There is at least one additional inhibitor to the enactment of detailed safety planning in child protection practice. The guardian-ad-litum quoted above distilled this well when she stated, 'It's far easier to find evidence to support the child not returning than to find evidence that a child should return home.' This situation is pertinent, at least in part, because most child protection research tends to focus on the causation of maltreatment rather than on what solves the problem. For any given category of child abuse (for example, children neglected by addicted parents or children deemed to have been abused in the face of violence between their parents), there is vastly more research and writing available regarding the incidence, causation and maintenance of such abuse than research that seeks to define what constitutes meaningful safety relative to that area of concern. When professionals endeavour to organise their practice around future safety, it is important to recognise that in analysing the maltreatment problem they can draw upon a considerable and well documented evidence base to inform their practice. However, when seeking to identify what constitutes sufficient safety to reunite a family, relative to any specific form of maltreatment, professionals are in more vulnerable territory and are relying mainly on professional judgment rather than a strong evidence base.

For all these reasons, there is a considerable additional work that needs to be done in the child protection field to more effectively research, define and describe what professionals mean when they endeavour to conceptualise safety. Since safety planning is such a critical area of child protection work, and simultaneously such a vulnerable, challenging and under-researched aspect of practice, it is important to define here how we think about safety before we explore specific safety plans and the processes we utilise to create them.

5.2 Safety Defined and Exemplified

The Victorian Risk Framework (DHS, 1999), which is the statutory risk assessment system used in the Australian state of Victoria, undertakes the task of risk estimation through a balanced analysis of danger, strengths and envisioned safety. It defines safety as 'strengths demonstrated as protection over time' (see Boffa and Podesta, 2004, for further discussion).

To interpret this definition in a grounded way, consider a practice example undertaken by Cindy Finch, a child protection worker on the long-term child protection team in Olmsted County in Minnesota, USA. Olmsted County Child and Family Services also draws upon the Victorian definition of safety in its child protection practice (Lohrbach and Sawyer, 2004). This case involved separated parents 'Karen' and 'Gary', both in their early twenties. They had a son, Jack, who was 14 months old. Karen, who suffered from a mild learning disability, had lost her parental rights to a child from an earlier relationship when she was 17 years old. In the US system, termination of parental rights regarding a previous child means that any future child protection matters involving the same parent(s) will almost always be dealt with through a concurrent planning process. Thus, when Cindy received this case, the parents had only four months left to demonstrate to the court that they could care for the youngster (plan a of the concurrent planning process) before termination proceedings would ensue (plan b).

The concerns about the situation involved exposing the infant to repeated situations of fighting and violence between the couple (Gary had served a jail term regarding this) and failure to meet the medical needs of Jack, who suffered from severe long-term health problems. Karen and Gary would typically deny the significance of these maltreatment concerns and each would regularly blame any problems on the other parent or accuse the professionals of being out to get them and hypercritical. In an endeavour to support the parents to be able to retain Jack in their care, the previous child protection worker and the court had directed the parents to participate in a range of professional services. These included counselling as a couple and individually, separate parenting education for both parents, and regular involvement with a community child health nurse. The court had also appointed a guardian-ad-litum to represent the child's interests. When Cindy received the case, the parents were involved with all these services, but there was little coherence between the professionals regarding case direction and what needed to be achieved to allow the parents to retain the long-term care of their son.

Mindful of the short timeline that was operating in this situation, and that the professionals had not formed shared goals, Cindy instituted bi-weekly meetings with the professionals and gatherings in the alternative weeks that brought together the parents with the professionals. These meetings were designed to clarify the key areas of concern and maintain an ongoing focus on what safety would be required to satisfy the guardian and the court.

For the purposes of this workbook, we will focus on two of the five key danger statements that the county and the guardian had identified as needing to be addressed before the parents could retain custody. Following each danger statement is a description of the safety plans that Cindy, working with the family and professionals, developed to address these danger statements. At certain points, we will break the narrative of the case description, drawing on the definition of

‘safety as strengths demonstrated as protection over time’ to offer an interpretation of what the definition can mean in practice.

The first danger statement read:

The county and the guardian are worried that Jack could be physically or emotionally hurt when Gary and Karen get into arguments and fights and they become so wrapped up in the argument they forget to pay attention to Jack.

Safety plans created to this danger statement

In discussions with Cindy and the guardian at several planning meetings, Gary stated that he wanted to walk away from Karen when he felt the fighting between them beginning to get out of control. However, Gary also described that when he had attempted this in the past, Karen would usually follow him to continue the fight wherever he went. Karen also engaged in discussions about this problem at the planning conferences and worked with the family counsellor to identify when, why and how she gets into fights with Gary and how she might pull herself out of this escalating phase.

From this preparatory work, a written and signed plan was drawn up which proposed that Gary would walk away when fights started to escalate and that Karen would not follow him.

In regards to defining safety as ‘strengths demonstrated as protection over time’, the work so far described can be understood as having created and crystallised significant strengths that had the potential to reduce the identified risk. At this point, however, the strengths had not evolved into demonstrations of protection. This distinction between a strength and demonstrated protection is critical, because child death inquiries often find that professionals in serious cases of child abuse fall into the error of over-rating positive attributes and good intentions, particularly when the professional has formed a constructive relationship with the parents (Reder et al., 1993; Department of Health, 2002). This is part of what is meant by the idea of professional dangerousness (Dale et al., 1986) or naïve practice (Dingwall, 1983). To bring rigour to relationship-grounded, strengths-based, safety-organised practice requires careful and clear-eyed attention being focused on the enactment of the good intentions in clear demonstrations of protection, over time. In Gary’s and Karen’s situation, protection was demonstrated in the ways described below.

As part of the written agreement, Gary contracted to keep a journal of times when he and Karen began to argue and he was able to walk away. The journal entries were then followed up with Gary and Karen by the family counsellor. As a result, when Cindy prepared her report for the court, in

which she recommended parental custody continue, she could report on at least ten documented and reviewed occasions when Gary had successfully walked away and Karen had not followed. Karen and Gary independently verified each occasion with Cindy, while the leader of the fathers' education programme had confirmed witnessing several of these instances, and a family member had witnessed several others. The professionals, extended family members and the couple themselves also observed that it had become easier for Karen to allow Gary to walk away.

Regarding the same danger statement, Cindy had asked the couple what should be done about the problem of Karen grabbing sharp knives or scissors to threaten Gary during their fights. On several occasions this had occurred when Jack was present. At Karen's suggestion, a secure locked box was purchased in which all her sharp kitchen knives, scissors and the like were to be stored. During home visits, Cindy and other professionals would check that the box was still being used to secure the sharp implements. Gary, Karen and Karen's mother, Bidy, all stated that it was safer for Jack that Karen did not have ready access to those items.

The final step of this plan involved Gary and Karen agreeing that if they were unable to step back from a fight either of them could call Bidy. Bidy agreed that she would then come immediately and take Jack away at least until Gary and Karen had calmed down. Cindy met with Bidy, Karen and Gary before this idea became a formal part of the plan and Bidy stated she was very happy to help in this way. Bidy also stated that she had taken Jack away when his parents were arguing in the past. In the four months between when this plan was put into place and the case went back to court, Gary and Karen had never needed to call Bidy but both felt more comfortable knowing that she would help them out if needed.

The second danger statement read:

The County and the guardian are worried that Jack's illnesses may get worse when Karen does not follow medical recommendations.

This danger statement arose because at times Karen was not providing the medicines and care that Jack needed for his health conditions. The problem was further complicated by the fact that Karen often became very defensive and argumentative in the face of medical staff, particularly doctors. On several occasions, Karen had removed Jack from hospital against doctors' recommendations after she had fought with them. As a result, several doctors had documented their belief that Karen could not meet Jack's health needs.

Safety created to this danger statement:

Cindy brought together the guardian and the parent health nurse to concretise the nature of this concern and then involved Karen in the deliberations. From these discussions, Karen agreed to keep a log of all the medical interventions she used with Jack. The parent health nurse reviewed the log with Karen on a weekly basis to ensure her interventions agreed with doctors' recommendations. Alongside this, the parent health nurse prepared a series of straightforward cards that provided very simple directions as to what Karen was to do in certain medical situations. (e.g. asthma attack, coughing spells, vomiting, diarrhoea, etc.)

After the log and cards were prepared, Karen used the log to document every medical intervention she used with Jack in the four months leading up to the court hearing. During this period, Jack's key doctor and the parent health nurse were completely satisfied with the care Karen was providing for Jack and this was also demonstrated in Jack's general wellbeing. Having the log available also changed the dynamics for Karen when she had contact with medical professionals. Karen told Cindy that having the log helped her feel calm and confident when Jack had regular check-ups with their doctor as well as when she had to take Jack to the emergency room.

This case is a clear demonstration of the dynamics between professionals and parents that often build up around 'denial' cases. At the outset, Gary and Karen were identified as denying both the severity of, and their responsibility for, the problems. As Cindy was able to get all the professionals focusing together on what would constitute sufficient safety to return custody to the parents, and then used the meetings to regularly communicate and develop this focus with Gary and Karen, the parents' 'denial' dissolved. This case also demonstrates well how focusing on future safety can enable professionals and family members to purposefully work together and step away from blaming and being defensive.

5.3 Attributes and Stages of Effective Safety Planning

Safety planning within the Signs of Safety approach is designed to create a proactive, structured and monitored process that provides parents involved in child protection matters with a genuine opportunity to demonstrate that they can provide care for their children in ways that will satisfy the statutory agency. Child protection professionals will often claim they have a safety plan in place when what they actually have is a list of services family members must attend. It is a mantra of the Signs of Safety approach that a service plan is NOT a safety plan. A safety plan is a specific set of rules and arrangements that describes how the family will go about and live its everyday life

and that shows everyone – the professionals, the family’s own supporting safety people, and the children – that the children will be safe in the future.

‘What needs to happen to be satisfied the child will be safe in their own family?’ is the most challenging question in child protection casework. Working together with the parents, children and a network of their friends and family to answer this question requires the professionals to lead the process with equal measures of skilful authority, vision building and purposive questioning. What follows describes key stages in the Signs of Safety safety planning process.

5.3.1 Preparation

The more complex and risky a child protection case, the greater the number of professionals that tend to be involved in that case. When child protection professionals are considering undertaking a safety planning process with parents, it is vital that all key professionals have discussed it, are committed to it, and know what their roles will be in the process. See Turnell and Essex (2006) for more detail on preparation.

5.3.2 Establishing and sustaining a working relationship with the family

Building safety plans that are meaningful and that last requires a robust working relationship between the child protection professionals and the parents/family. The simplest way to create and sustain a good working relationship with parents is for the professionals to continually identify and honour the parents for everything that is positive in their everyday care and involvement with their children. In this way parents will be much more likely to listen to the workers’ views about the problems and more likely to work with them through the challenges involved in building a lasting safety plan.

5.3.3 A straightforward, understandable description of the child protection concerns

Beginning the safety process depends on child protection professionals being able to articulate the danger they see for the children in clear, simple language that the parents (even if they don’t agree) can understand and will work on with the professionals. Clear, commonly understood danger statements are essential because they define the fundamental issues that the safety plan must address.

Several examples of danger statements have been provided earlier in this workbook. The next section presents two case examples with danger statements and their corresponding safety goals.

5.3.4 Safety goals

Research into parents involved with child protection services repeatedly reports that parents want to know what they need to do to satisfy child protection authorities and thus get them out of their lives. Once the child protection agency is clear about its danger statements, these form the basis to articulate straightforward behavioural safety goals to inform parents what is required of them.

Here are two case examples of danger statements and the associated safety goals.

Case Example One

This case involves mother Gina, father Gary, Luke who is currently three years old, and newborn Tiffany. When Luke was 18 months, Gina made threats to kill him. Gina and Gary have had drug problems, Gina can be very explosive, and there are worries about her mental health and fights between Gina and Gary can result in violence.

Danger statement 1:

Based on statements Gina made to Mental Health Services and to Gary in June and July 2010, and then told to CPS, that Gina would 'kill Luke', and the comments Gina was heard to make by an anonymous reporter in November 2011 that she would 'kill Luke and the baby and this would be nothing to her because she has aborted a previous pregnancy', Dana and Sylvio from CPA are worried that when Gina is unwell and sees and hears things other people can't see and hear that she may threaten to kill Luke by smothering him and/or she may actually harm or even kill Luke, and also may seriously hurt or kill new baby Tiffany.

Safety goal 1:

CPA will support new baby Tiffany going home with Gina and Gary when the words and pictures explanation for Luke is finished and Gina and Gary have involved an active network of safety people in creating a safety plan that shows everyone that Tiffany will be well cared for whether Gina is mentally unwell or not.

CPA will reunite Luke with Gina and Gary when they see that Gina and Gary have been able to look after Tiffany well over four months and can provide good care for Luke over six months of progressively increasing contact, starting from two hours per week through to multi-night stays, supervised by people from a safety network.

Danger statement 2:

Dana and Sylvio from CPA are worried that Luke has been emotionally affected by his parents' out-of-control behaviour like arguing, yelling, screaming vicious things at each other, pushing, shoving and hitting each other.

Dana and Sylvio are worried that Luke will continue to be affected by his parents' past behaviour (even if they don't repeat it in the future) and will try and shut his parents out by withdrawing, changing his body posture, lowering his head and crossing his arms when he is with Gina and Gary. Dana and Sylvio are worried that this will stop Luke from developing strong emotional capacity.

Safety goal 2:

CPA will reunite Luke with Gina and Gary when they see that Gina and Gary can talk with each other in a respectful manner, without raising voices, being aggressive or violent, particularly when they are upset, frustrated or disagree with each other.

Danger statement 3:

Dana and Sylvio from CPA are worried that even though Gary knows Gina has made threats to smother and kill Luke, he would not be able to make Luke or Tiffany safe if Gina has another psychotic breakdown like the ones she had in June and July 2010. Dana and Sylvio from CPA are worried that Gary doesn't know how to deal with Gina when she is unwell, behaves in an unusual way and/or sees and hears things other people cannot see and that this may lead to Gary not being able to keep Luke and/or baby Tiffany safe.

Safety goal 3:

CPA will reunite Luke with Gina and Gary when they see that Gary can be assertive with Gina and take the lead in how Luke and Tiffany are cared for and particularly that Gary can do this at times when Gina is stressed, going off (psychotic) or starting to be affected by her mental illness.

Case Example Two

This case involves 19-year-old mother 'Angie' and two-year-old Damian who has been suffering neglect, unexplained physical injuries and given methyl amphetamine. At the time of creating these danger statements and safety goals, Damian was in foster care and Angie was pregnant again. This case is the work of Sarah Kulesa and Sherry Amelse from Carver County Child and Family Services, Minnesota, USA.

Danger statement 1:

Sarah and Sherry from CCCFS and Diane the guardian are worried that if Damian goes back to live with Angie, or if next baby lives with Angie, that even though Angie loves her kids and can care for them well most of the time, she will get distracted by the other things she wants to do that other 19-year-olds do all the time. If this happens, Sarah and Sherry worry that Damian and next baby will not get the food they need, will be stinky and dirty like Damian was on June 13, will not be taken to the doctor right away when they are sick, and could end up being looked after by people that have hurt Damian or could hurt him or next baby.

Safety goal 1:

Sarah and Sherry from CCCFS and Diane the guardian will be satisfied that the worries about the care of Damian and the next baby are sorted out when they know that Angie can provide her best care (described in the 'What's working' column) for Damian and next baby all the time or, if she can't do that, she gets one of the safety people that CCCSS have agreed are okay to look after Damian and next baby.

Danger statement 2:

Sarah and Sherry from CCCSS and Diane the guardian are worried that Damian or next baby could be bruised, like Damian was on June 13 when he had a handprint bruise on his face that lasted almost a week, or hurt even more seriously when Angie gets distracted and the children end up being looked after by people who have or who may hurt them.

Safety goal 2:

Sarah and Sherry from CCCFS and Diane the guardian will be satisfied the worries about the kids getting hurt are sorted out when they know that Damian and next baby are being cared for by Angie or the safety people that CCCSS have agreed are okay to look after Damian and next baby.

Danger statement 3:

Sarah and Sherry from CCCSS and Diane the guardian are worried that Damian or next baby could be really badly hurt or could even die if they are given drugs, like when Damian had the big amount of meth in his body that was found in his hair follicle on July 25, when Angie and people she knows are using drugs.

Safety goal 3:

Sarah and Sherry from CCCFS and Diane the guardian will be satisfied that the drug worries are sorted out when they know that no one caring for Damian or next baby are using drugs or with people that are using when they are looking after the children. So, this means if Angie is going to use drugs or be with people who do, she will make sure the kids are with some of the other safety people.

5.3.5 Bottom lines

The easiest way to distinguish between safety goals and bottom lines is to think of the difference between what and how. The goal should articulate what must be achieved; the bottom line requirements are the professional conditions of how this must be achieved. As much as possible, it is best that the family and their network come up with the details of how the safety goals will be achieved, so professionals should keep their bottom line requirements to a minimum. This creates maximum opportunity for the family to develop as much of the specific detail of the safety plan as possible.

Rather than focusing on attending services, the professional bottom line requirements should articulate the minimum statutory agency expectations of how the safety plan will operate. Typical bottom line requirements would usually include the following:

- The requirement that the parents must involve a network of people to assist them in caring for the children and implementing the safety plan. This will usually include the professionals stipulating the number of people they would expect to be involved in the network.
- Where a network of safety people is required, these people must be fully informed about the child protection concerns. Very often it would be a requirement that the parents themselves tell the safety network members and demonstrate to the statutory agency that this has been done.
- A Words and Pictures explanation created by the parents together with the professionals to explain to the children why child protection services have been involved in their lives and why they have been unable to live with their family of origin for some period.
- The length of time the parents must demonstrate the effective execution of the safety plan before reunification and case closure can occur. (These, of course, are usually two separate events.)
- The safety plan must have rules that address particular stressors, triggers or issues. These might include parents and network identifying means and rules for:
 - how a couple will deal with conflict to avoid violence;
 - how a parent will deal with depression or high level anxiety or other mental distress/illness and still make sure the children are well cared for, whatever their mental state.
- How a young parent will meet her needs to have fun and 'party' and make sure the children are well cared for when doing so.
- The parents must decide how they will deal with the issue of using drugs or alcohol. This plan could be a sobriety safety plan, or a plan where if the parents use others are involved to make sure the children are okay, or a plan where the parents can manage their use so they can still provide good care of the children.

- How the parents will deal with particular stressors such as anniversaries of previous traumatic events (like the death of a previous child), dealing with limited finances, dealing with critical extended family members, dealing with stressful times of day, etc.
- How the parents will deal safely with the children when they display the worst of their behaviour. This is particularly important if children have behavioural problems, mental health problems, and/or developmental delays that create management challenges.
- Services that the parents or family members must attend. Since a service plan is never, in and of itself, a safety plan, please refer to comments below about the necessity to connect service attendance with what it will deliver in regards to safety for children.
- As a general principal, it is best for professionals to avoid stipulating specific rules for the safety plan, since the idea is for the parents and their support people to come up with the safety plan rules. But in some cases the statutory agency will have bottom line requirements for the rules. Two that are often necessary are:
 - identifying a particularly parent or person, usually an alleged or convicted perpetrator, who will be required to never be alone with a child or children;
 - identifying a certain parent or person who is required to be the primary carer of the children.

5.3.6 Involve an extensive, informed friend and family safety network

Every traditional culture knows the wisdom of the African saying ‘It takes a village to raise a child’. A child who is connected to many people who care for them will almost always have a better life experience and be safer than an isolated child. If the working relationship between professionals and parents is grounded in a shared understanding of the child protection concerns, the safety goals and the bottom line requirements, the next step is for the professionals to ask the parents to get as many people as they can to be involved in helping them create a safety plan. One of the most important aspects of involving an informed naturally occurring network around the family is that this breaks the secrecy and shame that typically surrounds situations of child abuse. The parents invite the safety network to help them demonstrate the child will be safe in the future and (in cases where parents dispute the professional allegations, often framed as a situation of ‘denial’) the alleged perpetrator is protected from future allegations or misunderstandings.

5.4 Safety Circles: The Work of Susie Essex

Child protection professionals often worry that the parents they work with will not be able to find anyone to help them. This may be the case, but the first course of action is to let the parents know that involving people from their everyday friendship and family network is a bottom line requirement for CPS and then ask the parents who they could think of to involve. For this purpose, Susie Essex created a process she will often undertake using ‘circles’.



(For one example of this, see Turnell and Essex, 2006, p. 92). This can be done by asking the parents to brainstorm and list everyone they know: friends, extended family, workmates, neighbours, people they know from religious communities, clubs and activities they participate in, people that are involved with their children’s lives like teachers, carers and coaches, and so on. Then the parents are invited to categorise the people in the following three circles.

Following this, the parents can be asked to highlight (perhaps by underlining or shading the names they choose) the people that they think would be most impressive to the statutory agency and the court. In this way, the child protection professional gets the parents to think about whether some of the people are more appropriate and helpful than others. In this process, the worker can also ask the parents to identify which of the people on the list would most share the child protection agency’s concerns and which people on the list would think the concerns are unfounded.

In this way, the worker can help the parents realise that perhaps the people they feel are ‘least on



their side’ are actually the people who will be most useful to them in demonstrating to CPS the children will be safe, because if these more ‘sceptical’ people are convinced, that will probably hold more weight with CPS.

Using this circles process can and should be adapted to suit the particular situation. It is designed to create a context where the parents can think more deeply about who will be most useful to them in a safety net-

work. This creates a conversational context around which CPS can raise any concerns they might have about particular people the parents nominate and avoid a situation where the practitioner simply plays a 'they are acceptable, they are not' adjudicating role.

There is a tendency for a statutory agency to become anxious about some people parents nominate, but by and large it is often recommended to involve people who are even known, for example, to have problems with addiction, mental health, or the like. Involving these people, or at the very least taking their involvement seriously, creates the opportunity to discuss how they can be helpful and when their problems might mean they need to not be involved (permanently or temporarily). There will, of course, always be some people that CPS cannot allow to be involved, such as people with convictions for child abuse. Again, if such people are suggested, this should not be framed as problematic but as a positive opportunity to have a more in-depth conversation with the parents about who can help them show CPS and others that the children will be safe in their care.

5.5 Negotiating the How: Developing the Details of the Safety Plan

When developing the details of any given safety plan, it is important to give parents and everyone else involved (both lay and professional) a vision of the sort of detailed plan that will satisfy the statutory authorities. With this done, the professionals' role is then to ask the parents and network to come up with their best thinking about how to show everybody, including the child protection agency, that the children will be safe and well looked after.

This is an evolving conversation as the professionals continually deepen the parents' and network's thinking about all the issues the professionals see, while simultaneously exploring the challenges the parents and network foresee. The trick here is for professionals to break the habit of trying to solve issues themselves and instead explain their concerns openly and see what the parents and the network can suggest.

Working with parents and a network of support people to create a safety plan the family will live by requires professionals to guide the process with intersecting measures of coercion, vision and conversation. Once the concerns are commonly understood and the professionals have laid out their safety goals and bottom lines, and the family and network have a clear of vision of what a meaningful safety plan might look like, it is time to focus firmly on conversation, with a professional leading and asking increasingly detailed questions. The central organising question is: 'What do you think needs to be in place to show everybody, including DCP, that the children will be safe and well looked after when they are (back) with you?' The role of professionals is to constantly deepen the parents' and network's thinking, using questions that bring forward all the issues the profes-

sionals see might be in play, while at the same time exploring the challenges the parents and network foresee. Throughout this process, the parents and their network should be asked for their ideas about how these issues can be addressed and what rules need to be in place to achieve this. Again, the key here is for professionals not to try solving issues amongst themselves, but instead to explain their concerns openly to the parents and the network and see what they can suggest.

Here are issues and elements, organised by case type, that typically need to be addressed in creating an effective safety plan.

Sexual abuse cases

- Alleged perpetrator not to be alone with any children at any time.
- Identify the primary carer.
- Privacy.
- Who assists with clothing the children at night and after bathing?
- Who is responsible for intimate care?
- Appropriate physical contact for the alleged abuser.
- Who is where in the rooms and spaces (house, garden, garage, etc.) when the children are home during the typical patterns of everyday family life?
- Transport arrangements for the children.
- Arrangements at school, clubs and other activities.
- Care arrangements when problems or difficulties arise, such as an illness or hospitalisation of the primary caregiver, or if safety network people are unable to fulfil their roles.

Physical abuse

- Methods of disciplining and restraining children, particularly in the face of challenging and difficult circumstances and in the sorts of circumstances that led to previous physical abuse.
- Intimate care.
- Care during stressful times. e.g. feeding times, night waking, times of financial hardship, anniversaries of previous injuries or deaths, and unexpected illness particularly to the primary caregiver.
- Arrangements for medical care and medicines.
- Acceptable and unacceptable rough and tumble play by adults with the children.
- Communication about disagreements between parents and with children.

Neglect

- Careful exploration of typical times, events and triggers (e.g. mental illness, grief, developmental delay, alcohol/drug use, etc.) that have typically led to previous neglect. Explore specific rules that detail how the parents will deal with and respond to these circumstances in the future to ensure the children receive 'good enough' care in these circumstances.
- Specific parenting routines and responses that need to be in place for the child to receive 'good enough' care, emotional security and stimulation.
- People in the safety network who will provide care, emotional security and stimulation if the parent(s) is/are unable to do so.
- Signs for others that problems are building and they need to step in or act to make sure the children are okay and the problems do not become worse.
- Domestic violence. Careful exploration of typical times, subjects, events and triggers (money, jealousy, child raising, drinking, depression, etc.) that have typically led to previous violence and specific rules that detail how the couple will deal with and respond to these circumstances.

All case types

All safety plans will typically incorporate rules regarding the following:

- Key safety people who the children can contact if they have any concerns.
- People to assist the parents and who will monitor the children's safety.
- People who will help, particularly if/when the primary carer is ill, under stress or unavailable.
- People the family or parents need to avoid.
- If professionals are to have ongoing involvement (e.g. in situations where parents have a developmental delay or suffer from ongoing mental illness), what their specific role will be and how that is directly connected to maintaining the safety and wellbeing of the children.
- Signs that parents/carers are not coping and what the safety network people and others will do in these circumstances.
- Arrangements for stressful situations such as anniversaries, parties, celebrations or when parents wish to use alcohol and/or drugs.
- Arrangements regarding other children visiting or baby-sitting, whether relatives or friends.
- The age at which young children/infants will have the Words and Pictures and the safety plan explained to them (for the first time or as a regular refresher) and who will take responsibility for the task.
- Child development and how the plan needs to change as children grow.

- Plans for deepening the explanation each child is given about the past abuse/neglect and the subsequent events (such as child having lived elsewhere for a time) as a child grows older. Often a particular individual is assigned to take responsibility to see this happens.
- Incorporate one or even two family safety objects chosen by each child so they can communicate their anxieties without having to put their worries into words. The plan should detail how a child's safety people will respond if the safety object is moved. It should be clear to everyone that if the child moves the safety object, that is all they have to do. It is then the adults' responsibility to sort out the child's worries.
- Specifying how long the safety plan must be in place for.

5.6 Successive Reunification and Monitoring Progress

As noted earlier, within the Signs of Safety approach, safety is defined as 'strengths demonstrated as protection over time' (Boffa and Podesta, 2004). As the safety plan is being developed, it is important that opportunities are created for the family to be testing, refining and demonstrating the new living arrangements over time. As this occurs, their success and progress in using the plan is monitored and supported initially by the child protection professionals, then increasingly by the safety network. Most safety plans in the highest risk cases are created when the family is separated, either with the children in alternative care or the alleged abuser out of the family home. As the parents and family members engage in the safety planning process and make progress with it, it is important that the child protection agency reward the parents' efforts and build their hope and momentum by successively increasing their contact with their children and loosening up the professional controls on the contact arrangements. This sort of safety planning journey usually takes between 3 and 12 months.

5.7 Involving Children in Safety Planning

Given that safety plans are about the children and about setting up family living arrangements so everyone knows the children will be safe and cared for, it is important to involve the children in the safety planning and make the process understandable to them. To achieve this, the Signs of Safety approach utilises various tools and methods to involve children and young people directly, including Words and Pictures explanations and child relevant safety plans.

5.8 Words and Pictures Process and Example

For children to understand the need for a safety plan and what it is about, they must understand what the problems were and what the danger was that requires the family to create a specific plan for their safety. The 'Words and Pictures' explanation process was created by Susie Essex from

Bristol, England (Hiles, Essex, Luger and Fox, 2008; Turnell and Essex, 2006; Turnell, 2007c), to inform children and young people about serious child protection concerns. The most critical aspect of the Words and Pictures method is that the explanation is created with the parents and they must be happy with the story before it is presented to the children. This distinguishes the Words and Pictures process from Life Story Book work (Rose and Philpot, 2005; Ryan and Walker, 2007). Placing parents in the middle of creating the explanation requires significant skill, including skilful use of authority, particularly when there is little or no prospect the child(ren) will be returned to the parents. Involving the parents is always vital, however, because at the end of the day children want an explanation from their flesh and blood, their parents. Professional explanations alone, no matter how child friendly and age-appropriate, will usually not hold for children.

Creating a Words and Pictures explanation for a child usually involves the following stages:

1. Begin by briefing social services on the process and obtain their permission and endorsement to undertake the process and a commitment to use the Words and Pictures material within the looked-after system.
2. Check with the parent(s) about the problem (e.g., mental health problem, severe illness, child protection concerns, drug or alcohol misuse) and discuss what would be most helpful for their children to understand about the situation.
3. Explore these same issues with the other parent (if separated), kinship system, and significant adults in the child(ren)'s life.
4. Explore with the child(ren) what they already know and what they are concerned about. Depending on the circumstances, include the parents in this discussion, if possible.
5. Draft the explanation utilising the family's own language and ways of expressing concerns wherever possible, bearing in mind the family's race, culture and religion. Link all the above to any worries/concerns about the child(ren) at home, at school, with peers. i.e., the context in which the child(ren) might be expressing some of the worries or confusions.
6. The explanation should be balanced and not focused only on the negative. The explanation should be framed with a neutral or affirmative beginning and a positive message at the end. It should be interspersed with meaningful positive events in each child's life that fit and add to the overall story.
7. Present the first draft to the parents. Develop and refine the words so that they are comfortable with it and the explanation reflects what they feel the child(ren) should know.
8. Once the parents take ownership of the explanation, the next task is to ensure that the explanation captures everything social services would want the child(ren) to know.
9. Provide the explanation to the child(ren) with their parents, extended family, carers and social service workers present.

10. Ensure that all other significant extended family members and adults in the child(ren)'s life have seen the explanation and will draw upon it if they need to talk to the child(ren) about the problems the parents face and the reasons the child(ren) is/are in care.

The Words and Pictures example presented below relates to an injured infant case. See Turnell and Essex (2006) for more information about the Words and Pictures method.

Who's Worried?



What Are They Worried About?



Sharon was sick and very badly hurt and had to go to hospital. Sharon had very big hurts all over her body. The doctors were

What Happened Then?



After this the social worker said Sharon couldn't live with Mummy and Daddy. Nan and Pop wanted to help so Sharon went to live with them after she got out of hospital. Sharon has lived with Nan and Pop for more than two years since then.

What Are We Doing?



Mummy and Daddy are working very hard with Andrew and Karen (the social worker) to show everyone that Sharon will be safe when she comes home.

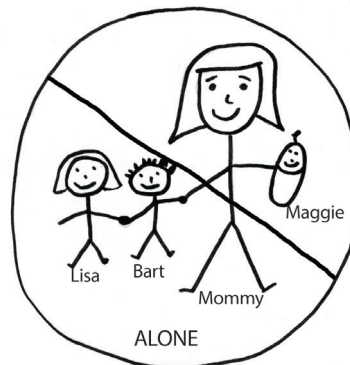
Above: Words and Pictures explanation for an injured infant case.

5.9 Child Relevant Safety Plans

A child protection safety plan is obviously about creating safety for children in their everyday life. Therefore, while that safety plan will be created by the parents and their supporting network working with the professionals, the final stage of the process involves rendering the plan into a Words and Pictures format that the children can understand. There is a tendency for professionals to significantly dilute the seriousness of the situation when communicating with children. This is patronising to children who usually have already been in the middle of the problems and need to make sense of what they have experienced. It also tends to increase the secrecy and silence around the maltreatment. Learning to create explanations and safety plans, together with parents, that are age-appropriate and capture the issues without trivialising or minimising the seriousness of the child protection concerns is the core skill of putting children in the middle of the safety planning work.

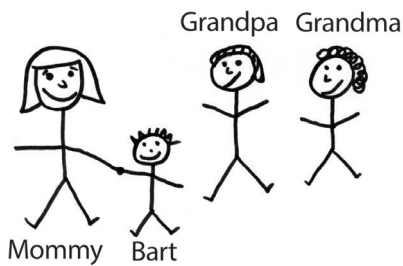
On the following pages, three examples of age-appropriate safety plans are presented. The first relates to a situation of Factitious Induced Illness (or Fabricated or Induced Illness), which used to be called Munchausen-by-Proxy Syndrome. The second addresses serious domestic violence. The third shows four key frames for the Darel, Alkira and Jirra case example.

5.9.1 Safety plan for children in a Munchausen's-by-proxy case.



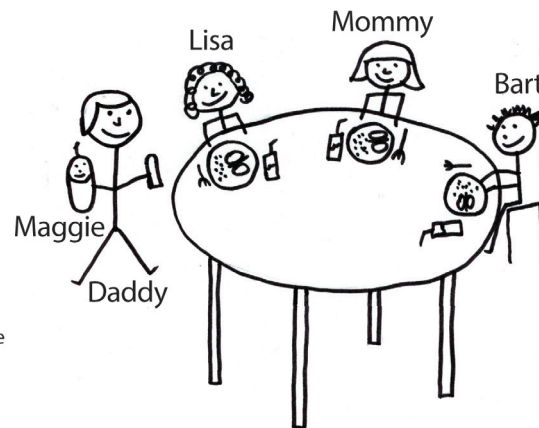
1. Mommy is never to be alone with Lisa, Bart or Maggie.

With Mommys safety people

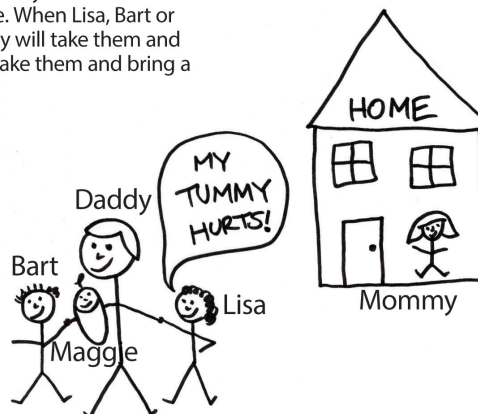


2. When you spend time with Mommy there will always be someone else there like Auntie Kate, Bill, Fred, Mary, Joe, Lyn - the pastor's wife, Margaret, Grandpa or Grandma. These are the safety people who love you and want to be sure you're safe.

3. When Mommy cooks or prepares food, everyone will eat the same food. Daddy or a safety person will get drinks for Maggie or Bart and prepare bottles for Maggie.

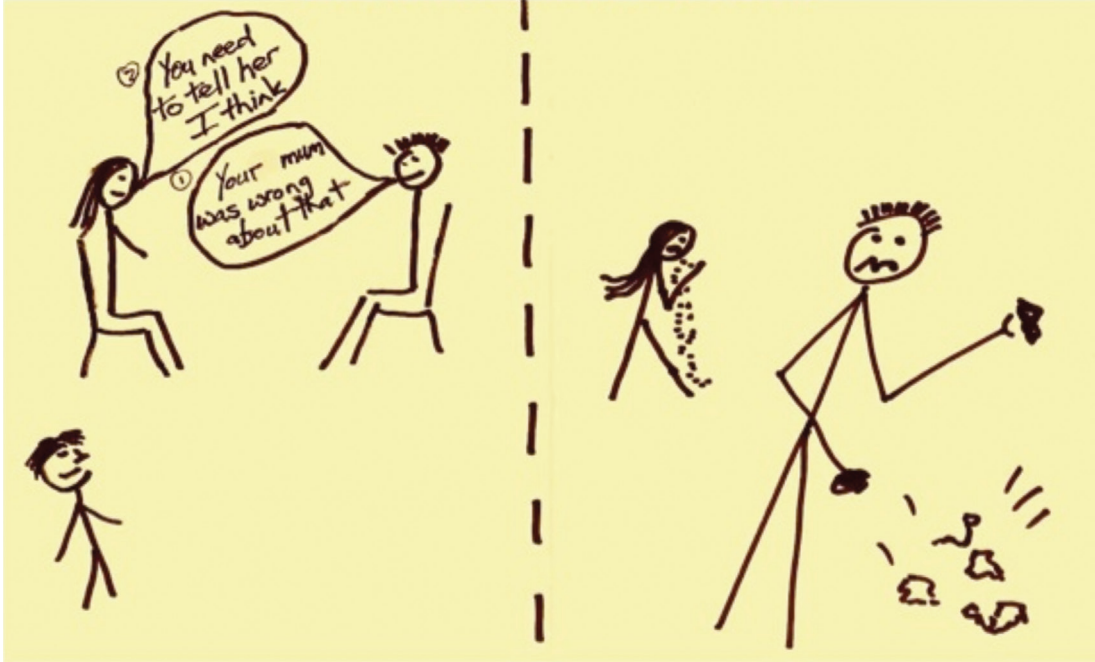


4. When Lisa, Bart or Maggie are sick, Daddy or one of the safety people will prepare the medicine. When Lisa, Bart or Maggie need to go to the doctor, Daddy will take them and Mommy will stay back or Mommy will take them and bring a safety person along.



5.9.2 Safety Plan Example – Domestic Violence Case.

This is a safety plan to show everyone that Sammy will be safe at home with Mummy and Daddy



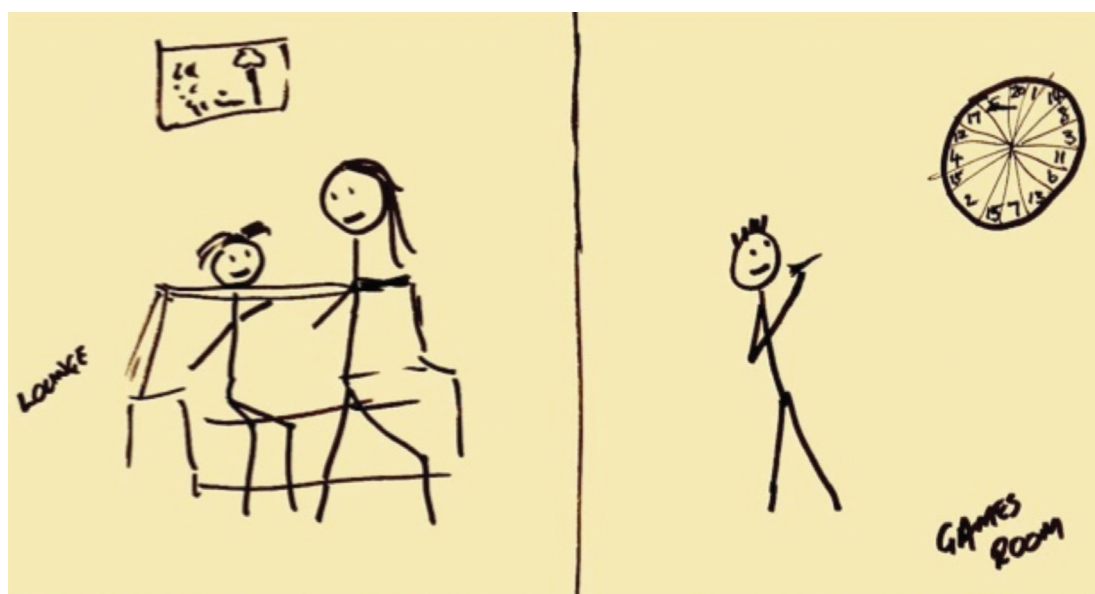
Rule 1: The most important rule is that Daddy will not hit or threaten Mummy or anyone else. Daddy will not break things in the home.



Rule 2: Daddy and Mummy will want to reassure Sammy lots if they disagree about something, argue or use loud voices.



Rule 3: Daddy and Mummy will sort out things they disagree about by talking and making a plan they both think works. Daddy will write the times they do this in the 'safety journal' so Mummy and Daddy remember their good work and can tell others.



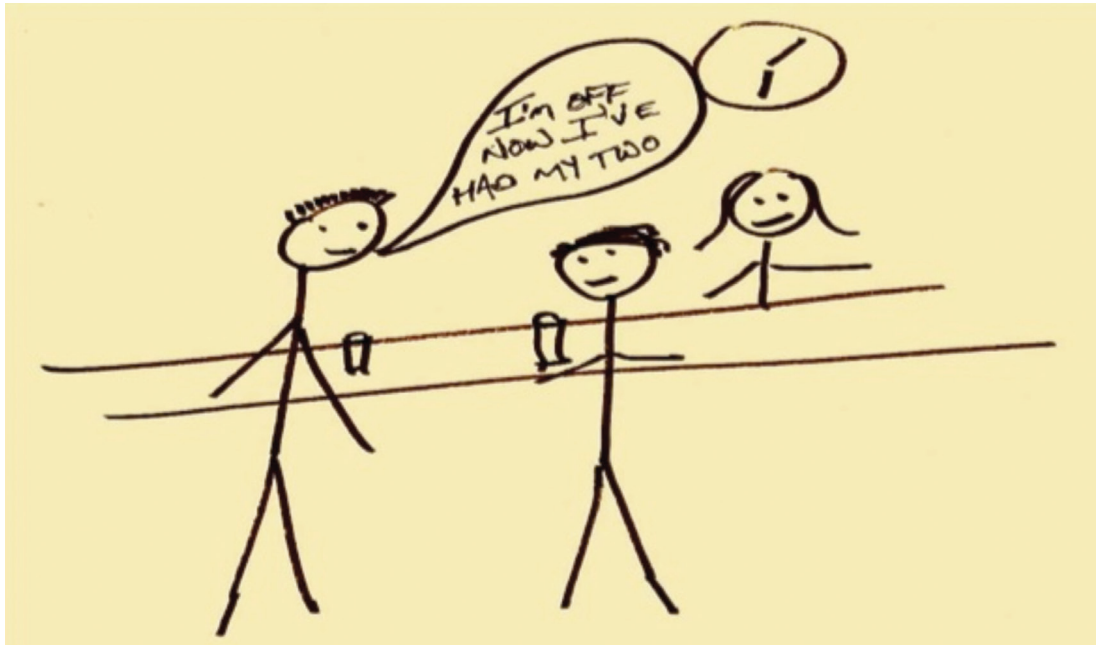
Rule 4: If Mummy and Daddy get angry and start to yell, Daddy will go to the games room and shoot some darts. The fights most often happen in the kitchen or lounge so Mummy will stay there and Sammy will usually be with her. Daddy will write the times they stop fights this way in the 'safety journal'.



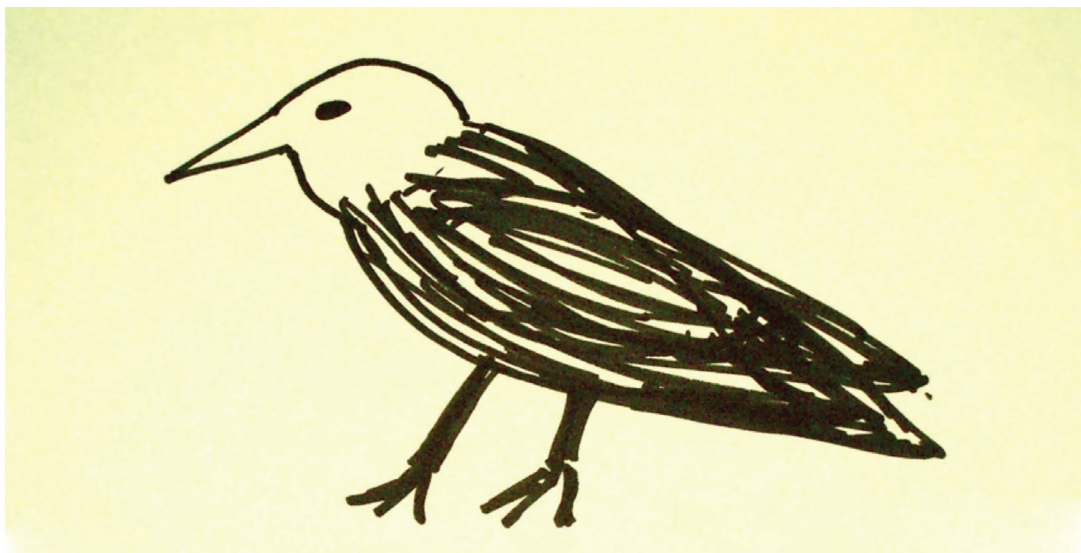
Rule 5: Sometimes Mummy and Daddy will need more space and time to think and Daddy will go for a walk to the river or the football ground and Mummy and Sammy will stay in the house. There is a door key hidden outside the house so Daddy won't be locked out if Mummy feels she needs to lock the door when he leaves. Daddy will write the times they stop fights like this in the 'safety journal'.



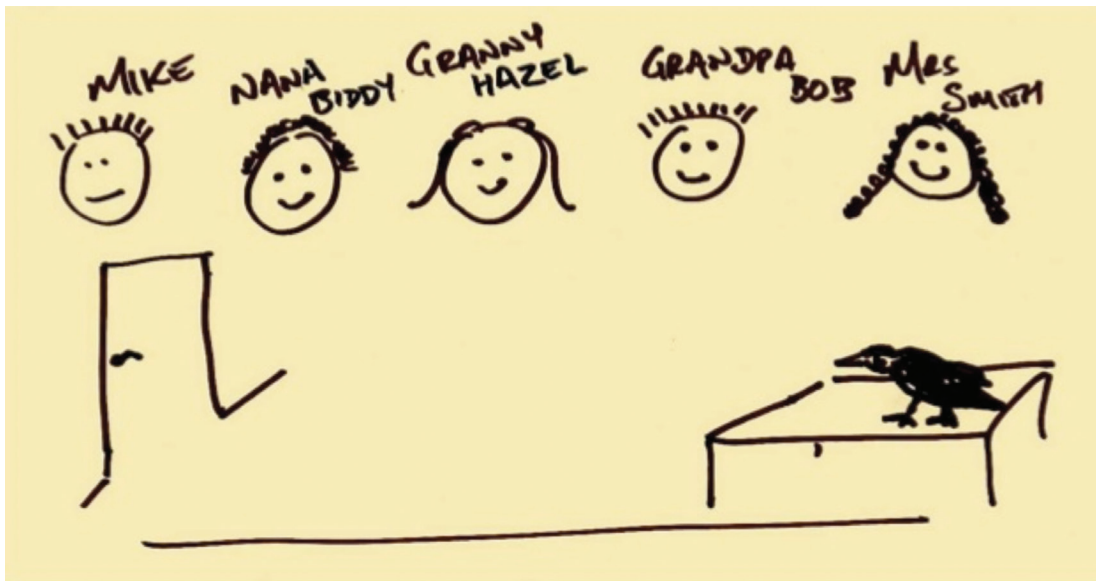
Rule 6: Because Mummy and Daddy often have their biggest fights about money at the end of the day they have agreed they will only talk about money and what they spend when they go to Cafe Capuccino on a Saturday morning. Mummy and Daddy have a regular once-a-month schedule for going to the cafe. Daddy will write the times they do this in the 'safety journal'.



Rule 7: Daddy has said he will not drink any more than two middies of beer at home, at the pub, or when he goes out with Mummy. The only time Daddy will drink more than this is when he goes away for weekends with his mates every six weeks. Mike has said he will make sure Daddy doesn't come back home until he is completely sober. There is a schedule for these trips on the fridge calendar.



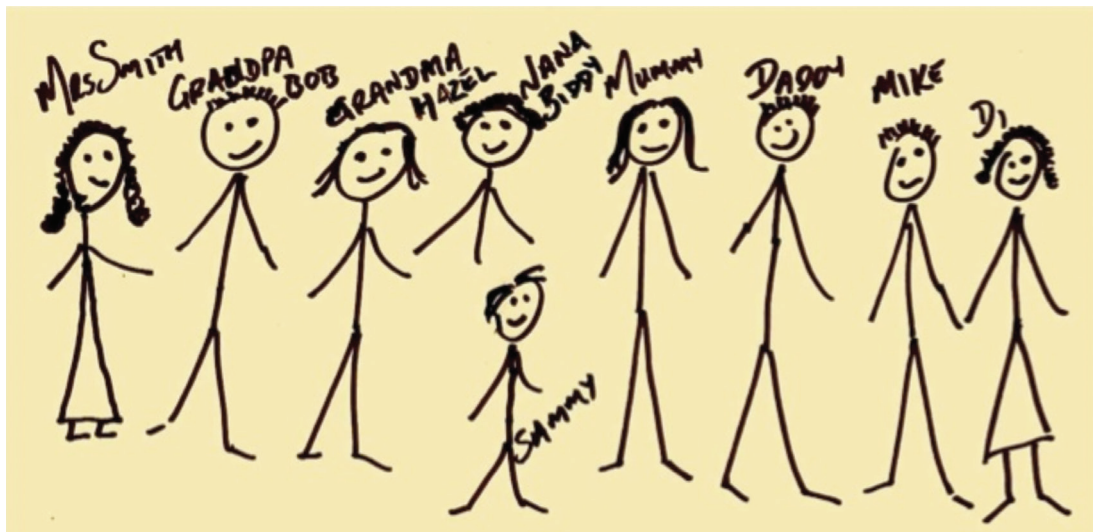
Rule 8: Sammy has chosen a big black crow as his 'safety object'. The crow will live on the coffee table by the front door where everyone can see it when they come into the home. Crow will always face the front door and the only person who can shift crow is Sammy. If crow is ever in any other position than facing the front door Mummy and the other safety people have to ask Sammy if he is okay. Sammy might sometimes shift the crow to make sure everyone is paying attention.



Rule 9: Mike, Nanny Biddy, Granny Hazel and Grandpa Bob and Sammy's kindy teacher Mrs Smith have all said they will be Nichole's special safety people. Mike, Nanny Biddy, Granny Hazel and Grandpa Bob will come to the home every day and check everything is okay. There is a roster about who will come when.



Rule 10: Sammy will tell his special safety people if he is worried. They will make sure Sammy's worry gets sorted out. Sammy can ring Grandpa Bob or Mike on his phone. If Sammy rings and tells them he's worried because Mummy and Daddy are fighting they will come to the house and take Sammy away. Sammy will check to see if they really do come.



Rule 11: Everyone is working very hard to make sure Sammy is happy and safe in the future.

5.9.3 Key frames from the Darel, Alkira and Jirra case example.



Dad has said if he feels angry he will go to his shed and work on fixing the car until he feels calm. Dad says sometimes this might take at least an hour and everyone should leave him until he comes out. Dad will call Pop Pat if he needs help to calm down.



Mum and Dad agree that the keys to the car will be kept at Granny Rose and Granddad Darel's so that Mum is not tempted to drive off when she feels angry.



Mum and Dad say they won't drink any alcohol when they are home and need to look after Darel, Alkira and Jirra. If mum and/or Dad want to drink they will leave the home and do it somewhere else and one of the safety network people will look after Darel, Alkira and Jirra.



Darel has chosen his dinosaur and Alkira has chosen her knitted monkey as their safety objects. Dinosaur and monkey will always sit on the kitchen bench by the window. Only Darel and Alkira can move them. If dinosaur or monkey are moved or gone Mum, Dad and the other safety network people have to ask if Darel and Alkira are okay. Darel and Alkira might move their safety object to make sure everyone is paying attention.

5.10 A Safety Plan is a Journey not a Product

The most important aspect of Signs of Safety safety planning is that the plan is co-created with the family and an informed safety network. That plan will be operationalised, monitored and refined carefully over time and the commitments of the plan are to be made and owned by the parents in front of their own children, kin and friends. This is not something that can be done in one or two meetings, and a safety plan that will last most certainly cannot be created by professionals deciding on the rules and then trying to impose them on the family. Above all, meaningful safety plans are created out of a sustained and often challenging journey undertaken by the family together with the professionals. That journey is focused on the most challenging question that can be asked in child protection: 'What specifically do we need to see to be satisfied this child is safe?' Just as the creation of a family owned safety plan should be considered a journey, for a child protection agency to consistently undertake this sort of safety planning, particularly in the highest risk cases, it will need to build its vision, capacity and skill base in using these methods through a multi-year learning journey.

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APPENDIX A

Signs of Safety® Assessment and Planning Framework

What are we Worried About?	What's Working Well?	What Needs to Happen?

On a scale of 0–10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children that they can't live at home, where do we rate this situation?
Locate different people's judgements spatially on the two-way arrow.

0
10

APPENDIX B



Turning questions into conversations: EARS process – Signs of Safety Mapping

	Worries	Strengths	Goals
E licit F irst question	<ul style="list-style-type: none"> • What are we worried about? • What harm has happened to any child in the care of these adults? • What is the danger to this child if left in the care of this mother? • What makes this situation more complicated? 	<ul style="list-style-type: none"> • What's working well here? • What are the best attributes of this mum's/dad's parenting? • What would the child say are the best times she has with her dad? • When has the mum fought off the depression and be able to focus on the child? 	<ul style="list-style-type: none"> • What needs to happen? • What do you need to see to be satisfied the child is safe enough that we can close the case? • What would the mum say that would show everyone the child can come home? • Where would the teenager say he wants his life to be at 18? • What do we need to do to create a relationship where we can talk about difficult issues?
A mplify B ehavioural d etail: W hat would y ou see?	<ul style="list-style-type: none"> • When has that harm happened? • How often; how bad? • How did that incident effect the child? • What language can we use to say that so the mum and child can easily understand? • How long has this abuse been happening? • Give me the first, worst and most recent examples of abuse. 	<ul style="list-style-type: none"> • When has that good thing happened? How often? • How did the mum fight off the depression? How else? • How does the neighbour help? • How did you get her to open up? • How is the parenting programme making things better for the child? • What did the dad do to make those contact visits really enjoyable for his kids? 	<ul style="list-style-type: none"> • Describe the details of the behaviour you would want to see that would tell you this child is safe? • How many people do you think should be involved in this safety plan? • What is the father's willingness/capacity to do this? • Is this plan written in a way the child understands it? • How will the mental health services involvement help make this plan work?
R eflect M eaning	<ul style="list-style-type: none"> • Which of the danger statements do you think is the most important (or easiest) to deal with first? • Which danger would worry the parents most? • Of all the complicating factors which do you think is the most important to deal with? 	<ul style="list-style-type: none"> • Which of the strengths are most useful in terms of getting this problem dealt with? • Which aspects of their parenting/family life would mum and dad be most proud of? 	<ul style="list-style-type: none"> • Where do you rate the child's safety with this mother on a scale of 0–10? • Is this a plan that the parents believe in? On a scale of 0–10, what confidence would they say that they have in it keeping the child safe?
S tart over	<ul style="list-style-type: none"> • Are there any worries that we have missed? 	<ul style="list-style-type: none"> • Are there any other good things happening in this family that we have missed? 	<ul style="list-style-type: none"> • Are there any other important things that we have missed in the plan?

Turning questions into conversations: **EARS** process – Appreciative Inquiry

<p>Elicit</p> <p>First question</p>	<ul style="list-style-type: none"> • Tell me about a piece of practice you feel proud of. • Tell me where you have used Signs of Safety and it's been useful to you.
<p>Amplify</p> <p>Behavioural detail: What would you see?</p>	<ul style="list-style-type: none"> • Who did what, where and when? • What happened that made this piece of work important? • What made this different? • How did you make this happen? • What else did you do? What else? ...and what else? • Who else was involved? How did they help to build this success? • What would _____ (supervisor, mother, father, child, judge or anyone else who was involved) say you did to contribute to achieving these outcomes? • How did you know what you were doing was working? • What differences did you see in _____ (supervisor, mother, father, child, judge or anyone else who was involved) that told you what you were doing was working?
<p>Reflect</p> <p>Meaning</p>	<ul style="list-style-type: none"> • When you think about this piece of work, what was the most important thing you learned? • What is the thing that you feel proudest of in this situation? • On a scale of 0–10, where would you rate this practice? Where 0 is, it was my worst effort ever and 10 means it's as good as I can do.
<p>Start over</p>	<ul style="list-style-type: none"> • Begin again looking for more behavioural and meaning detail.

Thinking about the child/teenager in your life that you feel worried about:

<p>What are you Worried About?</p> <p> STEP ONE: START HERE BACK AND FORWARDS </p>	<p>What's Working Well?</p>	<p>What Needs to Happen?</p> <p>STEP THREE</p>
<p>What has happened, what have you seen, that makes you worried about this child/teenager?</p> <p>What words would you use to talk about this problem so that _____ would understand what you're worried about?</p> <p>When you think about what has already happened to _____ what do you think is the worst thing that could happen to _____ because of this problem?</p> <p>Are there things happening in _____'s life or family that make this problem harder to deal with?</p>	<p>What do you like about _____; what are his/her best attributes?</p> <p>Who are the people that care most about _____? What are the best things about how they care for _____?</p> <p>What would _____ say are the best things about his/her life?</p> <p>Who would _____ say are the most important people in his/her life? How do they help _____ grow up well?</p> <p>Has there been times when this problem has been dealt with or was even a little better? How did that happen?</p>	<p>Having thought more about this problem now, what would you need to see that would make you satisfied the situation is a 10?</p> <p>What would _____ need to see that would make them say this problem is completely sorted out?</p> <p>What do you think is the next step that should happen to get this worry sorted out?</p>

APPENDIX C

On a scale of 0 to 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children they can't live at home, where do we rate this situation? (If different judgements place different people's number on the continuum).

0



STEP TWO: JUDGEMENT



10



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