

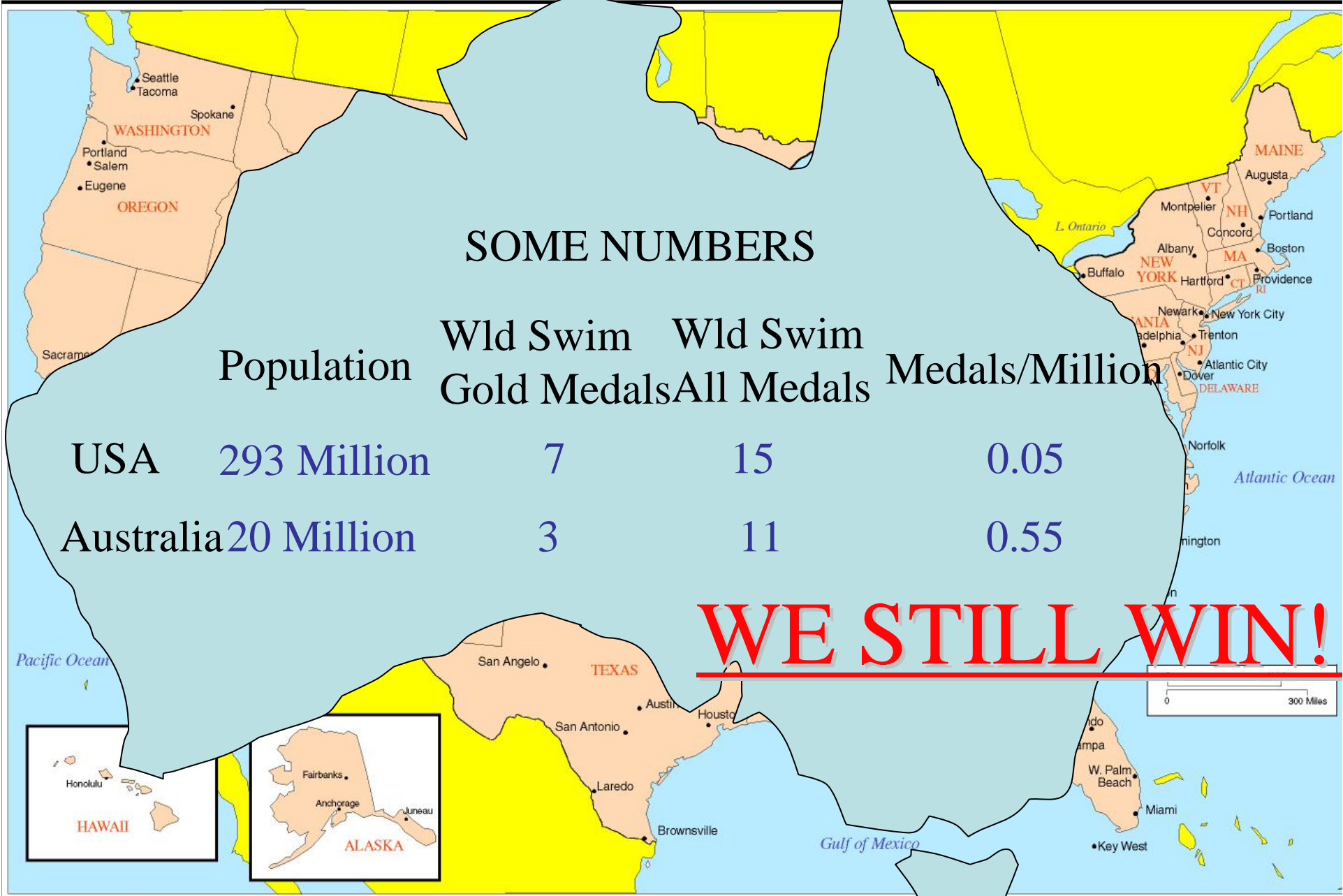


*SIGNS of SAFETY
APPROACH to
CHILD PROTECTION
CASEWORK*

Andrew Turnell Resolutions

Artwork by Joelle Nicholson

MAJOR U.S. CITIES

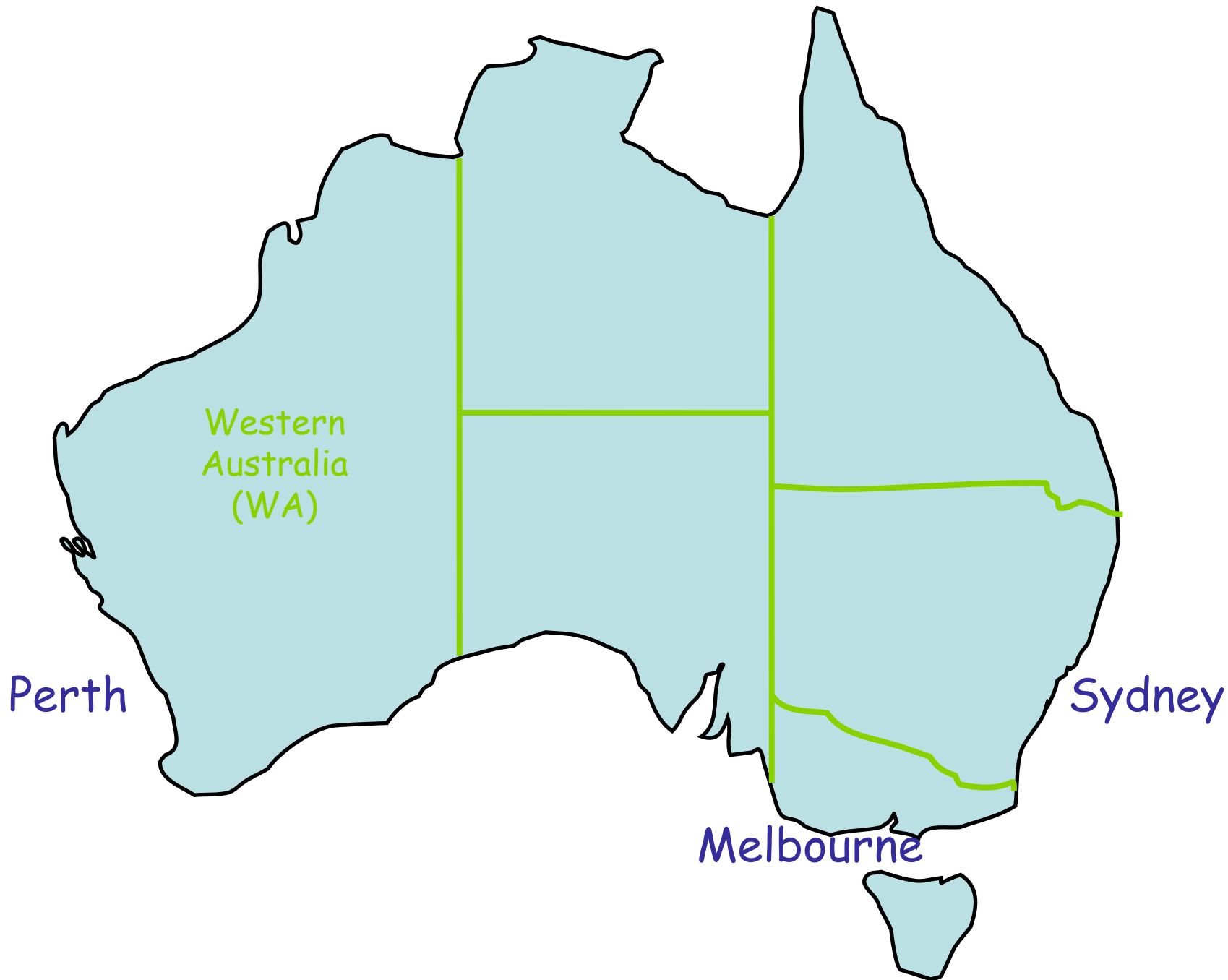


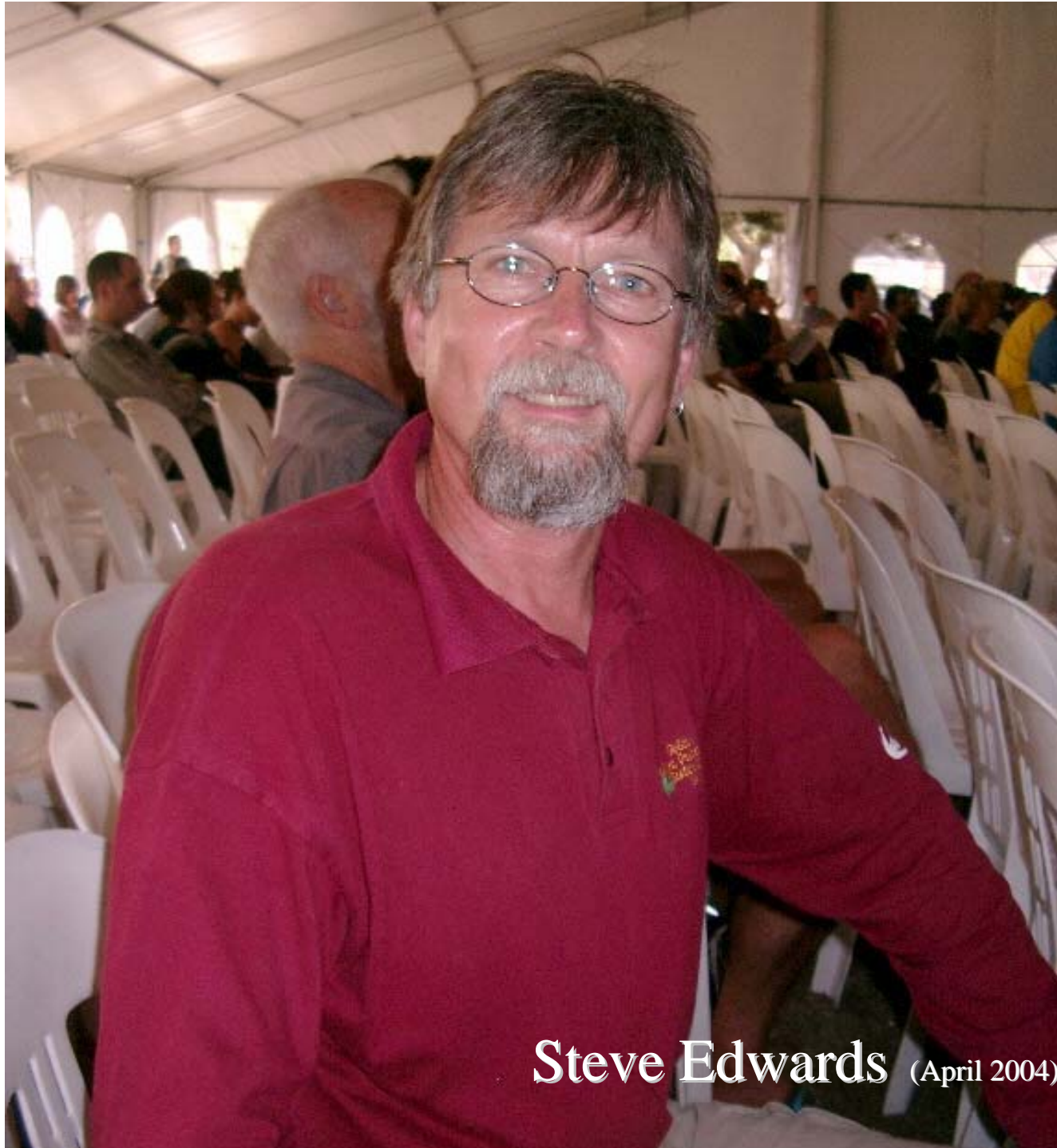
SOME NUMBERS

	Population	Wld Swim Gold	Wld Swim All Medals	Medals/Million
USA	293 Million	7	15	0.05
Australia	20 Million	3	11	0.55

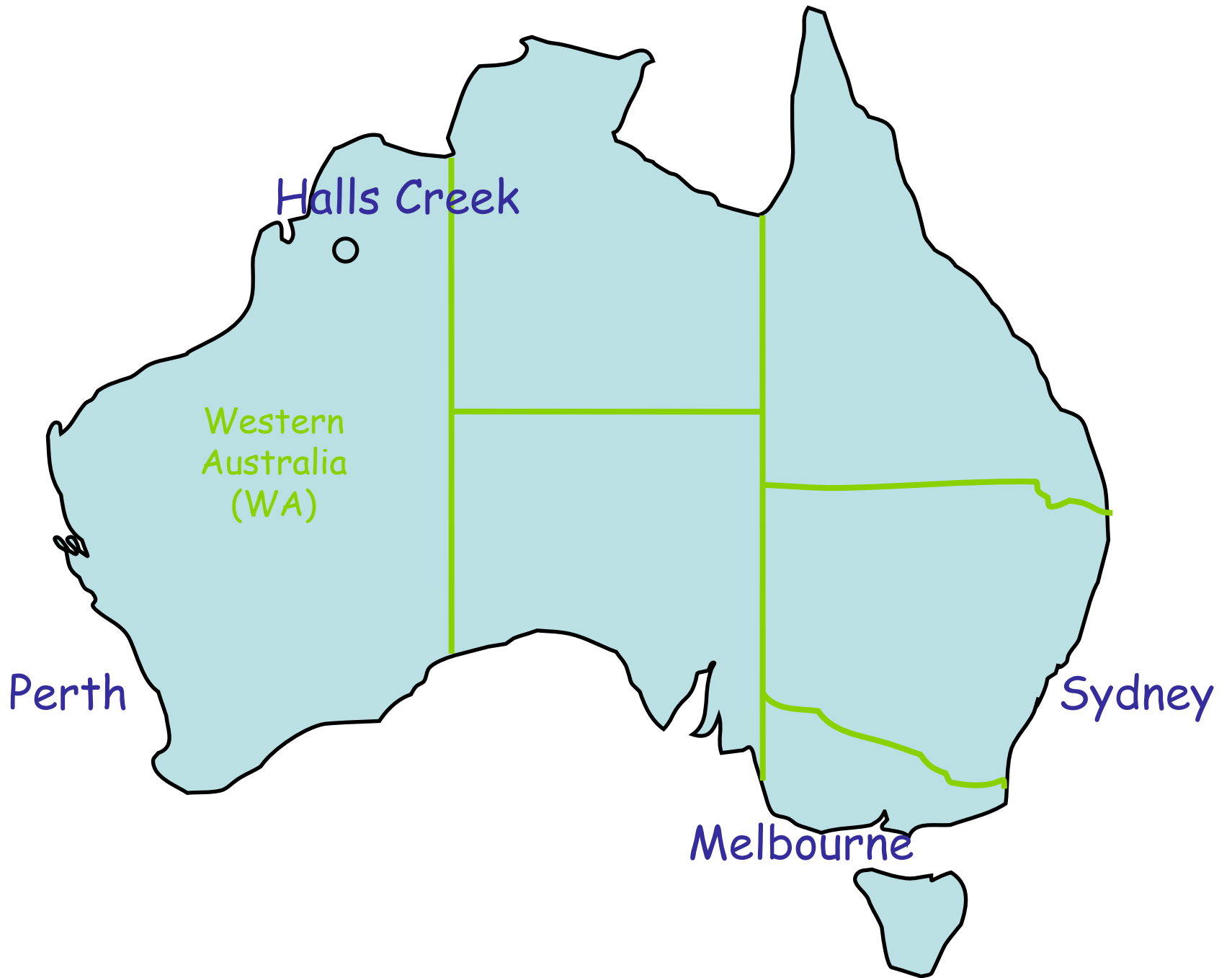
WE STILL WIN!







Steve Edwards (April 2004)



Halls Creek

Western
Australia
(WA)

Perth

Melbourne

Sydney



Signs of Safety Gathering August 2005 Gateshead UK

A painting of a red crow perched on a branch against a blue sky with white clouds and green foliage. The crow is the central focus, with its red feathers and black beak clearly visible. The background is a vibrant blue sky with two white, fluffy clouds. The bottom of the painting shows green foliage, possibly reeds or tall grasses.

Principals of Signs of Safety Approach: Red Crow Speaks!

‘The single most important factor in minimizing error (in child protection practice) is . . . to admit that you may be wrong’

Munro, E. (2002). Effective child protection. London: Sage. p.141

Artwork by Joelle Nicholson

A painting of a red crow perched on a branch against a blue sky with white clouds and green foliage. The crow is the central focus, with its red feathers and black beak clearly visible. The background is a vibrant blue sky with two white, fluffy clouds. The bottom of the painting shows green foliage and a blue sky. The text is overlaid on the painting.

Principals of Signs of Safety Approach: Red Crow Speaks!

The most important factor in making a difference in the lives of vulnerable children in open child protection cases is . . . relationships!

Between professionals and family (partnership) and between professionals themselves (collaboration).

Department of Health. (1995). Messages from Research. London: HSMO

Artwork by Joelle Nicholson

Signs of Safety Assessment and Planning Form

DANGER

(You may wish to spacially locate items between the danger and safety poles along this continuum.)

SAFETY

List all aspects that demonstrate likelihood of maltreatment (past, present, or future).

List all aspects that indicate safety (exceptions, strengths and resources, goals, willingness, etc.).

What are we Worried About?

What's Working Well?

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?

What Needs to Happen?

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

Signs of Safety Assessment and Planning Form

DANGER/HARM

- We know of 2 times where Mum has hit and hurt her 18month son in the past 8 weeks.
- The boy has had to go to hospital with a fractured cheek and bruising to head and shoulders after mum hit him so hard he was knocked into a wall yesterday, .
- We are worried because the doctor says its is possible the boy could be more badly hurt in the future suffering brain damage, or death from a future incident
- We are worried because the Doctor says the 18 year old mother is not recognizing this danger
- Mum doesn't want contact with her family or the father's and she can think of no friends to help her
- Mother has history of 'depression' which she calls being sad
- Mother is not taking prescribed medications or attending appointments with psychiatrist
- To make 1x son safe mum had to leave him unsupervised
- Mum describes a history of violence in her family

SAFETY

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

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How do we define Safety?

Safety is regarded as strengths demonstrated as protection (related to the concerns) over time

Signs of Safety Assessment and Planning Form

DANGER/HARM

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Safety and Context Scale

2	4
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Immediate Progress What would indicate to the agency that some small progress had been made?

- Mother starts seeing someone she can talk to.
- Contact visits established and focused on mother doing something different under stress.

Signs of Safety Assessment and Planning Form

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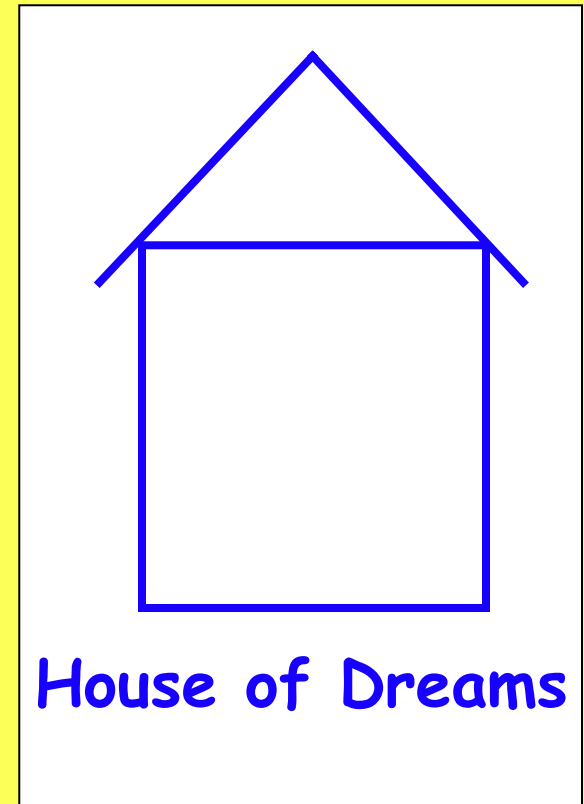
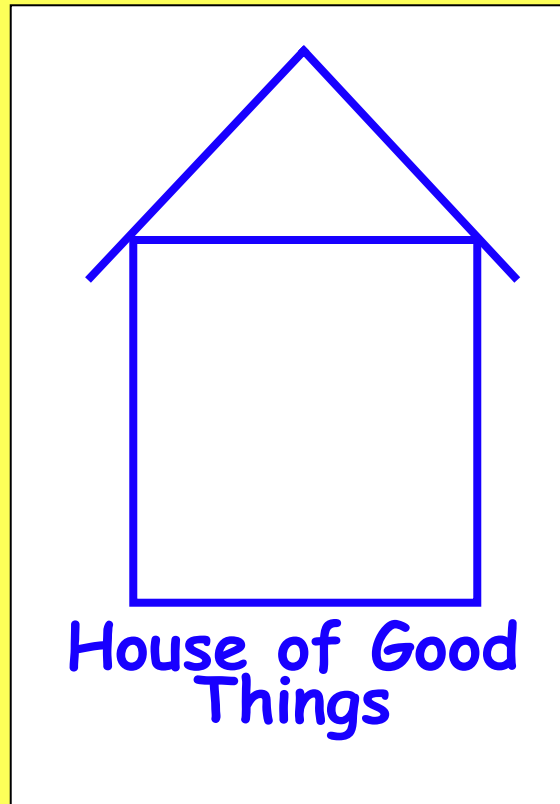
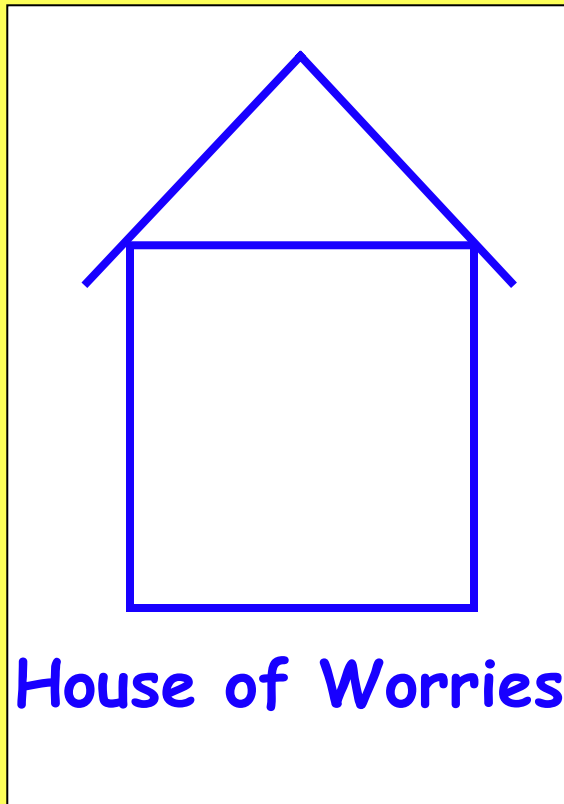
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What Needs to Happen?

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

What are we Worried About?	What's Working Well?		What Needs to Happen?	
	Strengths	Safety	Our View	Your View
<p>Simplified S of S framework, first developed in New Zealand to use with families and children and to link with 'Three Houses' Assessment</p>	<p>©2004 Andrew Tumell a.tumell@inet.com.au</p>		<p><i>Rate the situation on a scale of 0 - 10, where 0 means things are so bad the family can no longer care for the children and 10 means that everything that needs to happen for the children to be safe in the family is happening</i></p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1409 1317 1627 1409"></div> <div data-bbox="1650 1317 1869 1409"></div> </div>	

'Three Houses' Child Protection Risk Assessment Process to use with Children and Young People Created by Nicki Weld, Wellington NZ



On 3 separate pieces of paper draw with the children their experience and vision of each house. Use these drawings with the adults in deepening the assessment and planning process.

WEST AUSTRALIAN APPROACH TO COMPREHENSIVE RISK ASSESSMENT
ANALYSIS MATRIX from Family and Children's Services Risk Analysis and Risk Management (RARM) Framework.

Describe factors which	Increase possibility of Harm	Increase Safety		Protection Required	
		Strengths	Protection	Worker	Parent
<p>Child</p> <ul style="list-style-type: none"> • Age • Development • Functioning • Behaviour <p>Relationship with and beliefs about child and harm to child/ren</p> <ul style="list-style-type: none"> • Attachment • Attitudes to harm and to child • Quality of relationship with child <p>Opportunity for harm</p> <ul style="list-style-type: none"> • Access of person responsible for harm • Exposure to harm • Environment <p>Factors which impact on parenting</p> <ul style="list-style-type: none"> • Functioning • Relationships • Stressors; isolation, unemployment etc. • Complicating factors: DV, mental illness, addictions, intellectual disability. <p>Supports and Services</p> <ul style="list-style-type: none"> • Formal and informal services: use of/cooperation/engagability • Friendship network, ext'd family, alternative carers and significant others • Cultural context 					

**VICTORIAN APPROACH TO COMPREHENSIVE RISK ASSESSMENT
IN CHILD PROTECTION**

ANALYSIS MATRIX FROM VICTORIAN RISK FRAMEWORK V1.0, NOV 1998.

1. Describe the actual or believed harm to the child or young person as assessed by the protective worker, including observations, opinions and indicators

2. PATTERN AND HISTORY

Maltreatment or alleged maltreatment (harm source) suffered by child (this incident/history/severity, including most severe incident, and pattern (escalating/constant/diminishing): includes protective services notifications and court):

Maltreatment or alleged maltreatment to any children by carers (this incident/history (severity and pattern):

Describe factors which:	INCREASE VULNERABILITY	INCREASE SAFETY	
		Strengths	Protection
3. Child or Young Person - age; development; functioning (For young people, include beliefs about harm/help/self and factors which impact upon capacity to protect/care for self)			
4. Opportunity for Harm - access of perpetrator, exposure to harm			
5. Relationship with and Beliefs about Child/Harm to Child - attachment, quality of relationship and attitudes			
6. Factors which Impact upon Parenting - functioning, relationships, stressors: history/violence/ psychiatric illness/ intellectual disability/ substance abuse			
7. Supports and Services - family/friendship/community supports & attitudes to children /isolation; use of /cooperation/ engagability with professional services; alternate carers/ household members/ sig. others			

Victorian Risk Framework
Department of Health
Victoria, Australia.

Signs of Safety Assessment and Planning Form

DANGER

(You may wish to specially locate items between the danger and safety poles along this continuum.)

SAFETY

List all aspects that demonstrate likelihood of maltreatment (past, present, or future).

List all aspects that indicate safety (exceptions, strengths and resources, goals, willingness, etc.).

Past Harm to Children

Future Danger for Children

Existing Strengths

Existing Safety/Protection
(must directly relate to danger)

Complicating Factors

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?

Future Safety/Protection
(must directly relate to danger)

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?

'Next Steps'
(must directly relate to danger)

Building Safety & Strengthening Families Practice Framework

Danger/Harm

- Detail re: incident(s) Bringing the family to the attention of the agency.
- Pattern/history

Risk Statements

- Risk to child(ren)
- Context of risk

Complicating Factors

- Condition/behaviors that contribute to greater difficulty for the family
- Presence of research based risk factors

GENOGRAM/ECOMAP

(Gray Area)

Next Steps

Current Ranking

1
2
3
4
5
6
7
8
9
10

(Immediate Progress)
Safety/Protection
Required

- Development of next steps relevant to risk context
- What
- Who
- When
- Etc.

Enough safety to close

Safety

- Strengths demonstrated as protection over time
- Pattern/history of exceptions

Strengths/Protective Factors

- Assets, resources, capacities within family, individual/community
- Presence of research based protective factors

Purpose/Focus of Consultation

- What is the worker/team looking for in this consult?

Building Safety & Strengthening Families Practice

Danger/Harm

- We know of 2 times where Mum has hit and hurt her 18month son in the past 8 weeks.
- The boy has had to go to hospital with a fractured cheek and bruising to head and shoulders after mum hit him so hard he was knocked into a wall yesterday, .

Risk Statement(s)

- We are worried because the doctor says its is possible the boy could be more badly hurt in the future suffering brain damage, or death from a future incident
- We are worried because the Doctor says the 18 year old mother is not recognizing this danger

Complicating Factors

- Mum doesn't want contact with her family or the father's and she can think of no friends to help her
- Mother has history of 'depression' which she calls being sad
- Mother is not taking prescribed medications or attending appointments with psychiatrist
- To make 1x son safe mum had to leave him unsupervised
- Mum describes a history of violence in her family

Current Ranking

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

- Return of son to mother and seeing mother has alternative strategies she uses when could 'lose it' and does this every time over 6 months.
- Meeting with someone she can talk to about her problems.
- That talking/counselling makes it less likely she will hit son.
- Mother starts seeing someone she can talk to.
- Contact visits established and focused on mother doing something different under stress.
- Establish child in foster placement

Enough Safety to Close

**Safety = Strengths
Demonstrated As Protection
Over Time.**

Genogram • Mother describes one incident where she did not hit child when easily could have 'lost it'

Safety

Strengths/Protective Factors
(Ahlquist 2000)

?Gray Area?

- Mother open in talking to worker
- Mother clearly loves son; he goes to her, they cuddle, she responds to him being upset
- Mother admits hitting child at least 4-5 times in 8 weeks and that she caused the current injuries
- Mother is most concerned about her anger and violence making her son afraid of her

Next Steps
(Immediate Progress)
Safety Protection Required

- Child meets 'developmental milestones' for size, weight, he's talking and active
- Immediate safety of child is assured through hospitalisation and imminent alternative placement
- Mother wants someone to talk to re sadness/anger sees this as a cause of the problem
- Mother has separated from violent ex-partner

Focus/Purpose of Consultation

Olmsted Consultation Framework

The WWW protocol - For worker and client to do assessment and planning together

What are we Worried About?	What's Working Well?	What Needs to Happen?	
	Strengths Safety	Our View	Your View
	<p>© 2004 Andrew Turnell aturnell@inet.com.au</p>	<p><i>Rate the situation on a scale of 0 - 10, where 0 means things are so bad the family can no longer care for the children and 10 means that everything that needs to happen for the children to be safe in the family is happening</i></p>	
		<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

A painting of a red crow perched on a branch against a blue sky with white clouds and green foliage. The crow is the central focus, facing right. The background is a vibrant blue sky with two white, fluffy clouds. The foliage is depicted with dark green and black strokes, suggesting a dense canopy. The overall style is expressive and somewhat abstract.

Principals of Signs of Safety Approach: Red Crow Speaks!

A list of services that the family must participate in IS NOT a safety plan!

Services are AT BEST just one MEANS of helping build meaningful safety for children.

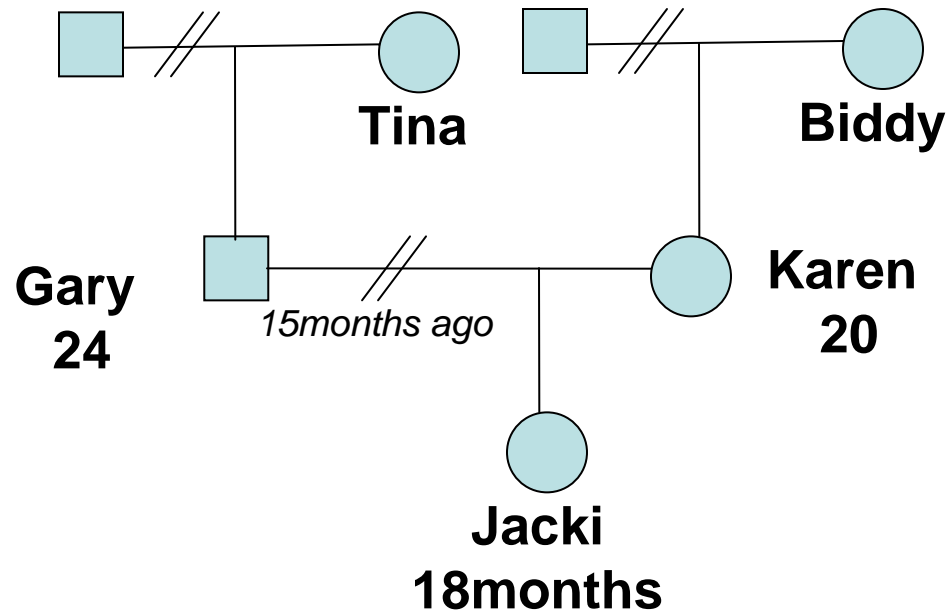
Artwork by Joelle Nicholson

The WWW protocol - For worker and client to do assessment and planning together

What are we Worried About?	What's Working Well?		What Needs to Happen?	
	Strengths	Safety	Our View	Your View
<p>“It’s a long day on the golf course if you don’t know where the hole is”. Michael Hoyt (a list of services Is like a set of golf clubs)</p> <p>"You need to know what you want to find before you start searching for it". Winnie the Pooh</p> <p>"Would you tell me, please, which way I ought to go from here?" asked Alice</p> <p>"That depends a good deal on where you want to get to," said the Cat</p> <p>I don't exactly know" said Alice timidly.</p> <p>Then it really makes no difference which road you take" replied the Cat. Lewis Carroll</p>				
			<p><i>Rate the situation on a scale of 0 - 10, where 0 means things are so bad the family can no longer care for the children and 10 means that everything that needs to happen for the children to be safe in the family is happening</i></p>	



*Olmsted County Child and Family Services
Good Practice Inquiry Group*



GAL – Guardian-ad-litem

ERDr - Emergency Room Doctor

PHN - Parent Health Nurse

PEdC - Parent Education Counselor

DPrEd – Dad’s Programme Educator

FamC – Family Counsellor

CP - Clinical Psychologist

Risk Statement 4: Jacki's illnesses may get worse when medical recommendations are not followed.

Safety:

In discussions with myself, GAL and PHN Karen agreed to keep a log of all the times and medical interventions she used on 'Jacki' (18months) and reviewed the log on a weekly basis with PHN to ensure her interventions were in agreement with what the doctor had ordered.

Cards were made by PHN with Karen that stated very simple directions as to what Karen was to do in certain medical situations (i.e. asthma attack, coughing spells, vomiting, diarrhea, etc.)

How do we define Safety?

**Safety is regarded as strengths
demonstrated as protection
(related to the concerns) over
time**

Risk Statement 4: Jacki's illnesses may get worse when medical recommendations are not followed.

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In discussions with myself, GAL and PHN Karen agreed to keep a log of all the times and medical interventions she used on 'Jacki' (18months) and reviewed the log on a weekly basis with PHN to ensure her interventions were in agreement with what the doctor had ordered.

Cards were made by PHN with Karen that stated very simple directions as to what Karen was to do in certain medical situations (i.e. asthma attack, coughing spells, vomiting, diarrhea, etc.)

Karen began doing this on July 28 and continues to use this journal to document all medical interventions she uses with Jacki and reviews them with the nurse on a bi-weekly basis. The journal has also been reviewed by GP (2x) and ER doctor (2x). Karen has stated that she likes using the log and will continue to use it. She says it has been helpful when Jacki has her well-baby checks with the GP as well as when there have been incidents which have resulted in a trip to the emergency room. The log helps her detail to the doctor what had been happening prior to the emergency room visit.

2. OCCS/GAL's worry is that Jacki could be physically hurt when Gary and Karen get into arguments and physical fights because they become so wrapped up in the argument they forget to pay attention to Jacki.

Safety: Gary has stated to myself and ExW as well as at several case planning conferences (with all the professionals involved in the case), that he wants to and has tried to walk away from Karen when he feels that a fight is beginning to escalate. He relates that in the past, Karen will follow him to continue the fight whether it is into another room or outside the home.

As stated above, Karen has been working with FamC to identify when she is escalating and how she might "pull herself out" of this escalating phase. They also have been working on processing the issues that lead to the escalation.

A plan was created in which Gary is to walk away if things are escalating and that Karen will agree not to follow him. Karen signed an agreement saying she would not follow Gary if he left when things were escalated. As part of this agreement, Gary agreed to keep a journal of times when things became escalated and he walked away so that both Gary and Karen could process those incidents with FamC at a later date.

Gary states that he has used this on at least ten occasions, all but one of which were documented and subsequently reviewed in family counselling with FamC. DPrGEd has witnessed several of these instances. He also indicates that he has observed it get “easier” for Karen to let Gary walk away.

Both Karen and Gary state that they think the most important thing they have learned is that the things they tend to argue about which generally escalate are things that, in the larger picture, are not that important (i.e. Jacki going to bed ½ hour late, Gary’s mom’s instruction as to how Karen should parent, etc). Both Gary and Karen agree that by giving them time to separate and think about the issue without having to defend their position, helps them see things more clearly.

Per Karen’s suggestion, another part of this agreement was that all kitchen knives, scissors, etc. would be stored in a locked box on top of the cupboards. In the past, when Karen has been escalated there have been incidents of her grabbing whatever is handy to make a point (i.e. she took scissors and gouged an antique dresser) irregardless of the fact that Jacki is present.

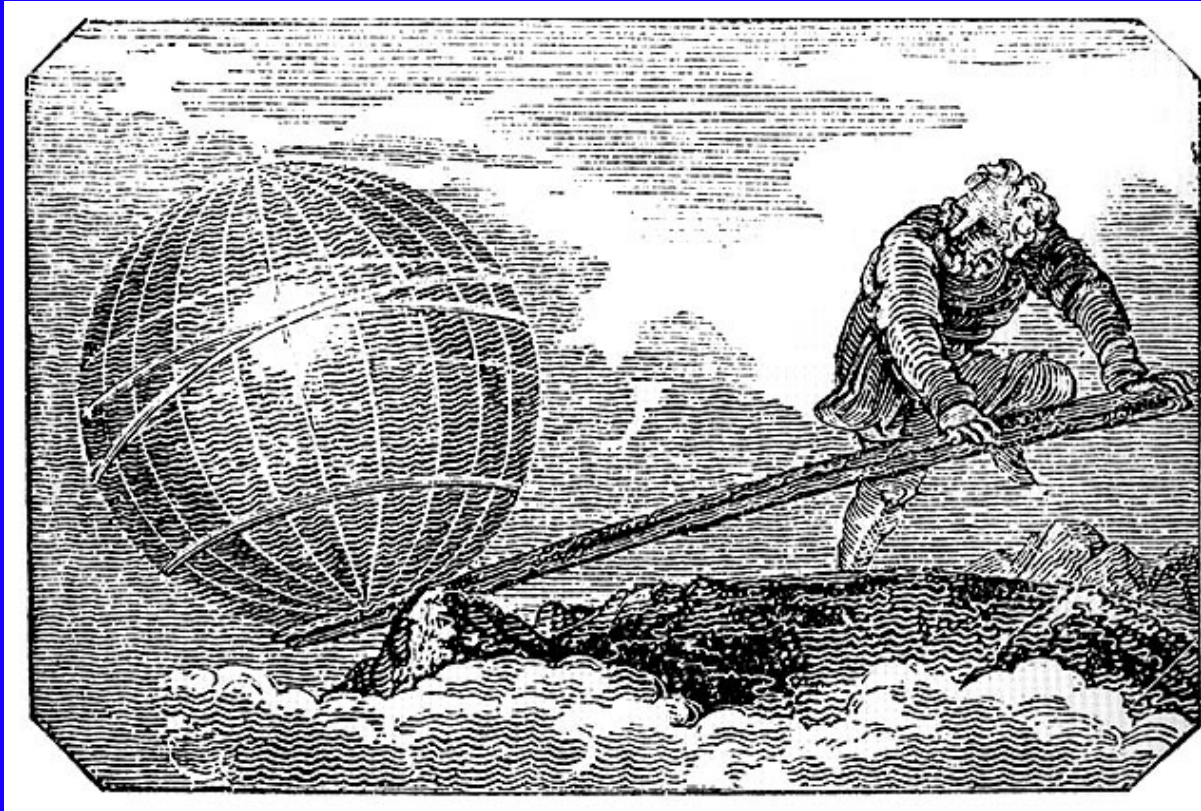
(2b)

The lock box and lock was purchased and Karen placed all sharp objects in the box. This box was periodically checked by me as well as other professionals working with the family to ensure they were adhering to the plan. I feel confident that this is something they will continue. Gary as well as Bidy, Karen's mom, has stated they feel much more comfortable with the sharp objects put away. Karen and Gary both agree it is safer for Jacki in that she does not have access to those items.

The final step of this plan was that Gary and Karen brought Bidy, Karen's mom, on board so that if things did continue to escalate, they could call her and she would come immediately and take Jacki to her house until the situation had de-escalated. Bidy was very happy to help the family out this way and stated that she had done that in the past.

Since the plan was put into place, neither Gary nor Karen have felt it necessary to call Bidy because the initial steps of the plan have been successful. Both Gary and Karen acknowledge that they do feel more comfortable knowing that Bidy will help them out if needed. Including Bidy in the discussion, and having her become part of the plan has broken the secrecy of their fighting and reminds them that Bidy is also watching out for Jacki's safety and well-being. (2c)

Leverage



‘Give me a place to stand and I will move the earth’

Archimedes

The statutory authorities involved in the case (Social Services and/or court) must be committed to the process. The key leverage question to the family then becomes:

“Are you willing to work with me to show the statutory folks that nothing like this can happen in the future (whatever happened in the past)?”

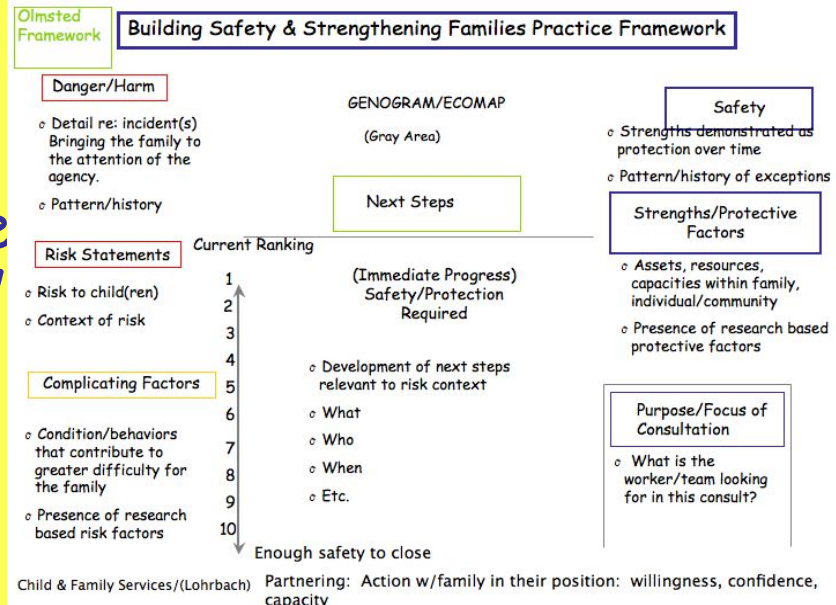
Principals of Signs of Safety Approach

Relationship-grounded, safety-organised CP practice?

Constructed around a comprehensive CP risk assessment framework incorporating: danger/harm, existing strengths/safety and future safety

Practiced From a **Stance of Humility** About What We Think We Know

A Questioning not an Expert Approach



Informed by **Practice Principles** From research analysing good practice e.g. Turnell & Edwards 1999 Turnell and Essex 2006

Supported by a **Skill Base** Particularly SFBT

Two Implementation Strategies for Practitioners

Using the Framework in Supervision and Case Discussion Forums

Creating a Culture of Appreciative Inquiry Into Good Practice

References for Safety-organised Child Protection Practice

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

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

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

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

More Information

www.signsofsafety.net

A black and white portrait of M.C. Richards, an older woman with short, wavy hair, wearing a patterned turtleneck sweater. She is looking slightly to the right of the camera with a thoughtful expression. The background is a plain, light-colored wall.

**The world will change
when we can imagine it
differently, and, like
artists, do the work of
creating new social forms.**

M.C. Richards