The Signs of Safety
Workbook

Dr Andrew Turnell

Resolutions CONSULTANCY

www.signsofsafety.net

Signs of Safety Workbook

TABLE OF CONTENTS

Signs Of Safety Forms: Original and Three-column Variation 4

EARS (Elicit, Amplify, Reflect, Start-over) Questioning 6

Signs of Safety Consultation Process 8

Under-developed Case Example 23

Danger and Harm Statements 25

Interviewing Children: Three Houses and Wizard/Fairy Tool 31

Building Effective Safety Plans in Child Protection Casework 40

- The Challenge of Defining Future Safety 40
- Safety Defined and Exemplified 41
- Attributes of an Effective Safety Plan 43
- Safety Circles the Work of Susie Essex 47
- Words and Pictures Process and Examples 51
- Safety House 55
- Safety Plan Examples 59

Signs of Safety References and Resources 66

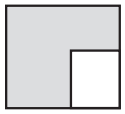
Signs of Safety Assessment and Planning Form

DANGER/HARM ← You may wish to spatially locate items between the danger and safety poles along this continuum. → **SAFETY**

List all aspects that indicate likelihood of maltreatment.

List all aspects that demonstrate safety.

Safety and Context Scale



Safety Scale: Given the danger and safety information, rate the situation on a scale of 0-10, where 0 means recurrence of similar or worse abuse/neglect is certain and 10 means that there is sufficient safety for the child to close the case.

Context Scale: Rate this case on a scale of 0-10, where 10 means this is not a situation where any action would be taken and 0 means this is the worst case of child abuse/neglect that the agency has seen.

Agency Goals What will the agency need to see occur to be willing to close this case?

Family Goals What does the family want generally and regarding safety?

Immediate Progress What would indicate to the agency that some small progress had been made?

Signs of Safety Assessment and Planning Form

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

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).

Turning questions into conversations: EARS Process - S of S Mapping

	WORRIES	STRENGTHS	GOALS
Elicit *First question*	*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 care of this mother?* *What makes this situation more complicated?*	*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?*	*What needs to happen?* *What do you need to see to be satisfied the child is safe enough we can close the case?* *What would the mum say 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?*
Amplify *Behavioural detail: what would you see?*	*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 the abuse?*	*When has that good thing happened? How often?* *How did the mum fight off the depression? How else? 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 contacts visits really enjoyable for his kids?*	*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 understand it?* *How will the mental health services involvement help make this plan work?*
Reflect *Meaning*	*Which of the danger statements do you think is 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 most important to deal with?*	*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?*	*Where do you rate the child's safety with this mother on 0 to 10 scale?* *Is this a plan that the parents believe in? What confidence on a 0 to 10 scale would they say they have in it keeping the child safe?*
Start over	*Are there any other worries that we have missed?*	*Are there any other good things happening in this family that we have missed?*	*Are there any other important things that we have missed in the plan?*

Turning questions into conversations: EARS Process/Appreciative Inquiry

Elicit
FIRST QUESTION

Tell me about a piece of practice you feel proud of?
Tell me where you have used the Signs of Safety and its been useful to you?

Amplify
BEHAVIOURAL DETAIL: WHAT YOU WOULD SEE

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?

Reflect
MEANING

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 about 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.

Startover

Begin again looking for more behavioural and meaning detail

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

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

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

SIGNS OF SAFETY CONSULTATION PROCESS

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

A Questioning Approach

The Signs of Safety consultation 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, workers can get their assessment out of their head and onto paper, so that the assessment and case plan can be more easily reflected on and developed, both with other professionals and the family.

The Signs of Safety Assessment and Planning Framework

The Signs of Safety assessment and planning forms, as presented on pages 4 and 5 are 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? (Future safety)
4 Where are we on a scale of 0 to 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)

In 2004/5 while working with Child Youth and Family New Zealand, the questions of the practitioners there prompted me to more clearly identify the four domains operating in the Signs of Safety assessment and planning framework. This in turn led to the creation of a 'simpler' version of the framework, as follows:

This second, 'three columns' alternative should not be seen as a different framework to the earlier one – it is simply a different version of the same framework. The first provides a more formal structure and is more suited to court and more formal contexts. It is also more appropriate when making a careful assessment of high-risk cases since it immediately points workers and supervisors toward a careful exploration of danger and harm. The three columns variation is usually easier to use at initial investigation with parents and with whole families. The three column version has the added advantage that it functions well as a strategic planning tool providing a very clear and focused map for reviewing case practice in case crises or child deaths. The three column form should also be used for assessing and planning together with a child or young person in care.

Alongside these two versions of the Signs of Safety framework, several additional versions of the same framework have been created that are specifically designed for use with children and young people. All of these forms or protocols are available at www.signsofsafety.net/downloads

Case Example

The following is an example of a completed Signs of Safety 'map' involving a 19 year-old mother 'Mary' and her 18-month-old son 'John'. The Signs of Safety assessment and plan for this example is an amalgamation of two fairly equivalent West Australian cases. In both cases the assessment was completed together with the mother, while the infant was in hospital following an assault by the mother.

Signs of Safety Assessment and Planning Form

DANGER/HARM

- We know of 5 times where Mary (19) has hit and hurt John (18 months) in the past 8 weeks.
- John needed hospital treatment for a fractured cheek and bruising to head and shoulders after Mary hit him so hard he was knocked into a wall yesterday.
- DCP are worried because the doctor says it is possible John could be badly hurt in the future suffering brain damage, or death from a future incident of this type.
- CPS are worried because the doctor says the 19 year old Mary is not recognising this danger.
- Mary doesn't want contact with her family or Gary's and she can think of no friends to help her.
- Mary has a history of 'depression' which she calls being sad.
- Mary is not taking prescribed medications or attending appointments with psychiatrist.
- To make John safe 1x Mary had to leave him unsupervised.
- Mary describes a history of violence in her family.

SAFETY

- Mary open in talking to DCP social worker.
- Mary clearly loves John, SWkr has seen that he goes to her, they cuddle, she responds to him being upset.
- Mary admits hitting John at least 4–5 times in 8 weeks and that she caused the current injuries.
- Mary is most concerned about her anger and violence making her John afraid of her.
- Mary describes one incident where she did not hit John when easily could have 'lost it'.
- John meets 'developmental milestones' for size, weight, he's talking and active.
- John's immediate safety is assured though hospitalisation and imminent alternative placement.
- Mary wants someone to talk to re sadness/anger sees this as a cause of the problem.
- Mary has separated from violent ex-partner Gary

Safety and Context Scale

2 / 4

Safety Scale: Given the danger and safety information, rate the situation on a scale of 0-10, where 0 means recurrence of similar or worse abuse/neglect is certain and 10 means that there is sufficient safety for the child to close the case.

Context Scale: Rate this case on a scale of 0-10, where 10 means this is not a situation where any action would be taken and 0 means this is the worst case of child abuse/neglect that the agency has seen.

Agency Goals What will the agency need to see occur to be willing to close this case?

- DCP wants to return John to Mary based on seeing that Mary has alternative strategies she uses when could 'lose it' with John and does this every time over 6 months.

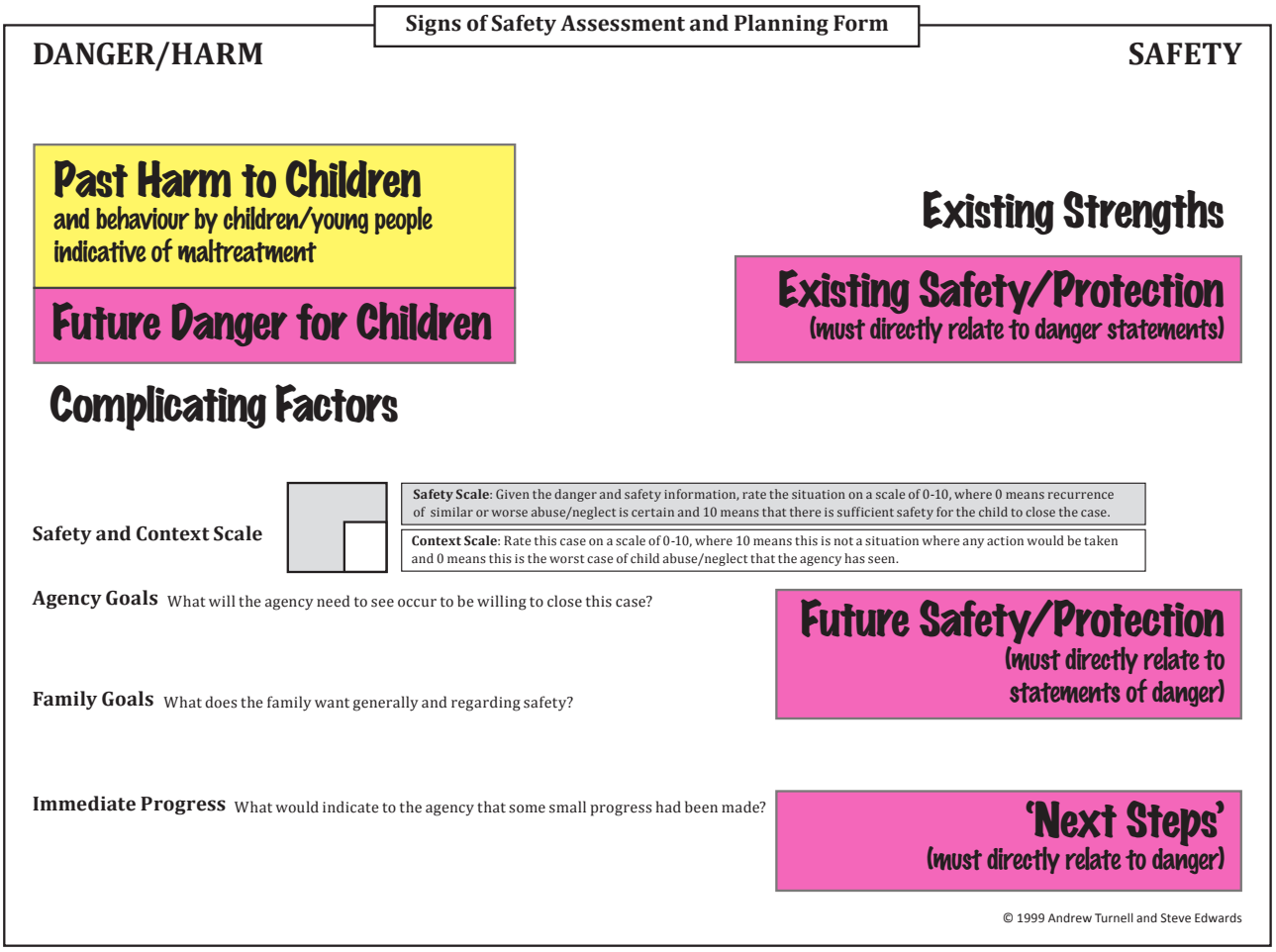
Family Goals What does the family want generally and regarding safety?

- Mary wants to meet with someone she can talk to about her problems.
- Mary wants this for herself and because she says that talking/counselling will make it less likely she will hit John.

Immediate Progress What would indicate to the agency that some small progress had been made?

- Establish John in foster placement
- Contact visits established for Mary and John and focused on Mary doing something different under stress.
- Mary starts seeing someone she can talk to.

Coloured segments have been added to the case example to highlight the logic for refining the analysis of the information. The coloured segments represent the following analysis process:



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. In the remainder of this document we will look at each domain in turn, focusing particularly on the inquiry process to engage others to use the Signs of Safety protocol to make sense of the child protection situation they are dealing with.

SIGNS OF SAFETY MAPPING: DANGER, SAFETY, GOALS, AND JUDGMENT

1. Danger (What are we Worried About?)

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

- Past Harm to Children
- Future Danger for Children
- Complicating Factors (aspects of the situation that make it more complicated)

i. What's in the box?: Statements of past harm to children

Since the best predictor of future abuse is a clear understanding of past abuse, 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).

I typically begin by asking the worker:

> *'What are the worries regarding the child(ren) that gets their agency involved in this case or makes this an open child protection case?'*

Another good question on the same lines:

> *'What has happened to this child that worries us?'*

I then seek to ask further questions to refine their statements toward clear and specific statements of past harm. I look particularly to capture a clear sense of the pattern/history of harm paying careful attention to:

- Incidence: 'How often has the harm has occurred over time?'
- Severity: 'How bad the harm has been in its impact on the child?'

Where there has been a long history of harm and it is likely the shear volume of incidents will overwhelm the mapping process I focus on mapping the first, worst and last incidents alongside a description of frequency – '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 or is happening to the children.

For example, in a case I recently consulted on, the worker was very worried about the mother not taking her children to medical appointments (the doctor, physio and health nurse were very anxious about this because the children had multiple disabilities and chronic health issues). When I asked more specific detail 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 time. This surprised me and the other observers as the way the worker was speaking, most of us felt sure the mum was missing almost every appointment (With this answer I also then wrote on the safety side of the form that mother was taking the children to appointments 70% of the time). These are questions about frequency.

I then sought to specify the harm and asked the worker how the 30% missed appointments were impacting on the child's health refining this line of inquiry by asking the following scaling question:

> *'On a scale of zero to ten 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 regarding the children in these very specific ways caused the worker to become calmer about the case, and 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 regarding this mother when in fact taking the child to medical appointments was only a problem 30% of the time, and the missed appointments were not actually that harmful for the children in the child protection workers view (part of the issue that became clear however was the conflictual relationship between the physiotherapist, the lead doctor and the mother, who were putting a lot of pressure on the child protection worker to force the mother into compliance).

Always make sure you ask 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

motor bicycle in the living room and that both parents are using drugs and have drug dealers visiting the house but the crucial issue is how are these things causing harm or creating a danger for the children and what are we seeing that tells us the children are being harmed by these behaviours.

The statements of harm in the above example are in yellow as follows:

- We know of 5 times where Mary (19) has hit and hurt John (18months) in the past 8 weeks.
- John needed hospital treatment for a fractured cheek, and bruising to head and shoulders after Mary hit him so hard he was knocked into a wall yesterday.

ii. What's in the Box? Statements of danger (possible future harm) related to the children

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

Focus this questioning around the simple question:

'What are you most worried may happen to the children in the future?'

Again, ask as many simple questions as you can think of to get the worries articulated in simple, clear and behavioural descriptions. I usually suggest that the statements of danger are written with the beginning, 'statutory agency/worker is worried that . . .'. For example: 'The DCP caseworker and the child representative are worried that the 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 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 you have the content pretty much done, you often need to re-work and re-write it again to sort it out. At this stage ask the worker:

'The statements of danger we have created here, are they in language that the family members can understand?'

If the statements are not written in family-friendly language, ask the worker for language that they can use with the parents and children.

The statements of danger in the above example are in yellow as follows:

- DCP are worried because the doctor says its is possible John could be more badly hurt in the future suffering brain damage, or death from a future incident of this type.
- DCP are worried because the Doctor says the 19 year old Mary is not recognizing this danger

Other statements of danger:

- DCP is worried that Homer and Marge will continue to get into fights where Homer physically attacks and hurts Marge and that the children will again be caught in the middle of this and be so scared that they can't sleep, won't eat and worry about it so much they can't concentrate at school.

- DCP is worried that these problems will be made worse for Bart and Lisa because Homer and Marge believe that the fights doesn't affect the children at all.

iii. 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, professionals not working together. I try to avoid just getting a shopping list of everything that's supposedly wrong/problematic in the family by endeavouring 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. I also try always 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. I use questions such as:

> *'What do we know about mother's mental health?'*
>
> *'How does this make the situation more complicated in making the child safer?'*
>
> *'How does this mother's mental health impact on her care of the children?'*

This can help worker and supervisor to clarify whether the worry needs to be recorded as a statement of harm (e.g., "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") or as a complicating factor (e.g., "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 on plan of action. Helping professionals often underestimate the complicating multiplier effect that occurs when adding extra professionals to a case. Having more than 4 or 5 professionals involved in a case is usually too many. It is important to not assume a professional being involved is a positive unless a clear description can be made of what specific benefit each professional is contributing to the family and for the child's safety and wellbeing. So do ask: Is the therapist/parenting programme/early child educator/psychiatrist (etc) making this situation better or more complicated?

2. Strengths/Safety/What's working well?

Mapping what's working well on the right hand side of the original Signs of Safety map (middle column on the three columns map) involves analysing:

- Strengths and positive aspects of the situation
- Existing safety (times when the child was protected in relation to the danger)

My 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) gives you something to honour family members with and engage them with, which creates hope and a foundation on which it is possible to talk about the hard 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 I have rarely seen a case where it was impossible to find meaningful positives.

On the 'what's working well' side we are looking particularly for strengths and existing safety that are meaningful in terms of the worries. I am wary of lightweight 'dinky' lists of strengths that have little significance in regards to child safety and wellbeing that helping professionals can tend to create in the name of being strengths-based e.g., saying things like 'she comes to appointments', 'the mother is well groomed' etc.

I am always listening and looking for positives as I listen to the problem descriptions (e.g., as in the example above once I had clarified with the worker that mum wasn't taking the kids to appointments 30% of time, this of course meant she was doing it 70% of time). Other examples that are quite common are:

- The single mum who is isolated, depressed, struggling and overwhelmed in various ways that are impacting on the child but has also left and stayed away from a violent relationship.
- 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?' but usually we focus on the negative of her always going back.

In asking about what's working well use questions such as:

'What do you like about these parents?'

'What are their best attributes/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 mum, 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 (an exception is a typical solution-focused question which follows the formula: 'Tell me about a time when the problem could have happened but didn't?)

'When has mum attended to child's needs?'

'Has there been a time when Dad has stopped himself getting anger and rather than hitting someone, has 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 have acknowledged even a little bit that the violence affects the children?'

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

I'll usually do a scan of the family network (this sets the scene for a safety network):

'Who are the people in the network who are most helpful with the children in your view?'

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

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

Then find out what's good about those people and what they do that is positive.

Always use circular or relationship questions (these are 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 increasing their safety 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 and always ask the question:

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

General Scaling Questions

At some point in exploring the strengths, I'll usually ask scaling questions around the worker-client working relationship with parents and children.

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

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

10 for me is always that the worker has got a relationship where they can talk openly about the hard issues and focus together on doing something about them. 10 is not that people like each other! Sometimes workers are caught up in their dislike of clients or particular aspects of their relationship, hence I am always very careful to define specifically the sort of 10 we're looking for – this sort of detailed exploration can often be a difference that makes a difference. Even if the rating is low, ask when has the relationship been at its highest. Get detail about what the worker is doing/has done well. Then always compliment the worker on the positive things! This creates extra energy for the worker. It's often also important to explore where family members would rate the relationship. **Remember:** a good working relationship is key to 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 parents capacity to provide day in day out, practical care for the child.
- Parent's 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', 'he's manipulative' etc – by taking that concern and getting it onto a continuum using a scaling question, you create room for change and movement and you are implicitly questioning definitive positions. 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 great for getting new information.

3. Safety Scale (Judgment)

All assessment has three steps: Gathering information, analysing 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's needs to be made in a child protection case, namely how safe is the child(ren). There are various ways of asking a safety scale depending on the situation of the case. I usually ask the question:

> *'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?'*

Alternative safety scales can involve:

0 meaning the recurrence of similar or worse abuse for these children is certain.

10 meaning that there is sufficient safety to return the children to the parents' care.

A typical safety scale regarding a young person in care might be:

> *'On a scale of 0–10, where 0 means the young person's life is out of control, there are no good supports in and around the young person and their life is going backwards fast and 10 is their life is on track and they have everything they need emotionally, socially, educationally and practically to continue to grow up as well as they and you could hope, where would you rate the situation for this young person right now?'*

Though it may seem completely obvious the critical issue of a safety scale is to scale the child's safety – thus rating a parent's capacity to care for the child informs 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 you may rate a child's safety in the home at 10/10 because there are others filling the care gaps that the mother can't meet.

Asking the worker to scale their assessment of the children's safety requires the worker to both quantify their judgement 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 their 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 brings your rating of them up to 3 points above 0?'

You can keep asking questions about this – e.g.,

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

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

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

'For me your rating of 3 is lower than I expected given what we've written up 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's important to ask about others' perspective:

'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 also give you more information about the family, either on the worries or the strengths side – e.g., If the worker believes the mother would also scale the situation at similarly to the worker, then you probably have a strength statement: e.g. "Mother acknowledges that they are using drugs and are not always able to supervise the children adequately".

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

'How did you create a relationship with this mum 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 the exploration of the worker's view of what needs to happen for the children to be safe. Before I go to the safety goals however, I will usually clarify what the worker wants from the consultation.

The Worker's Goals for the Consultation

This is THE CRUCIAL focus of the consultation. Many case consultations (whether in individual or group supervision) focus on problem solving and have the supervisor giving the answers to the problem. This is not the purpose of the Signs of Safety consultation. ***The Signs of Safety consultation is designed to help the worker think themselves into and through the case, so the supervisor's primary role is to ask questions to get the worker to do the thinking.*** If the supervisor does this with the worker, the worker is much more likely to do it with the family members, which is the casework outcome we are looking for.

So I ask the worker something like: "What is it you need to get out of the consultation, so you feel it gives you what you want in this case?'

Again I write down the worker's exact words and get this clarified into detail. Be gentle with goals; there is often a lot of vulnerability for the worker in thinking through and articulating what they want. If the worker's goals seem too general i.e. "I want you to tell me what to do", or "I want to know what to do to make this child safe", break this down, perhaps with the progress scale – for example if the worker sees the safety scale is at a 4 ask the worker, 'What do think is the first most important next step to make progress in this case and get 4 up to 4.5?" Then ask 'What do you need from this consult to help you with that?'

I usually don't ask this question until I have mapped out a reasonable amount of the case on both the danger and safety sides of the form with the worker. I've found over the years that if I ask the worker what they want from the consult regarding a stuck case before we have mapped the case in some depth their answer tends to come from a feeling of being overwhelmed by the case and/or they seem to have a greater tendency to want big solutions and/or articulate vague goals. Very often by the time we have carefully mapped out

the case in terms of specifics on the danger/worries side and some solid meaningful strengths relative to the worries, the worker feels much clearer and has already got a better idea of what they need to do.

4. 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 that 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 very often fudge the issue and confuse means (usually services) and ends (on the ground child safety). Child protection case planning tend 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 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 we tend to confuse means and ends so when working with child protection workers to define what they need to see to be satisfied the child is safe, they will often propose services: i.e. 'Dad will attend an DV group'. This, like all services of whatever type is a means to an end, so the follow up question is something like:

> *'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?'*

If I am asked to consult on a new case, then I will 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 mean that all the work continues to be orientated around what needs to happen for the agency to be prepared to return the children home/close the case and usually gets the situation dealt with in the shortest time possible.

It is often best to explore the safety goals after having established an answer to the safety scale. This makes it possible to ask a question like:

> *'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 of course mean 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 they won't be hurt again?/don't need any further professional help?*

It's also always critical to ask:

> *'Do we have those goals written down in a way and in language 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 has alternative strategies for managing his anger that don't involve hitting the kids or mum, and he has used these every time for a period of 6 months'*
>
> *'Mum and Dad demonstrate through weekly urinalysis over a period of six months that they are not using drugs'.*
>
> *'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 and health nurses orders about caring for baby'.*
>
> *'Every time, for six months, 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'.*

I usually 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 statements of danger throughout the questions about safety will ensure that the goals are relevant to the critical concerns for this family. Always work through each danger statement and develop clear safety goal statements to each one. Its always best to start with the more straightforward danger statements first. For example, a danger statement about parents not addressing a child's health needs is much easier to create a safety statement for, than an emotional abuse danger statement.

At the same time it is important not to allow professionals to create a laundry list of safety goals as this will inevitably overwhelm the family. Ask the worker questions along the 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?'

Next Steps

Once the safety goals are established its time to talk 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/day/child/aunty/child rep/health nurse/doctor say in the next step?'

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 always important to consider:

'On a scale of 0 to 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 to 10 what would mum say if we asked her whether she is actually able to do this?'

'On a scale of 0 to 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'll make any difference and probably only will agree to it because they think they have to agree with your idea, where do you think mum and grandpa would rate this?'

Consulting on Stuck Cases

Most often I am asked to do a 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, is very limited and asking case closure goals-type questions often ends up being frustrating for them. Even though the Signs of Safety mapping inevitably gets them clearer about the case they still are mostly focused on what to do next and focusing on closure can be a big mismatch to their present position on the case. So instead, I help them to map the case out using the framework as above and then focus on – what is it they want out of this consultation? I will often spend as much as 10 minutes getting this clear and almost inevitably this answer connects up to next steps in the case. If I then get the chance to work with the worker again after they have undertaken some work with the situation and once they feel like they've got some progress happening again in the case, then I make sure in that next consult that we focus on 'What would you need to see to be confident you could close this case?' In this way, once the practitioner has rebuilt some hope and feel they have some forward movement happening I seek to help the worker set the longer-term direction of the case.

Process Thoughts

1. Keep asking questions and resist the urge to give answers. Keep the questions simple to get straightforward detail on the form. Use the workers on language (don't turn it into your own) to show them 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 to give myself time to form the next question. Also always slow the worker down, don't let them run away in 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 really apparent and you are then in a position to explore that, 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 the situation that you're feeling so stuck?'

3. Building a Team Case Practice Culture. The best decision-making is collective decision making (as long as 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 inbuilt tendency to be nice). Jurisdictions around the world that are most effective in moving cases through their system consistently do the majority of their case supervision in groups. Team leaders/supervisors do not seek to micro-manage all cases but rather grow the collective practice of the team thinking there way into and through a few cases (usually at 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 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, it 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 a process about helping the worker think themselves 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, etc.

5. Move around the map. Move around between 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. Moving to the safety scale is often a very good way to move through stuckness as it clarifies and distils the situation and only rarely does a worker say it is a 0 (and even if/when they do say 0 that usually clarifies things, i.e. it's probably time to take strong action like removal.

6. Involving others. If you are running the consult as a group process you can break up the consult process with the worker and invite some reflections on the process (not on the content of the case) by others e.g.: 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. 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 that sense you need to do the same thing for your worker. This means you often have to 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's a group consult, you inevitably will also have to restrain and redirect others impulse to play expert. If you are using the Signs of Safety process in a group context it

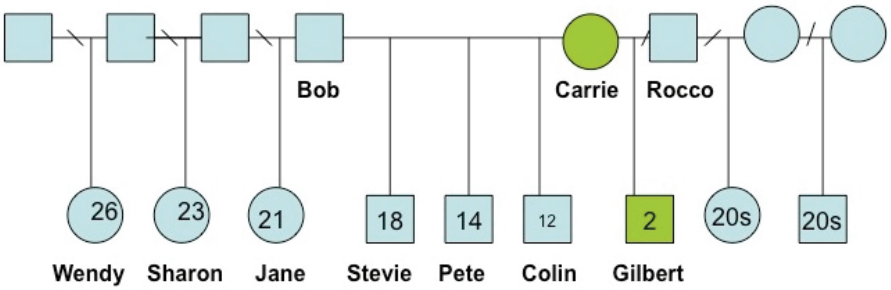
often makes people feel very uncomfortable because it will tend to highlight very quickly if the team's usual way of operating is get out a quick story of the case and then everyone gets to give advice.

9. Offering 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've really made the worker think it through for themselves and really exhausted the resources they have to bring to finding their own solutions. (Advice giving is only one way of introducing difference and change – the primary way this process is working 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 once you have opened the case up carefully in this way your advice is much more meaningful and too the mark. I also make the habit of offering advice with the image of an open hand in my mind i.e. 'well here's my idea(s) what do you make of that?'

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 also expose weaknesses and bad habits in the practitioner—it's important to go gently with these areas.

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

A TYPICAL UNDERDEVELOPED SIGNS OF SAFETY MAPPING



Danger/What are we worried about	Safety/What's Working Well
On Monday June 2nd Carrie slapped Gilbert across the face in town, when challenged by a member of public Carrie told them to "fuck off" and told them she could do what she likes and then slapped Gilbert across his face again. Police are charging her with assault. Police say she appeared intoxicated. No marks left on child.	Gilbert is in care with FSA foster parent, Jane who has also looked after Gilbert's siblings. Gilbert remains in care at this time. Carrie's parenting improves when she has been in residential parenting programmes and has 24 hour support.
In December 2007 Carrie lied about her whereabouts to Family Support Agency (FSA), she travelled with Gilbert to Maryville to see Gilbert's dad. She did this despite the plan for Gilbert not to have unsupervised access with Rocco. FSA notified Child Protection Service and Gilbert was removed from Carrie.	Carrie has been taking Gilbert to a child care centre and parenting programme since Gilbert's birth. Carrie has continued to attend and see Gilbert at day care since he was placed out of her care. This is supervised by staff at the centre who have been working with Carrie since his birth and with her older children.
Gilbert was present for a domestic violent incident between his parents on 17 April 2007, when Rocco threw a chair at Carrie (Carrie had bruising and required stitches). Rocco was imprisoned for this.	Carrie has been working with Parent Programme since Gilbert's birth
Carrie lied to FSA about the domestic violence occurring prior to this April 07 incident, despite plans in place for Carrie and Rocco to address the anger and violence issues (Rocco has 13 convictions for male assaults female).Following the incident Carrie and Stevie told us that there had been times when Rocco had thrown plates at them.	Child Care and Health Nurse have not raised any concerns for Gilbert, and have not seen any evidence of physical abuse. Child Care See Gilbert from 8.45am-2.45 pm Mon- Friday. Carrie is there for some of the time.

Danger/What are we worried about	Safety/What's Working Well
Jane and Stevie say that Carrie yells at Gilbert when he is naughty. Stevie says that she swears at Gilbert and that when he lived in the home Carrie took her anger out on him instead of Gilbert. Stevie has moved out and this is the first time Carrie has had no adults in the home with her since Gilbert was born.	Carrie agreed to FSA being involved prior to Gilbert's birth and consented to FSA having a support order since he was born. FSA do not have concerns about neglect, housing issues and debt issues, which had been concerns in the past.
Pete's foster parent had been hitting him, when FSA found out and talked to Carrie about this, she said a friend had told her she'd seen an incident where Pete was being hurt in the supermarket, but Carrie did not tell FSA about this, and did not act to protect Pete when she knew he was at risk.	Carrie is co-operating with FSA and has historically worked well with social workers. Jane and Stevie say they have never seen their mum hit Gilbert. Stevie had been living with Gilbert and Carrie up until a month ago.
Carrie has attended 3 residential parenting programmes and this has not significantly assisted her to parent when released to community.	Gilbert is not having any contact with his father since he was returned to Carrie's care in December 2007.
Past Concerns for Carrie's parenting: FSA and CPS have long history with Carrie and her children since 1991. Carrie has not raised any of her children through to adulthood, Wendy and Sharon were adopted as babies, Jane, Stevie, Pete and Colin were in foster care with CPS, then returned home, then in foster care with FSA. Pete and Colin are still in care. According to affidavits they came into care in due to: • Filthy state of the home • Children left home alone • Jane caring for younger children when 15, Jane missed school to take children to Drs appts etc • Physical abuse • Sexual abuse of Pete and Stevie from their father (Bob) (Father touching children's penis) Father also abused an Intellectually handicapped relative of Carrie's and imprisoned for this). • Carrie allowing children to have unsupervised contact with Bob despite agreement not to. • Swearing at children e.g. "I don't give a damn, get out of my fucking face" • Children being at park in the dark and Carrie unaware of where her children were when they were aged 15, 11, 7 and 6.	Carrie participates in professionals meetings with Sex Abuse Agency regarding Pete's sexual offending and Pete isn't left alone with Gilbert when he has unsupervised access with his mum. Carrie has close friends who saw her after incident on Monday June 2nd who confirm Carrie wasn't intoxicated after she spoke to Police. Carrie has no history of alcohol abuse. Stevie returned to live with his mum when he transitioned to independence.

DANGER AND SOME HARM STATEMENT EXAMPLES

Sexual Abuse Granpa DV Dad in prison and new worse boyfriend

DCP are worried that Grandpa will be alone with the kids and sexually abuse them.

DCP is worried that Sharon and Bart will get into big fights where they hit each other again and the children will see this and be terrified or caught in the middle and hurt

DCP is worried that when Miguel (who Grandpa has said broke another woman's legs) comes out of prison her will attack Sharon like the king hit early last year and the children will see this and be terrified or caught in the middle and hurt.

DCP is worried that when family members fight with each other or other people fight with them the children will see this and be terrified or caught in the middle and hurt

DCP is worried that Sharon may not be able to cope with or control all of the children all together.

Injured Infant Case

Because of the bleeding in the brain baby suffered while in mum and dad's care in November and because we don't know how the injuries happened BJZ, AMK and Dr's are worried that baby will be seriously injured again, suffer permanent brain damage or even die if he is returned to mum and step-dad.

Serious DV Mum Hospitalised for Broken Jaw

CPS is worried that if Mummy and Daddy live together with Nichole again, Mummy and Daddy will get into fights like the one last year that put Mummy in hospital with broken jaw, and then Nichole will become so terrified she won't eat or sleep and won't be able to go to school and will be crying all the time like she was when she went to stay with nanny Lol after that big fight.

Injured 2 yo in care of Mentally Ill parents who isolate

BJZ the guardian, De Bron and the Doctors are worried that if H (2), P (3) and J (5) go back home to live with mum and dad the children, particularly H and P will be seriously hurt like H was in June when he had a spiral fracture of the leg, or perhaps one of the children will be even more badly hurt than H was.

An voluntary, case where autistic kid tantrums badly and chronically (New Zealand)

Mum and Dad are really worried that when Cathy 'gets a big tanti on' she forgets and scares everyone around her and might hurt herself, Paula, James, Holly or Sandi.

(Possible question) On a scale of 0 – 10 where 10 is everyone in the family can stay safe and can cope with Cathy's tantrums and 0 is everyone is scared/terrified/overwhelmed and not safe at all when Cathy gets a tanti on where are this family today?

Bi Polar mum with baby Bradley (6months)

Viv and Sharon (CPS supervisor and Worker) are worried that Lucy will become so overwhelmed when she is caught in 'freaking thinking' and becomes really sad and feels useless that she will not be able to feed, clothe, cuddle, play with Bradley like he needs.

Viv and Sharon (CPS supervisor and Worker) are worried that when Lucy feels really sad, worried and useless and she will start thinking about killing Bradley again and may even hurt or kill him.

Viv and Sharon (CPS supervisor and Worker) are worried that Chris will keep coming back into Lucy's life and make her feel really sad, worried and useless, maybe even hit and hurt her again and make it much harder for her to look after Bradley properly.

Previous DV, Father separated from DV relationship, got off drugs, Kids in care 3 years – looking at reunification

Kat and Kylie (Department for Child Protection) are worried that when Jilly (5) and Jeni (7) come back to live with Dad he may not be able to cope with the stress and challenges of looking after Jilly and Jeni and that he will become very controlling maybe even get and angry and aggressive and then Jilly and Jeni will become very, very scared and feel like they are trapped.

Kat and Kylie from DCP are worried that because of the past history of really bad fighting and violence that Jilly and Jeni saw three years ago and the foster parents have talked to them about a lot, we don't know whether Jilly and Jeni and Dad are ready to be back together again yet.

Factitious Induced Illness (Munchausen Syndrome by Proxy) Case (Minnesota)

Original Harm Statement:

During a 24-hour period starting on August 23, video surveillance from the hospital found Marg withholding, replacing Nestle formula with water, or providing Bart with limited amounts of formula during 5 consecutive feedings. During these feedings, Marg reported to hospital staff that Bart had eaten all formula given to her to feed Bart. At that time, Bart was developmentally delayed, had periods of weight gain and weight loss, and had gone through medical procedures that were not needed. After ruling out all other medical conditions, reviewing medical records, reviewing video surveillance and after observing Bart with no medical concerns, doctors concluded that his symptoms were caused unnecessarily.

Original Danger Statement:

CPS is worried that Marg will cause Bart, Lisa or other children to become sick, be subjected to unnecessary medical procedures or die by withholding food, or by giving something to the children to make them sick.

CPS is worried that Homer will not recognize or intervene to protect the children from situations where Marg could harm the children which could cause the children to become sick, be subjected to unnecessary medical procedures or die.

Modified versions:

CPS, Doctors X and Y and Guardian are worried that Bart, Lisa or future children will become seriously sick and/or not develop properly because Marg doesn't give them food or medicines they need or gives something to the children that makes them ill.

CPS, Doctors X and Y and Guardian are worried that Homer will not recognize or intervene to protect the children from situations where Marg's actions are making the children sick or hurting them.

Family of other cultural background where 5 and 7 yo boys have been 'punished' with a birch stick leaving multiple bruises and welts (West Australia)

Rosemary (CP worker) is worried that father will punish the boys (5 and 7) with a stick (or other implement) again and hurt them as bad or worse than the bruises and welts on their bottoms they suffered on Thursday because the parents say it is their right to hit the children like this.

Rosemary (CP worker) is particularly worried that because the 5 yo has spoken to us he will be punished more and even worse than he was on Thursday.

Bosnian Family with institutionalised 15 yo for sexually assaulting 3 different girls (Sweden)

Anton is worried that 15 yo's parents will take 15 yo from the institution (where he is staying) and take him to Bosnia which will interrupt the treatment he is getting and he will commit new crimes like when he has assaulted and raped three girls.

Anton is worried that when 15 yo goes home his parents will stop 15 yo talking to Anton and he won't be able to make a safety plan with them and him to stop him commiting new crimes like when he has assaulted and raped girls.

Case of 14 yo boy going back and forwards between mothers house and foster care (Denmark)

K and L are worried that 14 yo won't say what he wants and won't be involved in talking about and planning his life and where he lives and that he will continue to go back and forwards between mum and foster care, that he will lose interest in his own life, give up on himself, fail in school and at things he wants and end up getting into very bad situations, caught up with bad people and maybe even get hurt.

Kurdish family with complaints from Kindergarten (Danish)

The kindergarten teachers are worried that the twins, 2 and half year old boy and girl aren't speaking Danish like all the other boys and girls their age and that if they don't learn to speak better they won't be able to learn properly and because they don't talk much they won't be able to be friends with the other kids and the other kids might treat them like they are stupid.

Same Kurdish case concerns re 30-day baby

Annette, doctor and maternity nurse are worried because when mum holds baby they have seen baby's head flopping all over the place and they worry that mum doesn't understand that when she is carrying baby she always needs to hold its head otherwise baby could end up with a broken neck.

2 yo Laura in middle of 2 years DV history

Francis and Kris at CPS and Anton from In-home Service Agency and Granny Racic are worried that if mum and dad and Laura get back together, mum and dad will get caught up in out of control fights that could get violent like the one on July 4th where Mummy used L as a shield to protect herself from Daddy and then Laura might get hurt herself and will be so scared and anxious she will cling to mum, not sleep and cry all the time.

5 yo Zeinab and 7 yo Moulid parents with DV history and Moulid being violent at school

Cherie from CPS and Terry from treatment agency are worried that Moulid (7) and Zeinab (5) will see Daddy lose control of his emotions, fight and hit mummy like he did last February when he stabbed mummy with the broken glass. If this happens again Moulid and Zeinab will be very scared, won't sleep, won't be able to do their school work properly and Moulid will lose control of his own emotions and fight, hit and hurt other children at school like he has five times in the last two months.

Afghani Family with son's, Jalil 16, Naser 15 and Farrokh 9 (Netherlands)

Harm Statements

Jalil and Naser have been getting into lots of trouble at school and in their town, they are often fighting and bullying other teenagers their age at school and on the street and Jalil has been stealing things at school and at shops.

3 weeks ago Jalil had stolen some things from a shop and was arrested. Father came to police station, and hit Jalil so hard in the face with his hand Jalil was knocked to the ground and the police officer said that the sound of it scared him (The doctor found no injuries on Jalil from the father's assault). Father told the police 'Jalil will get worse at home, I have to punish him'. Father also said to the police officer, 'There will not be a next time, next time I will kill him'.

Jalil told police he is scared of father and that there is a lot of hitting with mother and father hitting both Jalil and Naser. Jalil says sometimes father hits with chain, rope or a belt and that he is hit every day and

Naser once a week. (A forensic doctor has examined the 3 children. Forrokh has bruises, which could be a skin discolouration, but he has a 'suspicious spot' on the shoulder. Naser had several bruises, one confirmed as child abuse).

Danger Statements:

Miriam from BJZ(Guardian) is worried that because the father told the police that he will kill Jalil if he is stealing and arrested again that Father doesn't know any other ways to control Jalil except hitting or threatening him and that things could easily get out of control between father and Jalil and either of them could be very badly injured.

Miriam from BJZ(Guardian) is worried that Jalil and Naser will keep fighting and bullying other kids, threatening and insulting teachers and they will not be able to go to school, get a good education, won't get on with other kids and end up making a mess of their own lives and what they want to achieve.

Canadian Case: Out of control kids (15, 13 and 11) violent fights, school attendance problems

Danger Statements:

Sarah from CPS is worried that if 15 and 13 come home to live with Mum and 11 that mum won't be able to control the kids' behaviour and they will get into fights and hurt each other like when 11 stabbed 15 in Feb 08 and when 15 was choking 11 last month.

Sarah from CPS is worried that if 15 and 13 come home to live, mum won't be able to get all the kids to go to school like what happened between Dec 07 and Feb 08 when 15 was not going to school at all and 13 was only going 40 to 50% of the time.

Japanese Case parents with 3 and 4 year olds, 4 yo has developmental delay and encopresis

(Even though 4yo has been shitting in the toilet for one month,) Mr M and YT are worried that 4yo might start shitting on the floors and bedding again and that mother will get frustrated and angry at 4yo and perhaps hit and hurt him.

Danish Case: At-risk 15 year old teenager, controlling Father

Possible Harm Statement

Rikke CP-CPH believes Father behaves crazy toward 15, she is obsessive and very controlling and this has damaged 15 and 'broken her inside'. For example 15 was raised well for 7 years by Granma and Mother but when she was 7 years old mother came back into 15's life who then lost her Granma and Mother because Father demanded 15 have nothing more to do with Granma and Mother. Father seeks to control 15's life and to control how professionals work with 15. Father and 15 have a relationship where they are either super-close or exploding apart and then the girl runs away and no one knows where she is for days at a time. When at home Father gives the girl very little space monitoring her constantly through audio recording, taking notes and reading the girl's texts. The Father sometimes gives the girl nightmares with horror stories about things like her being raped and brutalised. As a result of this Rikke believes 15 has lost control of her life – as well as running away when she is overwhelmed 15 doesn't go to school at all, uses hash, and finds strangers on the net and has sex with them.

Possible Danger Statements

Rikke CP-Kobenhavn is worried that 15 will continue to live her life dominated by her relationship to her father and this will affect 15 so badly she will continue to run away for days at a time, have sex with men she meets on the net, use hash and won't go to school at all or complete her education.

Rikke CP-Kobenhavn is worried that father's relationship is damaging 15's chance to grow up properly, that the relationship is so bad it is 'breaking 15 inside' and because of this 15 could have a mental break-

down and if she keeps meeting the wrong people who use her she could end up working as a sex worker, become addicted to hard drugs or be seriously hurt or even die.

Andrew is worried that if the professionals keep trying to be 'nice' to father, father and his lawyer husband will continue to limit and control how the professionals work with 15 and this in turn will lead them to continue to practice in ways that is damaging for 15 and Rikke and her colleagues will not be able to do the things they believe are best for 15 to grow up as well as possible.

Danish Case – Mother of 8 and 14 year old Daughters Constantly Anxious about her and them being 'Ill'

Harm statements (Work in progress)

Because of 'illness' (need to define this) in mum and the girls 8 and 14 some of which Drs say does not have a physical basis the kids are not able to have a normal life:

For example 8 is away from school 29% of time, she has withdrawn from school-work and won't go out to play with other kids when they invite her. At school she wets and poos her pants (how often/where?), she doesn't ask for help anymore and often talks about needing to be at home to look after her mother.

[Its not yet exactly clear how badly but it seems that 14 is not able to lead a normal life and feels guilty about her mum's illness (how does this actually impact on 14?).]

Danger Statements

Johanna from Families AFD is worried that 8's life is being taken over by worrying about Mum being so sick and worrying and thinking all the time that she has to be there to help mum. All this worrying means she is losing a normal 8yo life, for example she's wetting and pooing her pants about once a week, is missing school 29% of the time and doesn't play with other kids when she is at school.

Father suffers Psychosis and Becomes Violent

Miriam and mother (and Father) are worried that when Father starts to lose his mind/lose control he will say cruel/nasty things to 8yo son and kick and hit him and then 8 yo son will feel humiliated and like he's to blame for these problems and though he hasn't before he could get badly hurt.

Miriam and mother (and Father) are worried that if this keeps going and gets worse, Father and 8 yo's relationship will be damaged and Dad will not be able to live in the same home as 8yo.

5yo Kelly, Developmentally Delayed 22yo Mother

Harm Statements

In the past year Kelly has more and more become the boss of Mummy and what happens in the house. This means that Mummy often can't tell Kelly what to do and Kelly will more and more eat what she wants, go to bed when she wants and Mummy isn't able to get her to go to pre-school unless Kelly wants to.

Mummy can't read, she doesn't like maths and this means she can't help Kelly to do her pre-school work and to learn to read and count.

Danger Statements

Maria has done a fantastic job of raising and loving Kelly but Maria is not very smart and Kelly is getting smarter than her Mummy and Kelly is becoming the boss of the home. If this keeps happening Mette and Matilda are worried that Kelly will take over the home and Maria won't be able to control her and Kelly won't be able to help Maria get a good education like learning how to read, count and do maths.

Mette and Matilda are worried that if Maria doesn't let her own family and other people help her be the boss of Kelly, Maria and Matilda will have to arrange for Kelly to live with another family.

Gateshead Case Mapping by Viv Hogg At-risk Teenager Danger Statements and Safety Goals (in italics)

1. Parents, Nicola (older sister), the FIP worker, SW, and police are worried that because Sophie is only 13 years old and keeps running away and spending time with older men, she may end up with people who are going to hurt her and there will be no one there to help. If that happens she could end up being either ra..p.. ed or in a ditch.

Sophie will be going out but not running away and when she is out, her mam will know where she is at and who she is with.

2. We are also worried that if Sophie doesn't stop being so angry she will end up really hurting someone and if that happens she might be taken away from her mam and dad.

Sophie will be talking to someone when things aren't right and won't be as angry as before. Sophie will be living at home with mam and dad.

3. The other thing we are worried about is that because Sophie won't go to school and won't see it is important, she will not be able to do what she wants when she gets older and this will make her feel bad.

Sophie will know school is OK and she'll be going because it will help her be able to do nice things when she is older

Injured Infant Case

Marie N Y social services is worried that Emma, 20 months might be hurt again like she was when she had the serious burn on the inside of her thigh in May 2010 that the Doctor says was probably caused by the 'sustained pressure of a hot object' (like a???). What makes Marie particularly worried is that the injury happened when Emma was with Jack and Babs and the doctor says that the explanations that Jack and Babs gave for how they think burn might have happened does not equate with the type of burn and how bad it was.

Adapting the concept of Danger Statements and Safety Goals to Critical Worry and Core Goal regarding problams in a Foster Care Placement

Critical Worry (The Problem that has to be solved for the child to stay in the placement)

Benelong CPS are concerned that if Holly was again placed with Cassie and Abraham that the working relationship would be difficult because Benelong CPS would be held at 'arm's length' and breakdown completely and that Benelong CPS would not know what was happening for Holly. Benelong CPS are worried that if this happened they would not be able to meet their legal responsibilities as Holly's legal guardian and make sure that her best interests, such as her health and education needs and her need to have contact with her family, would be met.

Core Goals

To be confident that Cassie and Abraham were meeting Holly's needs Benelong CPS would want to know and see that Cassie and Abraham and Benelong CPS Staff (i.e. primarily the case manager and team leader) would be:

Talking in an open and transparent way;

That Benelong CPS staff would have regular and free access to Holly and be able to visit her and the family in the home;

That Cassie and Abraham would be willing to work with Benelong CPS staff in developing mutually respectful communication and follow a 'line of command' (i.e. case manager, team leader, manager, director) rather than escalating issues prematurely; and

Work with Benelong CPS staff to implement the agreed and approved care plan across the dimensions of: safety; placement; health; education; recreation and leisure; social and emotional relationships; culture and identity (including religion).

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

by Andrew Turnell with Vania da Paz

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 the past five years one of the key growing edges 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 Three Houses Tool is one of these methods and is a practical approach to undertaking child protection assessments with children and young people.

The Three Houses tool was first created by Nicki Weld and Maggie Greening, created 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 Lukes 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 lead to the House of Dreams being added and the Three Houses tool was born.

The 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.

The following describes a process for using the 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.

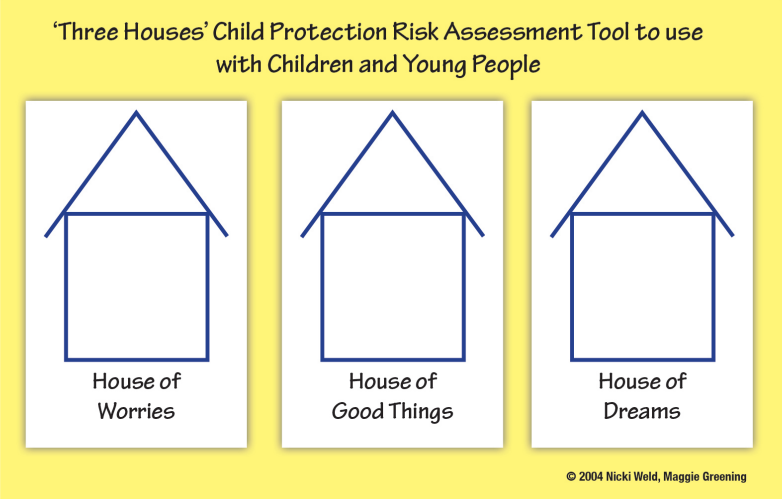
1. Wherever possible inform parents and obtain permission to interview the child

Sometimes child protection workers have to interview children without advising or seeking the permission of the parents or primary caregivers.

Wherever possible the parents should be advised/asked in advance and the three houses tool can be useful in obtaining permission and in building the parent's 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 so it is good to show the parents and explain the three houses tool so they know how the interview will be conducted. This demonstrates to the parents that the worker will not just look at problems but 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.

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 children 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 children without the parents' knowledge, all efforts should be made to provide an explanation to the parents as to why it was felt necessary to speak to the children 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 of more children at once can get out of hand (though not impossible) but certainly it is often very valuable to interview children in pairs with one able to help the other, and in pairs often each of the children will open up more readily and say more. Often also it is a very good way to engage a teenager to ask them to help a younger sibling do the three houses process.

3. Introducing the three houses to the child

Even if the child was present with the adults when the worker explained the three houses process it is important to explain the process to the child again. Typically workers use one sheet of paper per house and draw an outline of house on each sheet of paper (the size can be anything from A4 to flip chart size) often getting the child to draw the outline or drawing with them. This active process where the worker and child are creating the house drawings together, provides a context where they can get to know each other a little and breaks the ice. The worker can then explain to the child something like: 'in the first house we will write or draw your worries, so that's the house of worries, the second we'll put in the things that you like in your life, that's the house of good things, and 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 8 year old girl in Stockholm working with Ophelia McKwashie gave her three houses the following names: 'The house where everybody fights', 'The house where my siblings and I are happy' and 'Cinderella house'.

4. The interview

Offering the child choice is always a good strategy, so most workers ask the child which house they would like to start with the worries of the good things. Often it is easier to start with the house of good things particularly where 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 also a good place to start as 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 chose to begin with the house of worries particularly where they feel like they are carrying so 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 write or they want the worker to do the writing. 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 writing process. If drawing the worker can easily get involved in drawing together with the child, but the child should always take the leader on what is drawn. If drawing 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 rather than draw things such as 'Daddy hits Mummy', 'Mummy hits me'.

In using the three houses with children always make sure to use the child's exact words and ideas. Where the worker is doing the writing and filling in the information for the child, always read everything back to the child before finishing the interview. This gives the workers an opportunity to ensure that they are accurately reflecting the child's views, and it also provides an opportunity to dig further into an issue that the child has raised, but the worker feels they may benefit from further exploration.

The three houses process should not be thought about as 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 three houses as makes most sense in each particular interview. If at any stage talking about worries becomes too difficult for the child, the worker should be ready to ask the child questions about things that make them happy, or to ask them 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 is often helpful to provide prompts or cues to assist the child. For example: what is good about where you are living at the moment? What is good about school? What is good about the friends you have? What is good about your visits with mum? After exploring things the child feels are positive in their life this often provides an entre to explore what is not so good, and what they are worried about. As the worker opens up a child's worries always check with the child whether his/her responses should go in their 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" and the worker can then 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 cue match the child's work so it is important that the worker obtains 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. So, for instance, if the child lives with his mother and visits his dad on weekends, the worker can ask questions about what is good about living with mum, is there anything that worries him/her about living with mum; and then proceed to explore what is good about his/her visits with dad, and so on.

Drawing upon the 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 to a life which is the way they would like it to be. This can be done using a straightforward number scale from 0 to 10 or can also be done using a pathway drawn from the house of worries to the house of dreams and invite the child to locate where they are on that path.

Children may also take a while or even need till 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 8 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 (meaning her 4 siblings and father) saw mummy being raped by the soldiers'.

For this sort of reason and simply to give the child every chance to express what they want to say, it's 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.

5. Explain to and involve the child in what will happen next

Once the three houses interview is finished it is important to explain to the child what will happen next and obtain permission of child to show the three houses to others whether they be parents, extended family, professionals. Usually children are happy for others to be shown their three houses assessment of their situation. For some children there will be concerns and safety issues in presenting what they have described to others. In these situations 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 at all possible it is important to go at a pace that the child is comfortable with. Where the worker makes the decision to act in ways that goes beyond what the child is comfortable with, these decisions need to be explained to the child before action is taken.

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/care givers 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 in Western Australia, with the help of her supervisor Jan Wilkinson undertook a three houses assessment with a 10 year old girl in a situation where the mothers boyfriend had been very violent to the girl, his mother and 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 5 year old came to school with bruising on his face. Workers had previously also tried to talk with the girl and found her very guarded and protective of the mother always saying everything is fine at home.

Jenny and Jan decided to interview the 10 year-old girl using the three houses and 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 after 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 mum would stop crying. This led the worker to be able to ask what worries you about the boyfriend and the girl was able to describe that he scares her because he shouts a lot and that he hits 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 girls three houses to the mother Jan said, 'she didn't rant and rave' but said 'I need your help, what do you think I should do?' The mother then was able to talk with Jan and 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 and made the decision that she would leave the boyfriend. Jan and Jenny were amazed at the outcome and that they were able to 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 the child's three houses to the parents it often is very useful to begin with the 'house of good things' as this shows the parent that the worker is able to see things in a balanced way and 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 seeing 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 dreams. This strategy can serves to engage the parents the process further and also gives the worker a greater sense of the parent's insight into their child's perspective.

7. Make sure the child's three houses assessment is put on the file!

The three houses tool, though it seems simple is a mechanism for enabling the child to provide their assessment of their life. Some workers wonder whether the three houses assessment is too child like 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 very often has far greater effect on adults involved with the child than professional assessment. Judges receiving court reports on the child and family and authorities who review the files are consistently impressed to read a three houses style assessment since 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 three houses assessment – with the child's permission - is placed on the file.

Two Examples

1. Dutch 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 years) and Stephanie (7 years). The school that Ramon and Stephanie were attending had contacted Bureau Jeugdzorg concerned that the childrens' 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 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 and had also made two attempts to interview the children with little success. The school continued to raise concerns about the children and Margreet knowing she needed to do something different decided to interview them using the 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 and Stephanies' House of Worries

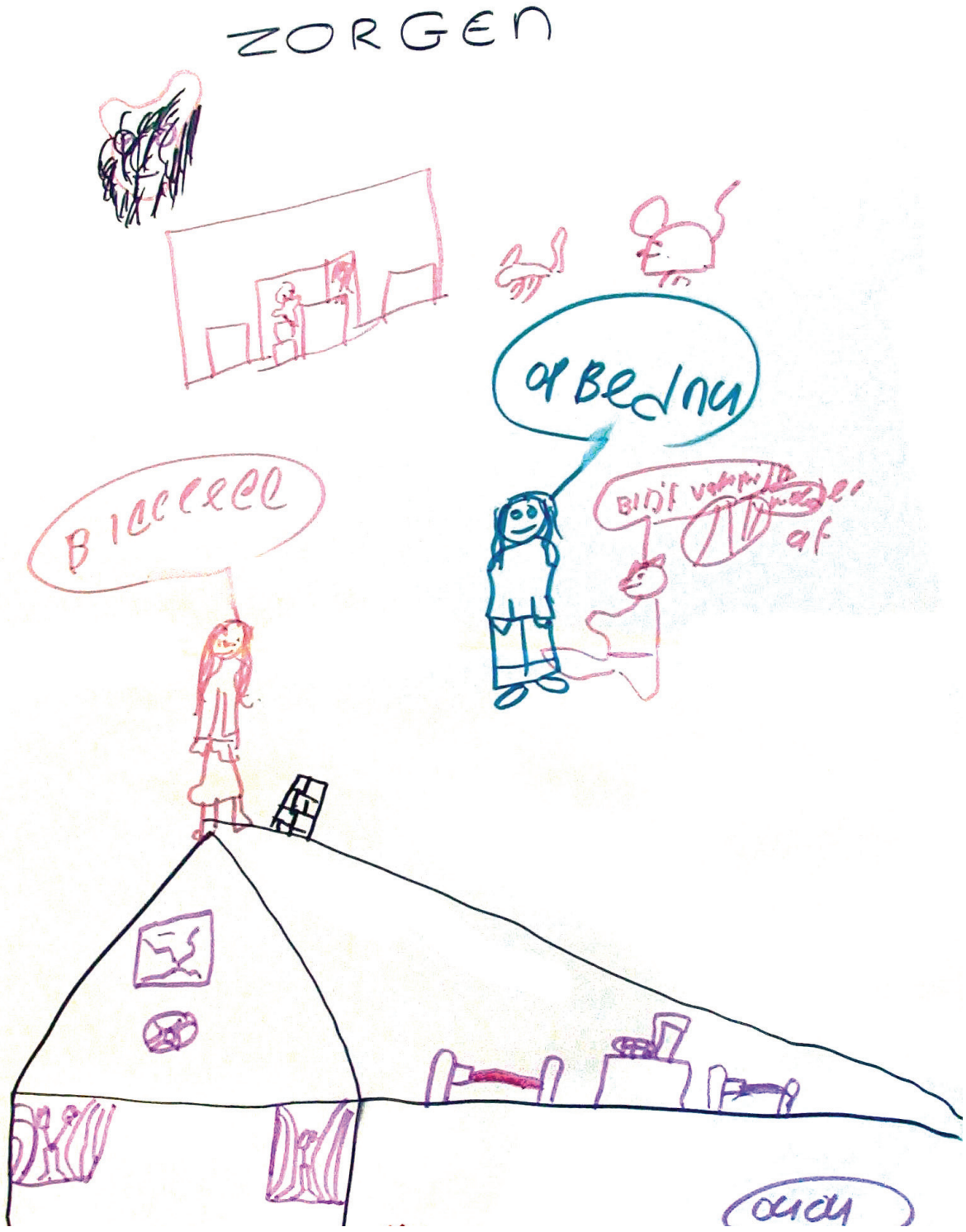
Margreet began with Stephanie and Ramon asking them to draw an outline of a house that can be at the bottom of the page. The children wrote the word 'Zorgen', dutch for worries, at the top of the page. The children then began to draw the stables outside their house at the top of the page and began to tell 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 the stables with them. Ramon described he would try and 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. Next the children drew the following in the house outline:

- On the roof they 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 but had her bed in a corridor.
- 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 their hand that was consistent with being stabbed with a fork).

By the time the children had completed this drawing Margreet was both 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.

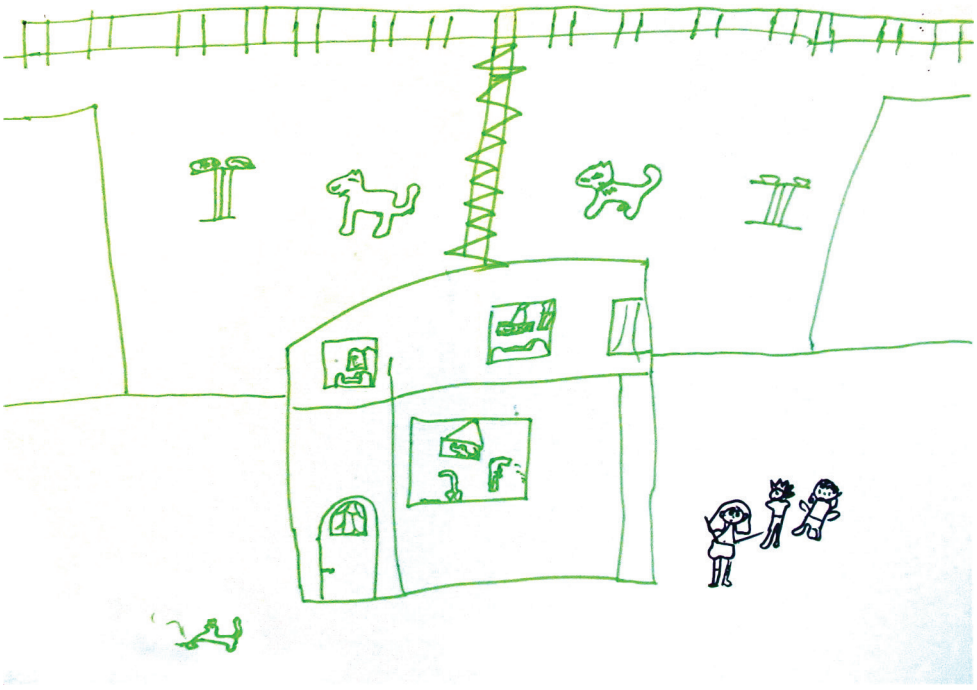
Ramon and Stephanies' House of Good Things

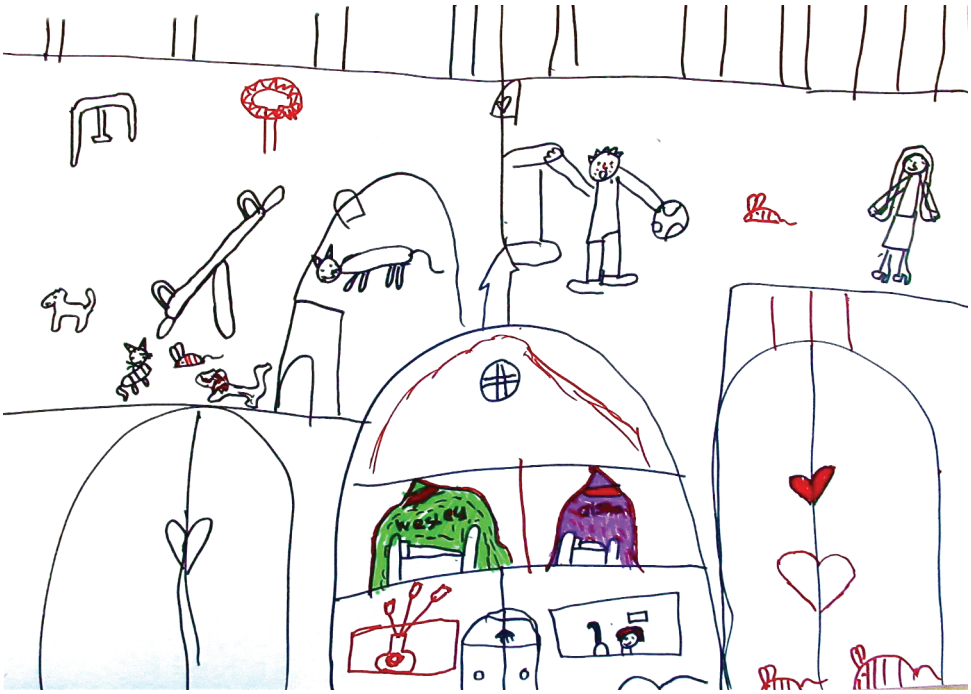
In their House of Good Things, Stephanie and Ramon made drawings of being with their biological father who they visited every second weekend. The drawing shows the father and Ramon kicking a soccer ball and Stephanie holding up a yellow card. Inside the house they have a bedroom they share and both like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



Stephanie and Ramons' Houses of Dreams

Stephanie and Ramon drew separate houses of dreams, Ramon's drawing is on the top, Stephanie's on the bottom. Both drawings involved the children living together with their mother on their own, with each having their own bedrooms 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 kept apart by a large diving fence in the back yard. Stephanie drew her house with two very strong front doors and lots of animals to play with, lots of clothes, toys and activities.





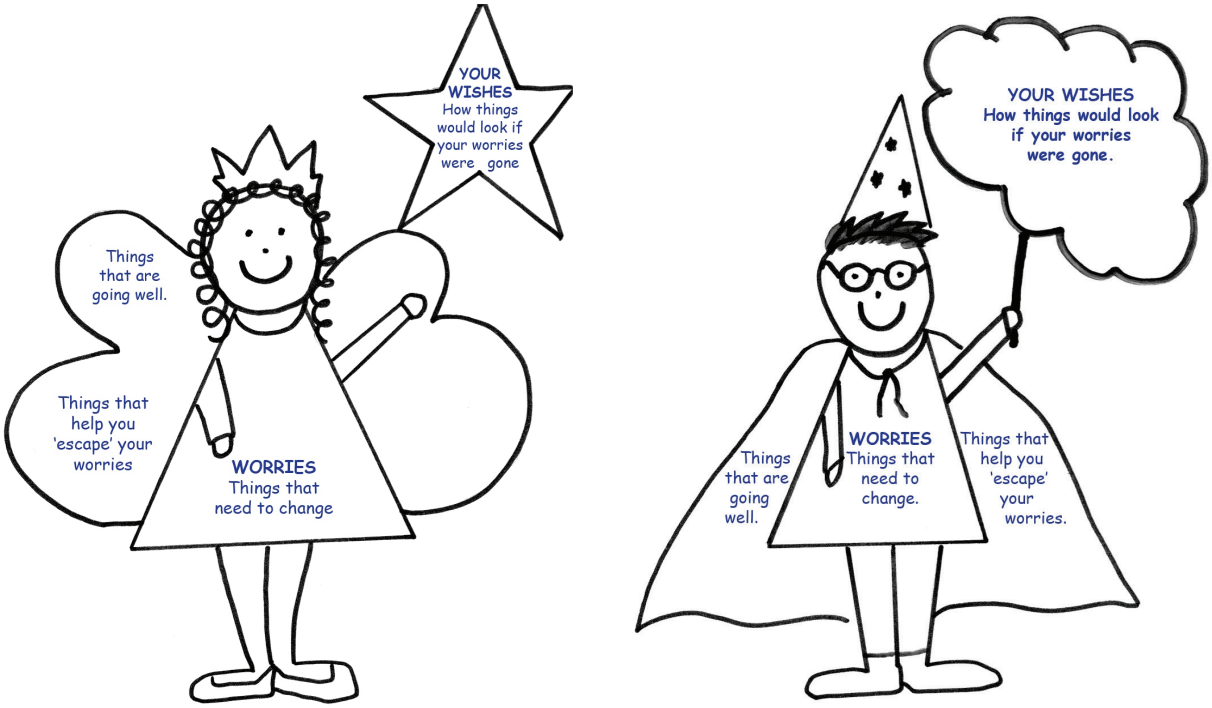
What happened then

After completing the 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 childrens' 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 Three Houses Assessment. However, nine months later the mother was able to leave the boyfriend and she immediately came back 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 Three Houses process with the children provided the turning point in the case.

2. Australian Example

The following is an anonymous example of the Three Houses tool, created by Princess Margaret Hospital Child Protection Social Worker Sonja Parker with an eight-year-old girl 'Tia' who was bought into the hospital by her grandparents. The assessment speaks for itself, and speaks to the power of locating children in the centre of the assessment process.

The Fairy/Wizard Tool



Fairy and Wizard Outlines, drawn by Vania Da Paz

Vania Da Paz, a Senior Practice Development Officer currently working in the Rockingham office of the Western Australian Department for Child Protection, 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 Three Houses tool but with different graphic representation. Rather than 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) as follows:

The same process for using the Three Houses tool described above 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/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 of their life, the way they would want it to be with all the problems solved; the wands represent 'wishes coming true' and explores hope for the future.

Blank Three Houses and Wizard and Fairy outlines that can be used with children are available www.signsofsafety.net/downloads

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 that shows everyone that the child/ren will be safe.

The Challenge of Organizing Practice Around Clearly Defined, Future Safety

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

> *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. 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 which 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 distills this well when she states '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 pertains 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, the professionals are in more vulnerable territory and are relying, in the main, 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.

Safety Defined and Exemplified

In defining safety, I draw on work undertaken in developing the Victorian Risk Framework (DHS, 1999), which is the statutory risk assessment system used in the Australian state of Victoria. The Victorian Risk Framework undertakes the risk estimation task through a balanced analysis of danger, strengths and envisioned safety, and defines safety as 'strengths, demonstrated as protection over time' (see Boffa and Podestra, 2004 for further discussion). To interpret this definition in a grounded way I want to draw upon a practice example undertaken by Cindy Finch, a child protection worker on the long term child protection team from Olmsted county in Minnesota. Olmsted County Child and Family Services also draw upon the Victorian definition of safety in their child protection practice (Lohrbach and Sawyer, 2004).

This case involved separated parents who we will call Sharon and Gary, both in their early twenties. They have a young son, Jack who is 14 months old. Sharon, who suffers 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 a parents' rights regarding a previous child means that any future child protection matters involving those parents will almost always be dealt with through a concurrent planning process. Thus when Cindy received this case the parents only had 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 regarding the current 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 Jack's medical needs who suffered from severe long-term health problems. Sharon 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 couples and separate individual counselling, 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, however their 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 biweekly meetings with the professionals and gatherings on 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 our purposes here we will focus on two of the five key risk statements that the county and the guardian had identified which needed to be addressed before the parents could retain custody. Following each risk statement we will describe the safety plans that Cindy working with the family and professionals, developed to address these risk statements. At certain points I 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 risk 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 risk 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, signed plan was drawn up which proposed that Gary would walk away when fights started to escalate and that Karen not follow him.

In regards defining safety as 'strengths demonstrated as protection over time', the work so far described can be understood as having created and crystalised significant strengths that have the potential to reduce the identified risk. At this point however the strengths have 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-organized practice requires careful and clear-eyed attention be focused on the enactment of the good intentions in clear demonstrations of protection, over time. In Gary and Karen's situation protection was demonstrated in the following ways:

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 was able to 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 and 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 risk statement, Cindy had also asked the couple what should be done about the problem of Karen grabbing sharp knives or scissors to threaten Gary during their fights. On a number of 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, Biddy, all stated that it is 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 Biddy. Biddy agreed that she would then come immediately and take Jack away at least until Gary and Karen had calmed down. Cindy met with Biddy, Karen and Gary before this idea became a formal part of the plan and Biddy stated she was very happy to help out in this way and 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 have never needed to ring but both feel more comfortable knowing that Biddy would help them out if needed.

The second risk statement read:

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

This risk 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 risk statement:

Cindy brought together the guardian and the parent health nurse to concretize 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 were in agreement 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 (i.e. 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 general well being. 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 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 parent's '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 defensiveness.

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 satisfies 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 describe how the family will go about and live its everyday life that shows everyone, the professionals, the family's own supporting safety people and the children that the children will be safe in the future.

Answering the question '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. The following describes key stages in the Signs of Safety, safety planning process.

1 Preparation

The more complex and risky a child protection case, the greater 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, are committed to and know what their role will be in the process. See Turnell and Essex 2006 for more detail on preparation.

2 Establishing and Sustaining a Working Relationship with the Family

Building safety plans that are meaningful and 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.

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 since they define the fundamental issues that the safety plan must address.

Many examples of danger statements have been provided earlier in this work book and in the next section presents two case examples with danger statements and their corresponding safety goals.

4 Safety Goals

Research with parents involved with child protection services repeatedly reports parents want to know what they need to do to satisfy child protection authorities and so 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 tell 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 3 years old and new born 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 CPA, 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, 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 Gina 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 4 months and can provide good care for Luke over six months of progressively increasing

contact, starting from 2 hours per week through to multi-night stays supervised by people from a safety network.

Danger Statement 2

Dana and Sylvio, CPA and Christine 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 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 next baby safe if Gina has another psychotic breakdown like the ones she had in June and July 2010. Dana and Sylvio, 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 can not 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', 2 year old Damian who has 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 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 really well most of the time, she will get distracted by the other things she wants to do that other 19 year old's 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, not be taken to the doctor right away when they are sick and could end being looked after by people that have hurt Damian, or could hurt him or next baby.

Safety Goal 1

Sarah and Sherry CCCFS and Diane the guardian will be satisfied the care of Damian and the next baby worries 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, CCCSS 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 him.

Safety Goal 2

Sarah and Sherry CCCFS and Diane the guardian will be satisfied the kids getting hurt worries are sorted out when we know that Damian and triangle 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, CCCSS 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 CCCFS and Diane the guardian will be satisfied the drugs worries are sorted out when we 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 Bottom Lines

The easiest way to distinguish between safety goals and bottom lines is 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 live requirements should articulate the minimum statutory agency expectations of how the safety plan will operate. Typical bottom line requirements would usually include:

- The requirement that the parents must involve a network of people to assist them in caring for the children 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 also be fully informed about the child protection concerns and 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 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).
- That the safety plan must have rules that address particular stressors, triggers or issues. These might include parents and network must identify 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 also make sure the children are well cared for when doing so.
- That the parents must decide how they will deal with the issue of use of drug or alcohol. Whether the plan will be a sobriety safety plan or a plan where if the parents use others are involved to make sure the children are or 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 such as the death of a previous child, dealing with limited finances, dealing with critical extended family members, dealing with stressful times of day etc.
- How 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, developmental delays that create management challenges).
- Services that the parents or family members must attend. Since a service plan is never of itself a safety plan please see comments below about the necessity to connect service attendance with what it will deliver in regards of safety for children.
- As a general principal it is best to avoid stipulating specific rules for the safety plan since the idea if 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 is required to be the primary carer of the children.

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 that is connected to many people that care for them will almost always have a better life experience and be safer than an isolated child, so the next step involves asking the parents to get as many people as they can 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.

With the working relationship between the professionals and parents 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 involved in helping them create a safety plan. 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/misunderstandings.

Safety Circles – The Work of Susie Essex

Child protection professionals often worry that the parents they work with won't 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 ask the parents who they could think of to involve. For this purpose Susie Essex created and will often undertake this process using a 'circles' process (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 including teachers, carers and coaches. Then invite the parents to categorise the people within the categories of the following three circles.

Following this the parents can be asked to highlight (perhaps by underlining or shading the particular names they chose) of the people that they think would be most impressive to the statutory agency and the court. In this way the child protection professional is getting 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 who are the people in the list that would most share the child protection agency's concerns who in the list would think their 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 that 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.

In a similar manner the worker can get the parents to think further about who to involve by asking them to consider:

The use of these circles process can and should be adapted to suit the particular situation but what they are designed to do is create a context where the parents can think in more depth about who will be most useful to them in a safety network. This also creates a conversational context around which CPS can raise any concerns they might have about particular people 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 I would usually recommend involving people even if they are known, for example, to have problems with addictions, 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 problem but as a great opportunity to have a more in depth conversation with the parents about who can help them show CPS and others the children will be safe in their care.

7 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 that is involved (both lay and professional) a vision of the sort of detailed safety 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 constantly deepen the parents and networks' thinking about all the issues the professionals see, at the same time exploring the challenges the parents and network foresee. The trick here is for the professional 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 the 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 the professional leading through 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 the professional is to constantly deepen the parents and networks' thinking, using questions that bring forward all the issues the professionals see might be in play, 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. The trick here is for the professional to break the habit of trying to solve issues amongst themselves and instead explain their concerns openly to the parents and the network and see what they can suggest.

Here are a list of issues and elements, organised by case type, that typically need to be ad- dressed in creating an effective safety plan:

Sexual abuse cases:

- Alleged perpetrator to not be alone with any children at any time.
- Identify the primary carer.
- Privacy.
- Who assists with clothing the children at night and after baths.
- 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 role.

Physical abuse:

- Methods of disciplining and restraining children particularly in the face of challenging and difficult circumstances and in the sorts of circumstances that lead 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 (for example mental illness, grief, developmental delay, alcohol/drug use etc.) that have typically led to previous neglect, then explore specific rules that detail how the parents will deal with and respond to these circumstances in the future to ensure the children get 'good enough' cared 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) are unable to do so.
- Signs of others that problems are building and they need to step or act to make sure the children are okay and the problems don't 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 children's safety.
- People who will help out particularly if/when the primary carer is ill, under stress or unavailable.
- People the family/parents need to avoid.
- If professionals are to have ongoing involvement (for example 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 child.
- 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, whether relatives or friends visiting or baby sitting.
- 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 the children grow.
- Plans for deepening the explanation the child is given about the past abuse/neglect and the subsequent events (such as child having lived elsewhere for a time) as the child grows older. Often a particular individual is assigned to take responsibility to see this happens.
- Incorporates one or even two family safety objects chosen by the children so they can communicate their anxieties without having to put their worries into words. The plan should detail how the 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's all they have to do it is then the adults' responsibility to sort out the child's worries.

- How long the safety plan must be in place for.

8 Successive Reunification and Monitoring Progress

Within the Signs of Safety approach, safety is defined as 'strengths demonstrated as a 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 but 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 and make progress in the safety planning process 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 three to 12 months.

9 Involving Children in Safety Planning

Given that safety plans are all about the children and are also about setting up family living arrangements so everyone knows the children will be safe and cared for its 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 directly involve children and young people including Words and Pictures Explanations, Safety House Tool and Child Relevant Safety Plans

Words and Pictures Process and Examples

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 their family needs 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 the children are given the explanation. 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 alongside skilful use of authority, particularly when their is little or no prospect the child will be returned to the parents. Involving the parents is vital however because at the end of the day children want an explanation from their flesh and blood, their parents, and professional explanations no matter how child friendly and age appropriate will usually not hold for the child.

Creating a Words and Pictures explanation for children 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 commitment to use the words and pictures within the looked-after system.

2. Check with the parent or parents about the problem (e.g., mental health problem; severe illness; child protection concerns; drug or alcohol misuse) regarding what would be most helpful for their children to understand about the situation.

3. Explore these same issues with the other parent, kinship system, and significant adults in the child's life.

4. Explore with the child/children 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 families' own language and ways of expressing concerns wherever possible and bearing in mind family's race culture and religion. Link all of the above to any worries/ concerns about the children at home, at school, with peers, i.e., the context in which the child might be expressing some of the worries or confusions.

The explanation should be balanced and not solely focused only on the negative. The explanation should be framed with a neutral or affirmative beginning and a positive message at the end. The explanation should be interspersed with meaningful positive events in the child's life that fit and add to the overall story.

6. 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 should know.

7. 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 to know.

8. Provide the explanation to the child/children with their parents, extended family, carers and social service workers present.

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

Two Words and Pictures examples are presented here. One relates to an injured infant case, the other is an explanation for a child who has been removed from her parents about how and why this happened. These examples are both excerpted from Turnell and Essex, 2006.

See Turnell and Essex 2006 and Turnell 2007c for more information about the Words and Pictures method.

WORDS AND PICTURES STORY FOR JODIE (6 yo) TO KNOW HOW SHE CAME TO LIVE WITH NANNY AND POPS.

1. Mummy (Lisa) and Daddy (Shane) met when they were teenagers. They both had lots of problems, Daddy (Shane) had been in trouble to do with cars and both had struggles with drugs. Mummy (Lisa) and Daddy (Shane) both wanted a baby as they thought this would help them keep together.

2. Mummy (Lisa) and Daddy (Shane) worked very hard to make a nice home for Jodie when she was born. Lisa spent all their money on things for the home, she wanted it to be nice for Jodie. There are some pictures (which Granny Irene has) of baby Jodie in their nice flat.

3. Mummy (Lisa) and Daddy (Shane) then found they were having big problems again. When Jodie was 5 months old they lost their flat. They had to move lots and lots. They had no money to buy food for Jodie because they were spending all their money on drugs. They were all tired and sad.

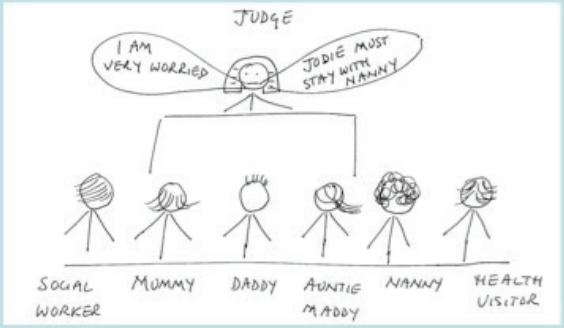
4. By now everyone was very worried Mummy (Lisa) and Daddy (Shane) couldn't look after Jodie properly because of all their problems. Aunty Maddy knew Mummy (Lisa) and Daddy (Shane) needed help and she rang the Social Services but they didn't seem to be able to help much. In the end when Jodie was 8 months old, Nanny Bev and Pops Pete said Jodie could stay with them until Mummy felt a bit better.

5. After a while things seemed a bit better and Jodie went back to stay with Mummy (Lisa) and Daddy (Shane). They sometimes went to the park and Jodie learnt to ride her trike.

6. But things didn't work out because however hard they tried they couldn't get away from the other people who also had big problems with drugs. Everybody still wanted things to get better so Jodie could be with Mummy (Lisa) and Daddy (Shane), so they tried to help again and Jodie went to live with Nanny Bev and Pops Pete 3 more times, from when she was 8months to when she was 2years old.

7. There were good times and Jodie had her 2nd birthday party with Mummy (Lisa). Jodie stayed the night with Mummy and Auntie Maddy and two friends. There is a photo of them all having fun.

8. About a month after the birthday things got really difficult and a neighbour called the police because Jodie was outside the front door, she was sitting all alone in the stairwell, she could not get back in. Mummy and (Lisa) and Daddy (Shane) didn't hear her crying. This was very dangerous and everyone was very worried about Jodie.



9. This time there was a Court case. The Judge listened very carefully to all the worries about Jodie's life, and heard from all the different people who knew Jodie, (Mummy, Daddy, Nanny, Auntie Maddy and Jodie's Health Visitor and her Social Worker). In the end the Judge decided it would be best if Jodie went to stay with Nanny Bev and Pops Pete, and not keep coming and going to different houses, he said she must stay in one home with her Nanny and Pops.

10. Jodie has lived with Nanny Bev and Pops Pete ever since, with visits to Granny Irene (Shane's Mum) every other weekend. Jodie sometimes sees Mummy (Lisa), Daddy (Shane) and her baby brother John. Nanny is always there, sometimes Nanny has to help look after John.

11. Mummy (Lisa) still has problems with drugs and so does Daddy (Shane). Sometimes Shane has been in trouble with the police. Although he has been in prison, Shane is working hard to make his life better. Mummy (Lisa) and Daddy (Shane) have both said they want to always see Jodie, and the Judge has said as long as it is safe Jodie will be able to see them.

12. Helen (social worker) is making sure Jodie is with people who will look after her safely. Nanny Bev and Pops Pete have said that Jodie can live them until she is grown up and Helen and Nanny Bev and Pops Pete often talk together to make sure Jodie is safe and is getting everything she needs to grow up happily. Jodie is a good swimmer and Nanny and Pops take her to swimming club, she is going to swim in the county gala soon.

Words and Pictures Story in an Injured Infant Case

Who's Worried?

What Are They Worried About?

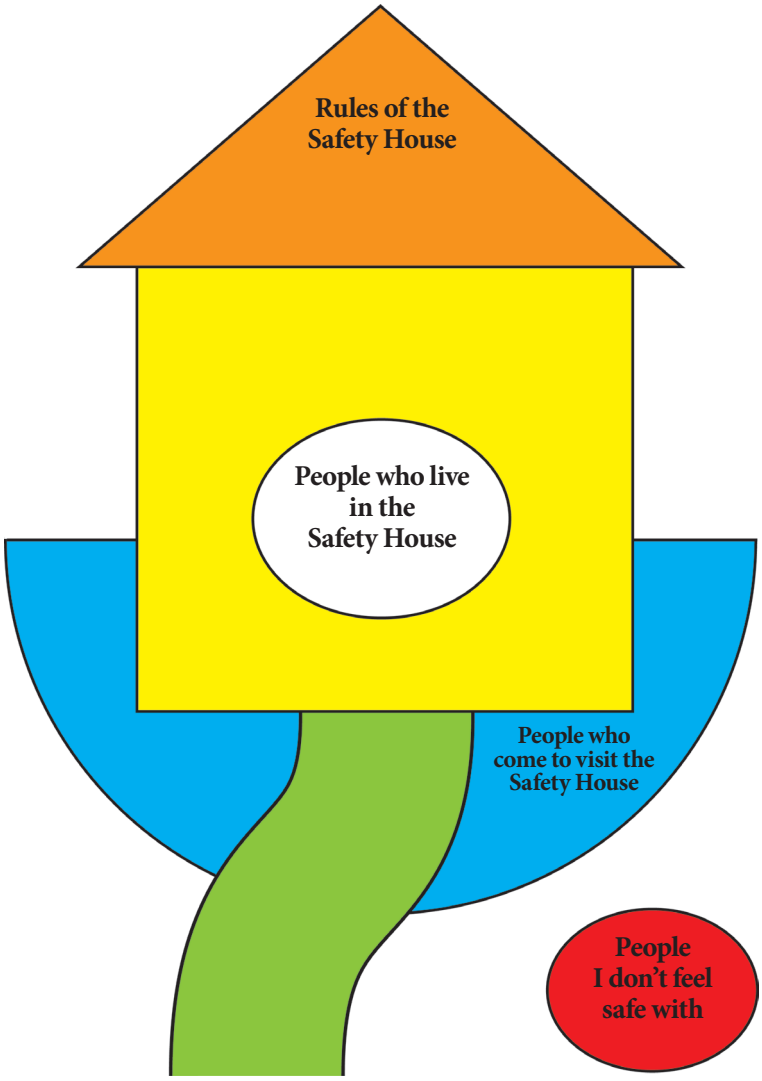
Sharon was sick and very badly hurt and had to go to hospital. Sharon had very big hurts all over her body. The doctors were very worried, they said Sharon had been hurt while Mummy and Daddy were looking after her. Mummy and Daddy said they didn't hurt Sharon but the doctors and the social worker were still worried and said they had to make sure Sharon would be safe before she could come home.

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.



Safety House

Sonja Parker from Perth has developed a Safety House tool (Parker, 2009) that extends the Three Houses process and visually engages children in creating the safety plan.

The Safety House explores five key elements with the child:

1. What life will look like in the child's safety house and the people who will live there.

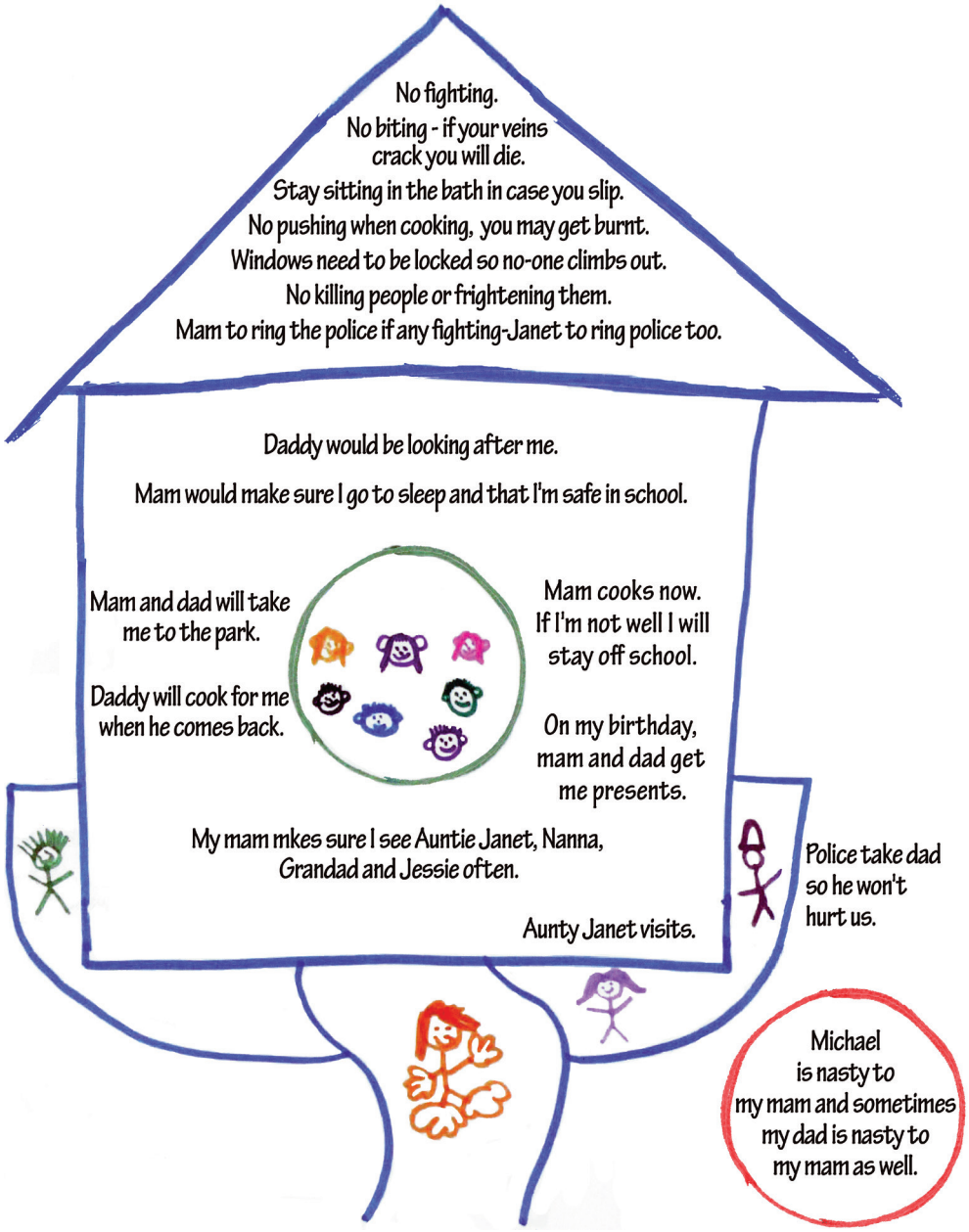
2. People who the child thinks should visit and how they should be involved.

3. People the child sees as unsafe.

4. Rules of the Safety House.

5. Safety Path: using the path to the house as a scaling device for the child to express their readiness to reunite or safety in the family.

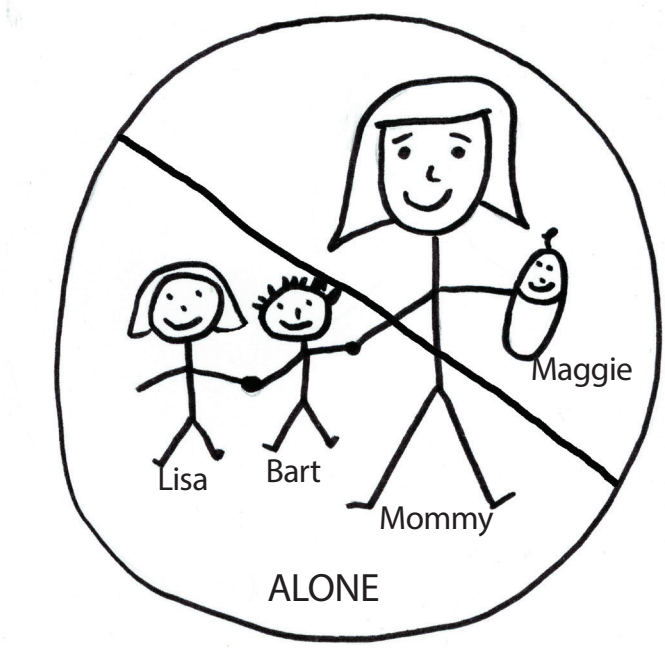
Undertaking the Safety House process with children should be done with full knowledge of the adults and with the children fully aware the parents are working with 'safety people' to create a new set of rules for their family so everyone knows the children are happy and safe. This creates a context where the child's safety house can readily be brought to the parents and network and their ideas contribute directly to growing the plan. This also underlines for the parents and network that the people they are ultimately most accountable to, is not the statutory authorities but the children themselves.



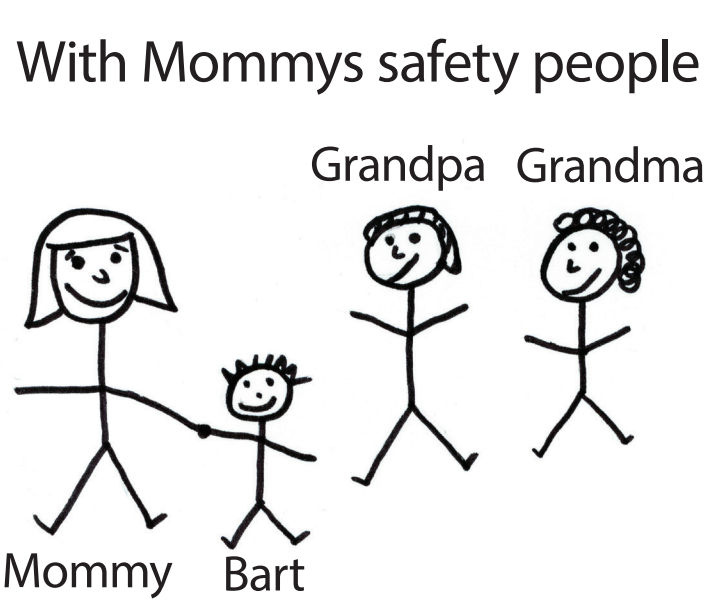
Child Relevant Safety Plans

A child protection safety plan 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 that safety 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 not only 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 both age-appropriate and that 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. Here are two examples of age-appropriate safety plans, the first relating to a situation of Factitious Induced Illness (Munchausen-by-Proxy) the second addressing serious domestic violence.

Safety plan for children in a Munchausens-by-proxy case.

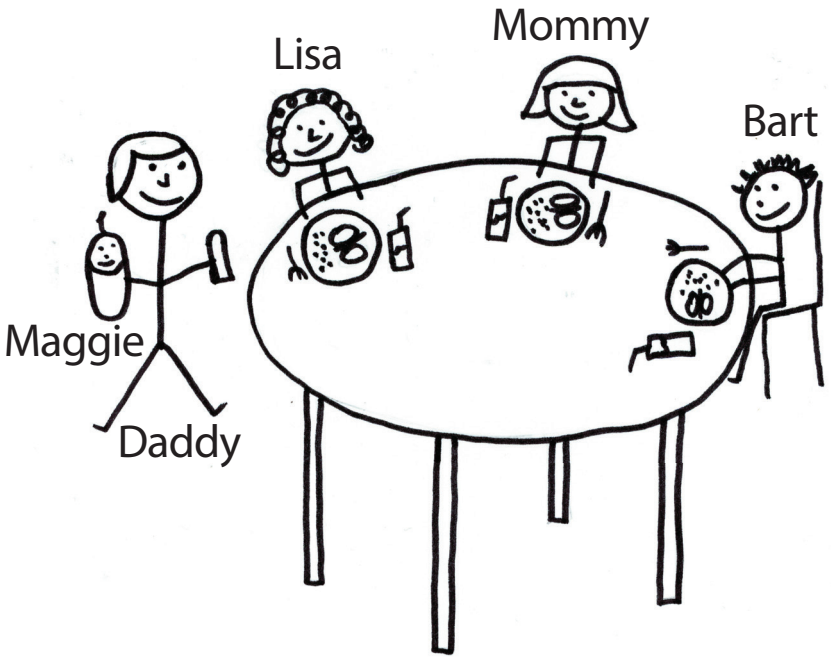


1. Mommy is never to be alone with Lisa, Bart or Maggie.

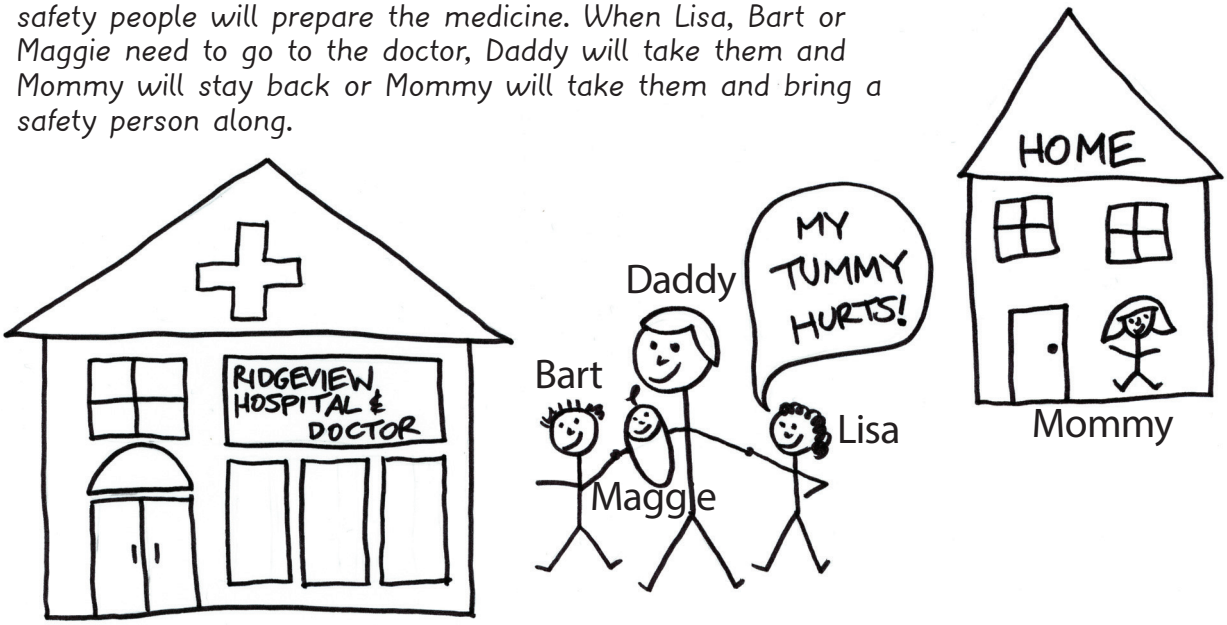


2. When you spend time with Mommy there will always be someone else there like Auntie Kate, Bill, Fred, Mary, Joe, Lyn – the pastor's wife, Margaret, Grandpa or Grandma. These are the safety people who love you and want to be sure you're safe.

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.



Safety Plan Example – Domestic Violence Case

Signs of Safety Assessment and Planning Form

DANGER/HARM **SAFETY**

Danger Statements:

CPS and Nana Biddy are worried it won't be safe for Sammy to live with Mummy and Daddy again, because Mummy and Daddy might get into fights again like the one last year that put Mummy in hospital with broken ribs and a fractured cheek. If this happens again CPS and Nana are worried Sammy will become so terrified he won't eat or sleep and won't be able to go to school and will be crying all the time like he was when he went to stay with Nana Biddy after that big fight last year.

Safety and Context Scale 2

Safety Scale: Given the danger and safety information, rate the situation on a scale of 0 - 10, where 0 means recurrence of similar or worse abuse/neglect is certain and 10 means that there is sufficient safety for the child to close the case.

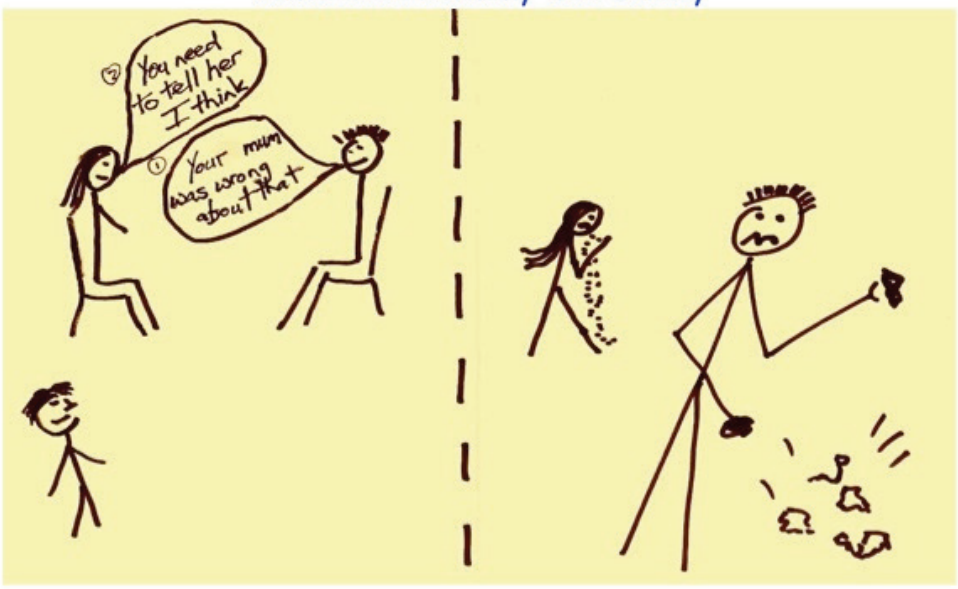
Context Scale: Rate this case on a scale of 0 - 10, where 10 means this is not a situation where any action would be taken and 0 means this is the worst case of child abuse/neglect that the agency has seen.

Agency Goals What will the agency need to see occur to be willing to close this case?

- CPS will return Sammy when parents have a safety plan that shows everyone that they will not get into fights like the one in September 2006 when mum was in hospital with a broken jaw and then will close when this plan has been working for six months

Immediate Progress What would indicate to the agency that some small progress had been made?

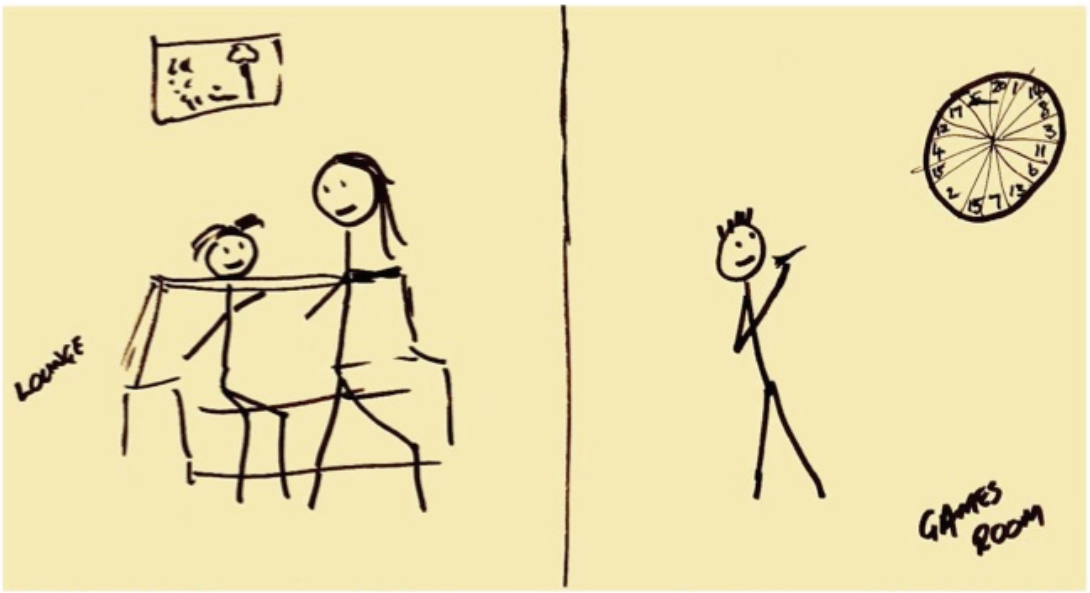
Safety Plan to show everyone that Sammy will be safe at home with Mummy and Daddy



Rule 1: The most important rule is that Daddy will not hit or threaten Mummy or anyone else.
Daddy also 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.

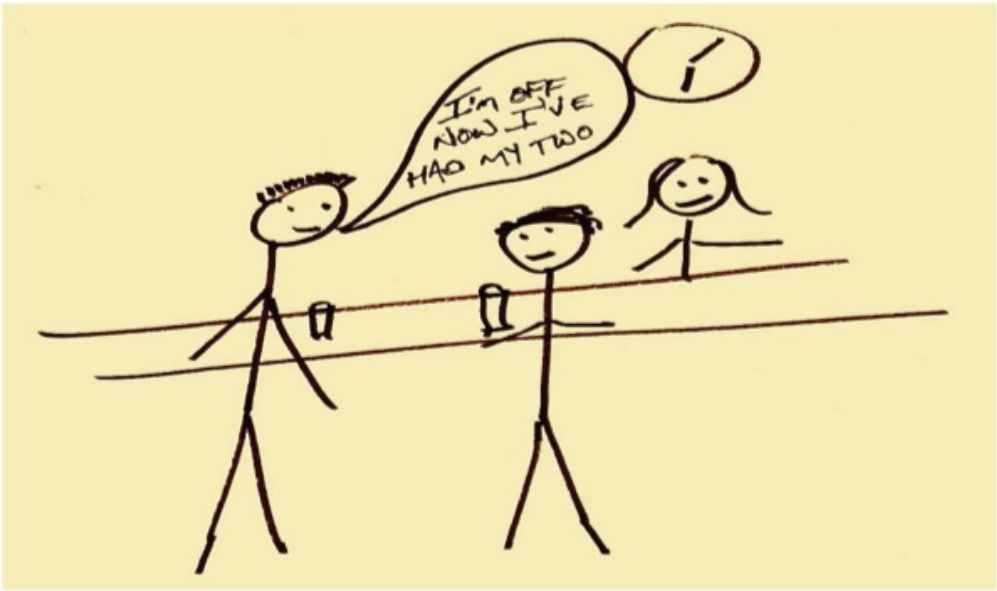
Rule 3: Daddy and Mummy will sort out things they disagree about by talking and making a plan they both think works. Daddy will write the times they do this in the 'safety journal' so Mummy and Daddy remember their good work and can tell others.



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'.

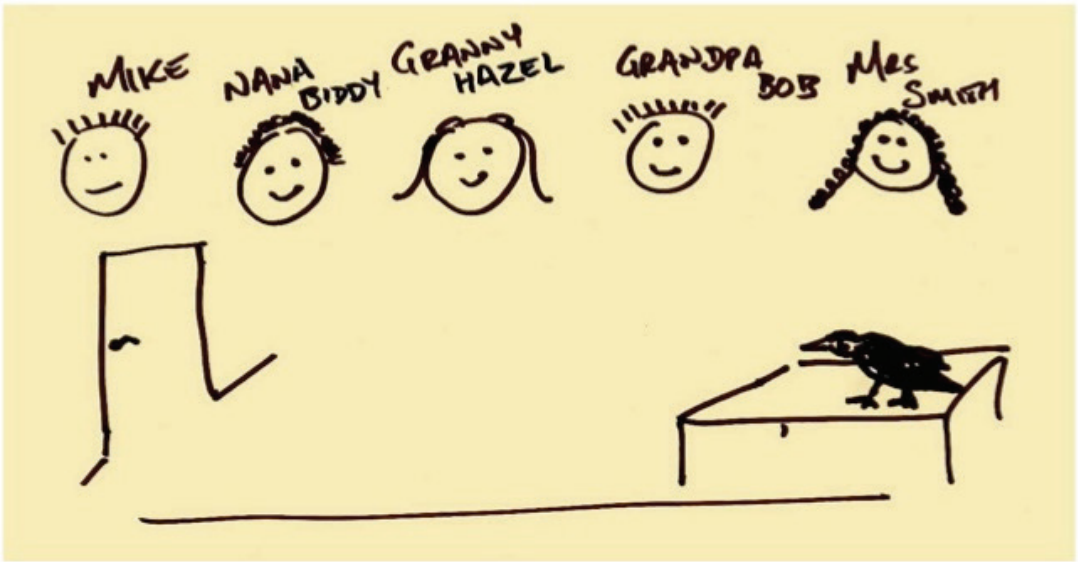
Rule 5: Sometimes Mummy and Daddy will need more space and time to think and Daddy will go for a walk to the river or the football ground and Mummy and Sammy will stay in the house. There is a door key hidden outside the house so Daddy won't be locked out if Mummy feels she needs to lock the door when 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 the Café Capuccino on a Saturday morning. Mummy and Daddy have a regular once a month schedule for going to the café. Daddy will write the times they do this in the 'safety journal'.



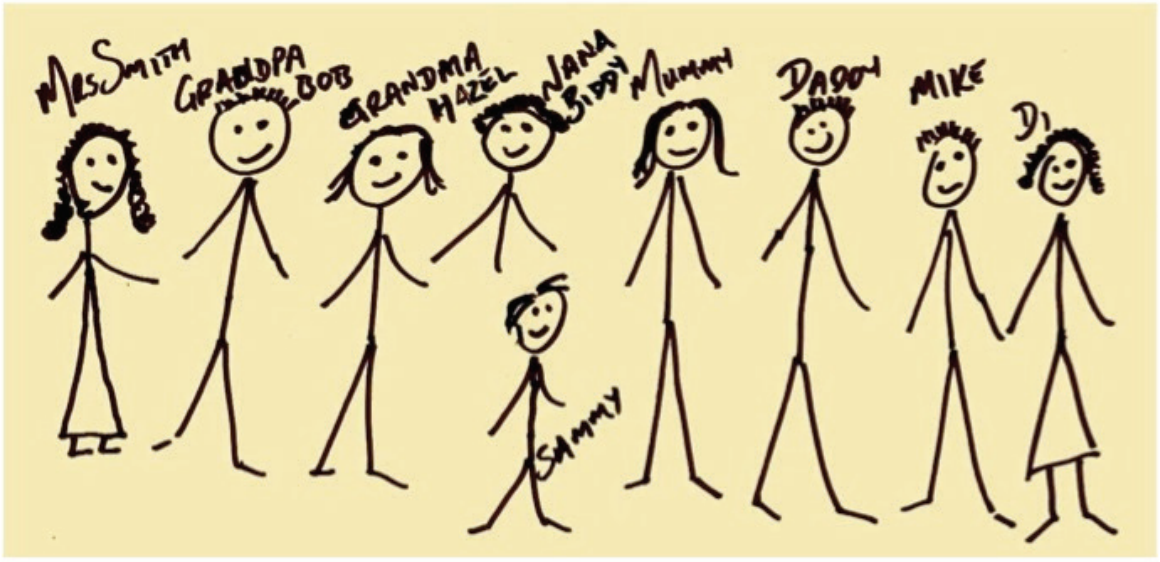
Rule 7: Daddy has said he will not drink any more than two middies of beer at home, at the pub, or when he goes out with Mummy. The only time Daddy will drink more than this is when he goes away for weekends with his mates every six weeks. Mike has said he will make sure Daddy doesn't come back home 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 is he okay. Sammy might sometimes shift the crow to make sure everyone is paying attention.



Rule 9: Mike, Nana Biddy, Granny Hazel and Granpa Bob and Sammy's kindy teacher Mrs Smith have all said they will be Sammy's special safety people. Mike, Nana Biddy, Granny Hazel and Granpa Bob will come to the home every day and check every thing 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.

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. The plan is operationalised, monitored and refined carefully over time and the commitments of the plan are 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. Meaningful safety plans above everything are created out of a sustained and often challenging journey undertaken by the family together with the professionals 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 is best thought of as 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.

Signs of Safety: References and Resources

The following list provides references from this workbook and also provides a complete current list of all the written publications and DVDs about, or directly related to, or drawing extensively upon the Signs of Safety approach.

References

Boffa, J., and Podestra, H. (2004) Partnership and risk assessment in child protection practice, *Protecting Children, 19(2):* 36-48

Chapman, M., and Field, J. (2007). Strengthening our engagement with families and increasing practice depth. *Social Work Now, 38,* December: 21-28

Christianson, B. and Maloney, S. (2006) One family's journey: a case study utilising complementary conferencing processes, *Protecting Children, 21:* 31-37

Dale, P., Davies, M., Morrison, T., and Waters, J. (1986) *Dangerous Families: Assessment and Treatment of Child Abuse.* London: Routledge.

Dale, P. (2004). 'Like a fish in a bowl': parents perceptions of child protection services. *Child Abuse Review, 13:* 137-157.

Dingwall, R., Eekelaar, J. and Murray, T. (1983) *The Protection of Children; State Intervention and Family Life.* Oxford: Blackwell.

Department of Health. (2002) *Learning from Past Experiences – A Review of Serious Case Reviews.* London: The Stationary Office.

Department of Human Services. (1999) *Victorian Risk Framework: A Guided Professional Judgment Approach to Risk Assessment in Child Protection (Version 2.0).*

Farmer, E. and Owen, M. (1995) *Child Protection Practice: Private Risks and Public Remedies.* London: HSMO.

Gardeström, A. (2006). Signs of Safety på svenska: goda exempel i utredningsarbete. In M. Söderquist. & A. Suskin-Holmqvist, A. (Eds.), *Delaktighet - Lösningsfokuserat förhållningssätt i utredningsarbete.* Stockholm: Mareld.

Gilligan, R. (2000). The importance of listening to the child in foster care. In G. Kelly & R. Gilligan (Eds.), *Issues in foster care: policy, practice and research.* London: Jessica Kingsley.

Healy, K. (2005). *Social work theories in context; creating frameworks for practice,* London: Palgrave.

Hiles, M., Essex, S., Fox, A. and Luger, C. (2008). The words and pictures storyboard: making sense for children and families. *Context (Magazine of the UK Association of Family Therapy) 97:* 13–19.

Hogg, V. and Wheeler, J. (2004) Miracles R them: solution-focused practice in a social services duty team. *Practice, 16(4):* 299-314.

Inoue, N., Inoue, K., Fujisawa, Y., Hishida, O., Hirai, T., Naruse, H,. & Yamada, M. (2006a) The 5 spaces model helps professionals cooperate with families and collaborate with other professionals in the child protection field. *Journal of Nihon Fukushi University Clinical Psychological Research Center, 1,* 43-49.

Inoue, N., Inoue, K. & Shionoya, M. (2006b) Training effects of case management skills working with child abuse and neglect: utilizing Signs of Safety approach. *Japanese Journal of Child Abuse and Neglect, 8(2),* 268-279.

Inoue, N., and Inoue, K. (2008). *Family-based child protection practice: a guide to the signs of safety approach.* Tokyo: Akashi Shoten.

Jack, R. (2005). Strengths-based practice in statutory care and protection work. In Mary Nash, Robyn Munford and Kieran O'Donoghue (eds.) *Social work theories in action.* London: Jessica Kingsley.

Lohrbach, S., & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership-based practice, *Protecting Children, 19(2):* 12-15.

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

Lohrbach, S., Sawyer, R., Saugen, J., Astolfi, C., Worden, P. & Xaaji, M. (2005). Ways of working in child welfare practice: a perspective on practice, *Protecting Children, 20(1):* 26-35.

Luger, C. (2003) *The Hopes and Expectations of Referrers at the Point of Referral to the Child Protection Consultancy for Work Using the Resolutions Approach.* Unpublished MSc dissertation, Bristol University.

Koziolek, D. (2007). Implementing Signs of Safety in Carver County, *Child Welfare News,* Center for Advanced Studies in Child Welfare, University of Minnesota, Fall 2007: 1-8.

MacKinnon, L. (1998) *Trust and Betrayal in the Treatment of Child Abuse. New York:* Guildford Press.

Myers S. (2005). A Signs of Safety approach to assessing children with sexually concerning or harmful behaviour. *Child Abuse Review 14:* 97-112.

Parton, N., & O'Byrne, P. (2000). *Constructive social work: towards a new practice.* London: MacMillan

Reder, P. Duncan, S. and Gray, M. (1993) *Beyond Blame – Child Abuse Tragedies Revisited.* London: Routledge.

Rose, R. and Philpot, T. *The child's own story: life story work with traumatised children,* London: Jessica Kingsley.

Ryan, T. and Walker, R. *Life story work: a practical guide to helping children understand their past,* London: BAAF

Shennan, G. (2007). 'Doing it in child protection' *Solution News 2(3):* 15-19. Available at http://www.solution-news.co.uk/issues/solutionnews2(3).pdf

Teoh, A.H., Laffer, J., Parton, N. and Turnell, A. (2003) Trafficking in meaning: constructive social work in child protection practice. In C. Hall, K. Juhila, N. Parton, and T. Pösö (eds.), *Client Practice.* London: Jessica Kingsley.

Thoburn, J., Lewis, A. and Shemmings, D. (1995) *Paternalism or Partnership? Family Involvement in the Child Protection Process.* London: HSMO..

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

Turnell, A. (2006a). Constructive Child Protection Practice: An oxymoron or news of difference? *Journal of Systemic Therapies, 25(2):* 3-12.

Turnell, A. (2006b). Tecken på säkerhet - Signs of Safety på svenska. In M. Söderquist. & A. Suskin-Holmqvist, A. (Eds.), *Delaktighet - Lösningsfokuserat förhållningssätt i utredningsarbete.* Stockholm: Mareld.

Turnell, A. (2007a). *Enacting the interpretive turn: narrative means toward transformational practice in child protection social work,* PhD Thesis, Perth: Curtin University.

Turnell A. (2007b). Solution-focused brief therapy: thinking and practicing beyond the therapy room. In F. Thomas and T. Nelson (Eds.), *Clinical Applications of Solution-focused Brief Therapy,* Bimmington: Haworth Press USA.

Turnell, A. (2007c). *Words and pictures: informing and involving children in child abuse cases (DVD),* Perth: Resolutions Consultancy, www.signsofsafety.net

Turnell, A. (2009). *Introduction to the Signs of Safety (DVD and Workbook),* Resolutions Consultancy, Perth. Available at: www.signsofsafety.net

Turnell, A (2010). *Effective safety planning in child protection casework: (DVD and Workbook),* Resolutions Consultancy (www.signsofsafety.net)

Turnell, A (2011). *Of Houses, Wizards and Fairies: Involving Children in Child Protection Casework (DVD and Workbook),* Resolutions Consultancy (www.signsofsafety.net)

Turnell, A. (2012). *The Signs of Safety: a comprehensive briefing paper (Version 1.1),* Resolutions Consultancy, www.signsofsafety.net/briefing-paper

Turnell A. (In press). *Building safety in child protection practice: working with a strengths and solution-focus in an environment of risk.* London: Palgrave.

Turnell, A. and Edwards, S. (1997). *Aspiring to partnership: the Signs of Safety approach to child protection.* Child Abuse Review, 6: 179-190.

Turnell, A. and Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework,* New York: WW Norton.

Turnell A. and Essex S. (2006). *Working 'denied' child abuse: the resolutions approach.* Buckingham: Open University Press.

Turnell, A., Elliott, S. and Hogg, V. (2007). Compassionate, safe and rigorous child protection practice with parents of adopted children. *Child Abuse Review, 16(2):* 108-119.

Turnell A., Lohrbach, S. and Curran, S. (2008). Working with the 'involuntary client' in child protection: lessons from successful practice, pp. 104-115. In M. Calder (Ed.) *The carrot or the stick? Towards effective practice with involuntary clients,* London: Russell House Publishing.

Weld, N. (2008). *The three houses tool: building safety and positive change.* In M. Calder (Ed.) Contemporary risk assessment in safeguarding children, Lyme Regis: Russell House Publishing

West Berkshire Council (2008) *How was the 'Strengthening Families' framework developed?* Available at: www.westberks.gov.uk/index.aspx?articleid=12094

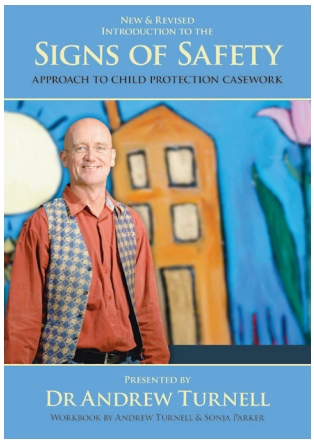
Westcott, H. (1995). Perceptions of child protection casework: views from children, parents and practitioners in C. Cloke and M. Davies (eds.) *Participation and Empowerment in Child Protection,* Longman: London.

Westcott, H. and Davies, G.M. (1996). Sexually abused children's and young people's perspectives on investigative interviews, *British Journal of Social Work, 26,* 451- 474.

DVD/Workbooks Available from Resolutions Consultancy

The following DVD/workbooks are available from Resolutions Consultancy (www.signsofsafety.net) to assist professionals in using the Signs of Safety approach to child protection casework.

Signs of Safety DVD and Workbook

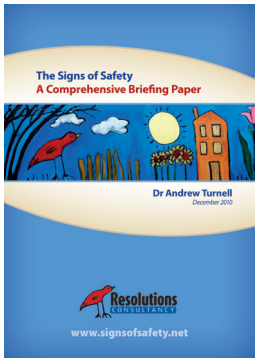


In this DVD, Andrew Turnell:

- Provides a short history describing the development of the Signs of Safety approach
- Presents and explains the two versions of the Signs of Safety assessment and planning framework and the analysis process for using the protocol as a comprehensive child protection risk assessment tool.
- Uses a case example of a suicidal mother and four year-old son to demonstrate the Signs of Safety assessment process as a map that enables both professionals and family members to think themselves into and through the situations of child abuse and neglect.
- Details the questioning skills that bring the Signs of Safety approach to life for professionals and family.

The DVD includes electronic copies of the Signs of Safety assessment forms and the completed assessment example from the DVD case study.

The Signs of Safety: A Comprehensive Briefing Paper

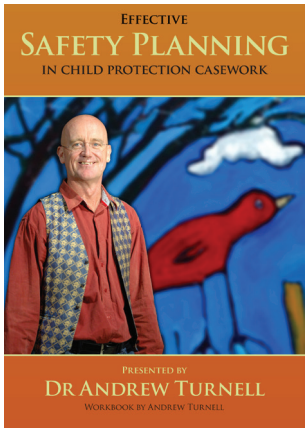


This Briefing Paper provides a comprehensive overview of the Signs of Safety. It is available as a free download and covers the following aspects of the approach: history, philosophy, risk assessment and planning framework, tools for working with children safety planning, appreciative inquiry, organisational implementation strategy and research base.

The Signs of Safety is a constantly evolving practitioner's model and because of this written material cannot usually keep up with the latest developments. The Briefing Paper, as a web-based document will be constantly updated and will therefore continue to provide the most up to date overview of the Signs of Safety as it is continues to evolve.

Available from:

www.signsofsafety.net

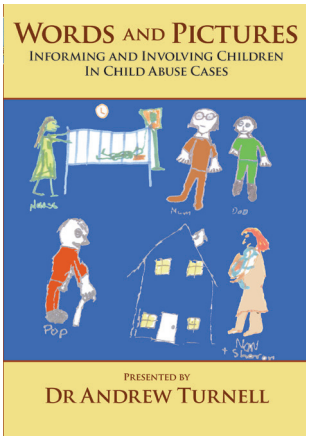


Safety Planning DVD and Workbook

Building meaningful safety plans is probably the hardest of all tasks in working with high-risk child protection cases. It is far easier for professionals to send parents to another course or treatment programme than to define what constitutes enough safety to close the case and involve family and professionals in working to realise that goal. Without clear safety goals, cases tend to drag on and child protection systems find they have increasing numbers of children in care for longer time. For parents the process is particularly frustrating because they feel that they don't know what they need to do to get child protection services out of their lives. In this DVD and workbook Andrew Turnell takes direct aim at these issues presenting a specific vision and process for creating effective safety plans together with families and naturally occurring support network.

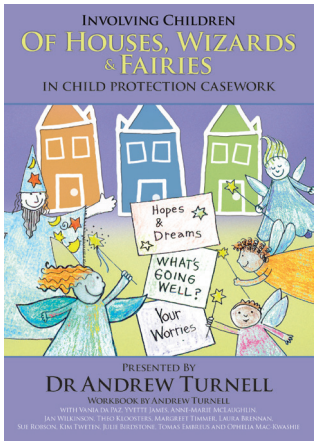
Words and Pictures DVD

Informing and Involving Children in Child Abuse Cases



Children and young people who are caught up in the child protection system often tell us that they don't understand why statutory professionals intervened in their lives and in their family. These youngsters also tell us that they commonly feel they have very little say in the decisions that are taken about their lives.

The Words and Pictures approach to working with children provides a concrete, tried-and-tested method for professionals to provide these children and young people with age-appropriate, clear information about the actual or alleged maltreatment that has occurred in their family. The Words and Pictures document then becomes a historical document that the children and their carers can draw upon in the future, and offers a clear foundation to involve the young people in planning for their lives, whether they live with their family or separate from them.



Of Houses, Wizards and Fairies DVD and Workbook

Involving Children in Child Protection Casework

This DVD and workbook:

- Introduces the Three Houses, Wizard and Fairy tools, that are designed to directly involve children and young people in child protection assessment and planning
- Provides detailed guidance about how to use the tools with the children and how to use the information generated by the tools in the subsequent work with parents and other professionals
- Is grounded in detailed case examples provided by 15 practitioners from seven different countries.

www.signsofsafety.net