UCDAVIS
Continuing and Professional Education | Human Services Northern Academy

Safety Organized Practice
Foundational Institute

Participant Guide – Table of Contents

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SOP Foundational Institute
Learning Objectives

Knowledge:
K1: The trainee will be able to identify the goals, objectives, and values of SOP and its alignment with the Integrated Core Practice Model (ICPM)
K2: The trainee will understand the key elements, values, tools and strategies of SOP and how they assist in effective engagement and collaboration with the family and their Child and Family team (CFT).
K3: The trainee will learn how to utilize shared ICPM and SOP values to conduct balanced assessments and collaborative case plans that are trauma-informed, equitable, culturally relevant, individualized and behaviorally specific to improve outcomes from children, youth and families.

Skill:
S1: Utilizing a case example, the trainee will demonstrate the use of SOP techniques & strategies to engage the child and family in the development of an individualized, behaviorally specific, culturally relevant and trauma-informed case plans, including but not limited to the following:

- Structured assessment tools (SDM/CANS)
- Child interviewing techniques
- Development of the safety network/circles of support
- Solution focused interviewing
- Harm & danger statements; Safety goals
- Safety Mapping; Child & Family Team Meetings
- Collaborative case/safety planning utilizing the safety network, teaming, etc.

Value:
V1: The trainee will value and endorse their role as a change agent.
V2: The trainee will reflect on the importance of teaming and collaboration with the Child & Family Team to truly engage families in their safety network development, assessments, and service plans that are culturally relevant, individualized, trauma-informed and behaviorally specific.
V3: The trainee will reflect on their own best practices and consider how to implement SOP into their day to day work with children and families.

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Safety Organized Practice (SOP) Definition

Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership between the agency and the family exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches, including:

- Solution-focused practice[1]
- Signs of Safety[2]
- Structured Decision Making[3]
- Child and family engagement[4]
- Risk and safety assessment research
- Group Supervision and Interactional Supervision[5]
- Appreciative Inquiry[6]
- Motivational Interviewing[7]
- Consultation and Information Sharing Framework[8]
- Cultural Humility
- Trauma-Informed Practice

[1] Berg, I.K. and De Jong, P (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy.* New York, NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice.* New York: Longman.

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

[3] Children's Research Center (2008). *Structured Decision Making: An evidence-based practice approach to human services.* Madison: Author.

[4] Parker, S. (2010). *Family safety circles: Identifying people for their safety network.* Perth, Australia: Aspirations Consultancy; 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.

[5] Lohrbach, S. (2008). Group supervision in child protection practice, *Social Work Now,* 40, pp. 19-24.

[6] Cooperrider and David, L. 1990. Positive image, positive action: The affirmative basis of organizing. In S. Srivastva, D. L. Cooperrider and Associates (Eds.) *Appreciative management and leadership: The power of positive thought and action in organizations*. San Francisco, CA: Jossey-Bass.

[7] Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing,* (3rd ed.) New York: Guilford Press, 2012.

[8] Lohrbach, S. (1999). *Child Protection Practice Framework – Consultation and Information Sharing.* Unpublished manuscript; Lohrbach, S., & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice, *Protecting Children, 19(2):* 12-15.

Objectives of Safety Organized Practice

1. **Engagement:** To create a shared focus to guide casework among all stakeholders (child, family, worker, supervisor, etc.)

2. **Critical Thinking:** To help these stakeholders consider complicated and ambiguous case information and sort it into meaningful categories that can inform next steps

3. **Enhancing Safety:** To provide a path for stakeholders to engage in "rigorous, sustainable, on-the-ground child safety" efforts

Each of these objectives is detailed below with the associated practices involved.

Safety Organized Practice Objective One: Engagement
The engagement piece of SOP is fostered by using the following strategies:

- **Solution-Focused Interviewing (SFT)** – Primarily originating with the work of Steve De Shazer and his wife Insoo Kim Berg at the Milwaukee Brief Therapy Treatment Center, SFT is an interviewing practice based on a simple idea with profound ramifications—that what people pay attention to grows. It highlights the need for child welfare professionals to ask families about safety as rigorously as they do danger and provides a series of strategies ("exception questions," "relationship questions") to help do this.
- **Strategies for Interviewing Children** – While children are the focus of any child welfare intervention and most professionals agree that obtaining children's perspectives is vital for child welfare work, selecting the correct approach can be a daunting task for even a seasoned professional. The temptation to make the work with children a superficial part of the process is great. SOP provides a series of practices, specifically that of the 'three houses' and 'safety house', which allows children, in a developmentally appropriate way, to meaningfully contribute to both risk assessment and safety planning.

Safety Organized Practice Objective Two: Critical Thinking
Critical thinking requires the ability to assess any given situation by looking at the external data which is presented and subsequently how our assumptions and biases may impact our assessment. By doing this we can gain the greatest clarity possible about what is happening with a family. It is the ability, as noted child welfare scholar Eileen Munro has said, "to admit that we might be wrong."

- **Safety mapping** is a process of organizing all the information known about a family at any given time. It is a process that can be done by a family and a worker, a worker and a supervisor, or a worker alone. It provides some simple, easy to use, utilitarian definitions and a process that organizes the information, allowing increased clarity about the purpose for any particular child welfare intervention.

Safety Organized Practice Objective Three: Enhancing Safety
Part of the safety mapping process involves the development of **harm/danger statements** and **safety**

goals. Once the safety mapping process is complete, child welfare professionals and the family will have enough information to begin **safety planning** with a **family safety network**.

- **Danger statements** are short, behaviorally based statements that in very clear, nonjudgmental language states:
    - What the caregiver actions were
    - What the impact was/is on the child
    - What the child welfare professionals are worried could happen in the future

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

- **Safety goals.** Often in child welfare, goals are service driven rather than safety driven. A key element of SOP is use of simply written goals that clearly and unambiguously address the danger. These safety goals should achieve the following:
    - Address the danger statement
    - Be collaboratively created with the family members—and if that's not possible, provide choices for the family
    - Be written in clear, everyday language
    - Describe the presence of new, observable behaviors or actions (particularly with the children) rather than simply the absence of old, problematic behavior

- **Safety planning, and family safety networks.** The axiom that "it takes a village to raise a child" is never truer than in child welfare work when caregivers have been found to be a danger to their children. Drawing on much of the wisdom of the Family Group Conferencing (FGC) movement, SOP offers strategies for building a network of people around the child, communicating the danger statement to those in the network and enlisting their help in keeping the children safe (meeting the safety goal). The network is formed on the first day of case planning and supports the family through post permanency as defined by SDM.

  The cultivation of a safety network is not just for "immediate" safety, but actually is the vehicle to promote long-lasting change that will continue to be enforced long after child welfare's involvement ends. SOP makes the distinction between "safety planning" and "service planning", noting that the culture of child welfare has been one of case management and service planning for some time—even while our goal is always the enhanced safety of children. SOP provides techniques and guidance for building a family safety network to enhance the daily, on-the-ground safety and well-being for children.

INTRODUCTION TO SOP

NORTHERN CALIFORNIA TRAINING ACADEMY

SUMMARY

Safety Organized Practice is both a framework for practice and a set of tools and strategies that help child welfare staff achieve engagement, assessment, teaming and planning with a family and their network, with the goal of improving child safety, permanency and well-being.

PURPOSE

- Safety Organized Practice (SOP) is a collaborative child welfare practice model that aims to build and strengthen partnerships within a family and involve informal and formal support networks of friends, family, service providers and the child welfare agency.
- SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that partnership and teaming exist in an effort to find solutions that ensure safety, permanency and well-being for children.
- SOP is both a ***framework for practice*** and a ***set of tools and strategies*** that help child welfare staff achieve engagement, assessment, teaming and planning with a family and their network. "Safety Organized Practice" is an umbrella term for the blending of a variety of solution focused-techniques, including the Consultation and Information Sharing Framework®/Safety Mapping, Structured Decision Making (SDM)©, Appreciative Inquiry, Cultural Humility, Group Supervision, Family Networks of Support, the Three Houses and Safety House, and Trauma-Informed Practice.
- This approach is designed to enhance practitioners' skills in family engagement, rigorous assessment and critical thinking to create sustained safety, permanency and well-being for children, youth and their families.
- SOP has a distinct language, tools, strategies and key components that make up practice(s) used with families.

KEY COMPONENTS

Engagement Strategies

Engagement is the process of skilled inquiry to identify, assess and plan for the needs of the child and family. Skillful engagement by a social worker is itself an intervention to help families start thinking differently about their challenges and solutions and move them toward readiness for change. Engagement strategies in SOP include:

- The Three Questions: What is working well, what are we worried about, and what needs to happen next?
- Appreciative Inquiry, which helps practitioners focus on what is already working in order to help it grow.
- Solution-focused questioning, which includes use of scaling, exception, coping, position and preferred future questions, including the miracle question.
- Motivational Interviewing to help those who are fearful, reluctant or in protest ("resistant") increase readiness for change.

The tools and skills of engagement are a necessary foundation for all other work in Safety Organized Practices.

Voices of Children/Youth

Two key principles in SOP are:

- The understanding that children and youth likely witness much of what goes on in their families' lives and can contribute to a comprehensive understanding of what is happening in the family.
- The belief that children and youth often can and need to collaborate with other stakeholders in their own safety planning and case planning.

Therefore, the extent to which a social worker can incorporate the child's/youth's perspective into their work is critical to successful child welfare practice. SOP supports children and youth being part of Child and Family Team (CFT) meetings, safety planning and case planning, as appropriate to their age and development. Additionally, SOP offers specific tools/strategies for workers to engage children and youth in conversations about their families, their safety and their wishes for the future. These include:

- Three Houses to explore the child's/youth's perspective of what is working well, what they are worried about and what needs to happen next in their family.
- Safety House to explore the child's/youth's perspective on what would keep them safe in the future.

Child and Family Team Meetings

The purpose of Child and Family Team (CFT) meetings, sometimes called Family Team Meetings or family meetings, is to build agreements, decisions and behaviorally-based plans between Child Welfare, families, providers and other essential members of the youth's and family's support network. CFT meetings may be held to create a safety plan with the support of a network that will mitigate the need to

TERM	DEFINITION
HARM	Actual experiences of past/current harm to a child by a caregiver (parent).
DANGER/RISK	Worries about what specific caregiver behavior may cause harm to the child in the future.
COMPLICATING FACTORS	Things we are worried about but are not actual harm to the child by the caregiver.
SAFETY	Acts of protection by the caregiver demonstrated over time.
SUPPORTING STRENGTHS	Positive things in a family's life that do not specifically address the danger.

separate a child from his/her family, to develop case plans, to circumvent or plan for placement changes, to plan for return home or case closure, or for any other need identified by the family or agency. With the right timing, meeting focus and people at the table, SOP CFT meetings meet the California Department of Social Services mandates for CFT. CFT meetings are a core strategy of SOP.

Mapping/Consultation & Information Sharing Framework®

The Consultation and Information Sharing Framework® and Safety Mapping are variations on a process of dialogue and inquiry designed to help social workers, supervisors, families and extended networks work together to evaluate the presenting factors, including harm and danger, risk, complicating factors, safety/acts of protection, and strengths; identify areas in need of additional exploration; and move toward group agreements about what needs to happen next to ensure the safety of the child or youth.

Mapping can also be used to assist youth and their teams to identify permanency or independence goals, what's working well, worries and next steps for a youth and their network.

Safety Networks

A foundational tenet of SOP is that ensuring child safety requires involvement of responsible adults other than the caregiver(s) who caused the harm or danger. The Safety Network is a group of family, friends and professionals who care about the child, are willing to meet with CWS, understand the harm/danger concerns, and are willing to do something specific that supports the family and helps to keep the child safe. Safety network members can include extended family, friends, neighbors, tribal members, service providers and anyone else who can play a role in ensuring safety. A much-used phrase in SOP is "No network, no plan."

Harm and Danger Statements

Harm Statements and Danger Statements are a highly effective way of ensuring the agency, family and network are all on the same page about why the family is involved with Child Welfare. They are short, simple, behaviorally-based statements that can be used to help youth, family members, collaterals and staff working with the family become very clear about why CWS is involved and what CWS staff worry may happen in the future if nothing changes.

Harm Statements define what past or present parent behavior negatively impacted (harmed) the child. Danger Statements define what we're worried could happen in the future to the child if the parents' behavior does not change.

OTHER APPROACHES THAT ALIGN WITH SOP

California Child Welfare Core Practice Model | Child and Family Teaming | Child and Adolescent Needs and Strengths (CANS) | Review, Evaluate, Direct (RED) Teams | Safe & Together/Domestic Violence-Competent Practice | Structured Decision-Making | Visit Coaching (Family Time Coaching)

A NOTE ABOUT THE INTEGRATED CORE PRACTICE MODEL & CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL

Safety Organized Practice is congruent with the values and practice behaviors of California's Integrated Core Practice Model and Child Welfare Core Practice Model. Indeed, SOP takes the "what" of the Practice Models and translates it into the "how" of everyday work with children, youth and families, supporting engagement, assessment, teaming, transition, and service planning and delivery through the methods included in this document. SOP also focuses on prevention, which means working with families and their networks to ensure safety and avoid the trauma of unnecessary separation of children from their families, whenever safely possible.

Safety Goals

Safety Goals serve as the "goalpost" for what it will look like when the family successfully completes their safety plan or case plan. Safety Goals are developed from the Harm and Danger Statements; they are clear statements, usually a few sentences long, about what actions the parent(s) will take to help everyone involved with the family know that the child will be safe.

Safety Plans

Any time there is a Safety Threat identified on the Structured Decision-Making Safety Assessment, a Safety Plan is necessary to keep the child in the home; without a Safety Plan that resolves the Safety Threat, the child will need to be separated from their family. Safety Plans are short-term plans with behaviorally-based action steps that specifically address the dangers the family and people identified in the Safety Network have agreed to resolve.

Behaviorally-Based Case Plans

Behaviorally-based case plans focus on specific, concrete strategies and actions to effectively and permanently change the parents' behavior with regard to its impact on the child, rather than mere completion of or compliance with services.

Cultural Humility

A cultural humility approach to the work requires that practitioners are self-reflective of our own bias and history that we bring to the work with families.

Trauma-Informed Approach

A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, parents, staff and service providers.

SAFETY ORGANIZED PRACTICE (SOP)
GLOSSARY

NORTHERN CALIFORNIA TRAINING ACADEMY

Term	Definition
Acts of Protection	Behaviors demonstrated by the parent that result in safety for the child.
Appreciative Inquiry	Use of skilled questioning strategies to focus on what in a family system is already working, based on the idea that it is what we pay attention to that grows.
Behaviorally-Based Case Plans	Case plans that focus on specific, concrete strategies and actions to effectively and permanently change the parent's behavior with regard to its impact on the child, rather than focusing on mere completion of or compliance with services.
Child & Family Team (CFT) Meetings	Facilitated team meetings that bring together the child/youth, family, agency, providers and the family's natural support network to explore worries and what's working well, build agreements, and develop plans with clear next steps to ensure safety, permanency and well-being. Sometimes called Family Team Meetings or family meetings.
Circles of Support (Safety Circles)	A tool that involves asking the family who in their life knows everything about what got them involved with child welfare, who knows a little bit, and who knows nothing. The goal is to move protective individuals into the inner circle of people who know everything and ask them to be part of the Safety Network.
Collaborative Practice	A participatory team approach to child welfare that encourages the building of shared language, understanding and engagement with families to assist and empower them to build their own supportive network and safety plans.
Complicating Factors	Circumstances in or around the family that are worrisome, cause stress, or complicate a family's ability to ensure safety, but that in themselves are not harm or danger to a child.
Consultation and Information Sharing Framework © Lohrbach, 1999	A process of dialogue and inquiry that helps the agency, family and their network work together to surface and assess risk, complicating factors, safety and strengths; identify areas in need of additional exploration; and move toward group agreements about what needs to happen next to ensure the safety of the child or youth.
Coping Question	A type of solution-focused question that asks the individual to reflect on how they have managed to cope with or manage a difficult or challenging situation.
Cultural Humility	The practice of demonstrating a belief that families are the experts on their unique qualities and characteristics; looking at our own personal history, biases and perspectives that impact interactions with others and interpretations of others' behavior; willingness to actively self-reflect, recognize and set aside assumptions, admit mistakes, seek ongoing feedback, and make our best effort to change behavior; asking questions to understand historical trauma and institutional oppression; and actively collaborating with the youth, family, network and Tribe to identify and support culturally relevant actions in the safety/case plan.
Danger	Worries about future behavior by the caregiver that may cause further harm to the child.
Danger Statement	A simple, concise, behaviorally-based statement that helps family members, collaterals and the agency become very clear about who is worried about what caregiver behavior that may cause what specific future danger to the child.
Ecomap	A visual diagram that shows an individual or family in the context of their environment of people, services, systems and supports that surround them.
Engagement	The process of skilled inquiry to identify, assess and plan for the needs of the child and family. Skilled engagement by a social worker is itself an intervention to help families start thinking differently about challenges and solutions and move them toward readiness for change.
Exception Question	A type of solution-focused question that asks the individual to identify times when a problem was not happening or when they have been successful in addressing a challenging situation.

Term	Definition
Facilitated Meeting Dialogue Structure	A structured process for guiding any kind of facilitated family meeting; the structure includes the meeting purpose, context, group agreements, network/stakeholders, desired outcome, content (worries and working well), next steps and plus/delta.
Family Time	A preferred term for parent-child visitation that recognizes the true purpose and importance of time together for children and parents who have been separated.
Four-Quad Map	A version of Safety Mapping that involves categorizing topics discussed into four quadrants: (1) harm/danger, (2) complicating factors, (3) safety, and (4) supporting strengths, as well as next steps.
Genogram	A visual diagram of a family system, similar to a detailed family tree, which shows family members' relationships, ages, genders, intergenerational behavior patterns, and other details.
Gray Area	Information that is speculative or incomplete and requires further action on the part of the agency to clarify or answer.
Harm	Past or present caregiver actions that resulted in negative impact to the child.
Harm Statement	A simple, concise, behaviorally-based statement that helps family members, collaterals and the agency become very clear about what past caregiver behaviors negatively impacted the child's safety, and why CWS is involved.
Mapping	A structured process of exploring, with a family, worries (harm, danger, and complicating factors); what's working well (safety/acts of protection and supporting strengths); and what needs to happen next to ensure child safety, permanency and well-being.
Miracle Question	A specific type of preferred future question that asks a person to imagine they wake up and all of their problems are gone and to reflect on how they would know the trouble was over, what they would be doing, and how this would impact their life.
Motivational Interviewing	A collaborative counseling method for guiding a conversation to elicit and strengthen motivation for behavior change, address ambivalence about change, and evoke and strengthen an individual's own motivation for change.
Naïve Practice	Child welfare practice that focuses only on supporting strengths rather than conducting a rigorous, balanced assessment that also evaluates harm, danger and acts of protection.
Position Question	A type of solution-focused question that asks the individual to look at an issue from the perspective or position of another person, such as their child, parent or partner.
Preferred Future Question	A type of solution-focused question that asks the individual to consider what their ideal outcome would be or what their future would look like if a problem were resolved.
Problem-Saturated Practice	Child welfare practice that focuses only on complicating factors, harm and danger, rather than conducting a rigorous, balanced assessment that also evaluates acts of protection, safety and supporting strengths.
Review, Evaluate, Direct (RED) Teams	A collaborative, daily process in which the child welfare agency and other identified team members collectively review reports of suspected child abuse and neglect received by the hotline, typically utilizing the Consultation and Information Sharing Framework©.
Rigorous, Balanced Assessment	The process of evoking and evaluating all available information about a family's situation to ensure a comprehensive assessment that takes into account both what is working well in a family system and what the worries are, including harm and danger to the child.
Risk	The likelihood of future danger happening to a child.
Safety	Acts of protection demonstrated over time by the caregiver that effectively keep the child safe from future harm or danger.
Safety Circles (Circles of Support)	A tool that involves asking the family who in their life knows everything about what got them involved with child welfare, who knows a little bit, and who knows nothing. The goal is to move protective individuals into the inner circle of people who know everything and ask them to be part of the Safety Network.

Term	Definition
Safety Goals	Derived from Harm/Danger or Risk Statements, Safety Goals are a clear, concise statement that describes what the parent's behavior will look like so that everyone will know the child will be safe in his or her care.
Safety House	This tool engages the child/youth in a process of exploring what safety would look like in their home. The child identifies what the house rules are, who gets to live in the house, who gets to visit, and who is not allowed to visit, and scales how close to the house on the Safety Path they currently are.
Safety Mapping	A process of dialogue and inquiry to help social workers, supervisors, families and networks work together to explore presenting factors, including harm/danger, complicating factors, safety and strengths; identify areas in need of additional exploration; and plan for what needs to happen next to ensure the safety of the child or youth.
Safety Network	A group of family, friends and professionals who care about the child, are willing to meet with CWS, understand the harm/danger concerns, and are willing to take specific action that supports the family and helps to keep the child safe.
Safety Plan	A short-term plan that specifically addresses what steps must be taken by the family and their network to keep the child safe in the care of his or her parents.
Scaling	A solution-focused strategy that asks individuals to rate their current evaluation of a situation by picking a number on a scale of 1-5 or 1-10. Scaling questions can be used to identify level of safety, confidence, commitment, capacity, or other quality related to a question at hand, and to explore what it would take for the person to get closer to the target goal.
Solution-Focused Questions	A strategy for working with families based on the idea that focusing on strengths and identifying what has worked before will uncover, draw out, and guide us toward solutions. Types of solution-focused questions include scaling, exception, coping, position and preferred future questions, including the miracle question.
SOP Domestic Violence Timeline	A tool that helps the social worker explore, with the parent, the history and pattern of domestic violence by the perpetrator and acts of protection by the survivor. The tool reframes survivor actions often labeled as "failure to protect," instead recognizing that many actions historically viewed as neglectful are efforts to be protective.
Strength-Based Practice	An approach to child welfare work that focuses on identifying and building on strengths, capacities and resources within the family system that could be used to ensure safety and well-being of the child(ren).
Structured Decision-Making (SDM)	An evidence- and research-based system that identifies key points in a child welfare case where structured assessments are used to improve consistency and validity of each decision.
Supporting Strengths	Supporting strengths, sometimes just called strengths, are qualities, circumstances or capacities in a family that are positive or beneficial, but are not, in themselves, acts of protection that result in child safety. Strengths may include past and current efforts to protect children from harm, loving parent-child relationships, accessing extended family and other support systems, and making efforts to address past and current stress conditions including drug abuse, family violence, mental health issues, unemployment, etc.
Three-Column Mapping	A simplified mapping process that explores presenting issues by sorting information into three columns based on the Three Questions: "What are we worried about? What is working well? What needs to happen next?"
Three Houses	This tool engages the child or youth to explore their perspective of what is working well, what they are worried about and what needs to happen next in their family. The worker guides the child in identifying what in their life, family or home environment goes in the House of Worries, House of Good Things and House of Dreams.
Three Questions	The Three Questions are a foundational tool of SOP that guides many other tools, meetings and conversations with a family and their network. The questions are: "What are we worried about? What is working well? What needs to happen next?"

Term	Definition
Trauma-Informed	A trauma-informed child and family services system is one in which all individuals recognize and appropriately respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, service providers and staff.
Visit Coaching	Visit coaching, also known as family time coaching, is a trauma-informed, child-focused approach to court-ordered family visits that fundamentally differs from supervised visits because of the focus on the strengths of the individual parent and the specific emotional and developmental needs of each child. Visit coaching also emphasizes the coach's consistent, positive, honest relationship with the parent as a primary factor in helping them identify and meet the needs of their child(ren), both during visits and long-term.

SAFETY ORGANIZED PRACTICE (SOP)
KEY ELEMENTS

NORTHERN CALIFORNIA TRAINING ACADEMY

Safety Organized Practice (SOP) is a collaborative, trauma-informed child welfare practice model that utilizes skillful engagement, meaningful partnerships with families and their networks, and development of plans that foster behavior change within a family system to ensure child safety, permanency and well-being. SOP is both a framework for practice and a set of tools and strategies that help child welfare staff achieve engagement, assessment, teaming and planning with a family and their network. SOP provides on-the-ground tools to support achievement of federal child welfare outcome measures, including improved timely permanency and placement stability and reduced recurrence of maltreatment and re-entry to foster care.

This document provides an overview of the elements of practice that comprise SOP, as well as best practices and California state mandates that align with SOP. The SOP Key Elements include:

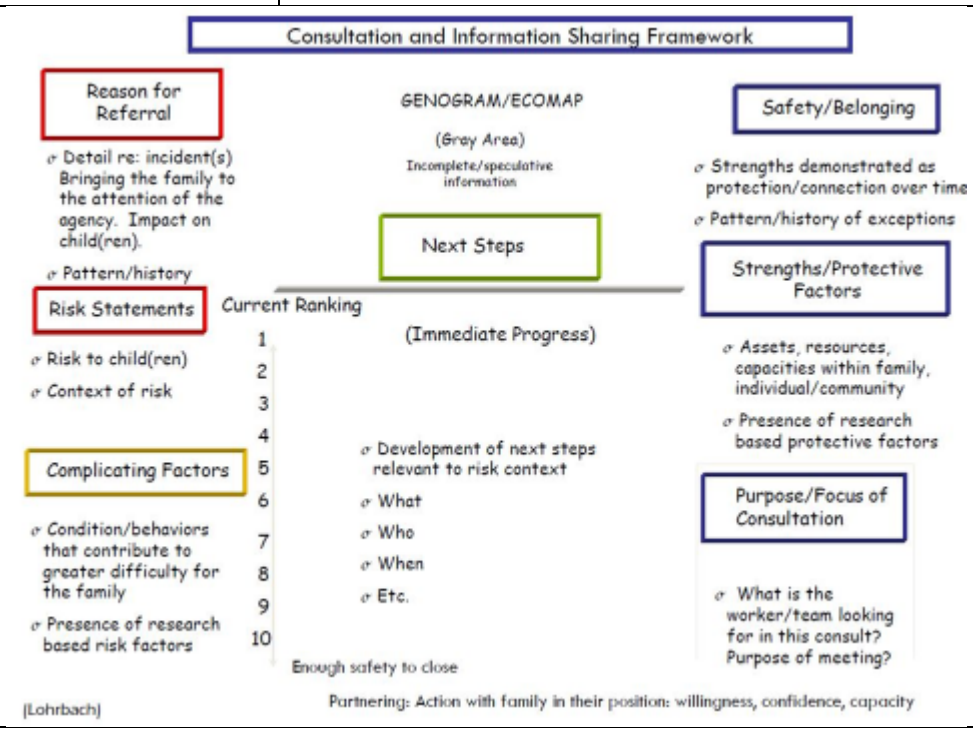
- Engagement Strategies
- Voices of Children/Youth
- Child and Family Team Meetings
- Consultation and Information Sharing Framework©/Mapping
- Safety Networks
- Harm and Danger or Risk Statements
- Safety Goals
- Safety Plans
- Behaviorally-Based Case Plans
- Cultural Humility
- Trauma-Informed Approach

Curricula, trainings, tip sheets, implementation support, fidelity tools and other resources are available to support development of social work skills and the workforce to improve child welfare practice through use of SOP. See https://www.oercommons.org/authoring/12342-safety-organized-practice-resources/view.

KEY SOP ELEMENT	STRATEGIES OF ELEMENT
Engagement Strategies	
• The Three Questions • Solution-focused questions • Motivational Interviewing • Appreciative Inquiry **These are general skills that apply to all of the other strategies/tools.**	Engagement is the process of skilled inquiry to identify, assess and plan for the needs of the child and family. Skilled engagement by a social worker is itself an intervention to help families start thinking differently about their challenges and solutions and move them toward readiness for change. Engagement strategies in Safety Organized Practice include: • The Three Questions: What is working well, what are we worried about, and what needs to happen next? • Solution-focused questioning strategies, including use of scaling, exception, coping, position and preferred future questions, including the miracle question. • Motivational Interviewing to help clients who are fearful, reluctant or in protest ("resistant") increase readiness for change. • Appreciative Inquiry, which helps practitioners focus on what is already working in order to help it grow. Each of these questioning approaches requires concrete skills that support family engagement/involvement and elicit understanding of the issues and perspectives. Information received informs the Consultation and Information Sharing Framework/Safety Mapping and Structured Decision Making (SDM) tools.

KEY SOP ELEMENT	STRATEGIES OF ELEMENT
Voices of Children/Youth	
Two key principles in SOP are: 1. The understanding that children and youth likely witness much of what goes on in their families' lives and can contribute to a comprehensive understanding of what is happening in the family. 2. The belief that children and youth often can and need to collaborate with other stakeholders in their own safety planning. Therefore, the extent to which a social worker can incorporate the child's/ youth's perspective into their work is critical to successful child welfare practice.	SOP supports children and youth being part of Child and Family Team (CFT) meetings, safety planning and case planning, as appropriate to their age and development. Additionally, SOP offers several specific tools/strategies for workers to engage children and youth in conversations about their families, their safety and their wishes for the future. These include: • Use of Three Houses/three questions to explore child's/youth's perspective of: What is working well, what they are worried about and what needs to happen next (House of Dreams, House of Worries, House of Good Things; age-relevant versions such as Three Computers; culturally-relevant tools such as Dream Catcher). • Use of the Safety House to include children's perspective on what would keep them safe in the future. • Use of the Permanency House to explore the child or youth's perspective regarding what would contribute to their feelings of safety and well-being in an adoptive or guardianship home and/or with other permanent connections.
Child & Family Team Meetings	
The purpose of Child and Family Team (CFT) meetings, sometimes called Family Team Meetings or family meetings, is to build agreements, decisions and plans between the Department, families, providers and other essential members of the youth's and family's support network. Meeting facilitators, who may be the case-carrying social workers or dedicated positions, use a variety of strategies and skills for helping groups solve problems and build agreement to enhance the safety of children and families. Solution-focused techniques are a key skill that supports this process.	• Facilitated meetings with the family and their network are utilized beginning on referral and throughout involvement with child welfare. • The meeting facilitator is skilled and uses visual documentation of the information gathered. • Family meeting includes the child/youth, if appropriate; family; family network of support; and providers, when relevant. • The facilitated meeting has a clear purpose, ground rules or agreements, and clear next steps at the end of the meeting. • Use of the Consultation and Information Sharing Framework, safety mapping/independence mapping/permanency mapping, risk/danger statements and safety goals, safety plans or case plans are among the strategies for gathering and sorting of information. • Facilitators use a cultural humility approach and trauma-informed approach, which may include Solution-Focused Questions, Appreciative Inquiry and other verbal and nonverbal skills.

KEY SOP ELEMENT	STRATEGIES OF ELEMENT
Consultation & Information Sharing Framework/Mapping	
Both the Consultation and Information Sharing Framework® and Safety Mapping are a process of dialogue and inquiry designed to help social workers, supervisors, families and extended networks work together to surface the different aspects of presenting factors, including danger/risk, complicating factors, safety and strengths; identify areas in need of additional exploration; and move toward group agreements about what needs to happen next to ensure the safety of the child or youth. Permanency Mapping and Independence Mapping are processes to assist youth and their teams to identify goals, barriers and tasks for the youth and their network, including professionals.	Safety Mapping or the Framework can be used in partnership with families and their network (such as at a CFT meeting), in individual supervision, in group supervision, in case staffings and in multidisciplinary team meetings. It is the foundation of the family meeting's agenda, or "dialogue structure." Permanency Mapping or Independence Mapping can be used 1:1 with a youth, together with their network of support, or in supervision. The Three Questions guide the information gathering process: "What are we worried about? What is working well? What do we think needs to happen next?" Greater depth and a trauma-informed approach can be achieved using Solution-Focused Inquiry and Appreciative Inquiry during these processes.



KEY SOP ELEMENT	STRATEGIES OF ELEMENT

Chin, S., Decter, P., Madsen, W., & Vogel, J. (2010). Enhancing risk assessment through organizational learning: A mid-stream report from Massachusetts. *Protecting Children, 25*(3), 7–20. Based on Turnell, A., & Edwards S. (1999). *Signs of Safety.* New York, NY: Norton

Safety Networks	
A key component of SOP is that ensuring child safety requires involvement of responsible adults other than the caregiver(s) who caused the harm or danger. SOP, drawing on Signs of Safety and the Family Group Conferencing movement, offers strategies for building a "network" of people around the child, communicating the risk/danger to them and enlisting the network's help in keeping the child safe.	By rigorously asking about formal and informal networks and using our power constructively, the family and community can become members of an expanded safety network that helps enhance safety for children. A safety network may also be thought of as the Child and Family Team. The safety network is a group of family, friends and professionals who care about the child, are willing to meet with CWS, understand the harm/danger concerns, and are willing to do something specific that supports the family and helps to keep the child safe. Safety network members can include extended family, friends, neighbors, tribal members, service providers and anyone else who can play a role in ensuring safety. A much-used phrase in SOP is "No network, no plan." The **Circles of Support/Safety Circles** tool is often used in SOP to elicit names of people to be considered for the family's network. This tool involves asking the family who in their life knows everything about their involvement with child welfare, who knows a little bit and who knows nothing. The goal is to move protective individuals into the inner circle of people who know everything and ask them to be part of the safety network.

KEY SOP ELEMENT	STRATEGIES OF ELEMENT
Harm and Danger or Risk Statements	
Harm Statements and Danger Statements (or if using the Consultation and Information Sharing Framework, Risk Statements) are short, simple, behaviorally-based statements that can be used to help youth, family members, collaterals and staff working with the family become very clear about what has happened in the past, why CWS is involved and what CWS staff worry may happen in the future if nothing changes.	Harm and Danger Statements, or Risk Statements: • Are clear statements of how the caregivers' actions impact the child, resulting in harm, danger or risk. • Lay the groundwork for important "difficult conversations" to occur and build shared understanding of concerns. • Help ensure that we are talking with the youth, families and their networks about the most important things to address. • Are ideally crafted with the family and their network in the context of a Child and Family Team meeting. • Are written in plain language that youth and families can understand. • Are behavior-focused, not service-focused or task-focused. • Contain only the safety threat(s) identified by Structured Decision Making tools, not complicating factors. Harm and Danger Statements or Risk Statements can also be developed with an older youth and their network to address concerns about the youth's ability to keep themselves safe.
Safety Goals	
Safety Goals explain what the child/youth's network will observe the parents doing on a regular basis that will prevent the identified SDM safety threat from occurring.	Safety Goals are derived from Harm/Danger or Risk Statements and describe what the parent's behavior will look like so that everyone will know the child will be safe in his or her care. Safety Goals can also be used with older youth in Permanency Planning or Extended Foster Care to describe what a youth will be doing over time that will contribute to their own safety, with the support of their network/team.
Safety Plans	
Safety Plans are short-term plans that specifically address the dangers the family and people identified in the safety network have agreed to resolve. The Safety Plan is the *method* of addressing the Danger or Risk Statement and *achieving* the Safety Goal.	Safety Planning is a practice that is intended to prevent unnecessary child removals and solidify child safety in the home. It involves a facilitated meeting process with the family and their network to ensure child safety has been enhanced. Safety Plans focus on concrete actions for the child/youth, parent(s) and their network that will help them achieve the Safety Goal.
Behaviorally-Based Case Plans	
Behaviorally-based case plans focus on specific, concrete strategies and actions to effectively and permanently change the parent's behavior with regard to its impact on the child, rather than mere completion of or compliance with services. A Safety Network is a necessary component of a Family Maintenance or Family Reunification case plan.	A foundational principle of SOP behaviorally-based case plans is that services and safety are not the same thing. Service completion does not guarantee child safety. Behavior change, demonstrated and sustained over time, is the key to safety. Services that are individualized and specific can be a useful tool to help a parent achieve behavior change; however, any services should be regarded as the last piece of the case plan puzzle. In some circumstances, child safety can be attained with limited or no use of formal services. Case plan compliance is not the same thing as engagement, and compliance is much less successful in achieving behavior change.

KEY SOP ELEMENT	STRATEGIES OF ELEMENT
Cultural Humility	
A cultural humility approach to the work requires that we are self-reflective of our own bias and history that we bring to the work with families. "A cultural humility perspective challenges us to learn from the people with whom we interact, reserve judgment, and bridge the cultural divide between our perspectives in order to facilitate well-being and promote improved quality of life. Such a perspective frees the observer from having to possess expert knowledge in order to maintain knowledge-based power, control, and authority over matters about which diverse populations are far more knowledgeable." *Tervalon, M., and Murray-Garcia, J. (1998)*	Cultural humility includes: • Openness to learning; Appreciative Inquiry • Willingness to recognize and set aside assumptions, even when there is extensive knowledge of a culture that seems to be part of a youth's or family's identity. • Lifelong commitment to increase knowledge of diverse communities, as this helps the formation of deeper questions in order to understand the individual youth's or family's culture. • Asking questions to understand historical trauma and current institutional privilege/oppression factors that may impact a youth/family. • Knowledge of one's personal history, bias, and perspectives that impact interactions with others and interpretations of others' behavior. • Lifelong commitment to active self-reflection regarding biases and openness to constructive conversations with supervisor and colleagues. • Admitting mistakes, seeking ongoing feedback and making best effort to change behavior. • Active collaboration with the youth/family/network/Tribe to identify and support culturally-relevant actions as part of the safety/case plan.
Trauma-Informed Approach	
A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family. *National Child Traumatic Stress Network*	Trauma-informed child welfare practice is not a discrete task but rather involves the day-to-day work of the system as a whole. Child welfare systems that are trauma-informed are better able to address children's safety, permanency, and well-being needs. Service improvements include more children receiving the trauma screening, assessment, and evidence-based treatment they need. Trauma-informed child welfare practice also encourages practitioners to utilize a trauma lens when working with parents of children involved with the child welfare system. A trauma-informed approach: • Promotes physical and psychological safety and resilience for children, youth, families and staff. • Demonstrates appropriate boundaries, task clarity, clear and consistent policies and reasonable expectations for providers, families, and youth. • Works toward active collaboration, including asking the youth/family to define their trauma, triggers, resilience factors and needs. • Prioritizes youth and families experiencing that their voice is heard, that they have choices, and that they have some power over their future. • Ensures cultural, language and historical factors are a part of assessment and planning. • Emphasizes meaningful self-care for youth, families, and staff. *Adapted from THRIVE Trauma-Informed Master Training (2013)*

ADDITIONAL PRACTICES THAT ALIGN WITH SOP

In addition to tools and strategies that are part of Safety Organized Practice, SOP aligns with many California mandates and a number of other best practices with children and families.

PRACTICE	STRATEGIES OF PRACTICE
Assessment Tools	
California counties use a variety of tools to assess the needs of children and families. Some are State-mandated, while others are used at the county level. All of these tools can be incorporated into the teaming processes of SOP. SDM is addressed separately below.	The teaming processes that are a foundation of SOP can be used to inform a variety of child and family assessment tools. These include State-mandated tools, such as: **Child and Adolescent Needs and Strengths (CANS)** CDSS selected the CANS as the functional assessment tool to be used with the Child and Family Team (CFT) process to guide case planning and placement decisions. The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach. The CANS must be informed by CFT members, including the youth and family. The CANS assessment results must be shared, discussed, and used within the CFT process to support case planning and care coordination. **Level of Care (LOC) Protocol** The LOC Protocol uses a strength-based placement rate setting methodology to identify the individual care and supervision expectations needed to meet the daily needs of a child/youth, based on five Core Domains. The LOC Protocol should not be completed during a CFT meeting; however, a review of the LOC Protocol and Core Domains may be discussed to attain a better understanding of the needs of the child/youth. The CFT process also provides an opportunity to gather information from a variety of perspectives and sources to inform the LOC rate determination.
Child & Family Teaming	
Child and Family Teams (CFT) are a State-mandated practice for developing a child and family team plan around all needs related to a child/youth and family while the child is in foster care. The intention for the CFT process is integration of care across practice models, services, strategies and plans.	SOP provides tools and strategies to meet State CFT mandates. Both SOP and CFT involve developing a team that includes the child/youth, family, their natural supports, the agency, the tribe and appropriate service providers (including behavioral health providers), with the purpose of identifying and meeting the needs of the child/youth and family to ensure safety, permanency and well-being for the child/youth. Additionally, CFT meetings (sometimes known as Family Team Meetings) are a primary intervention in Safety Organized Practice. CFT meetings are the process of bringing together the family and their network for a specific purpose in order to develop a plan to address worries and next steps. Given California's mandate for use of Child and Family Teaming (CFT) processes, the SOP Backbone Committee recommends that counties rename all existing team meeting processes "CFT meetings" and use the SOP framework and language to guide the meetings.

PRACTICE	STRATEGIES OF PRACTICE
	Case decision points at which CFT meetings should happen include: • **Safety Mapping:** The process of working with a family and their network to develop Harm and Risk/Danger Statements, Safety Goals and next steps/plans to work toward achieving those goals. • **Emergency Removal:** Bringing together the family and their network after law enforcement has removed a child to determine if there is any way the child may be returned home safely. • **Imminent Risk of Removal:** Bringing together the family and their network when it appears separation may be necessary, in order to determine if there is any plan that can keep the child safe in the care of his/her parents. • **Safety Planning:** Developing a short-term plan to keep children safe in the care of their parents during an ER investigation; this may be part of an Emergency Removal or Immediate Risk of Removal CFT meeting. • **Case Planning:** Developing the family's case plan in a Voluntary or Court-Ordered Family Maintenance (FM) case, Family Reunification (FR) case, or Permanency Planning (PP) case. • **Planning with Youth:** With the youth and their network, developing the Transitional Independent Living Plan or, for non-minor dependents, the Transitional Independent Living Case Plan. • **Preventing Placement Disruptions:** Bringing together the child/youth, their caregiver and the network to develop a plan for intensive supports to help stabilize a placement. • **Planning for Unsupervised Visits:** Developing a safe plan with the family and their network when moving from supervised to unsupervised visits. • **Planning for Transition Home:** Developing a safe plan with the family and their network when a child is moving from FR to FM. • **Developing Aftercare Plans:** Bringing together the family and their network to develop an aftercare plan that the network will implement in an ongoing manner after the case is closed. • **Addressing Needs of Children/Youth:** Planning for additional services and supports when children or youth have behavioral health, educational, placement or other needs. • **Permanency Roundtable:** Bringing together a child's/youth's network to focus on identifying and securing a permanent plan for the child/youth. • **Other:** Any other specific purpose when there is a worry that needs to be addressed by the family and their network/team.
Continuum of Care Reform (CCR)	
Continuum of Care Reform (CCR) provides a statutory and policy framework to ensure services and supports provided to a child/youth and his or her family are tailored toward the ultimate goal of the child/youth achieving and maintaining a stable, permanent family.	The tools and strategies of SOP support the values and intended outcomes of CCR. A foundational practice of SOP is team meetings that bring together the family and their network to support the least restrictive placement, case plan development, and planning to meet the child's needs. Building and engaging the family's natural support network and utilizing tools such as the Circles of Support helps identify relatives or non-related extended family members for placement and connection. Additionally, the voice of the child or youth is at the forefront in Safety Organized Practice. SOP provides an on-the-ground practice toolkit for achieving the goals of CCR.

PRACTICE	STRATEGIES OF PRACTICE
Domestic Violence Competent Practice – Safe and Together	
By taking a perpetrator pattern-based approach and focusing on the perpetrator as the cause of harm and danger or risk, we utilize highly skilled engagement strategies to partner with survivors to keep children safe and together with the survivor parent.	Recent advances in approaches to families where there is domestic violence pair the Safe and Together model with SOP. This perpetrator pattern-based approach views domestic violence as a *parenting choice* by the perpetrator, and uses skilled engagement with the survivor, the SOP Domestic Violence timeline tool, and other strategies such as separate networks for perpetrators and survivors to ensure safety for the children and survivor and accountability for the perpetrator. This model also highlights the need for rigorous, skillful assessment of complicating factors such as mental health concerns or substance abuse by the survivor to determine if these are actual causes of harm or danger, and/or if they are caused or exacerbated by the domestic violence. The goal is to keep the child with the survivor parent and avoid labeling survivor actions as "failure to protect," instead recognizing that many actions we have historically viewed as neglectful are actually protective.
Family Time (Visit) Coaching	
Family Time coaching, also known as visit coaching, is a trauma-informed, child-focused approach to court-ordered family visits. "Family time" is a preferred term for parent-child visitation because it recognizes the true purpose and importance of time together for children and parents who have been separated.	Family time or visit coaching differs fundamentally from supervised visits because of the focus on the strengths of the individual parent and the specific emotional and developmental needs of each child. Visit coaching also emphasizes the coach's consistent, positive, honest relationship with the parent as a primary factor in helping them identify and meet the needs of their child(ren), both during visits and long-term. Visit coaching regards positive interactions and having fun with a parent as a universal need for all children. The structured process includes: • Helping parents articulate their children's needs to be met in visits • Preparing parents for their children's reactions • Helping parents plan to give their children their full attention at each visit • Helping parents cope with their feelings so that they can visit consistently and keep their anger and sadness out of the visit • Appreciating the parent's strengths in meeting each child's needs • Sharing with parents where they were not successful in meeting the child's needs, and planning together to meet them in the next visit
Integrated Core Practice Model	
The California Integrated Core Practice Model for Children, Youth, and Families (ICPM) provides practical guidance and direction to support county child welfare, juvenile probation, behavioral health agencies, and their partners in delivery of timely, effective and collaborative services to children, youth and families.	Teaming is a core value and strategy of Safety Organized Practice. SOP supports the guiding practice principles of ICPM, including family voice and choice, a team-based approach, natural supports, collaboration and integration, community-based services and supports, culturally respectful practice, and a persistent, individualized, strength-based, outcome-based, trauma-informed approach. The SOP Key Elements described in this document translate to on-the-ground practice the ICPM behaviors of engagement, assessment, teaming, service planning and delivery, and transition. ICPM provides the "what" of good child welfare work, and SOP provides the "how."

PRACTICE	STRATEGIES OF PRACTICE
RED Teams	
Review, Evaluate, Direct (RED) Teams are a collaborative approach to decision-making at the child welfare hotline level.	RED Teams utilize the Consultation and Information Sharing Framework to conduct a daily process of reviewing, as a team, reports of suspected child abuse and neglect received by the agency. RED Teams include the hotline social worker, supervisor, and other child welfare social workers or supervisors, as well as internal and external partners such as mental health, substance abuse providers, domestic violence advocates or other community providers, with the goal of providing a diverse and comprehensive evaluation of the information received and identification of additional information needed. Issues addressed in RED Teams include: • Does the report of child maltreatment meet the statutory threshold for intervention? • If the report does not meet the child protection intervention, should it be referred for child welfare or community services? • Does the report present a child concern that can be addressed through an alternative response approach?
Structured Decision Making	
SDM is an evidence- and research-based system that identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision.	The SDM model consists of several assessments that help agencies work to reduce subsequent harm to children and to expedite permanency. These include: • Screening and response priority assessments (hotline) • Safety Assessment (mainly used during investigation phase; a new version exists for evaluation of foster placements) • Risk Assessment (primarily used in investigation) • Family Strengths and Needs Assessment (priorities for case planning) • Risk Reassessment (evaluates safety of child in the home) • Reunification Assessment (assists with whether to return child to home) • Child Strengths and Needs Assessment (identifies priorities for case planning in cases where Family Reunification services have ended) The SDM model includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and mechanisms for ensuring accountability and quality controls.
Team Decision-Making Meetings	
Team Decision-Making (TDM) meetings are a family team meeting model that focuses on placement decisions for children involved with child welfare.	The TDM model began as a core strategy of Family to Family, a child welfare reform initiative developed by the Annie E. Casey Family Foundation. TDMs bring together a trained facilitator, agency staff, family, service providers and natural supports to address placement issues for children involved or potentially involved in foster care. TDMs take place when there is emergency removal or imminent risk of removal of a child from their family, when a potential placement change may occur for a child in foster care, or when a child is exiting placement (returning home). The primary purpose of TDMs is to make placement decisions for children and youth.

PRACTICE	STRATEGIES OF PRACTICE
	As a predecessor to SOP, the TDM model lays important groundwork for several case decision points at which it is vital to bring together the agency, the family and their network. Many California counties have evolved their TDM practice to incorporate the language and tools of SOP. It is strongly recommended that, whatever an agency calls their meetings, they have a meeting with the family and their network when there has been an emergency removal of a child, prior to removal when there is imminent risk that a child may need to be separated from his or her parents, when a placement change is being considered, and prior to a child's return home. Given California's mandate for use of Child and Family Teaming (CFT) processes, the SOP Backbone Committee recommends renaming all existing team meeting processes "CFT meetings" and using the SOP framework and language to guide the meetings, while retaining the case decision points of TDM as part of the CFT meeting structure.

SOP Contributors

Many Have Influenced the Formation of SOP

Many people have influenced the work around safety organized practice. We hope that you will see that this practice draws on the best from many areas and the hope is that you will continue to influence and shape this work.

- Insoo Kim Berg and Steve deShazer are the founders of solution-focused brief therapy
- Andrew Turnell and Steve Edwards created the Signs of Safety (SOS) approach and wrote the book Signs of Safety
- Sonja Parker created the Safety House and has done a lot of work with Safety Networks and Safety Planning
- Susie Essex wrote Working with Denied Child Abuse with Andrew Turnell
- Nicki Weld created the Three Houses for interviewing children
- Rob Sawyer and Sue Lohrbach brought Signs of Safety and SDM to Olmstead County, Minnesota. Sue Lohrbach created Harm & Danger Statements and took mapping and family engagement to a new level with the creation of the Consultation and Information Sharing Framework
- CRC staff bring Structured Decision Making to the table
- Valerie Batts: helped to create the VISIONS, Inc. model of Multicultural Change
- John Vogel, Sophia Chin & Heather Meitner brought SDM and Signs of Safety to Massachusetts and they created the 4 quadrant map
- National Child Traumatic Stress Network brings research about trauma-informed child welfare practice
- California child welfare professionals, families, and children have been testing and adapting this work.

In California:

- The Northern California Training Academy (NCTA) had the vision to bring Safety Organized Practice to California and invited people from Children's Research Center (CRC), the State of Massachusetts and others doing Signs of Safety
- NCTA invited counties in the north to try SOP and offered coaching
- San Diego County started to implement it and coach
- NCTA called all of the pilot counties back to hear their experiences
- NCTA in partnership with CRC and Casey Family Programs took what they learned, invited more practice experts and expanded upon components that were working. Training curriculum was developed based on lessons learned.
- Curriculum and implementation continues to evolve based on work in California and others in the field

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL (CPM) & SAFETY ORGANIZED PRACTICE (SOP)

CPM & SOP VALUES	CPM PRACTICE ELEMENTS	CPM PRACTICE BEHAVIORS	SOP STRATEGIES/TOOLS
Collaborative Practice Critical Thinking, Self-Reflection & Humility Culture & Community Effective, Strength-Based Services & Supports Growth & Change Lifelong, Loving Families & Connections Mutual Respect & Trust Organizational Support Partnership/Teaming Permanency Prevention & Early Intervention Professional Competency Respectful Engagement Safety Well-Being	**Engagement –** Continuously engage with families, their communities & tribes: • Listen to families, tribes, caregivers, and communities and respect and value their roles, perspectives, abilities, and solutions in all teaming and casework practice. • Encourage and support families and youth speaking out about their own experiences and taking a leadership role in assessing, finding solutions, planning, and making decisions. • Affirm the family's experiences and create achievable goals in collaboration with the family. • Use solution-focused, trauma-informed engagement practices and approach all interactions with openness, respect, and honesty; use understandable language; describe concerns clearly. • Connect with families, children, youth, communities, tribes, and service providers to help build networks of formal and informal supports and support connections. **Inquiry/Exploration –** Explore well-being, family relationships, natural supports & safety concerns: • Use inquiry and mutual exploration with the family to find, locate, and learn about other family members and supportive relationships children, youth, young adults, and families have within their communities and tribes. • Explore with children, youth, and young adults their worries, wishes, and where they feel safe, and consider their input about permanency and where they want to live. • Work with the family throughout our involvement to identify family members and other supports for the family, children, youth, and young adults. • Conduct early & ongoing screening and comprehensive assessments to inform efforts to address safety, permanency and well-being. **Advocacy –** Advocate for services, interventions & supports that meet the needs of families, children, youth & young adults: • Promote use of effective, available, evidence-informed, and culturally relevant services, interventions, and supports. • Speak out for children, youth, young adults, and families in order to support them in strengthening their family, meeting their needs, finding their voice, and developing the ability to advocate for themselves. • Advocate with youth to promote permanency and permanent connections. **Teaming –** Work in partnership with families, communities, tribes & other professionals and service providers: • Rely on the strength and support that a family's community, cultural, tribal and other natural relationships can provide to help the family meet their underlying needs. • Facilitate partnerships with formal and informal networks to help the family build an ongoing circle of support. • Build teams by demonstrating respect, following through, and talking about and agreeing on team roles and team dynamics. • Facilitate dialogue with families and their teams to ensure that we understand their point of view. • Collaborate with youth, young adults, families, and their teams in assessment, decision-making, and planning. • Ensure that every assessment and decision is the product of the work of both the social worker and the family, and in many cases inclusive of the collaborative work within the child and family team. • Work with youth, young adults, families, and their teams to develop and adapt service plans to help youth, young adults, and families overcome barriers and find services and supports that meet their needs. **Accountability –** Work to achieve positive outcomes for children, youth, young adults & families in the areas of safety, permanency & well-being: • Measure our practice against identified system goals and seek continuous growth and improvement. • Help families, children, youth, and young adults achieve what is important to them. • Provide culturally relevant/ promising practices/innovative practices and ensure service linkage/accountability in service provision. **Workforce Development and Support –** Provide support to the workforce: • Offer professional development opportunities, leadership, supervision, coaching, and workload supports that facilitate a healthy and positive workforce. • Use intentional communication to build and maintain our system as a learning organization. • Partner with families and stakeholders to collect and analyze qualitative and quantitative data, for the purpose of evaluating service delivery and how well front line practice aligns with the practice model.	**Engagement Behaviors** • Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences. • Demonstrate an interest in connecting with the child, youth, young adult, and family and helping them identify and meet their goals. • Identify and engage family members and others who are important to the child, youth, young adult, and family. • Support and facilitate the family's capacity to advocate for themselves. **Assessment Behaviors** • From the beginning and throughout all work with the child, youth, young adult, family, and their team to engage in initial and on-going safety and risk assessment and permanency planning. **Teaming Behaviors** • Work with the family to build a supportive team that engages family, cultural, community and Tribal connections as early as possible. • After exploring with the family how their culture may affect teaming processes, facilitate culturally-sensitive team processes and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family. • Work with the team to address the evolving needs of the child, youth, young adult, and family. • Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services. **Service Planning & Delivery Behaviors** • Work with the family and their team to build a culturally sensitive plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency. **Transition Behaviors** • Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.	Appreciative Inquiry Behaviorally-Based Case Plans Child & Family Team Meetings Coaching Consultation & Information-Sharing Framework Domestic Violence Timeline Facilitated Meeting Dialogue Structure Ecomaps Family-Focused Court Reports Genograms Harm & Danger Statements Review, Evaluate, Direct (RED) Teams Safety Mapping Safety Circles/Networks Safety Goals Safety House Scaling Questions Solution-Focused Interviewing *(Miracle, Exception, Position & Coping Questions)* Structured Decision-Making Three Houses The Three Questions

CASEWORK COMPONENTS: PREVENTION | ENGAGEMENT | ASSESSMENT | PLANNING & SERVICE DELIVERY | MONITORING & ADAPTING | TRANSITION

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SOP & ICPM

NORTHERN CALIFORNIA TRAINING ACADEMY

SUMMARY

Safety Organized Practice (SOP) aligns with the values and practice approach of California's Integrated Core Practice Model (ICPM), and provides concrete tools and strategies to "live" the CFT process and practice behaviors of ICPM with children/youth, families and teams.

OVERVIEW

- SOP implementation in California began in 2008 and has been adopted by many child welfare agencies across the state. In 2018, the California Department of Social Services (CDSS) released the Integrated Core Practice Model (ICPM), which provides guidance and direction to support county child welfare, juvenile probation and behavioral health agencies and their partners in delivery of timely, effective, and collaborative services to children, youth, and families. ICPM:
  - Articulates shared values, core components, principles and standards of practice expected from those who serve children, youth, and families
  - Sets out specific expectations for practice behaviors for staff in direct service as well as those who serve in supervisory and leadership roles in child welfare, juvenile probation, and behavioral health as they work together in integrated teams to assure effective service delivery for California's children, youth, and families
  - Incorporates the California Child Welfare Core Practice Model (CPM), Katie A. Core Practice Model, Continuum of Care Reform (CCR)
  - Specifies the child and family team (CFT) as the primary vehicle through which the ICPM is achieved
  - Identifies the Child and Adolescent Needs and Strengths (CANS) as the collaborative communication tool informed by the CFT
- In essence, ICPM describes the "why" (shared values and principles) and "what" of child welfare work (use of CFTs, CANS, and practice behaviors), while SOP provides the "how" (practical, on-the-ground tools and strategies to translate the behaviors to real-world practice).

ICPM Guiding Principles

Family voice & choice | Team-based
Natural supports | Collaboration & integration
Community-based | Culturally respectful
Individualized | Strengths-based | Persistence
Outcomes-based

- The ICPM leadership behaviors of engagement, inquiry/exploration, advocacy, teaming and accountability provide a parallel process for child welfare supervisors, managers and directors to conduct themselves in ways that mirror the ICPM and SOP practice behaviors that guide conduct with families.

CHILD AND FAMILY TEAMS

- The Child and Family Team (CFT) is the main vehicle through which the ICPM framework is implemented in practice with children/youth and families.
- SOP provides tools and strategies to meet CFT mandates and best practices. Both SOP and CFT involve developing a team (or network, in SOP) that includes the child/youth, family, their natural supports, the social worker or juvenile probation officer, the Tribe, and service providers (including behavioral health, educational partners and others), with the purpose of identifying and meeting the needs of the child/youth and family to ensure safety, permanency and well-being.
- CFT meetings bring this team/network together at regular intervals, and the work of the team continues outside the facilitated meetings.
- SOP provides specific tools that can be used in the CFT meeting process, including but not limited to:
  - The Three Questions (Worries? Working Well? Next Steps?) as a guiding framework for the meeting
  - Facilitated meeting dialogue structure ("Super 8")
  - Three Houses or Safety House, to bring in the voice of the child/youth if they do not want to attend the meeting (or even if they do attend)
  - Circles of Support/Safety Circles
- In SOP terms, the CFT Shared Vision is a Safety Goal for the parents, and a Permanency and Well-Being Goal for the child/youth.

Shared Values of ICPM & SOP

Trauma-Informed	Family-driven and youth-guided
Culturally and linguistically responsive	Community-based

Supplemental Focus Areas of SOP

Concrete tools	Prioritizes safety in the family of origin
Social worker as practitioner	Behavior change

SOP & CANS

- As part of ICPM and CFT, the CANS is a consensus-based, collaboratively completed assessment and communication tool that captures the needs and strengths of the child/youth, parents and other caregivers, as identified by the CFT members.
- The CANS aligns with the intent of SOP to create plans for children/youth and families that are individualized and behaviorally-based.
- The CANS further aligns with SOP insofar as the caregiver ratings specifically relate to the caregiver's ability to meet the needs and ensure safety of that individual child/youth (i.e., parent behavior and impact on the child in SOP).
- Needs and strengths of the child/youth, parents and other caregivers can be elicited organically through the discussion of Worries/Needs and Working Well/ Strengths in the SOP CFT meeting process to inform the CANS. *For more information, see the Quick Guide to SOP and CANS.*

PRACTICE BEHAVIORS FOR CHILD WELFARE

- The ICPM practice behaviors provide guidance on the ways in which human services professionals should interact with children/youth and families. SOP informed the development of the ICPM practice behaviors in California. The practice behaviors are as follows:

Foundation Behaviors

- Be open, honest, clear and respectful in your communication.
- Be accountable.

SOP TOOLS & STRATEGIES THAT SUPPORT ICPM

Solution-Focused Questions
Motivational Interviewing
The Three Questions
Mapping/CFT Meeting Frameworks
Facilitated Meeting Dialogue Structure ("Super 8")
Safety Circles/Circles of Support
Three Houses
Safety House
Harm and Danger Statements
Safety Goals
Behaviorally-Based Case Plans
Safety Networks as CFT
Safety Plans
SOP Domestic Violence Timeline
Review, Evaluate, Direct (RED) Teams

SOP & ICPM: BEST PRACTICE TOGETHER

SOP tools provide specific ways to "live" the ICPM practice behaviors in our work with children, youth and families

The ICPM practice behaviors should always be demonstrated when utilizing SOP tools and strategies

Engagement Behaviors

- Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.
- Demonstrate an interest in connecting with the child, youth, young adult, and family and helping them identify and meet their goals.
- Identify and engage family members and others who are important to the child, youth, young adult, and family.
- Support and facilitate the family's capacity to advocate for themselves.

Assessment Behaviors

- From the beginning and throughout all work with the child, youth, young adult, family, and their team to engage in initial and on-going safety and risk assessment and permanency planning.

Teaming Behaviors

- Work with the family to build a supportive team that engages family, cultural, community and Tribal connections as early as possible.
- After exploring with the family how their culture may affect teaming processes, facilitate culturally-sensitive team processes and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.
- Work with the team to address the evolving needs of the child, youth, young adult, and family.
- Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.

Service Planning & Delivery Behaviors

- Work with the family and their team to build a culturally sensitive plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.

Transition Behaviors

- Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.

For detailed information about the ICPM, see All County Information Notice (ACIN) No. I-21-18.

Social Worker Guide

TO CALIFORNIA CHILD WELFARE PRACTICE BEHAVIORS

1 Foundation

Be open, honest, clear and respectful in your communication.

- Use language and body language that demonstrate an accepting approach to understanding the family.
- Ask people how they prefer to be addressed, and address individuals by the name or title they request in person and in writing.
- Show deference to Tribal leadership and their titles in written and verbal communication.
- Be open and honest about the safety threats and circumstances that brought the family to the attention of the agency, what information can be shared among team members, and what information will be included in court reports.
- Be transparent about the role of the court and the child welfare agency.
- Ask family members what method of communication they prefer, use age-appropriate language that everyone can understand, and confirm with family members that your communication meets their language and literacy needs.

Be accountable.

- Model accountability and trust by doing what you say you're going to do, be responsive (including returning calls, texts, and emails within 24 business hours), be on time (including submitting reports on time and being on time for appointments), and follow ICWA and other federal and state laws.
- Be aware of and take responsibility for your own biases, missteps, and mistakes.

2 Engagement

Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.

- Listen attentively and use language and concepts that the family has used.
- Use a trauma-informed approach to acknowledge and validate venting, expressions of anger, and feelings of grief and loss.
- Reflect what you heard so the child, youth, young adult, and family can see that you understood.

Demonstrate an interest in connecting with the child, youth, young adult, and family, and help them identify and meet their goals.

- Express the belief that all families have the capacity to safely care for children and youth.
- Use positive motivation, encouragement, and recognition of strengths to connect with youth and express the belief that they have the capacity to become successful adults.
- Reach out to children and families in ways that are welcoming, appropriate, and comfortable for them, and make a special effort to engage fathers and paternal relatives to build connections and engage them as family members and team members.
- Affirm the unique strengths, needs, life experience and self-identified goals of each child, youth, young adult, and family.
- Show your interest in learning about the family and their culture, community, and tribes.
- Ask global questions followed by more descriptive questions that encourage exchange.
- Honor the role of important cultural, community, and tribal leaders the child, youth, young adult, and family have identified.

Identify and engage family members and others who are important to the child, youth, young adult, and family.

- Ask questions about relationships and significant others early and often.
- Search for all family members, including fathers, mothers, and paternal and maternal relatives through inquiry, early and ongoing Internet search, and review of records.
- Work quickly to establish paternity and facilitate the child or youth's connection with paternal relationships.
- Contact family, cultural, community, and tribal connections as placement options, team members, and sources of support.

Support and facilitate the family's capacity to advocate for themselves.

- Coordinate with the family's formal and informal advocates to help the family find solutions and provide ongoing support.
- Promote self-advocacy by providing opportunities for children, youth, young adults, and families to actively share perspectives and goals.
- Incorporate the family's strengths, resources, cultural perspectives, and solutions in all casework.

3 Assessment

From the beginning and throughout all work with the child, youth, young adult, family, and their team, engage in initial and ongoing safety and risk assessment and permanency planning.

- Explain the assessment process to the child, youth, young adult, and family so they know what to expect, and check in early and often to be sure they understand.

- Explore the child, youth, young adult, and family's expressed and underlying needs by engaging them in communicating their experiences and identifying their strengths, needs, and safety concerns.
- Talk to children, youth, and young adults about their worries, wishes, where they feel safe, where they want to live, and their ideas about permanency, and incorporate their perspective.
- Use tools and approaches that amplify the voices of children and youth.
- Ask the family what is working well and what they see as the solution to the circumstances that brought them to the attention of the child welfare agency.
- Apply information to the assessment process using the family's cultural lens.

4 Teaming

Work with the family to build a supportive team.

- With the family's permission, contact family, cultural, community, and Tribal connections, and ask them to serve as team members as early as possible.
- Ask initially and throughout the family's involvement if they would like a support person or peer advocate on their team.
- Explore with the family how culture might affect the development of the team and the teaming process.
- Facilitate early and frequent sharing of information and coordination between parents and caregivers.
- Facilitate development of a mutually supportive relationship between the parents and caregivers.

Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.

- Make sure team members have the information they need.
- Facilitate critical thinking, discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.
- Help the team recognize that differences will occur and assist them to work through conflicts.
- Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.
- Ensure that all team members understand that legal, regulatory, and policy constraints may limit shared decision making options available to address the family members' needs, including placement options, reunification, and service options.
- Build connections to identified services and supports by designating a team member to follow-up with that referral.

Work with the team to address the evolving needs of the child, youth, young adult, and family.

- Facilitate dialogue about how supports and visitation plans are working.
- Explore with team members what roles they can play over time to strengthen child safety and support the family.
- Help the team adapt to changing team member roles.

Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.

5 Service Planning & Delivery

Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.

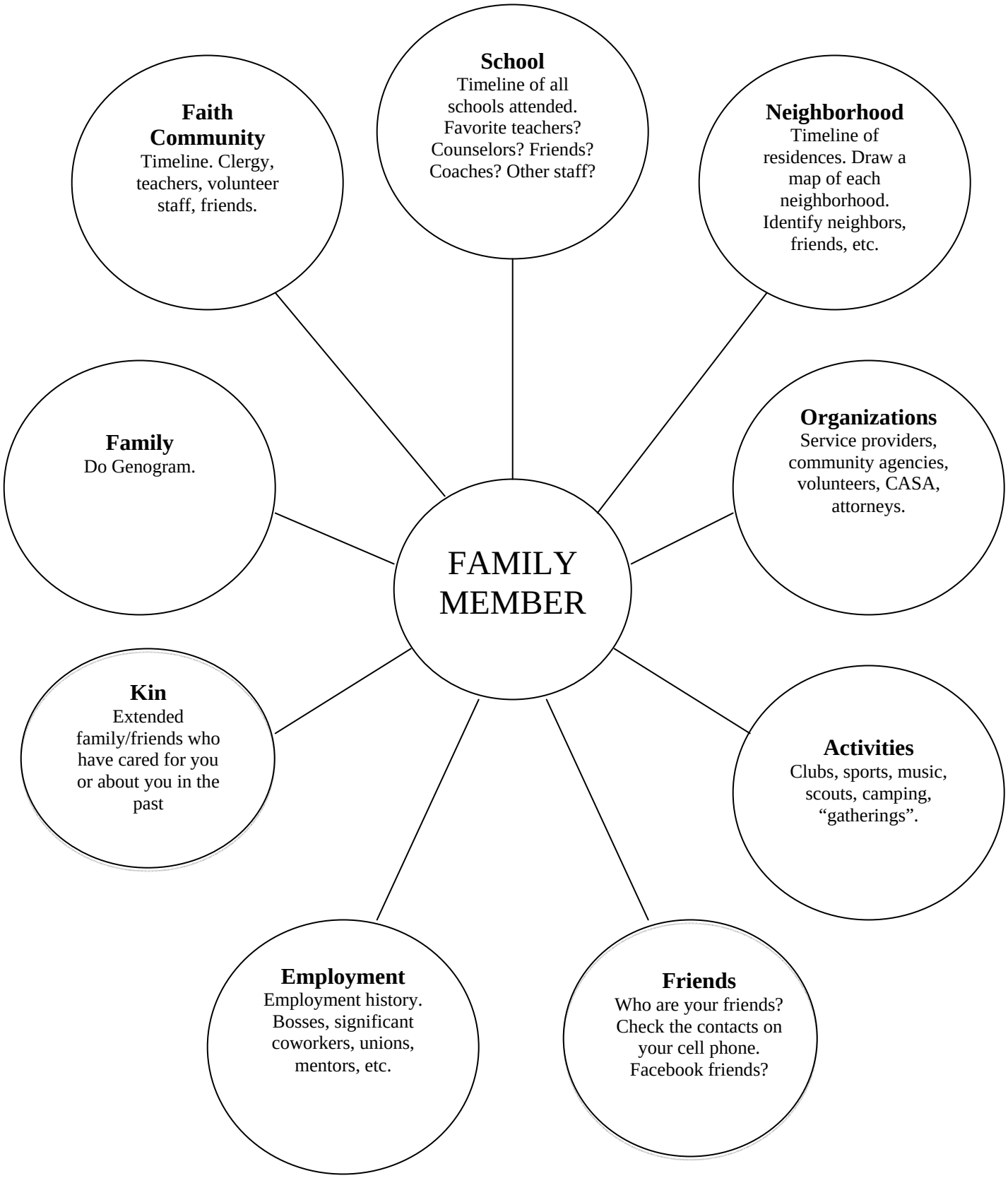
- Describe how family strengths, safety threats, and priority needs will be addressed in the plan.
- Describe strengths in functional terms that can support the family members in completing their plan.
- Share information about agency programs, providers, resources, and supports.
- Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members' unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.
- Ask the family members if they need help meeting basic needs for food, shelter, and medication so they can focus on addressing the problems underlying their involvement with the child welfare agency.
- Advocate for, link the family to, and help family members access the services, supports, and visitation activities identified in the plan.
- Ensure the family receives needed information, preparation, guidance, and support.
- Adapt services and supports to meet changing family needs based on ongoing assessment, progress toward goals, and decisions made by the family and their team.

6 Transition

Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.

- Reduce the role of child welfare and professional services over time and facilitate an increased role for the family's network and natural supports to help the family build an ongoing support system.
- Coordinate with the family's formal and informal advocates to help the family find solutions and provide ongoing support after the child welfare agency is no longer involved.

ECOMAP



(Create this map with each family member.)
Ask, "Who do you care about?" and "Who cares about you?"

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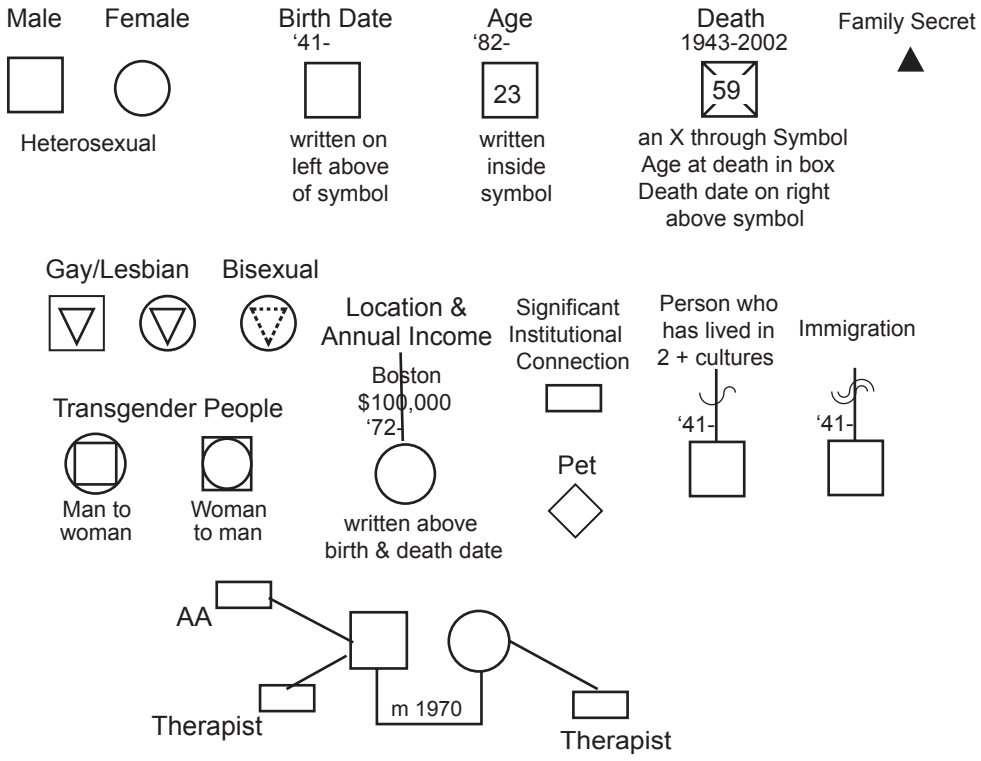
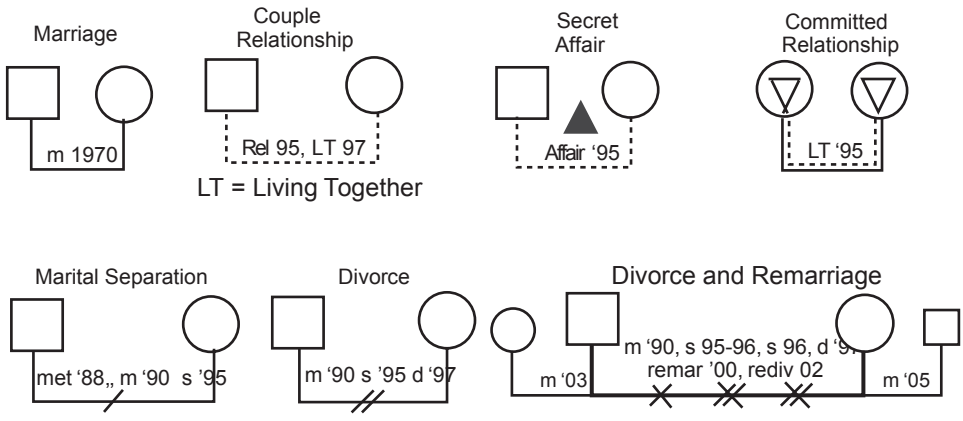
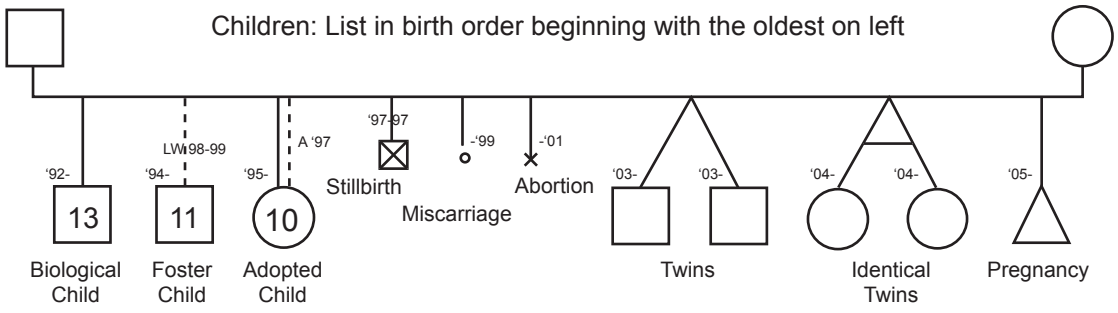
Standard Symbols for Genograms







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Symbols Denoting Addiction, and Physical or Mental Illness

Physical or Psychological illness

Alcohol or Drug abuse

Suspected alcohol or drug abuse

Physical or Psychological illness in remission

In Recovery from alcohol or drug abuse

In recovery from substance abuse and mental or Physical problems

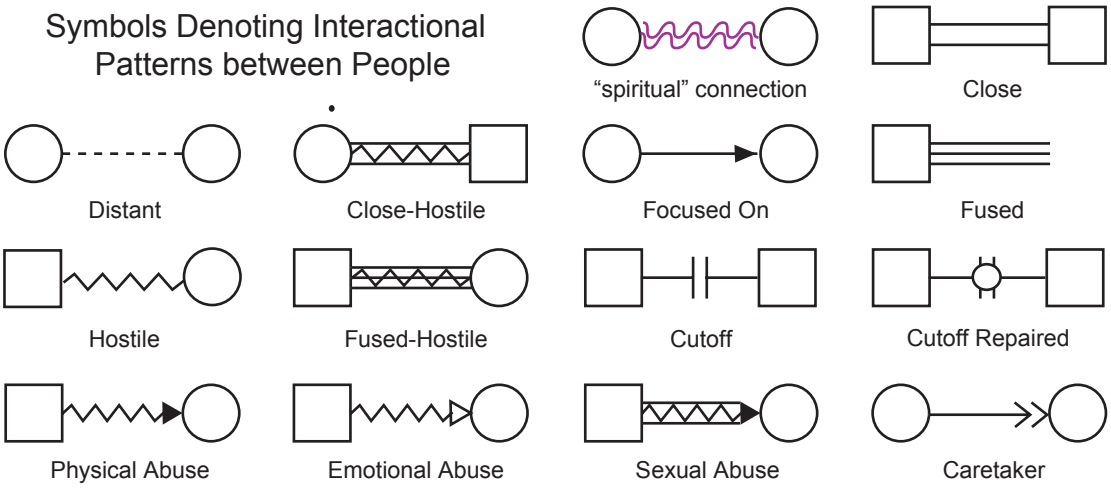
Smoker (S)

Obesity (O)

Language Problem (L)

Serious mental and physical problems and substance abuse

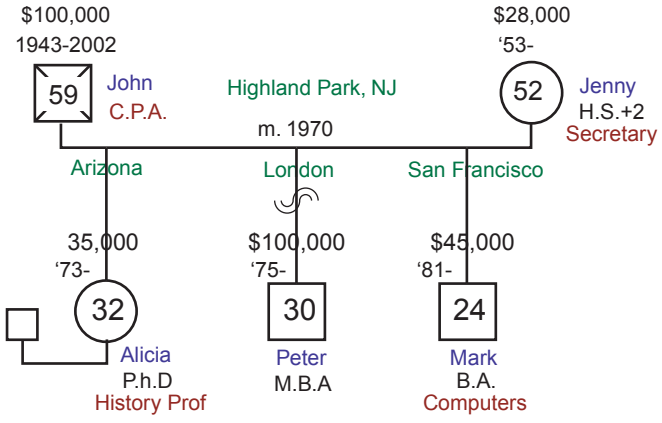
Symbols Denoting Interactional Patterns between People



Annual income is written just above the birth & death date.

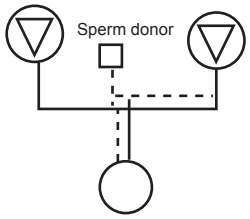
Typically you would include the person's occupation and education near the name and the person's whereabouts at the top of the line connecting to the symbol.

Symbol for Immigration =

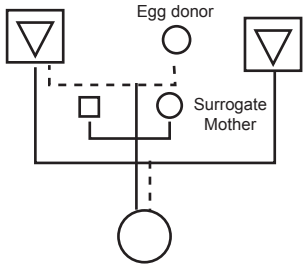


Lesbian couple whose daughter was conceived with egg of one partner and sperm donor.

Artificial Insemination



Gay Couple whose daughter was conceived with sperm of John and an egg donor, and carried by surrogate mother till birth.



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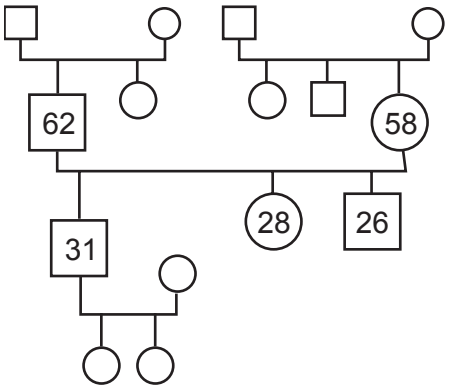
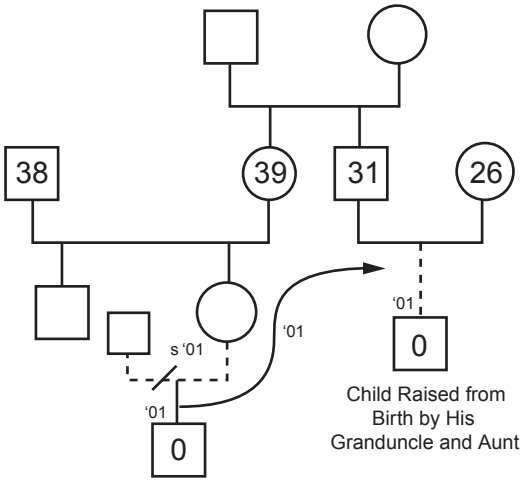
Siblings of Primary Genogram Members are written smaller and higher. Spouses are written smaller and lower:



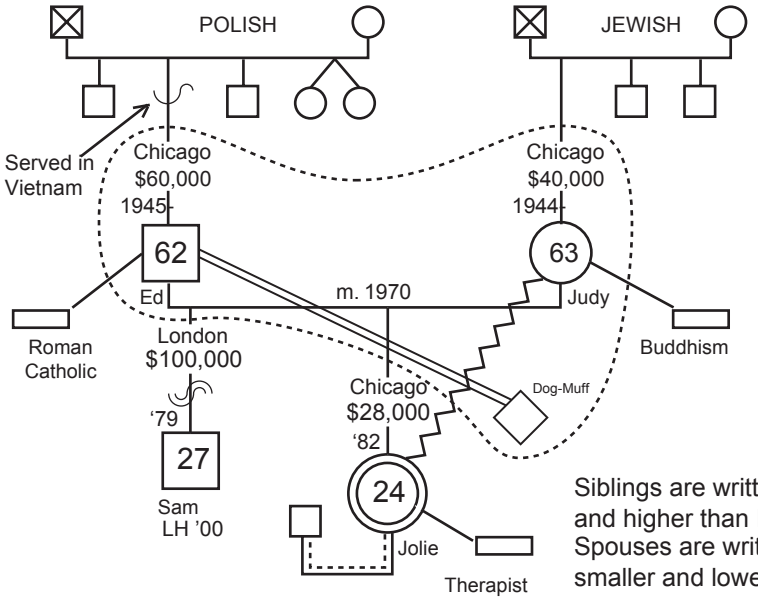
Foster Children



Use an arrow to show family into which child moved

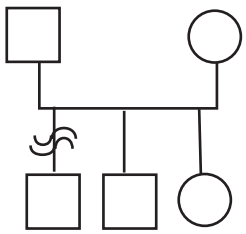
Household

Household shown by encircling members living together (Couple living with their dog after launching Children)

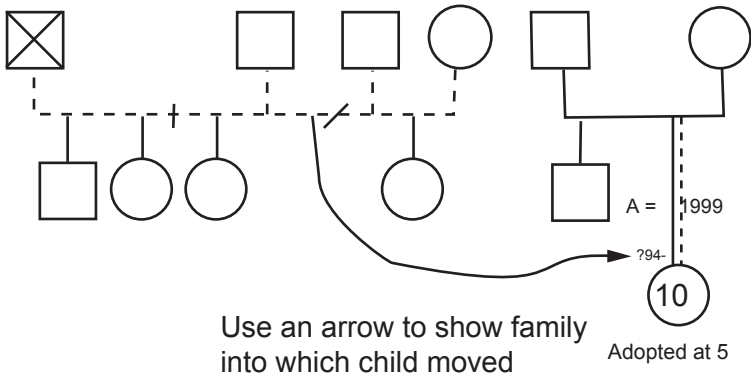


Siblings are written smaller and higher than IP. Spouses are written smaller and lower.

Symbol for Immigration



Adopted Child



Use an arrow to show family into which child moved

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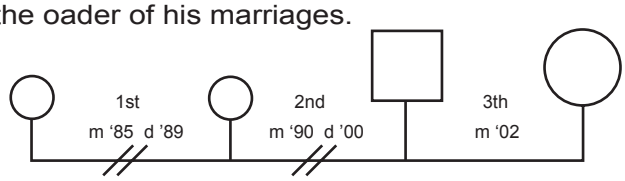
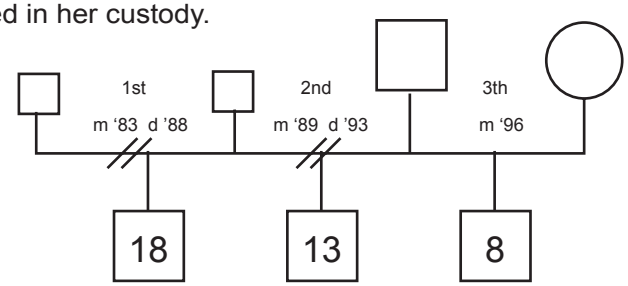
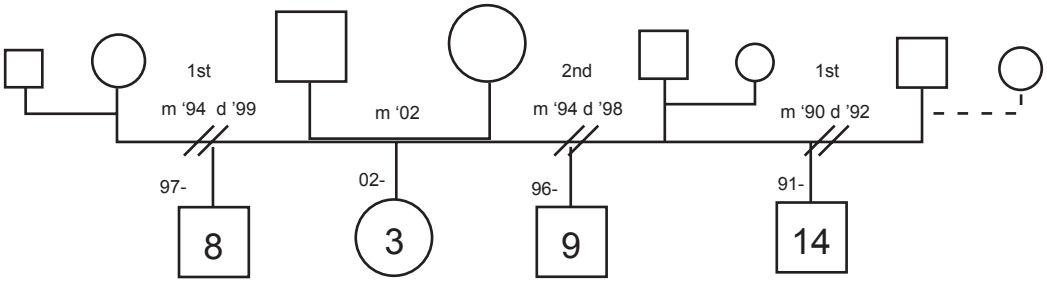
1 Husband, His Current Wife and his Ex-Wives (who are shown lower and smaller). Husband's wives may go on left to be closest to him. Indicators "1st," "2nd" etc. make clear the oader of his marriages.



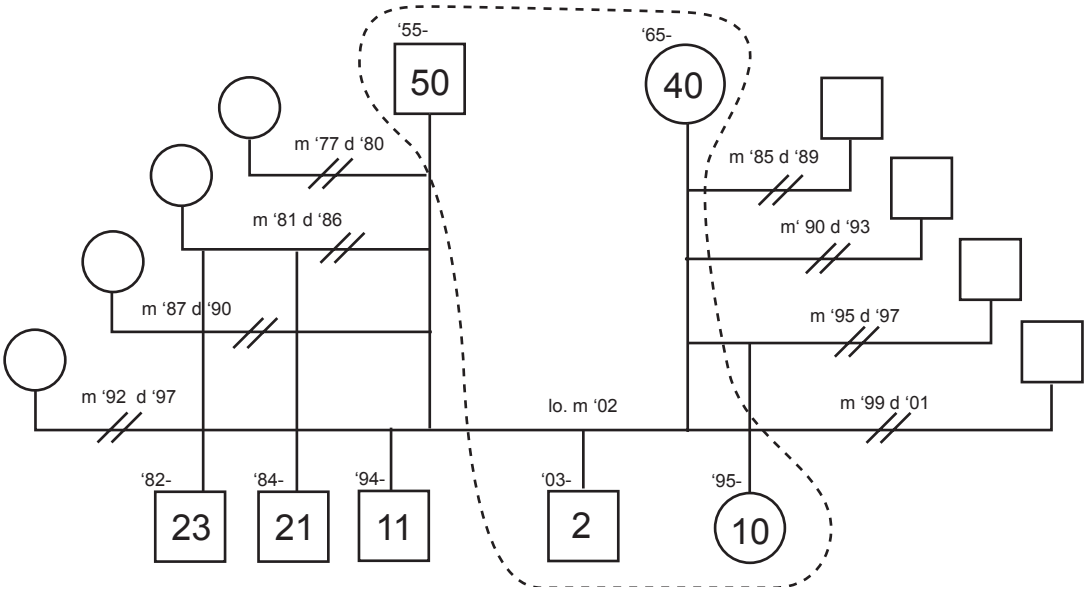
2 Wife, Her Current Husband and her Ex-Husbands (who are shown lower and smaller). Wife's previous relationships are shown on left to keep children in birth order, since they remained in her custody.



3 Couple with 3 year old, showing their previous spouses (smaller) and those spouses' new partners (even smaller)



4 Couple living with their joint child and her child from a previous relationship. The other spouses of the partners are shown smaller and lower on either side of the present household, indicated by a dotted line.



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THE THREE HOUSES

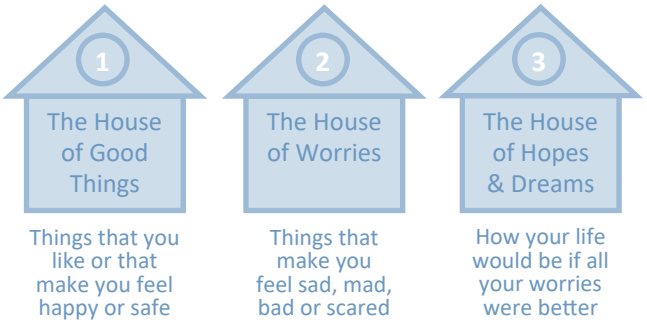
NORTHERN CALIFORNIA TRAINING ACADEMY

SUMMARY

The Three Houses is an information-gathering tool used to elicit the child's perspective on what's working well, what they are worried about, and what they think needs to happen with their family.

PREPARING PARENTS

- Make the Three Houses process as open and transparent as possible to parents.
- Explain the process and why you want to complete it with the child. Show the parent a picture of the tool so they understand what it will look like.
- If the child is in the parent's care, obtain their consent.
- Ask if they want to do the tool with you before you complete it with their child.
- If meeting the child for the first time, invite them to introduce you to the child, and/or ask what will help put the child at ease.



CREATED BY NICKI WELD & MAGGIE GREENING

WORKING WITH THE CHILD

- Evaluate, on a case-by-case basis, whether to do the tool with siblings together or separately.
  - Completing it with siblings may reassure younger children and engage teens. Completing it separately can give information from each child's perspective.
- Introduce yourself: "Part of my job is to help kids and their families with worries they are having. I talk to lots of kids, and one thing that helps me do that is something called the Three Houses. Can I show you what that is?"
- Ask the child's permission to do the activity and tell them about confidentiality limits: "Sometimes kids tell me things I feel worried about and have to talk with other people about, but if so, I'll tell you I have to do that. Are you still OK to do the activity with me?"
- If the child wants an adult to stay near, ask them to sit apart from you and the child to quietly observe.
- Give the child the choice of you or them drawing, and/or drawing something other than houses (i.e., cars, apartments). Use a separate piece of paper for each house so they can be shown one at a time to the parents.
- Ask what the child wants to call their houses. They can also draw a picture for the name (i.e., sun = Good Things, cloud = Worries).
- Ask if they want to write or want you to write.
  - It is usually easier for children to draw and workers to write their words next to the drawings.
  - If they have you write, use their exact words.
  - If it gets hard for the child to talk and write, offer to take over the writing if they want.
  - Always check in with the child about what you write or draw with them.
- Ask whether they want to start with the House of Good Things or the House of Worries.
- Work to elicit concrete details from the child to narrow the focus specifically on the impact of the caregiver's actions, identifying *harm/danger* and *safety*.
- Watch for signs of trauma or stress; this can include the child seeming distracted or unable to sit still, "spacing out" or "checking out," or even leaving the activity. Know when kids have had enough, and stop if needed.

HELPFUL TIPS

Questions should not contain the answer.

Don't refer to information that wasn't told to you by the child.

Be sensitive to nonverbal cues and "I don't know."

Weave in and out around sensitive topics as needed; move on to a less threatening topic and try again later.

Try the "Three Classrooms" for kids having difficulties at school.

WRAPPING UP

- Explain you would like to help the child with their worries/hopes and share their Three Houses with their parent(s) (or other adult).
  - Do not share with a parent if you feel there will be negative repercussions for the child.
  - Otherwise, ask the child if it would be OK with them to share their drawings with their parent.
  - Does the child want to be there to share it or want you to do so without them?
  - If they do not consent to share with their parent(s), ask if there is a "safe" person they would like to share their Three Houses with.
- In cases of immediate child safety threats, explain what you need to do and why, and what will happen next.
- Thank the child for doing the Three Houses with you and tell them they did a great job. Ask if they have any worries about it or if they think there is anything you should change for next time.

SHARING WITH PARENTS

- Begin by asking what the parent thinks the child might have said about their good things, worries, and hopes and dreams.
- Start by showing them the House of Good Things first.
- Ask what the parent notices most about their child's Three Houses, what it brings up for them, and what they think needs to happen next.
- Observe the parent's reaction to the child's words and pictures; a lack of response may signal greater danger for the child.
- Ask the parent what they think would need to happen for the child's House of Dreams to come true.

UTILIZING THE INFORMATION

Case Plans

- Use the Three Houses to help define what behaviorally-based case plan objectives would look like from the child's perspective. What would the parent need to do in order to make the child's House of Hopes and Dreams a reality?

Court Reports

- Use the information gained in the Three Houses process to incorporate the child's/youth's perspective, in their own words, into your court report.

Structured Decision-Making

- Use the information from the Three Houses process to inform the Family Strengths & Needs Assessment.

HELPFUL QUESTIONS & PROMPTS FOR COMPLETING THE THREE HOUSES

QUESTIONS FOR CHILDREN

Introduction

- I've been talking to your mom and dad about some worries in your home; is it OK if I talk to you**?**
- Where would you like to start?

House of Good Things

- This is the house where you can draw, write, or tell me about the things in your house that make you happy or feel safe or that are fun.
- What do you like about school?
- What are your favorite things to do at home? Who do you most like doing those things with?
- What is your favorite thing about your mom/dad?
- What things make you happy or feel good?
- What would other people say you are good at?
- Is there anything else you'd like to put in this house?

House of Worries

- This is the house where you can draw, write or talk to me about things in your home that worry you or make you feel scared, upset or sad.
- Lots of kids I talk to have worries, which are things that make us feel sad, mad, bad or scared. Are there any worries you might have? Can we put those in your house of worries?
- Is there anything or anyone that makes you feel sad at home or school? Bad? Mad? Scared?
- Is there anything else you think should be in this house?

House of Hopes & Dreams

- This is the house where you can draw, write or tell me about what would be different in your house if your House of Worries could go away.
- If all the worries at home were gone, what would you like to have happening?
- What would be different if all the worries were gone?
- What else would you like to have in your house of hopes and dreams that would help with the worries?
- Is there anything else you'd like to put in this house?

QUESTIONS FOR OLDER YOUTH

Introduction

- There's an activity I'm thinking of trying with your younger brother or sister — will you try it out for me?
- I'm learning to use this tool, and I was wondering if you'd be willing to do it and tell me what you think?

House of Good Things

- What does a good day look like for you?
- What do you feel best about in your life right now?
- What things do you think you are good at?
- Who is someone who matters to you? What do you think they would say you are good at?
- Who helps keep you safe?
- How do you help keep yourself safe?

House of Worries

- What's something you don't feel so good about?
- What are your top three worries?
- What makes things worse at home?
- Are there thoughts and feelings you have that make you get in trouble or do unsafe things?

House of Hopes & Dreams

- When you were little, what did you want to be when you grow up? What do you want to be now?
- What would the person who matters most to you say you would be doing in the future that would make them proud?
- If you woke up tomorrow and all the trouble was gone, how would you know it was gone, and what would be happening instead?
- What's one thing that would help with the bad stuff?
- What are the two best/two worst things you experienced with your parent(s) that you want/don't want to pass on to children of your own?
- What's one thing you can start today that will help keep you safe/help you feel OK? What other help do you need?

QUESTIONS TO EXPLORE TRAUMA SYMPTOMS

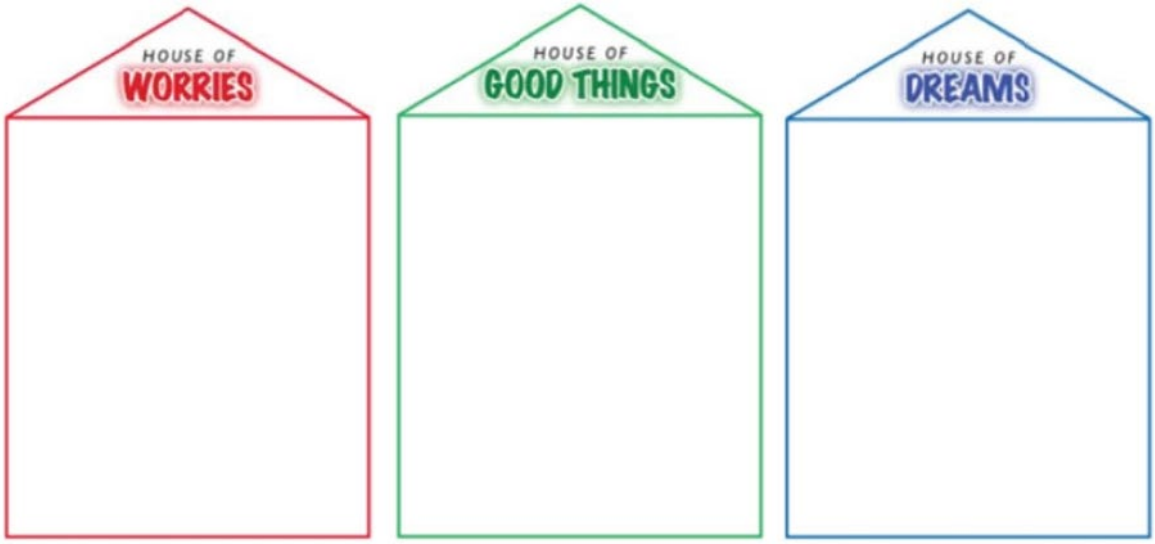
- How are you sleeping? Is it hard to fall asleep or stay asleep? Or do you feel like you sleep too much?
- How is your eating? Do you feel less hungry than you used to? Or do you feel like you're eating more?
- Do you ever have headaches or stomachaches?
- Do you ever feel anxious or worried? Tell me more...
- Do you feel like you can pay attention OK at school?
- When you feel sad or scared, what helps you feel better?

PROMPTS/REFLECTIONS

- "Sometimes it's hard to know what to say..."
- "Other kids sometimes…"
- "That's really brave."

Three Houses Tool

Created by Nicki Weld and Maggie Greening, New Zealand

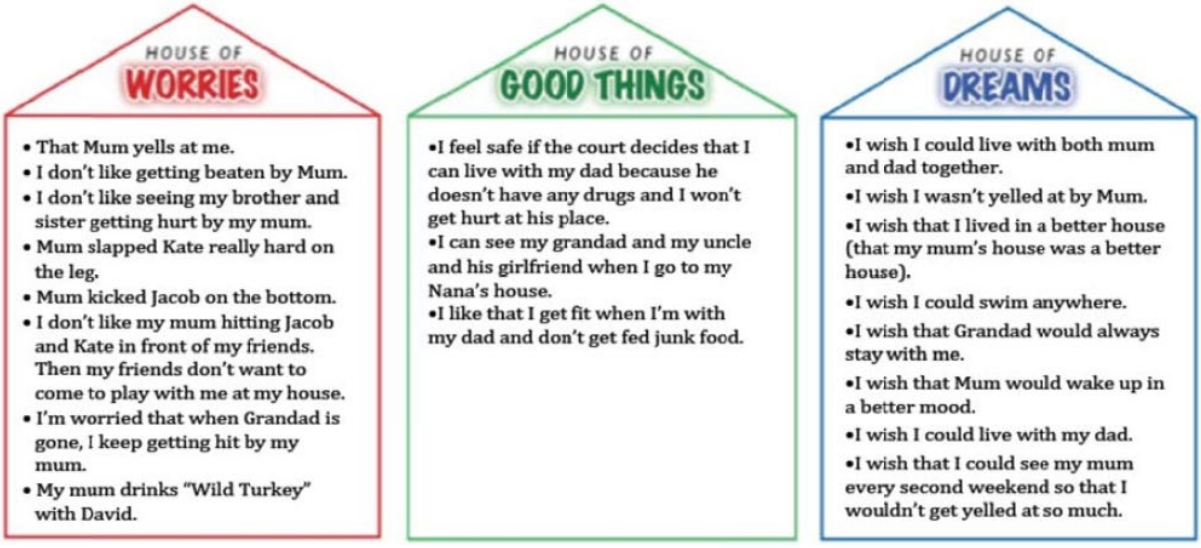


A tool for involving children and young people in child protection assessment and planning.

Detailed "Three Houses" booklet and DVD available at
www.aspirationsconsultancy.com

Three Houses Case Examples

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



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

The Three Houses Process

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

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

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

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

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

6. **When safe and appropriate, present Three Houses to parents/caregivers** usually beginning with the 'house of good things.' Before showing the child's Three Houses, it can be useful to ask the parents: 'What do you think the child put in their houses of good things / worries / dreams?'

THE SAFETY HOUSE

NORTHERN CALIFORNIA TRAINING ACADEMY

SUMMARY

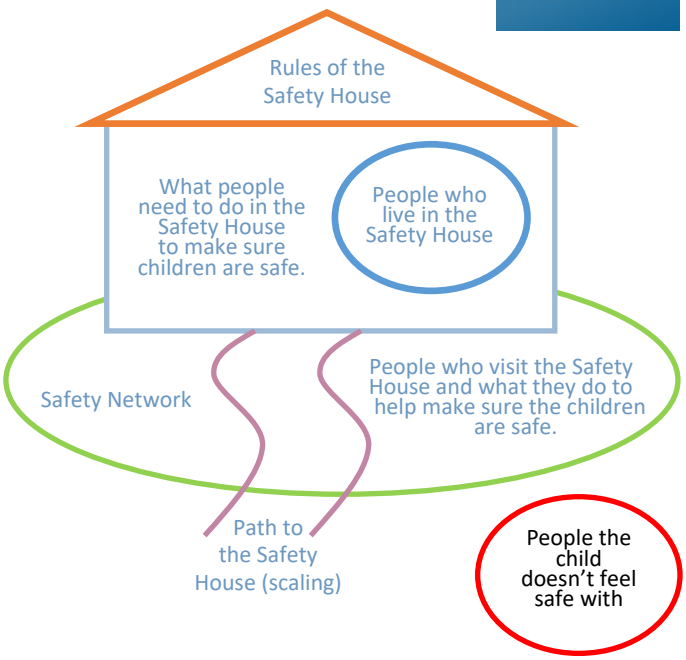
The Safety House is a tool for involving children in the safety planning process and informing behaviorally-based case plans. It can be used to seek a child's perspective in creating a reunification or family preservation plan.

WORKING WITH THE CHILD

- Use the Safety House to incorporate the child's voice into case planning in Family Maintenance cases or transition planning in Family Reunification cases.
- Make the Safety House process as open and transparent as possible to parents and the child.
  - Explain to the parent(s) that the purpose of the tool is to get the child's perspective about what needs to happen to ensure his or her safety at home.
- Evaluate, on a case-by-case basis, whether to do the tool with siblings together or separately.
  - Completing it with siblings may reassure younger children and engage teens.
  - Completing it separately with each child can help you get information from their unique perspective.
- Explain to the child what the Safety House is and why you want to complete it.
  - "The Safety House is your ideas about how your home would be if you felt safe all the time. We'll talk about who can be at the house and what the rules of the house are so you can feel safe."
- Ask the child's permission to do the Safety House and tell them about confidentiality limits.
  - "Sometimes when I do the Safety House, kids tell me things I feel worried about and have to talk with oth-er people about, but if so, I'll tell you I have to do that. Are you still OK to do the activity with me?"
- If the child wants an adult to stay near, ask them to sit apart from you and the child to quietly observe.
- Help the child draw the house framework as needed (or provide a pre-drawn template, if the child prefers).
  - Let them write or draw as much as they want.
  - Offer to write or draw if they don't want to.
- Check in with the child as you go.
- Watch for signs of trauma or stress; this can include the child seeming distracted or unable to sit still, "spacing out" or "checking out," or even leaving the activity. Know when kids have had enough, and stop if needed.

INTERVIEWING FOR THE TOOL

- Have the child draw themselves in the inner circle of the house, with space to draw other people.
- Guide the child in completing the Safety House by asking the following questions.



People Who Live in the Safety House

- "Who else would live in your Safety House with you?"

What People Need to Do in the Safety House

- "Imagine that your home with your mom/dad was safe, and you felt as safe and happy as possible. What kinds of things would your mom/dad be doing?"
- "What are the important things your mom/dad would do in your Safety House to make sure you are safe?"
- "Are there any important things that need to be in your Safety House to make sure you are always safe?"

Visiting the Safety House

- "Who would come visit you in your Safety House to help make sure you are safe?"
- "When they visit you in your Safety House, what are the important things they need to do to help you be safe?"
- "How often would they visit?"

Rules of the Safety House

- "What do you think the rules of the house would be so that you and everyone would know that nothing like _____ would ever happen again?" (Use the child's specific worries from the Three Houses or other prior interviews.)
- "What else?" (Keep prompting for more rules.)
- "If your (sister/brother/grandma/auntie) was here, what would they say the rules should be?"

People the Child Doesn't Feel Safe With

- "When you go home to live with mom/dad, is there anyone who might live with you or come to visit who you would not feel completely safe with?"

Path to the Safety House

- "If the beginning of the path is where everyone was very worried and you weren't able to live with your mom/dad, and the end of the path at the front door is where all those worries are fixed and you will be completely safe living with mom/dad, where do you think you are now?"
- "If the beginning of the path is that you feel very worried that if you go home to live with mom/dad, she/he will start _____ again and not be able to look after you, and the end of the path at the door is that everything in your Safety House is happening and you're not worried at all that mom/dad will _____ again, where are you right now?"
- "What would need to happen for you to take one step closer to the door?"
- Work to elicit concrete details from the child to narrow the focus specifically on the impact of the caregiver's actions, identifying *harm/danger* and *safety*.

WRAPPING UP

- Explain you would like to share the child's Safety House with their parent(s).
  - Ask the child if they want to be there to share it or want you to do so without them.
  - If they do not consent to share with their parent(s), ask if there is a "safe" person they would like to share their Safety House with.
- In cases of immediate child safety threats, explain what you need to do and why, and what will happen next.
- End with closure of the Safety House process.
  - Tell the child they did a great job and give specific praise whenever possible.
    - For example: "You wrote so well! You were so clear about what the rules are in your Safety House! It's so brave how you were able to say exactly who could visit and who couldn't."
  - Ask if they have any worries about doing the Safety House or if they think there is anything you should change for next time you complete it with another child.
  - Thank them for doing the Safety House with you.

SHARING WITH PARENTS

- Begin by explaining the Safety House process and ask what the parent thinks the child might have said about their Safety House.
  - Who do they think the child would want to live in the house?
  - Who do they think the child wanted to visit them, and who they did not want to ever visit the house?
  - What do they think the child would want the rules to be?
- Show the Safety House to the parent. Ask what they notice most, what their child's Safety House brings up for them, and what they think needs to happen next.
- Observe the parent's reaction to the child's words and pictures.
  - Do they agree with the child's house rules?
  - Do they agree about who can live there, visit and not visit?
  - Are there rules the parent thinks need to be added to keep the child safe?
- Ask the parent what they think would need to happen for the Safety House to be a reality.
- On a scale of 1-5 (or 1-10), how ready does the parent think they are to create the Safety House the child described?
  - Use scaling coaching to explore the parent's self-scoring. For example, if they are a 3, what would it take to get them to a 4? If they are a 5, why are they a 5 and not a 4?

UTILIZING THE INFORMATION

Using the Safety House with the Network

- Use the Safety House to bring the child's voice into the Child and Family Team (CFT) meeting process.
  - A child should never be returned home if there is not a Safety Network in place that has been part of a CFT meeting process.
- When developing a Family Maintenance case plan or a plan for transition home that incorporates the child's Safety House, specify how the Safety Network will support the plan.
- Develop "fire drills" to test the capacity of the Safety Network to follow through on the plan.
  - For example, if the plan is that the child will call grandma to be picked up if mom or dad are doing _____, have the child actually practice calling grandma once a week and have grandma come to the house.

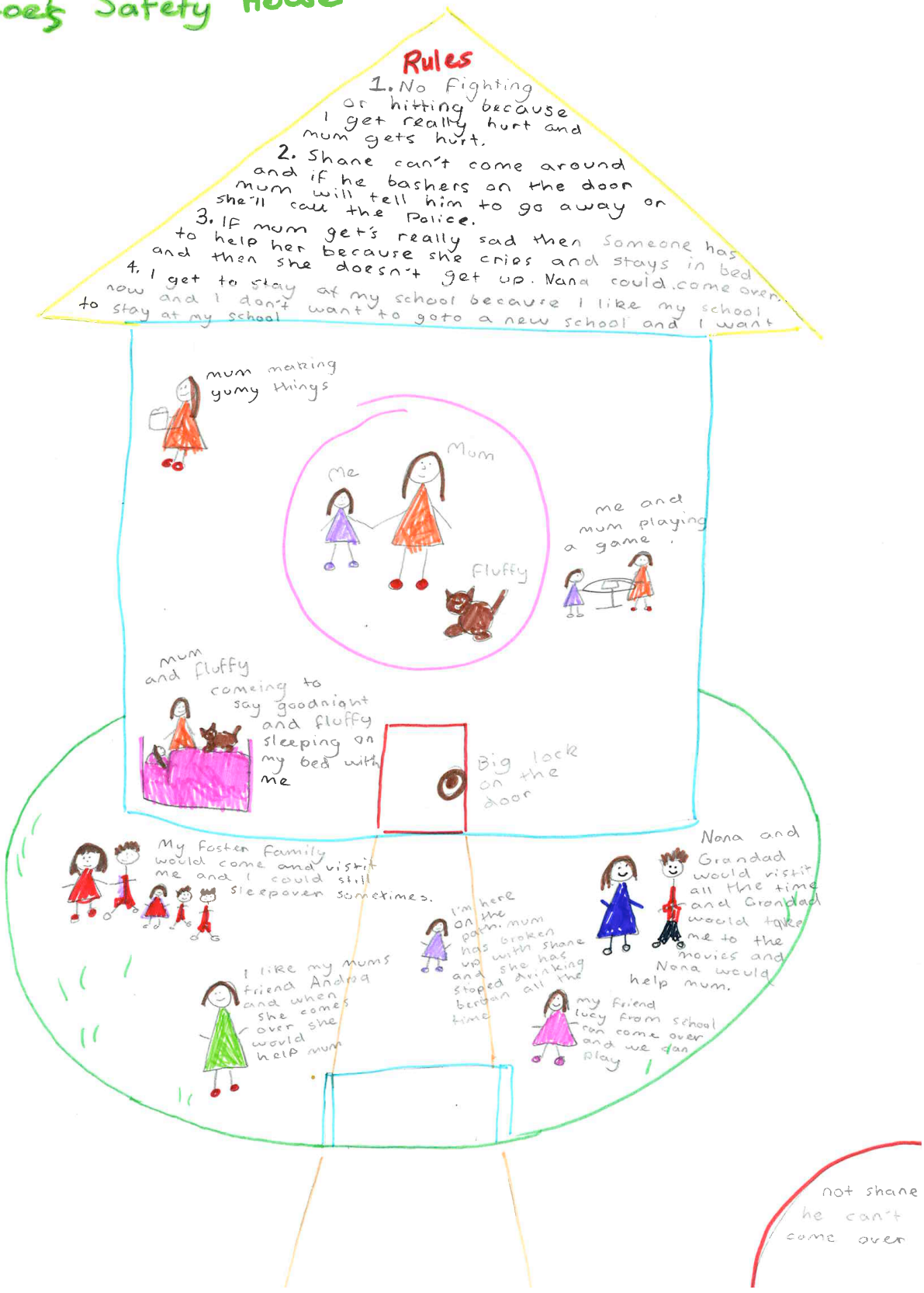
Case Plans

- Use the information the child provided for the Safety House to help define what behaviorally-based case plan objectives for the parent(s) would look like.

Court Reports

- Use the information gained in the Safety House process to incorporate the child's/youth's perspective, in their own words, into your court report.

Zoe's Safety House



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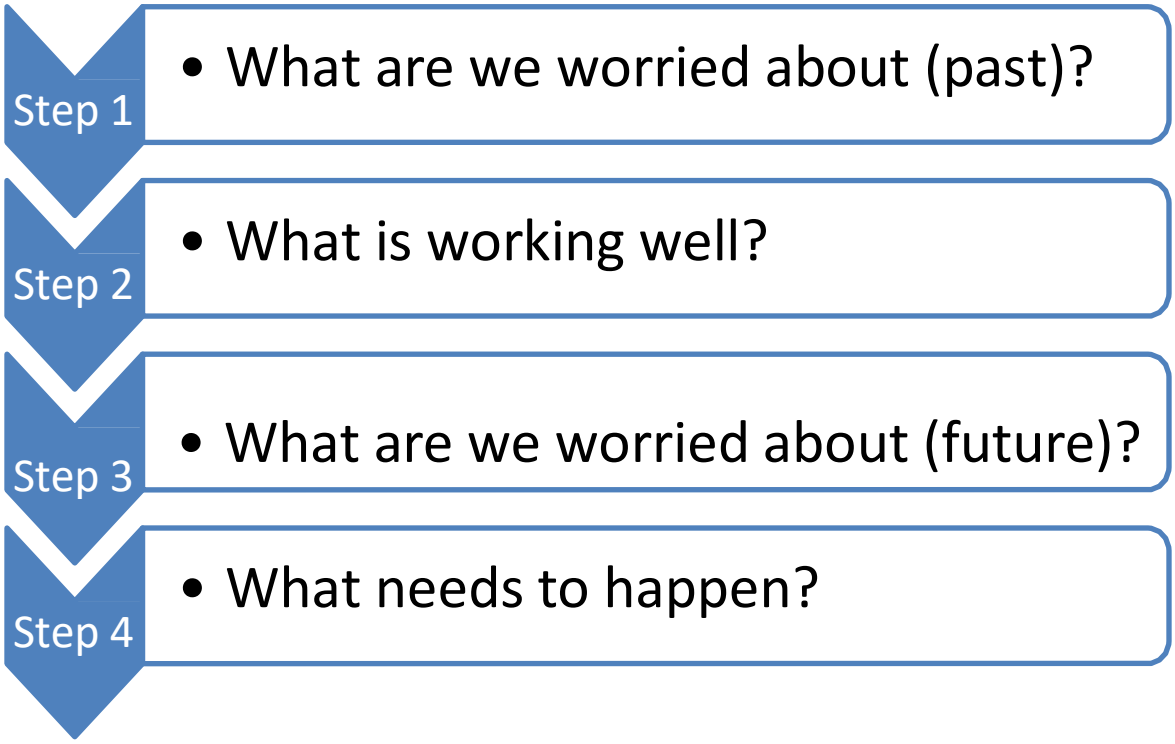
Assessment with Families

Questions You Can Use

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



Step 1: What Are We Worried About?

Exploring Past Harm

Opening

- There has been a report of concern about your child that said…
- What do you think led to child protective services (CPS) getting involved with your family?
- What have you heard about why your child was removed?

Behavioral Details

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

Impact on the Child

- Where were the children when this was happening?
- Do you think [harmful event] is affecting your child in any way?
- Do you ever worry about [harmful event]? When do you most worry? What is happening?
- If your child were here right now, what would they say [harmful event] does to them?
- Do you think [harmful event] might be affecting him/her at school?
- Do you think [harmful event] might be affecting how he/she makes friends?
- Does [harmful event] ever come between you and your child?
- Does [collateral] think [harmful event] is affecting your child in any way?
- Does [family member] think [harmful event] is affecting your child in any way?
- On a scale from 0 to 10, with 10 being your child was totally safe when [harmful event] happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when [harmful event] happened?
- What would your child say if he/she were here?

Close

- Of all the things we have talked about that have happened in the past, what do you think is most worrisome?
- What would your child say is most worrisome?
- What do you think my supervisor or I might think is most worrisome?
- We have a way of summing up these kinds of things which is called a harm statement. Can I share it with you and see what you think?
- On a scale from 0 to 10, where 10 is the harm statement really describes something that concerns you too, and 0 is you think I am really off base, where would you say things are?

Follow Up: Impact of Exceptions on Children

- Where were the children when [exception] was happening?
- When you did [exception] did it made a difference to your child in any way? How?
- What do you think your children would say they like best about the fact that you took this step?
- Do any [family members/friends] know you took this step? What kind of difference would they say it made to the children?
- Do any [collaterals] know you took this step? What kind of difference would they say it made to the children?
- On a scale from 0 to 10, with 10 being your child was totally safe when [exception] happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when [exception] happened?
    - What is helping you keep that number as high as you have?

Identifying Potential Network Members

- Who or what else may have helped you do that?
- Who else knows you were able to take this step?
- Who from your life would be least surprised at your ability to take these steps?
- What would your best friend say about how you are doing this?

Coping

- What you have been going through is not so easy. How do you think you have survived as long as you have? What is keeping you going?
- Given everything we have talked about, how do you think you have managed to keep things from getting worse?

Close

- Of all the things you are doing to care for the children, what do you think you are doing that is most protecting the kids?
- What would your child say he/she is most pleased that you are doing?
- What do you think my supervisor or I will be pleased to see?

Step 2: What is Working Well?

Searching for Safety and Strengths

Opening

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

Searching for Exceptions/Past Examples of Safety

- Has there ever been a time when [the problem] could have happened, almost did happen, but somehow you were able to do something different?
- Can you tell me about a time you were able to manage [the problem] in a way that you felt good about?
- What are you already doing to help keep your children safe and respond to the concerns?

Specific Examples of Exceptions

- Tell me about a time you were able to look after your child even though you were dealing with other difficult things?
- Can you tell me about a time when you were really angry with your child, but rather than hitting him/her, you were able to find a way to calm yourself down?
- Can you tell me about a time you were both really pissed off with each other, but rather than yelling or hitting each other in front of your child, you were able to keep it away from him/her or to sort it out so it did not blow up?
- Can you think of a time you were going to use drugs but either made sure your child was looked after first or made another decision about using altogether?

Follow-Up: Gathering Behavioral Details of Exceptions

- When did that [exception] happen?
- How did you do that? [Specific details of exception.]
- Can you tell me what happened that day?
- When was it? Where were you? Who else was around?
- Suppose I were a fly on the wall when this was happening. What would I have seen you do?
- What were the first, worst, and most recent times this happened?

Step 3: What Are We Worried About?

Exploring Future Danger

Opening

- Of all the things we have talked about today, which are you most worried about happening in the future?
- Of all thing things we have talked about today, which do you think your child is most worried about happening in the future?
- Of all thing things we have talked about today, which do you think I am most worried about for the future?
- What do you think the initial reporter might be most worried about happening in the future?
- On a scale of 0 to 10, with 10 being your child is totally safe now and 0 being your child is in a lot of danger, where do you think things are now?
- What do you think is getting in the way of the number being even higher?

Potential Future Impact on the Children

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

Identifying Potential Network Members

- Does anyone else in your family worry about what might happen to your family or to your child in the future if nothing changes?
- Do any of your friends worry about this?
- Do any of the collaterals worry about this?
- What do you think they worry will happen to your child if more of [harmful event] occurs?

Close

- Can I take a minute and tell you how we at CPS are trying to think these days?
- Now that I have shared these definitions with you, which of the things we have talked about do you think are real dangers to your child in the future? Which are complicating factors?
- We have a way of summing up these kinds of things called a danger statement. Can I share it with you and see what you think?
- On a scale from 0 to 10, with 10 being the danger statement really describes something that worries you also and 0 being you think it is really off base, where would you place the danger statement?

Step 4: What Needs to Happen?

Developing Goals

Family Goals

- Ten years from now, what would you like your child's story about this time to be? What do you think needs to happen for him/her to be able to tell that story?
- It is clear from what you have said that you are not happy with how things are going. How would you like things to be instead?
- Given all we have talked about, what is your biggest hope for what could be different in your life?
- What is the least that could happen that would still leave you feeling like you had accomplished something important?

Agency Goals

- Given all we have talked about, what are the next steps you think we need to take to make sure your child is safe?
- Which of the danger statements do you think is most important for us to deal with first?
- You have said you want CPS out of your life. Given everything we have talked about, what do you imagine I am going to say needs to happen for us to get out of your life?
- Our agency has a format for talking about goals that we feel is important. It is called a safety goal and is also going to move us to discuss who else needs to be a part of our work together. Can I show you what this goal format looks like, and

can we think about who else needs to be involved?
- What do you think you will need to see in yourself in order to take these steps?
- What will you need from others?
- Who would be good to talk to about this?
- When you first start making these changes, who will see them? First? Second?

Identifying Potential Network Members

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

Services

- Do you think going to [service] might do anything to address the danger statement? What do you think it might do?
- If I were to suggest you to go to [service], what do you think I might be hoping would be different as a result?
- By going to [service] what are you hoping will change about safety for your child?

Small Steps

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

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

First Steps

- What will have been your first step?
- What difference will it have made in your life?
- If you take that step, how will it affect your child?

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

- Now that you have made up your mind to stop doing [harmful event], how long do you think it will be before you take action on it?
- On a scale of 0 to 10, with 10 being "my child is totally safe now" and 0 being "my child is in a lot of danger," where do you think things are now?
- If we keep working at this and a month from now the danger/safety scale number has improved by one number, what do you think will be concretely different in your family?
- If I were a fly on the wall and saw you taking that step, what would I see?
- What will you or others be doing differently?
- What services will be in place? What will you be doing differently as a result?

Willingness, Confidence, and Capacity

- On a scale from 0 to 10, with 10 being you are very willing to take these first steps and 0 being you are not willing at all, where would you place yourself?
- On a scale from 0 to 10, with 10 being you are very confident you can complete these first steps and 0 being you are not sure at all if you can do it, where would you place yourself?
- On a scale from 0 to 10, with 10 being you have everything you need and all the help you need to take these first steps and 0 being you do not have what you need, where would you place yourself?
- For all questions: What would need to happen to increase that number by one?

Confirming Direction/Monitoring

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

Bringing a Trauma Lens to Child Welfare

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

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

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

Types of Traumatic Stress (Cook, 2005)

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

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

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

Chronic trauma refers to the experience of multiple traumatic events.

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

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

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

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

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

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

Possible Effects of Trauma Exposure

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

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

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

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

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

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

learning difficulties and problems with language development.

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

- In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors. These behaviors place them at risk for a range of serious mental and physical health problems, including:
    - Alcoholism;
    - Drug abuse;
    - Depression;
    - Suicide attempts;
    - Sexually transmitted diseases (due to high-risk activity with multiple partners);
    - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

Essential elements of trauma-informed practice …

- Maximize the child's sense of safety.

- Help children reduce overwhelming emotion.

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

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

- Coordinate services with other agencies.

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

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

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

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

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

- Manage professional and personal stress.

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

Cultural Humility Practice Principles

1. **Embrace the complexity of diversity:** In our day-to-day existence we occupy multiple positions with related identities and statuses. These identities operate together (intersect), to distinguish us as individuals.

2. **Be open to individual differences and the social experiences due to these differences**: Intersecting group memberships affect people's expectations, quality of life, capacities as individuals and parents, life chances, and so on. They draw attention to the whole person, power differences in relationships, different past and present experiences based on positional ties and social contexts, and potential resources (or gaps) that are available and accessible.

3. **Reserve judgment**: Cultural humility encourages a less deterministic, less authoritative approach to understanding cultural differences, placing more value on others' (children and families, agency staff, and community partners) cultural expressions of concern and perspective.

4. **Relate to others in ways that are most understandable to them**: Communication skills and culturally appropriate interaction techniques enable others to describe their experience, thus reducing the need to master completely the wide range of cultural beliefs and practices.

5. **Consider cultural humility as a constant effort to become more familiar with the worldview of the children and families we serve and the agency staff and community partners who serve them**: Involvement with others must be considered an ongoing process rather than an outcome; involvement includes an awareness and appreciation of the physical and social environment in which children and their families live and agency staff and community partners operate.

6. **Instill a collaborative effort in help-giving**: Agencies should encourage all staff to become involved in mutually beneficial, non-paternalistic, and respectful working relationships with families, other staff, and

agency partners, and to become sensitized to factors at play in defining important priorities and activities needed to achieve common goals.

7. **Encourage staff and community partners to offer help that demonstrates familiarity with the living environment of children and families being served, building on their strengths while reducing factors that negatively affect the goals of safety, permanence, and well-being**: From a cultural humility perspective, child welfare staff are challenged to learn to identify, understand, and build on assets and adaptive strengths of children and parents and perhaps engage in efforts to disrupt or dismantle the kind of social forces that act to disenfranchise and disempower them as members of society.

8. **"Know thyself" and the ways in which biases interfere with an ability to objectively listen to or work with others, including children and families, agency staff, and community partners**: A cultural humility perspective calls for self-reflection and self-critique. Everyone can engage simultaneously in a process of realistic, ongoing self-appraisal of biases and stereotypes. They must challenge the false sense of security that these cognitive shortcuts and related behaviors toward diverse groups bring to the service context.

9. **Critically challenge one's "openness" to learn from others:** A cultural humility perspective requires us to assess the barriers our own attitudes and behaviors present to learning from others, since knowledge alone will not sustain new insights, awareness, and behavioral change.

10. **Build organizational support that demonstrates cultural humility as an important and ongoing aspect of the work itself:** Cultural humility should include an assessment of the organizational environment, policies, procedures, knowledge, and skills connected to agency practices. Agency staff must make an effort to identify ways in which the agency employs and promotes a cultural humility perspective. Likewise, staff must work to uncover barriers and obstacles within the organization that inhibit a cultural humility approach.

CULTURAL HUMILITY IN SAFETY ORGANIZED PRACTICE

By Jason Borucki, Northern California Training Academy

At the heart of SOP is the belief that a collaborative, partnership-based approach to working with children and families in care will engage families to participate in safety planning, and ultimately result in better outcomes. For child welfare professionals informed by SOP, cultural humility plays a large role in this collaborative, partnership-based effort.

The culture of the child welfare agency and the culture of the children and families served by the agency are rarely the same, especially when breaking down the definition of culture and recognizing that cultures vary from one family to the next, or even within the same family. Even within the same self-identified cultural group, there may be different contexts with which cultural members identify themselves. For a child welfare worker who often deals with multiple families, cultures and cultural contexts daily, "cultural competence" can be an unrealistic goal.

In the place of cultural competence, cultural humility encourages child welfare workers to admit their lack of knowledge about different cultures, learn from the people with whom they interact, reserve judgment and work to bridge the cultural divide between their perspectives and those of others. Within Safety Organized Practice, exhibiting cultural humility means asking as many questions as necessary to better understand the context of the children and families they are working with, as well as sharing the context of the agency with the family openly and honestly. This transparency, especially when presented during initial or early interactions with the family, can build trust and set the tone for collaboration and partnership moving forward. More importantly, it will help to guard against many of the natural fears families in care often bring with them to their first meeting with child welfare, including a fear of being pre-judged, oppressed and/or disrespected.

Given the inherent call for curiosity and openness in cultural humility, there may never be one set way to practice it or measure its complete success. Indeed, the cultural humility perspective requires a willingness to make mistakes and admit those mistakes openly and immediately when they are made (e.g., when a child welfare worker asks a question that includes an assumption that proves false). Self-reflecting upon and disclosing one's own culture and at times one's individual bias (or the agency culture or bias), and how that culture informs one's own perspective and guides their questioning, is just as important as any other element of cultural humility, and calling it out early and often will help children and families understand that they are involved in a collaborative effort—one that will include agreements and changes over time, but one they are ultimately as much part of as the child welfare worker. When this collaborative, partnership-based spirit is achieved, families will be more engaged to participate in their own safety planning.

FAMILY SAFETY NETWORKS: THE CORE OF SAFETY PLANNING

Parts of this article were adapted from "Introducing an Integrating Safety Organized Practice" from the Northern California Training Academy and the NCCD Children's Research Center

What is a family safety network?

A group of family, friends and professionals who:

- Care about the child
- Are willing to meet with CWS
- Understand the harm/danger concerns CWS and others have
- Are willing to do something that supports the family and helps keep the child safe
- Provide the family and child with an ongoing connection to the community.

Rationale for building safety networks

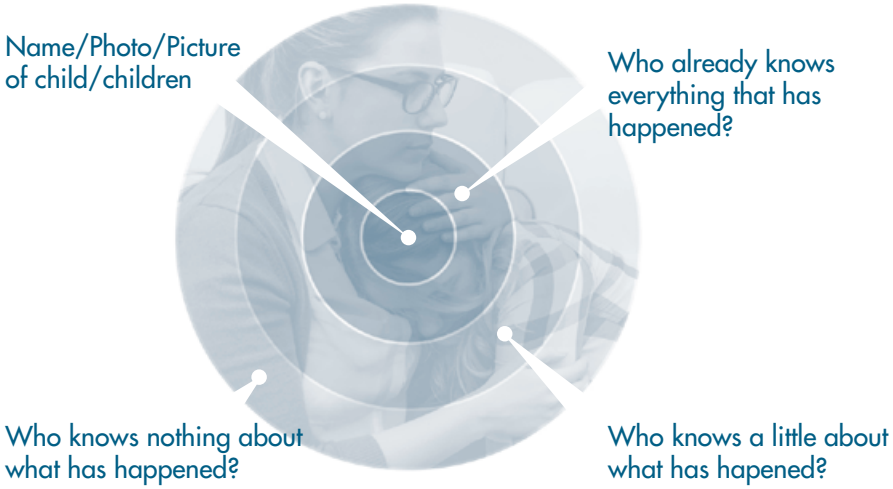
- CWS involvement is temporary
- A once-a-month home visit is not enough to ensure child safety; a network of permanent support people is needed to enhance safety
- Families often have more people already involved in caring for their children than child welfare knows
- CWS frequently asks clients to engage in "services," even when it does not directly address the danger. CWS could use a similar "push" to bring more people to the work of enhancing daily safety for children
- All families need a circle of support

To support rigorous and ongoing safety planning, SOP offers strategies for building a network of people around the child, communicating the danger statement to those in the network and enlisting their help in keeping the children safe (meeting the safety goal). This network is a key element of safety planning and should be formed as early as possible, or on the first day of case planning. From there, a successful and strong family safety network can help support the family through post permanency as defined by SDM.

USING FAMILY SAFETY CIRCLES TO IDENTIFY THE FAMILY SAFETY NETWORK

The family safety circle tool is a visual tool to help child welfare professionals and family members have conversations about safety networks, the role of the safety networks and assessing who can be part of the safety network. Families identify the people who may be able to help them reach their safety goal.

FAMILY SAFETY CIRCLE



Adapted from Introducing an Integrating Safety Organized Practice, from the Northern California Training Academy and the NCCD Children's Research Center

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HOW TO BUILD A FAMILY SAFETY CIRCLE

Center circle: The child

Inner circle: People in the family and the child's life who already know what happened (that led to CWS involvement). Some questions that may help caregivers determine who is a part of their inner circle include:

- Who do you call when you are really proud of something?
- Who do you call when you need help with something?
- If you were to write a will, who would you name as the person who would raise your child(ren)?

Middle circle: People in the family and child's life who know a little, but not all, about what has happened, or know something happened but have very little information. Some questions that may help caregivers determine who is a part of their middle circle include:

- Are there people in your life you could call but don't?
- Would you be willing to let them in to help?

Outer circle: People in the family and child's life who don't know anything about what has happened. Some questions that may help caregivers determine who is a part of their outer circle include:

- Who are the people who may be important to your child but that you would not have thought to call?
- Who are the people who you have not seen for a long time but you know care about you and your child?

MOVING PEOPLE FROM THE OUTER CIRCLES TO THE INNER CIRCLE

After the first attempt to fill out the family safety circle is completed, it is important to keep working with the family to identify additional supports and the potential for higher levels of support from within the circle. Some of the following follow-up questions may be useful in attempting to move people from the outer circles to the inner circle, and to add additional supports into the circle:

- Who can you move from the outer circles to the inner circle?
- Who else from these outer circles do you think needs to be part of this inner circle?
- Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven't quite gotten there yet?
- Who would others who are close to you and your children say needs to be in this inner circle?
- Who would your child want to have in this inner circle?
- Who do you think your social worker would want in the inner circle?
- Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?

BUILDING THE NETWORK TO GO THE DISTANCE

The cultivation of a safety network is not just for "immediate" safety, but actually is the vehicle to promote long-lasting change that will continue to be enforced long after child welfare's involvement ends. SOP makes the distinction between "safety planning" and "service planning," noting that the culture of child welfare has been one of case management and service planning for some time—even while our goal is always the enhanced safety of children. SOP provides techniques and guidance for building a family safety network that will increase the family's connection to the community and enhance the daily, on-the-ground safety and well-being for children.

"After the first attempt to fill out the family safety circle is completed, it is important to keep working with the family to identify additional supports…"

ABOUT STRENGTHENING FAMILIES™ AND THE PROTECTIVE FACTORS FRAMEWORK

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five key protective factors:

Parental resilience: Managing stress and functioning well when faced with challenges, adversity and trauma

Social connections: Positive relationships that provide emotional, informational, instrumental and spiritual support

Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development

Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships

At its heart, Strengthening Families is about how families are supported to build key protective factors that enable children to thrive. The five protective factors at the foundation of Strengthening Families also offer a framework for changes at the systems, policy and practice level – locally, statewide and nationally.

What is the Protective Factors Framework?

Protective factors are characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development. Most often, we see them as attributes that help families to successfully navigate difficult situations.

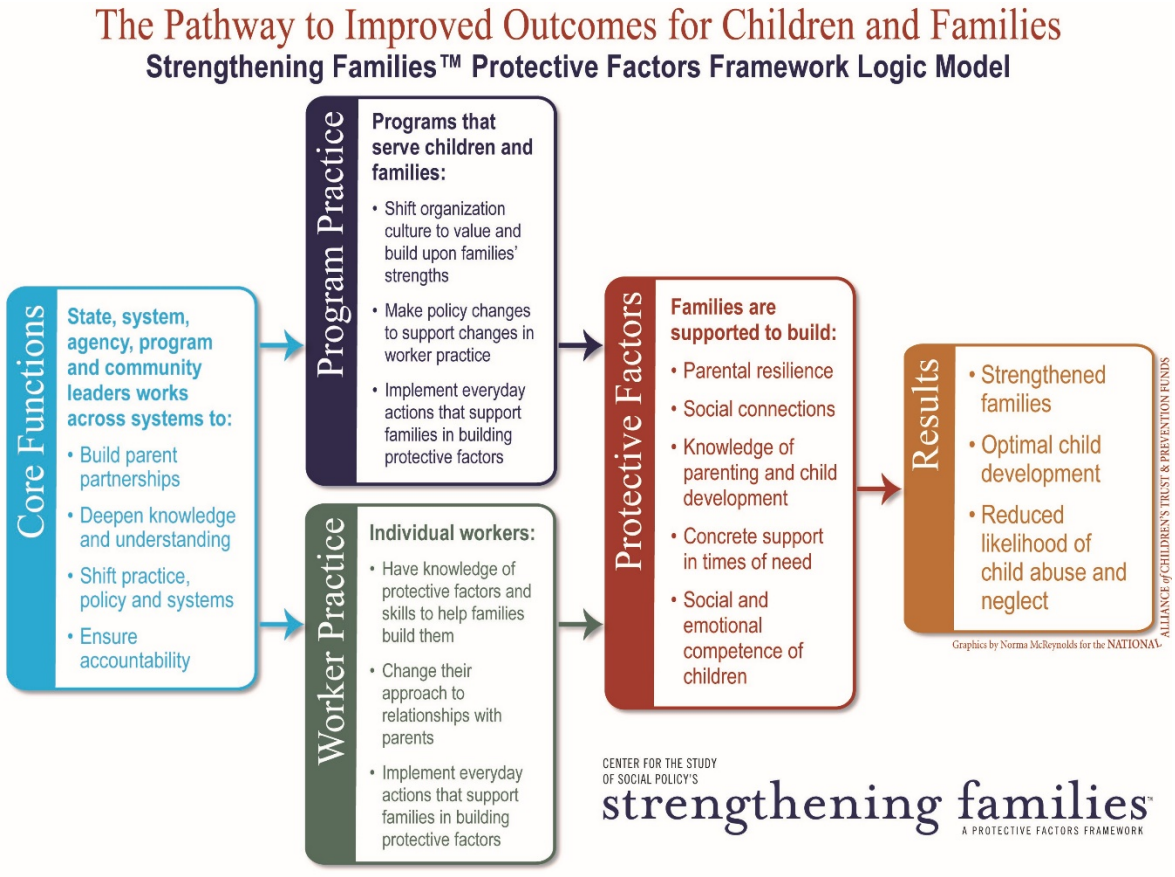
A protective factors framework is an organized set of strengths-based ideas that are used to guide programs, services, supports and interventions aimed at preventing child maltreatment and promoting healthy outcomes.

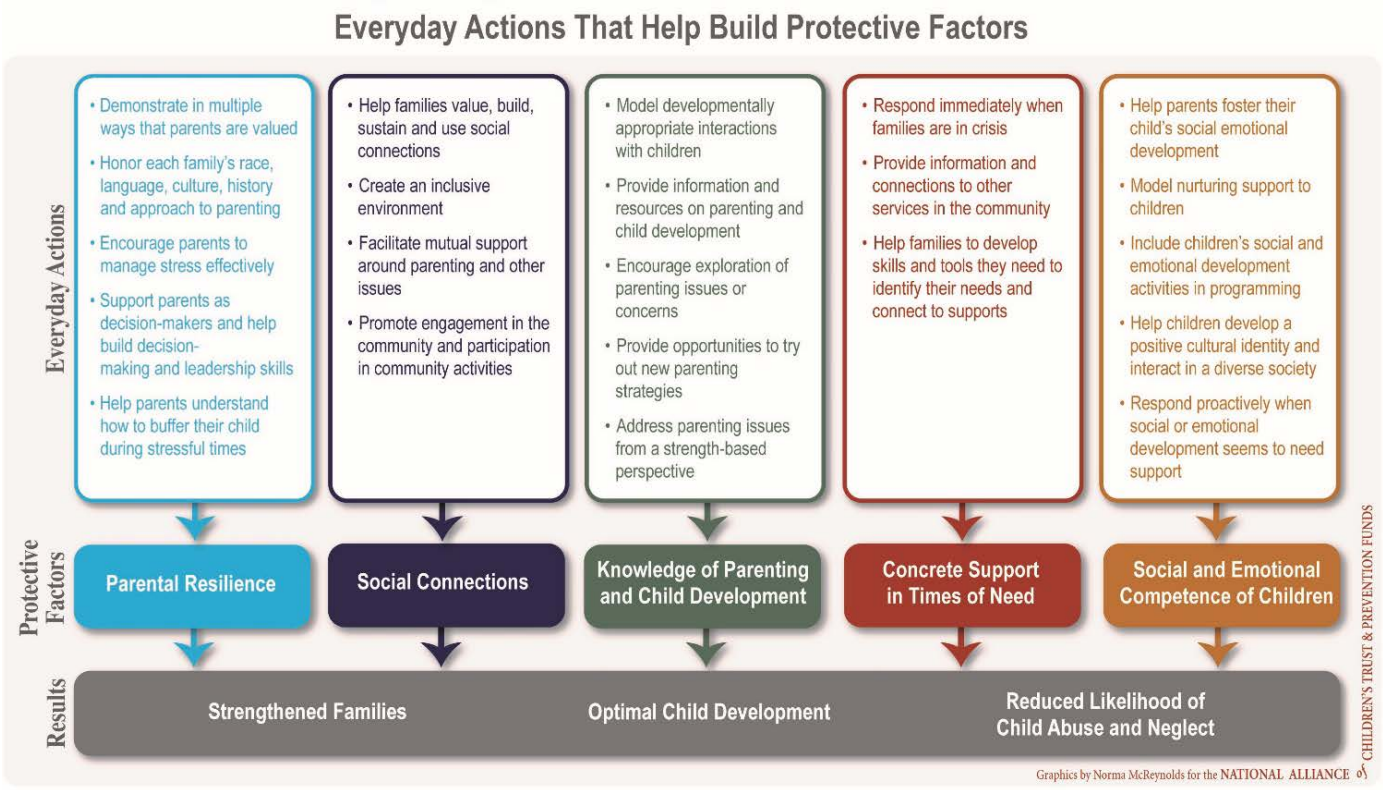
The Strengthening Families Protective Factors Framework from the Center for the Study of Social Policy distills extensive research in child and family development into a core set of five protective factors that everyone can understand and recognize in their own lives.

For more information, visit www.strengtheningfamilies.net.

Using the Strengthening Families framework, more than 30 states are shifting policy and practice to help programs and providers working with children and families to take everyday actions that support parents to build their protective factors. States apply the Strengthening Families approach in early childhood, child welfare, child abuse prevention and other child and family serving systems.

The "Pathway to Improved Outcomes for Children and Families" on the next page articulates the core functions of Strengthening Families implementation which drive changes in program and worker practice to support families to build protective factors and improve outcomes. The lower graphic shows the everyday actions that can help families build each of the protective factors.





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CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

Protective Factor	Core Meaning
Parental Resilience: Managing stress and functioning well when faced with challenges, adversity and trauma.	Resilience Related to General Life Stressors a. managing the stressors of daily life b. calling forth the inner strength to proactively meet personal challenges, manage adversities and heal the effects of one's own traumas c. having self-confidence d. believing that one can make and achieve goals e. having faith; feeling hopeful f. solving general life problems g. having a positive attitude about life in general h. managing anger, anxiety, sadness, feelings of loneliness and other negative feelings i. seeking help for self when needed Resilience Related to Parenting Stressors a. calling forth the inner strength to proactively meet challenges related to one's child b. not allowing stressors to keep one from providing nurturing attention to one's child c. solving parenting problems d. having a positive attitude about one's parenting role and responsibilities e. seeking help for one's child when needed
Social Connections: Positive relationships that provide emotional, informational, instrumental and spiritual support.	a. Building trusting relationships; feeling respected and appreciated b. Having friends, family members, neighbors and others who: • provide emotional support (e.g., affirming parenting skills) • provide instrumental support/concrete assistance (e.g., providing transportation) • provide informational support/serve as a resource for parenting information • provide spiritual support (e.g., providing hope and encouragement) • provide an opportunity to engage with others in a positive manner • help solve problems • help buffer parents from stressors • reduce feelings of isolation • promote meaningful interactions in a context of mutual trust and respect c. Having a sense of connectedness that enables parents to feel secure, confident and empowered to "give back" to others

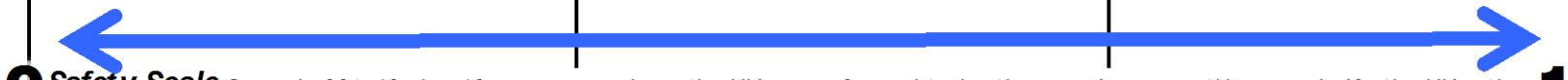
CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

Protective Factor	Core Meaning
Knowledge of Parenting and Child Development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.	Seeking, acquiring and using accurate and age/stage-related information about: a. parental behaviors that lead to early secure attachments b. the importance of • being attuned and emotionally available to one's child • being nurturing, responsive and reliable • regular, predictable and consistent routines • interactive language experiences • providing a physically and emotionally safe environment for one's child • providing opportunities for one's child to explore and to learn by doing c. appropriate developmental expectations d. positive discipline techniques e. recognizing and attending to the special needs of a child
Concrete Support in Times of Need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.	a. being resourceful b. being able to identify, find and receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services c. understanding one's rights in accessing eligible services d. gaining knowledge of relevant services e. navigating through service systems f. seeking help when needed g. having financial security to cover basic needs and unexpected costs
Social and Emotional Competence of Children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.	<u>Regarding the parent:</u> a. having a positive parental mood b. having positive perceptions of and responsiveness to one's child c. responding warmly and consistently to a child's needs d. being satisfied in one's parental role e. fostering a strong and secure parent-child relationship f. creating an environment in which children feel safe to express their emotions g. being emotionally responsive to children and modeling empathy h. talking with one's child to promote vocabulary development and language learning i. setting clear expectations and limits j. separating emotions from actions k. encouraging and reinforcing social skills such as greeting others and taking turns l. creating opportunities for children to solve problems <u>Regarding the child:</u> a. developing and engaging in self-regulating behaviors b. interacting positively with others c. using words and language skills d. communicating emotions effectively

Get the Family's Input

What are we worried about?	What's working well?	What needs to happen next?
• Past Harm • Future Danger • Complicating Factors	• Safety • Protective Capacities • Strengths	• Family Goals • Agency Goals

You can start with any of these three questions.



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

Department of Child Protection. (2011). *The Signs of Safety Child Protection Practice Framework. Department of Child Protection, Perth.* Retrieved from http://www.signsofsafety.net/westernaustralia

CHILD & FAMILY TEAM MEETING MAPS

The Safety Organized Practice Child and Family Team (CFT) Meeting Maps are intended as a prompt for best practice in completing a variety of team-based approaches in child welfare, including formal facilitated CFT meetings with children, youth, families and their networks; informal Safety Mappings with families in their homes; and in-office referral/case staffings, including group supervision and Review, Evaluate, Direct (RED) Teams.

The Maps align the overall guiding Three Questions of SOP (What are we worried about? What's working well? What needs to happen next?) with information covered in the Consultation and Information Sharing Framework developed by Sue Lohrbach, while also adding a specific focus on the child's needs and strengths to bring the Child and Adolescent Needs and Strengths (CANS) into the process.

While the amount of information included in the Maps may look overwhelming, the intent is not that the facilitator cover this line by line in the meeting, but rather that the Maps serve as a prompt for best practice to help facilitators, social workers and supervisors attend to what should be covered as part of each CFT meeting. Because different stages of a referral or case necessitate a focus on different issues to be discussed (either in internal agency staffings or at the CFT meeting by the child/youth, family and their people), there are three parallel yet distinct Maps to be used as a referral/case moves through the system, described below.

Emergency Response

The ER CFT meeting map focuses on the safety-related reasons that a family came to the attention of Child Welfare. Its primary purpose is to sort harm, danger, complicating factors, safety and supporting strengths; develop Harm and Danger Statements and the Safety Goal; and guide development of a safety plan to keep a child safely at home, or if this is not possible, an initial action plan for what happens next. The ER map may be used for:

- Case staffing (social worker, supervisor and other internal staff) or group supervision
- RED Teams (a collaborative decision-making process for hotline referrals)
- Safety Mapping with a family and their network ("kitchen table mapping")
- Front-end ER CFT meetings (i.e., what may have previously been called TDMs) to bring together the family and their network to attempt to safety plan to keep a child at home with the support of a network, or to address placement if a child must be separated because no plan can be created to keep them at home safely.

Family Maintenance/Family Reunification

The FM/FR CFT meeting map can be used in voluntary or court-ordered Family Maintenance cases and in Family Reunification cases. Its primary purpose is to explore current worries/working well and develop a case plan or other action plan based on current needs. The FM/FR map may be used for:

- Case staffing (social worker, supervisor and other internal staff) or group supervision
- CFT meeting to develop or revise the case plan (incorporating CANS)
- CFT meeting to address a child's change of placement (or to work to prevent change of placement)
- CFT meetings to plan transition to unsupervised visits, child's transition home, or FM case closure

Permanency Planning/Non-Minor Dependent

The PP/NMD CFT meeting map shifts the focus from safety to other permanency and well-being issues. Safety is still included as a potential topic, because youth may have self-safety issues such as cutting, running away, CSEC, substance use, etc., and also because at times there can be safety concerns for youth in the care of resource parents. The PP/NMD map may be used for:

- Case staffing (social worker, supervisor and other internal staff) or group supervision
- CFT meeting to develop or revise the case plan (incorporating CANS) or TILP (as age-appropriate)
- CFT meeting to address a child's/youth's change of placement (or to work to prevent change of placement)
- 90-Day Transition Plan meeting for NMDs exiting care

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CHILD & FAMILY TEAM (CFT) MEETING MAP – EMERGENCY RESPONSE

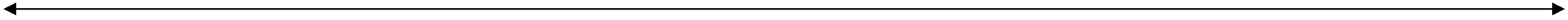
Meeting Type: ☐ Case Consultation ☐ RED Team ☐ Safety Mapping w/Parent(s) ☐ Emergency Removal CFTM ☐ Risk of Removal CFTM ☐ Other: _____

Meeting Purpose/ Focus: What is our intended outcome of today's meeting or consultation? What do we hope to achieve by the end of the meeting?

Complete genogram, ecomap, Circles of Support as appropriate.

WHAT ARE WE WORRIED ABOUT/NEEDS?	WHAT'S WORKING WELL/STRENGTHS?	WHAT NEEDS TO HAPPEN NEXT?
Reason for Referral/Harm • Detail re: incident(s) bringing the family to the attention of the agency, specifically the parents' behavior and impact on the child(ren) • Pattern or history of similar worries • Results of SDM Hotline Tool (for RED Team) or Safety Assessment (for CFT meeting; specify safety threats) • Create a Harm Statement with the team if applicable **Danger** *(informs draft CANS)* • Worries about future danger to child(ren) (parents' behavior that may impact the child) • Create Danger Statement with the team if applicable **Complicating Factors** *(informs draft CANS)* • Things that are challenging for the family but that are not harm or danger to the child • SDM Risk Assessment risk factors & risk level • Presence of other research-based risk factors (young or single parent, parenting stress, poverty, social isolation, poor parent-child relationships) **Needs of Child/Youth** *(informs draft CANS)* • Discuss • Age 0-5: Behavioral/Emotional, Family Funct., Early Educ., Social/Emotional, Developmental, Medical, Risk Bx/Factors, Perinatal, Cultural, Dyadic, ACEs • Age 6+: Behavioral/Emot., Life Funct., Social Funct., Placement, Educ., Medical, Risk Bx, Cultural, ACEs • Assessments completed (Regional Ctr., MH, CSEC) • Placement/presumptive transfer issues	**Safety** *(informs draft CANS)* • Current or past safety, defined as acts of protection demonstrated over time by the parent(s) or a network member • Pattern or history of exceptions to worries **Supporting Strengths** *(informs draft CANS)* • Circumstances, resources, cultural supports, parent capacities that are good but do not ensure safety • Research-based protective factors (parental resilience, knowledge of parenting/child development, social connections, concrete support in times of need, children's social & emotional competence) **Safety/Support Network** • Individuals who can help ensure child safety • Other supports to the family, child or youth • How the network has helped protect in the past • Who is a resource for relative/NREFM placement • Family finding/Circles of Support • If removal, discussion of concurrent planning **Strengths of Child/Youth** *(informs draft CANS)* • Age 0-5: Family Strengths, Interpersonal, Natural Supports, Resiliency, Relationships Permanency, Playfulness, Family Spiritual/Religious • Age 6+: Family Strengths, Interpersonal, Educational Setting, Talents/Interests, Spiritual, Cultural Identity, Community Life, Natural Supports, Resiliency	**Shared Vision/Safety Goal** • What the parents' behavior will look like so that we know the child is safe over time • Short-term safety goal, if a Safety Plan is put in place **Gray Area** *(create flip chart if needed)* • Incomplete information • Things we are speculating about or making up • Inferences, assumptions and possible biases • Questions we need to answer • Also create Parking Lot flip chart if needed to capture off-topic issues that need follow-up **BRAINSTORMING/IDEAS** • Ideas around next steps • Avoid reality-testing ideas at this point; just get everyone's ideas for what could/should happen **NEXT STEPS/ACTION PLAN** • Next steps needed to address the risk/danger • Safety Plan (involving the support of the Network) if there is a current SDM safety threat and a plan is able to be developed that can address the safety threat and keep the child safely at home • If it is not possible to create a Safety Plan that will mitigate the safety threat, next steps should address possible placement with relatives/NREFMs • Specify what action steps, who, timeframes, etc. • Next meeting date

For parents, document where appropriate under Danger, Complicating Factors, Safety and Supporting Strengths their Needs and Resources related to: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical, Mental Health, Substance Use, Developmental, Safety [and for kids 0-5, Family Rel. to System, Legal Involvement, Organization]



Scale for Safety: 1 = Safety Plan Needed, 10 = Safe Enough to Close | Scale family's willingness, confidence and/or capacity to follow the plan.

CFT MEETING STRUCTURE & CONTENT QUICK GUIDE: EMERGENCY RESPONSE/SAFETY PLANNING

This structure and content guide for ER/safety planning meetings can be used for case staffing/preparation work prior to meeting with the family (Case Consultation, RED Team); for social worker-led informal Safety Mapping with parent(s); or for formal/facilitated Emergency Removal CFT meetings or Risk of Removal CFT meetings.

1. **Introductions and Context**
   - Welcome participants and provide general statement/context about why the meeting is happening
   - Have participants introduce themselves, role and relationship to child/youth/family/case
   - Share values and approach (strengths-based, work together as a team, honor family voice and choice)
   - Agency bottom lines around safety and mandated reporting
   - Privacy/how information will be shared (signed ROI and/or Confidentiality/Privacy Statement)
   - Is there anything that might pull our attention away today? Can everyone stay for the full planned time?
   - Logistics (restroom location, meeting timeframe, etc.). Questions before beginning?

2. **Purpose/Desired Outcome**
   - What is the purpose of our meeting today? What do we want to talk about? What do we want to walk away with from the meeting? A decision, plan, other?
   - Ask the family if they would like to share their understanding of why the meeting is happening or if they would like the social worker to start.
   - **Write the agreed-upon purpose somewhere the group can see it, i.e., on a white board or flip chart.**

3. **Group Agreements**
   - **Create a flip chart to document group agreements.**
   - First meeting for this team: How do we want to work with each other? What will make this a safe space?
   - Future meetings: Bring back group agreements and check to see if anything needs to be added/adjusted

4. **Network/Team/Stakeholders**
   - Is everyone here who should be here? If not, what should we do to get them here?
   - If few or no natural supports are present, and the family cannot come up with ideas for natural supports, complete the Circles of Support, a Genogram or an Ecomap in the meeting. Can any of those people get on the phone right now? If not, does the meeting need to be rescheduled a few days out so the network can be there? There must be a safety network to create a safety plan. (No Network, No Plan!)

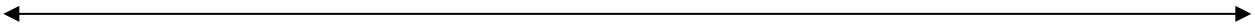
5. **Content**
   - Ask the child/youth, or if they are not present, the parents, whether they want to start by talking about what's working well in their family or what the worries are. Start with what they pick.
   - What are we worried about? What are the needs?
     - Areas for discussion are noted on the following page. Note that this is a guide to the type of content that should be discussed. You do not have to capture it in separate categories (i.e., Harm, Danger, Complicating Factors), but you can do so if you feel comfortable charting this way.
   - What's working well? What are the strengths of the child/youth and parents?
     - Areas for discussion are noted on the following page. Note that this is a guide to the type of content that should be discussed. You do not have to capture it in separate categories (i.e., Safety, Supporting Strengths), but you can do so if you feel comfortable charting this way.
   - For the purpose of an ER-level/Safety Planning CFT meeting, the Safety Goal becomes the beginning of the Shared Vision statement. If there is time, you can also address the Well-Being Goal for the child.
   - **If needed, create a Parking Lot flip chart to capture discussion items that are off-topic and not relevant to the meeting, so they are documented for follow-up outside the meeting.**

QUESTION: WHAT ARE WE WORRIED ABOUT?	QUESTION: WHAT'S WORKING WELL?
FLIP CHART: WORRIES/NEEDS	**FLIP CHART: WORKING WELL/STRENGTHS**
DISCUSSION ITEMS/TOPICS TO COVER **Reason for Referral/Harm** *(informs draft CANS)* • Detail re: incident(s) bringing the family to the attention of the agency, specifically the parents' behavior and impact on the child(ren) • Pattern or history of similar worries • Results of SDM Hotline Tool (for RED Team) or Safety Assessment (for CFT meeting; specify safety threats) • Create a Harm Statement with the team, if there was harm to the child/youth **Danger** *(informs draft CANS)* • Worries about future danger to child(ren) (parents' behavior that may impact the child) • Create Danger Statement with the team, if there are worries about future danger to the child/youth **Complicating Factors** *(informs draft CANS)* • Things that are challenging for the family but that are not harm or danger to the child • SDM Risk Assessment risk factors & risk level **Needs of Child/Youth** *(informs draft CANS)* • Age 0-5: Behavioral/Emotional, Family Functioning, Early Education, Social/Emotional, Developmental, Medical, Risk Bx/Factors, Perinatal, Cultural, Dyadic, ACEs • Age 6+: Behavioral/Emot., Life Funct., Social Funct., Placement, Educ., Medical, Risk Bx, Cultural, ACEs • Assessments completed (Regional Ctr., MH, CSEC) • Placement/presumptive transfer issues	**DISCUSSION ITEMS/TOPICS TO COVER** **Safety** *(informs draft CANS)* • Current or past safety, defined as acts of protection demonstrated over time by the parent(s) or a network member • Pattern or history of exceptions to worries **Supporting Strengths** *(informs draft CANS)* • Circumstances, resources, cultural supports, parent capacities that are good or positive but do not ensure safety **Safety/Support Network** • Individuals who can help ensure child safety • Other supports to the family, child or youth • How the network has helped protect in the past • Who is a resource for relative/NREFM placement • Family finding/Circles of Support • If child is separated, discussion of concurrent planning **Strengths of Child/Youth** *(informs draft CANS)* • Age 0-5: Family Strengths, Interpersonal, Natural Supports, Resiliency, Relationships Permanency, Playfulness, Family Spiritual/Religious • Age 6+: Family Strengths, Interpersonal, Educational Setting, Talents/Interests, Spiritual, Cultural Identity, Community Life, Natural Supports, Resiliency
NOTE: Consider parents' Caregiver Needs and Resources that will inform the draft CANS: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical, Mental Health, Substance Use, Developmental, Safety (and for kids 0-5, Family Relationship to System, Legal Involvement, Organization). Depending on whether an item is a Caregiver Need or Resource for that parent, these could fall under Worries/Needs or Working Well/Strengths.	

6. **Brainstorming/Ideas**
   - What would parents' behavior look like such that we would know the child is safe? (ideas for Safety Goal)
   - Since ER/Safety Planning meetings are about safety and placement decisions, use structured brainstorming process.
   - Encourage ideas related to: least restrictive placement (in-home or out of home), intervention level (court/no court), actions to be taken by the parent or network members, services for child/parent, other.
   - Avoid reality-testing ideas at this point.

7. **Next Steps/Plan**
   - **Document Safety Goal on whiteboard or flip chart paper.**
   - Build consensus around decisions to turn ideas from brainstorming into concrete next steps. Explore ideas in order of least restrictive placement to most restrictive.
   - Develop concrete action plan: Specific actions, by whom, by when. Next CFT meeting date?
   - Scale for confidence the plan will keep the child safe, commitment of each person that they will be able to follow through with their action steps, etc.

<table>
<tr><th colspan="3">QUESTION: WHAT NEEDS TO HAPPEN NEXT?</th></tr>
<tr><th>DOCUMENT SAFETY GOAL ON WHITEBOARD OR FLIP CHART</th><th>FLIP CHART: IDEAS</th><th>FLIP CHART: NEXT STEPS/PLAN</th></tr>
<tr><td>Shared Vision/Safety Goal
Create a Safety Goal with the group if a Danger Statement was created
Describes what the parents' behavior will look like so that we know the child is safe over time
This is part of Next Steps because it is what we are working toward</td><td rowspan="3">Brainstorming/Ideas
Ideas around what needs to happen next
For ER/Safety Planning meeting, use structured brainstorming process
Avoid reality-testing ideas at this point; just get everyone's ideas for what could/should happen
Ideas related to safety, least restrictive placement (in-home or out of home), intervention level (court/no court), actions to be taken by the parent or network members, services for child/parent, other</td><td rowspan="3">Next Steps/Action Plan
Next steps needed to address the risk/danger
Safety Plan (involving the support of the Network) if there is a current SDM safety threat and a plan is able to be developed that can address the safety threat and keep the child safely at home
If it is not possible to create a Safety Plan that will mitigate the safety threat, next steps should address possible placement with relatives/NREFMs
Document the specific Action Plan: Who, what, by when
Next CFT meeting date</td></tr>
<tr><td>CREATE GRAY AREA FLIP CHART IF NEEDED</td></tr>
<tr><td>Gray Area
Things we are speculating about or making up
Inferences, assumptions and possible biases
Incomplete information, questions to answer
Develop next steps about items captured on Gray Area as needed</td></tr>
</table>



1 2 3 4 5 6 7 8 9 10

Scale child safety, family's willingness, confidence and/or capacity to follow the plan.

8. Closing and +/Δ Feedback

- Does everyone understand who will do what, when?
- Any last questions?
- +/Δ: What worked in the meeting? What should we do differently next time?

CHILD & FAMILY TEAM (CFT) MEETING MAP – FAMILY MAINTENANCE/FAMILY REUNIFICATION

Meeting Type: ☐ Case Consultation ☐ Case Planning CFTM ☐ Placement CFTM ☐ Transition Home CFTM ☐ Case Closure CFT ☐ Other: _____

Meeting Purpose/Focus: What is our intended outcome of today's meeting or consultation? What do we hope to achieve by the end of the meeting?

Meeting Met Statutory Requirements for CFT: ☐ Yes ☐ No *Complete genogram, ecomap, Circles of Support as appropriate.*

WHAT ARE WE WORRIED ABOUT/NEEDS?	WHAT'S WORKING WELL/STRENGTHS?	WHAT NEEDS TO HAPPEN NEXT?
Current Worries that Need to Be Addressed • Worries that need to be addressed in the case plan or transition plan • Include child's/youth's perspective on worries **Harm & Danger** • Develop harm/danger statement(s) if not yet done • Any new worries about harm, danger or risk • Unresolved or new safety threats • Parent CANS Caregiver Needs that rise to the level of harm or danger **Complicating Factors** • Things that are challenging for the family, child or youth but that are not harm or danger • Current risk level from SDM Risk Reassessment • Parent CANS Caregiver Needs that are complicating factors **Needs & Strengths to Build of Child/Youth (CANS)** • Discuss needs and worries for the child/youth • Discuss CANS items that are Needs and Strengths to Build of the youth and identify Target Needs & Anticipated Outcomes • Other assessments completed (Regional Ctr., MH, CSEC) • Level of Care considerations (physical, behavioral/ emotional, educ., health, permanency/family) • Placement/presumptive transfer issues	**Safety** • Acts of protection or protective behaviors by the parent(s) demonstrated over time • Parent's resources from Caregiver Resources on CANS if they rise to the level of safety/acts of protection **Supporting Strengths** • Positive things, resources, assets, capacities that are good but do not ensure safety • Cultural supports, traditions • Parent's and/or caregiver's Caregiver Resources from CANS that do not rise to level of safety **Safety/Support Network (Child & Family Team)** • Individuals who can help ensure safety • Other supports to the child, youth and/or family • Who in the Child & Family Team can support the child, youth and family in meeting goals of the plan • Relative/NREFM placement & connection • Concurrent planning **Strengths of Child/Youth (CANS)** • Note CANS items that are strengths of the youth and discuss whether/how they should be brought into planning	**Shared Vision/Safety Goal/Well-Being Goal** • Create Safety Goal, if not previously done: What the parent's behavior will look like so that we know the child is safe and can return home or so the case can close (shared vision for parents' behavior; ties to needs/strengths from CANS) • Create well-being goals for child/youth (shared vision of their positive future; ties to needs/strengths from CANS) **Gray Area** *(create flip chart if needed)* • Incomplete information • Things we are speculating about • Inferences, assumptions and possible biases • Questions we need to answer • Also create Parking Lot flip chart if needed to capture off-topic issues that need follow-up **BRAINSTORMING/IDEAS** • Ideas around next steps • Avoid reality-testing ideas at this point; just get everyone's ideas for what could/should happen **NEXT STEPS/ACTION PLAN** • Next steps, including behaviorally-based case plan objectives, to address the worries/safety concerns and the child/youth, parent and caregiver needs and strengths identified by CANS & CFT • Specify what, who, by when, etc. • Next CFT meeting date

NOTE: For parents, document where appropriate (Harm & Danger, Complicating Factors, Safety, Supporting Strengths) their Needs & Resources related to: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical/Physical, Mental Health, Substance Use, Developmental, Safety (and for kids 0-5, Family Rel. to System, Legal Involvement, Organization)

1 2 3 4 5 6 7 8 9 10

Scale any of the following: current safety; readiness for next steps (transition or closure); participants' willingness, confidence and/or capacity to follow the plan.

CFT MEETING STRUCTURE & CONTENT QUICK GUIDE: FAMILY MAINTENANCE/FAMILY REUNIFICATION

This structure and content guide for FM/FR ongoing case management meetings can be used for case staffing/preparation work prior to meeting with the family, or for formal/facilitated CFT meetings.

1. **Introductions and Context**
   - Welcome participants and provide general statement/context about why the meeting is happening
   - Have participants introduce themselves, role and relationship to child/youth/family/case
   - Share values and approach (strengths-based, work together as a team, honor family voice and choice)
   - Agency bottom lines around safety and mandated reporting
   - Privacy/how information will be shared (signed ROI and/or Confidentiality/Privacy Statement)
   - Is there anything that might pull our attention away today? Can everyone stay for the full planned time?
   - Logistics (restroom location, meeting timeframe, etc.). Questions before beginning?

2. **Purpose/Desired Outcome**
   - What is the purpose of our meeting today? What do we want to talk about? What do we want to walk away with from the meeting? A decision, plan, other?
   - Ask the family if they would like to share their understanding of why the meeting is happening or if they would like the social worker to start.
   - **Write the agreed-upon purpose somewhere the group can see it, i.e., on a white board or flip chart.**

3. **Group Agreements**
   - **Create a flip chart to document group agreements.**
   - First meeting for this team: How do we want to work with each other? What will make this a safe space?
   - Future meetings: Bring back group agreements and check to see if anything needs to be added/adjusted

4. **Network/Team/Stakeholders**
   - Is everyone here who should be here? If not, what should we do to get them here?
   - If few or no natural supports are present, and the family cannot come up with ideas for natural supports, complete the Circles of Support, a Genogram or an Ecomap in the meeting. Can any of those people get on the phone right now? If not, does the meeting need to be rescheduled a few days out so the network can be there? [If new safety threats are identified at the meeting, there must be a safety network to create a safety plan. (No Network, No Plan!)]

5. **Content**
   - Ask the child/youth, or if they are not present, the parents, whether they want to start by talking about what's working well in their family or what the worries are. Start with what they pick.
   - What are we worried about? What are the needs?
     - Areas for discussion are noted on the following page. Note that this is a guide to the type of content that should be discussed. You do not have to capture it in separate categories (i.e., Harm, Danger, Complicating Factors), but you can do so if you feel comfortable charting this way.
   - What's working well? What are the strengths of the child/youth and parents?
     - Areas for discussion are noted on the following page. Note that this is a guide to the type of content that should be discussed. You do not have to capture it in separate categories (i.e., Safety, Supporting Strengths), but you can do so if you feel comfortable charting this way.
   - For an FM/FR case, the Shared Vision is a combination of the Safety Goal for the parents and Well-Being Goal for the child/youth.
   - **If needed, create a Parking Lot flip chart to capture discussion items that are off-topic and not relevant to the meeting, so they are documented for follow-up outside the meeting.**

QUESTION: WHAT ARE WE WORRIED ABOUT?	QUESTION: WHAT'S WORKING WELL?
FLIP CHART: WORRIES/NEEDS	**FLIP CHART: WORKING WELL/STRENGTHS**
DISCUSSION ITEMS/TOPICS TO COVER **Current Worries that Need to Be Addressed** • Worries that need to be addressed in the case plan or transition plan • Include child's/youth's perspective on worries **Harm & Danger** • Develop harm/danger statement(s) if not yet done • Any new worries about harm, danger or risk • Unresolved or new safety threats • Parent CANS Caregiver Needs that rise to the level of harm or danger **Complicating Factors** • Things that are challenging for the family, child or youth but that are not harm or danger • Current risk level from SDM Risk Reassessment • Parent CANS Caregiver Needs that are complicating factors **Needs & Strengths to Build of Child/Youth** • Discuss needs and worries for the child/youth • Discuss CANS items that are Needs and Strengths to Build of the youth and identify Target Needs & Anticipated Outcomes • Other assessments completed (Regional Ctr., MH, CSEC) • Level of Care considerations (physical, behavioral/ emotional, educ., health, permanency/family) • Placement/presumptive transfer issues	**DISCUSSION ITEMS/TOPICS TO COVER** **Safety** • Acts of protection or protective behaviors by the parent(s) demonstrated over time • Parent's resources from Caregiver Resources on CANS if they rise to the level of safety/acts of protection **Supporting Strengths** • Positive things, resources, assets, capacities that are good but do not ensure safety • Cultural supports, traditions • Parent's and/or caregiver's Caregiver Resources from CANS that do not rise to level of safety **Safety/Support Network (Child & Family Team)** • Individuals who can help ensure safety • Other supports to the child, youth and/or family • Who in the Child & Family Team can support the child, youth and family in meeting goals of the plan • Relative/NREFM placement & connection • Concurrent planning **Strengths of Child/Youth** • Discuss the child's/youth's strengths • Note CANS Strengths of the youth and discuss whether/how they should be brought into planning
NOTE: For parents, document where appropriate (Harm & Danger, Complicating Factors, Safety, Supporting Strengths) their Needs & Resources related to: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical/Physical, Mental Health, Substance Use, Developmental, Safety (and for kids 0-5, Family Rel. to System, Legal Involvement, Organization). Depending on whether an item is a Caregiver Need or Resource for that parent, these could fall under Worries/Needs or Working Well/Strengths.	

6. **Brainstorming/Ideas**
   - Explore behaviorally-based case plan objectives would look like for the parent(s), such that they could demonstrate behavior change and achieve the Safety Goal.
   - Explore what interventions could be put in place to meet the Target Needs of the child/youth, parent(s) and caregivers, and what Anticipated Outcomes would there be from those interventions.
   - If the CFT meeting is to address a possible placement disruption, use structured brainstorming process to identify placement options and least restrictive placement.
   - The ideas of the child/youth and family for their case plan objectives, services and supports should be heard, explored, and supported as long as they are feasible and support the Safety Goal.

7. **Next Steps/Plan**
   - Build consensus around decisions to turn ideas from brainstorming into concrete next steps.
   - Develop concrete action plan: Specific actions, by whom, by when. Next CFT meeting date?
   - Scale for confidence the plan will achieve its intended goals, commitment of each person that they will be able to follow through with their action steps, etc.

QUESTION: WHAT NEEDS TO HAPPEN NEXT?		
DOCUMENT SHARED VISION ON WHITEBOARD OR FLIP CHART	**FLIP CHART: IDEAS**	**FLIP CHART: NEXT STEPS/PLAN**
Shared Vision/Safety Goal **Well-Being Goal** • Shared Vision is a combination of a Safety Goal for the parents and Well-Being Goal for child/youth • Create Safety Goal, if not previously done: What the parent's behavior will look like so that we know the child is safe and can return home or so the case can close (shared vision for parents' behavior). If previously created; write it somewhere in the meeting. • Create well-being goals for child/youth (shared vision of their positive future based on needs/strengths from CANS)	**Brainstorming/Ideas** • Ideas around what needs to happen next • In general, suspend reality-testing at this point and generate everyone's ideas first, unless a viable idea is presented by the child/youth or parent that they would like to explore • Include ideas related to safety, least restrictive placement (in-home or out of home), actions to be taken by the parent or network members • Explore what behaviorally-based case plan objectives would look like for the parent(s), such that they could demonstrate behavior change and achieve the Safety Goal • Explore what interventions could be put in place to meet the Target Needs of the child/youth and what Anticipated Outcomes would there be from those interventions • Explore what interventions could be put in place to meet the Target Needs of the parent and what Anticipated Outcomes would there be from those interventions • Explore what interventions could be put in place to meet the Target Needs of the resource caregiver and what Anticipated Outcomes would there be from those interventions • For ILP-age youth, ideas for Transitional Independent Living Plan (TILP) goals and supports • Ideas for placement preservation plan, as applicable	**Next Steps/Action Plan** • Build consensus around next steps, including action plan after the meeting and behaviorally-based case plan objectives to address the worries/safety concerns and the child/youth, parent and caregiver Target Needs, Anticipated Outcomes, Strengths to Build and Strengths identified by CANS & CFT • Document the specific Action Plan: Who, what, by when • Next CFT meeting date
CREATE GRAY AREA FLIP CHART IF NEEDED		
Gray Area • Things we are speculating about or making up • Inferences, assumptions and possible biases • Incomplete information, questions to answer • Develop next steps about items captured on Gray Area as needed		

1 2 3 4 5 6 7 8 9 10

Scale the team's willingness, confidence and/or capacity to follow the plan.

8. Closing and +/Δ Feedback

- Does everyone understand who will do what, when?
- Any last questions?
- +/Δ: What worked in the meeting? What should we do differently next time?

CHILD & FAMILY TEAM (CFT) MEETING MAP – PERMANENCY PLANNING/NON-MINOR YOUTH

Meeting Type: ☐ Case Consultation ☐ Case Planning CFT ☐ Placement CFT ☐ 90-Day Transition CFT ☐ Other: _____

Meeting Purpose/ Focus: What is our intended outcome of today's meeting or consultation? What do we hope to achieve by the end of the meeting?

Meeting Met Statutory Requirements for CFT: ☐ Yes ☐ No *Complete genogram, ecomap, Circles of Support as appropriate.*

WHAT ARE WE WORRIED ABOUT/NEEDS?	WHAT'S WORKING WELL/STRENGTHS?	WHAT NEEDS TO HAPPEN NEXT?
Current Worries that Need to Be Addressed • Worries that need to be addressed in the case plan, transition plan, placement decision, etc. **Permanency/Independence/Belonging/Safety** • Barriers to permanency, connection and belonging, or finalization of permanent plan • Any worries about youth's self-safety or community safety • Concerns about placement stability • Caregiver (Resource Parent) CANS Needs **Complicating Factors** • Things that are challenging for the child/youth or family but that are not affecting permanency, belonging or safety • Impact of past trauma on the youth • Caregiver (Resource Parent) CANS Needs **Needs & Strengths to Build of Child/Youth (CANS)** • Discuss needs and worries for the child/youth • Discuss CANS items that are Needs and Strengths to Build of the youth and identify Target Needs & Anticipated Outcomes • Other assessments done (Reg. Ctr., MH, CSEC) • Level of Care considerations (physical, behavioral/ emotional, educ., health, permanency/family) • Placement/presumptive transfer issues	**Permanency/Independence/Belonging/Safety** • Permanency, connection and belonging for the child/youth • Youth's self-safety and community safety, if applicable **Supporting Strengths** • Positive things, resources and capacities that are good but do not ensure permanency, connection, belonging or self-safety • Cultural supports, traditions • Caregiver (Resource Parent) CANS Resources **Safety/Support Network (Child & Family Team)** • Individuals in the Child and Family Team or others who can support the youth's plan and goals **Strengths of Child/Youth (CANS)** • Note CANS items that are strengths of the youth and discuss whether/how they should be brought into planning	**Shared Vision/Well-Being Goal** • Shared vision for well-being of the child/youth, including permanency, connection, belonging, independence, and/or self-safety goals; also address vision for any caregiver needs • Ties to needs/strengths from CANS **Gray Area** *(create flip chart if needed)* • Incomplete information • Things we are speculating about • Inferences, assumptions and possible biases • Questions we need to answer • Also create Parking Lot flip chart if needed to capture off-topic issues that need follow-up **BRAINSTORMING/IDEAS** • Ideas around next steps • TILP goals and TILCP objectives, as applicable **NEXT STEPS/ACTION PLAN** • Next steps, including behaviorally-based case plan objectives, to address worries and the child/youth and caregiver needs (and strengths to build) identified by CANS & CFT • Next CFT meeting date

NOTE: For caregivers, document where appropriate their Needs & Resources related to: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical/Physical, Mental Health, Substance Use, Developmental, Safety (and for kids 0-5, Family Relationship to System, Legal Involvement, Organization)

1 2 3 4 5 6 7 8 9 10

Scale current permanency/belonging; readiness for next steps; participants' willingness, confidence and/or capacity to follow the plan.

CFT MEETING STRUCTURE & CONTENT QUICK GUIDE: PERMANENCY PLANNING/NON-MINOR DEPENDENTS

This structure and content guide for PP/NMD ongoing case management meetings can be used for case staffing/preparation work prior to the meeting, or for formal/facilitated CFT meetings.

1. **Introductions and Context**
   - Welcome participants and provide general statement/context about why the meeting is happening
   - Have participants introduce themselves, role and relationship to child/youth/family/case
   - Share values and approach (strengths-based, work together as a team, honor family voice and choice)
   - Agency bottom lines around safety and mandated reporting
   - Privacy/how information will be shared (signed ROI and/or Confidentiality/Privacy Statement)
   - Is there anything that might pull our attention away today? Can everyone stay for the full planned time?
   - Logistics (restroom location, meeting timeframe, etc.). Questions before beginning?

2. **Purpose/Desired Outcome**
   - What is the purpose of our meeting today? What do we want to talk about? What do we want to walk away with from the meeting? A decision, plan, other?
   - Ask the child/youth (first) or family (if youth is not present) if they would like to share their understanding of why the meeting is happening, or if they would like the social worker to start.
   - **Write the agreed-upon purpose somewhere the group can see it, i.e., on a white board or flip chart.**

3. **Group Agreements**
   - **Create a flip chart to document group agreements.**
   - First meeting for this team: How do we want to work with each other? What will make this a safe space?
   - Future meetings: Bring back group agreements and check to see if anything needs to be added/adjusted

4. **Network/Team/Stakeholders**
   - Is everyone here who should be here? If not, what should we do to get them here?
   - If few or no natural supports are present, and the youth or family cannot come up with ideas for natural supports, complete the Circles of Support, a Genogram or an Ecomap in the meeting. Can any of those people get on the phone right now? If not, does the meeting need to be rescheduled a few days out so the network can be there?

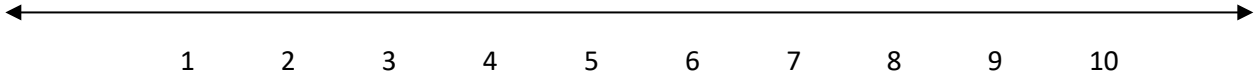
5. **Content**
   - Ask the child/youth, or if they are not present, their caregiver, whether they want to start by talking about what's working well or what the worries are. Start with what they pick.
   - What are we worried about? What are the needs?
     - Areas for discussion are noted on the following page. Note that this is a guide to the type of content that should be discussed. You do not have to capture it in separate categories, but you can do so if you feel comfortable charting this way.
   - What's working well? What are the strengths of the child/youth and parents?
     - Areas for discussion are noted on the following page. Note that this is a guide to the type of content that should be discussed. You do not have to capture it in separate categories (i.e., Safety, Supporting Strengths), but you can do so if you feel comfortable charting this way.
   - For an FM/FR case, the Shared Vision is a combination of the Safety Goal for the parents and Well-Being Goal for the child/youth.
   - **If needed, create a Parking Lot flip chart to capture discussion items that are off-topic and not relevant to the meeting, so they are documented for follow-up outside the meeting.**

QUESTION: WHAT ARE WE WORRIED ABOUT?	QUESTION: WHAT'S WORKING WELL?
FLIP CHART: WORRIES/NEEDS	**FLIP CHART: WORKING WELL/STRENGTHS**
DISCUSSION ITEMS/TOPICS TO COVER **Current Worries that Need to Be Addressed** • Worries that need to be addressed in the case plan, transition plan, placement decision, etc. **Permanency/Independence/Belonging/Safety** • Barriers to permanency, connection and belonging, or finalization of permanent plan • Any worries about youth's self-safety • Concerns about placement stability • Caregiver (Resource Parent) CANS Needs **Complicating Factors** • Things that are challenging for the child/youth or family but that are not affecting permanency, belonging or safety • Impact of past trauma on the youth • Caregiver (Resource Parent) CANS Needs **Needs & Strengths to Build of Child/Youth (CANS)** • Discuss needs and worries for the child/youth • Discuss CANS items that are Needs and Strengths to Build of the youth and identify Target Needs & Anticipated Outcomes • Other assessments completed (Reg Ctr., MH, CSEC) • Level of Care considerations (physical, behavioral/ emotional, educ., health, permanency/family) • Placement/presumptive transfer issues	**DISCUSSION ITEMS/TOPICS TO COVER** **Permanency/Independence/Belonging/Safety** • Permanency, connection and belonging for the child/youth • Youth's self-safety and community safety, if applicable **Supporting Strengths** • Positive things, resources and capacities that are good but do not ensure permanency, connection, belonging or self-safety • Cultural supports, traditions • Caregiver (Resource Parent) CANS Resources **Safety/Support Network (Child & Family Team)** • Individuals in the Child and Family Team or others who can support the youth's plan and goals **Strengths of Child/Youth (CANS)** • Note CANS items that are strengths of the youth and discuss whether/how they should be brought into planning
NOTE: For caregivers, document where appropriate their Needs and Resources related to: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical/Physical, Mental Health, Substance Use, Developmental, Safety (and for kids 0-5, Family Relationship to System, Legal Involvement, Organization). Depending on whether an item is a Caregiver Need or Resource for that person, these could fall under Worries/Needs or Working Well/Strengths.	

6. **Brainstorming/Ideas**
   - Explore what interventions could be put in place to meet the Target Needs of the child/youth and caregivers, and what Anticipated Outcomes would there be from those interventions.
   - If the CFT meeting is to address a possible placement disruption, use structured brainstorming process to identify placement options and least restrictive placement.
   - The ideas of the child/youth and family for their case plan objectives, services and supports should be heard, explored, and supported as long as they are feasible and support the Safety Goal.

7. **Next Steps/Plan**
   - Build consensus around decisions to turn ideas from brainstorming into concrete next steps.
   - Develop concrete action plan: Specific actions, by whom, by when. Next CFT meeting date?
   - Scale for confidence the plan will achieve its intended goals, commitment of each person that they will be able to follow through with their action steps, etc.

QUESTION: WHAT NEEDS TO HAPPEN NEXT?		
DOCUMENT SHARED VISION ON WHITEBOARD OR FLIP CHART	**FLIP CHART: IDEAS**	**FLIP CHART: NEXT STEPS/PLAN**
Shared Vision/Well-Being Goal • Shared vision for well-being of the child/youth, including permanency, connection, belonging, independence, and/or self-safety goals (shared vision of their positive future; ties to needs/strengths from CANS) • Also address vision for any caregiver needs	**Brainstorming/Ideas** • Ideas around what needs to happen next • In general, suspend reality-testing at this point and generate everyone's ideas first, unless a viable idea is presented by the child/youth or caregiver that they would like to explore • Explore what interventions could be put in place to meet the Target Needs of the child/youth and what Anticipated Outcomes would there be from those interventions • Explore what interventions could be put in place to meet the Target Needs of the resource caregiver (if any) and what Anticipated Outcomes would there be from those interventions • For ILP-age youth, ideas for Transitional Independent Living Plan (TILP) goals and supports • For NMDs, ideas for Transitional Independent Living Case Plan (TILCP) objectives and supports • Ideas for placement preservation plan, as applicable	**Next Steps/Plan** • Build consensus around next steps, including action plan after the meeting and behaviorally-based case plan objectives to address the child/youth and caregiver Target Needs, Anticipated Outcomes, Strengths to Build and Strengths identified by CANS & CFT • Document the specific Action Plan: Who, what, by when • Next CFT meeting date
CREATE GRAY AREA FLIP CHART IF NEEDED		
Gray Area • Things we are speculating about or making up • Inferences, assumptions and possible biases • Incomplete information, questions to answer • Develop next steps about items captured on Gray Area as needed		



Scale current permanency/belonging; readiness for next steps; participants' willingness, confidence and/or capacity to follow the plan.

8. Closing and +/Δ Feedback

- Does everyone understand who will do what, when?
- Any last questions?
- +/Δ: What worked in the meeting? What should we do differently next time?

KEY ISSUES & QUESTIONS TO ASK BY CFT MEETING PURPOSE/FOCUS AREA

This reference guide presents key issues and questions to ask to surface important discussion areas based on the different specific Child and Family Team (CFT) meeting purpose or focus area, including:

- Safety Planning/Risk of Removal Meeting
- Case Planning & Service Delivery Meetings for Family Maintenance & Family Reunification Cases
- Case Planning & Service Delivery Meetings for Permanency Planning and Non-Minor Dependent Cases
- Additional Questions: Placement Preservation/Disruption Meeting
- Additional Questions: Reunification Decision Meeting
- Additional Questions: Other Permanency Planning Meeting

This is not an exhaustive list, and the intent is not that the facilitator will ask every question listed, but rather that facilitators have an idea of the types of key issues that need to be addressed in a given type of meeting, and can ensure the relevant areas of discussion come up among the team as part of the discussion in the meeting.

A few reminders:

- Always ask, in this order: (1) the child/youth, or if not present, (2) the parents, or if not present, (3) the resource parents, whether they prefer to start with what we're worried about or what's working well.
- Model the ICPM practice behaviors of Foundation, Engagement, Assessment, Teaming, Service Planning and Delivery, and Transition in your role as a facilitator.
- For meetings where CANS is discussed, help the discussion of the worries/needs and working well/strengths of the child/youth and family to occur organically among the team, and facilitate the process such that all Needs and Strengths are captured on the CANS and consensus is built on action levels, Target Needs and next steps to address them.
- Use solution-focused questions as a primary questioning and engagement strategy wherever appropriate in a given meeting (Exception, Coping, Position, Preferred Future and Scaling questions).

Safety Planning/Risk of Removal Meeting

WORRIES/NEEDS

Reason for Referral/Harm and Danger

- What is the harm and danger (parents' behavior and impact on the child) suggesting removal is necessary to ensure safety? What must change to keep the child(ren) safe?
- What safety threats have been identified on the Structured Decision Making (SDM) Safety Assessment, if any?
- Has there been a pattern or history of similar worries?
- What are the worries about future danger to the child if nothing changes?
- What is the parents' understanding of the situation—perception/response to the agency's recommendation? What does the family believe are their needs? What are the family's ideas on how to ensure their child(ren) are safe and protected?
- What is the child's/youth's perspective on the worries for their family? Was the Three Houses done with them, and if so, what did they share?
- Were Harm and Danger Statements already created collaboratively by the social worker with the parents? If so, present these to the team in the meeting. If not, after discussing the worries, create them with the team. (If no Harm occurred, create Danger Statement only.)
- For probation youth, what are the worries about community safety? Are there any worries about caregiver behavior and impact on the youth that rise to the level of Harm/Danger?
- What have been the reasonable efforts or active effort (for Indian children) to prevent removal? How successful have they been?

Complicating Factors

- What are the complicating factors (things we are worried about but are not harm or danger to the child/don't affect safety)?
- Has the SDM Risk Assessment been completed? What risk factors have been identified?

Needs of Child/Youth

- What are the needs of the child/youth?
- Consider Needs that will inform the draft CANS. Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a child/youth may have a Need.
    - Age 0-5: Behavioral/Emotional, Family Functioning, Early Education, Social/Emotional, Developmental, Medical, Risk Behaviors/Factors, Perinatal, Cultural, Dyadic, ACEs
    - Age 6+: Behavioral/Emotional, Life Functioning, Social Functioning, Placement, Education, Medical, Risk Behaviors, Cultural, ACEs
- What are the results of any assessments completed for the child/youth? (i.e., Regional Center, Mental Health, CSEC)

NOTE ABOUT CANS FOR PARENTS

- Any caregiver CANS item for a given individual can be considered either a Need, a Resource or neither. Depending on whether an item is a Need or Resource for the parent, and whether that specific item meets the definition of Harm/Danger or Safety for a given parent, any CANS caregiver item may be considered either Harm/Danger, a Complicating Factor, Safety or a Supporting Strength.
- Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a parent may have a Need or Resource to inform the draft CANS. Caregiver items are:
    - All child ages: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical, Mental Health, Substance Use, Developmental, Safety
    - Age 0-5, add: Family Relationship to System, Legal Involvement, Organization

WORKING WELL/STRENGTHS

Safety

- What is working well for this family? Have there been any clear acts of protection – parent behavior that kept the child safe? Attempts to keep the child safe?
- Has there been a pattern of past safety or history of exceptions to the worries?
- Have there been acts of protection by other network members?

Supporting Strengths

- What is working well for the family that does not rise to the level of safety? What are the family's strengths? (Family's and others' point of view – circumstances, resources, cultural supports, parent capacities that are good or positive but do not ensure safety.)
- When was a time that things were working better for the family, or the harm/danger was not happening?
- What elements (people, places, other factors) were present when things went well for this family? Can any of those be reinstated now?
- How has the family coped in the face of the challenges they have faced?

Safety/ Support Network

- What is the family's support system—family, community, tribe?
- Who could become part of a network to ensure safety? What would this look like? How has the network helped to protect the child in the past?
- What information can other participants provide regarding the family's strengths and needs?
- If the child must be separated, who is a resource for relative/NREFM placement?
- If the child is separated, what are the options for a concurrent plan?

- Identification of relatives—maternal and paternal? Complete the Circles of Support, a genogram or ecomap to support family finding in the meeting as needed.

Strengths of Child/Youth

- What are the strengths of the child/youth?
- Consider Strengths and Strengths to build that will inform the draft CANS. Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a child/youth may have a Strength or Strength to Build.
    - Age 0-5: Family Strengths, Interpersonal, Natural Supports, Resiliency, Relationships Permanency, Playfulness, Family Spiritual/Religious
    - Age 6+: Family Strengths, Interpersonal, Educational Setting, Talents/Interests, Spiritual, Cultural Identity, Community Life, Natural Supports, Resiliency

NEXT STEPS

Shared Vision/Safety Goal

- What would the parents' behavior look like such that everyone would know the child/youth was safe? For how long?
- If a Safety Plan is put in place, what is the short-term safety goal?
- What is the short-term well-being goal for the child/youth?

Gray Area

- How verifiable and accurate is the information being shared? Is there anything we are speculating about or making up?
- What inferences, assumptions, or possible biases are people making?
- What information is missing today? How can missing critical information be obtained immediately? Should an interim plan be made and a follow-up meeting scheduled?

Brainstorming/Ideas

- Avoid reality-testing at this point; just generate everyone's ideas first.
- What next steps or strategies can meet the family's immediate needs and mitigate the safety threat? How can linkage to critical services be made today?
- Have we explored informal and natural supports for the family, in addition to traditional services?
- Which services/strategies will help meet longer-term needs?
- If a Safety Plan is considered, how will the child(ren)'s safety be assured 24/7? Who will provide monitoring? Are the oversight persons present and able to commit in writing?
- When and how will the Safety Plan be reviewed?
- What are the consequences if the plan is not followed?
- If the decision is made to separate the child/youth:
    - Have we carefully explained to the family the agency's rationale for recommending removal, the role of the agency vs. court in decision-making, parental legal rights, reunification timelines by age of child, case planning obligations and generally what to expect? Have we attempted to ensure the information was understood and answered questions?
    - What level of care does the child need? What placement options are there? Kinship (paternal as well as maternal)? Relatives' attitudes regarding the situation, willingness to protect, cooperate with agency? Supports for relatives? Special needs/considerations?
    - How can we keep siblings together? If a sibling group must be split up, what is the plan for sibling visitation and frequent contact?
    - How will the transition occur for the children out of their parents' care? What is the plan for scheduling the first visit?
    - How will the child(ren)'s relationship with his/her community be maintained?
    - If the child/youth will be placed out of county, are there presumptive transfer issues to be addressed?

- Will an "Icebreaker" meeting be scheduled for birth and resource parents to meet and share information about the child/youth? If so, when?

Next Steps/Action Plan

- Specify who, what, by when.
- What next steps will be put in place to address the risk/danger?
  - If there is a current SDM safety threat and a Safety Plan is able to be developed that can address the safety threat and keep the child safety in the care of their parents, who specifically will do what, by when?
  - By whom, when and how will the Safety Plan be monitored?
  - If it is not possible to create a Safety Plan that will mitigate the safety threat, what are the next steps for possible placement with relatives/NREFMs?
- Scale the group's confidence that the plan will keep the child safe, where 1 = the plan will not keep the child safe at all, and 10 = the plan will keep the child completely safe.
- Scale family's confidence and/or capacity to follow the plan, where 1 = the individual is not at all confident/able to follow the action steps assigned to them, and 10 = the individual is 100% confident/able to follow the action steps assigned to them.
- Who was not present at the meeting whose input is needed or needs to be informed about decisions or information from the meeting? How will this occur – who, what, and by when?
- Discuss and schedule next meeting date as appropriate.

Case Planning & Service Delivery Meetings for Family Maintenance & Family Reunification Cases

NOTE: If no front-end Safety Planning/Risk of Removal meeting occurred, in the meeting to develop the first case plan, the team will need to address the Key Issues for Safety Planning/Risk of Removal meetings (but without the focus on trying to achieve a Safety Plan) in order to build shared understanding among the team of the Harm/Danger and Safety Goal. This should be completed prior to moving on to discussion of the case plan.

<u>WORRIES/NEEDS</u>

Current Worries that Need to Be Addressed, Including Harm/Danger

- What are we worried about for the child/youth and family (since our last meeting, if applicable)?
- What is the child's/youth's perspective on what they are worried about?
- Were the Three Houses or Safety House tools done with the child/youth? If so, what did they share?
- Are there any new worries about harm, danger or risk?
- Are there any new safety threats, and/or is the current safety threat still unresolved?
- Were Harm and Danger Statements already created collaboratively by the social worker with the parents? If so, present these to the team in the meeting. If not, after discussing the worries, create them with the team. (If no Harm occurred, create Danger Statement only.)
- What are the worries for the parents that rise to the level of harm/danger and therefore need case plan objectives developed (for the initial case plan) or continued (for case plan updates)?
- Are we keeping a laser focus on harm and danger, or is there case plan drift to complicating factors?
- For probation youth, what are the current worries about community safety? Are there any worries about caregiver behavior and impact on the youth that rise to the level of Harm/Danger?

Complicating Factors

- What are the current complicating factors (things we are worried about but are not harm or danger to the child/don't affect safety)?

Needs of Child/Youth

- What are the current needs of the child/youth?
- What is the current impact of past trauma on the youth? How is this being addressed? What else is needed?
- What are the results of any assessments completed for the child/youth? (i.e., Regional Center, Mental Health, CSEC)
- For the first case planning meeting, the child's/youth's Needs also should have been captured on the draft CANS that is brought into the meeting. Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a child/youth may have a Need.
    - Age 0-5: Behavioral/Emotional, Family Functioning, Early Education, Social/Emotional, Developmental, Medical, Risk Behaviors/Factors, Perinatal, Cultural, Dyadic, ACEs
    - Age 6+: Behavioral/Emotional, Life Functioning, Social Functioning, Placement, Education, Medical, Risk Behaviors, Cultural, ACEs
- For subsequent meetings where a CANS has already been in place:
    - Is the child/youth receiving appropriate services and supports to meet their needs (including Needs as captured on CANS)? What are the barriers to meeting the child's/youth's needs, and how can they be addressed?
    - How are we accessing or utilizing the child's strengths in helping them be successful in the placement and otherwise (including Strengths as captured on CANS)? What are their Strengths to Build (CANS) that could be useful, and are interventions in place to support these?
    - Are current Needs reflected accurately on the CANS? Does the CANS need to be updated based on changes in Needs or Strengths?
- What are the Target Needs as captured on the CANS? What does the team think will also improve (Anticipated Outcomes) if we adequately address the Target Needs?
- Is there consensus on the CANS action levels? If not, how will we achieve consensus?
- If the child/youth is in out-of-home care, how stable is their placement? Do additional services/supports need to be considered to ensure placement stability?
- Address areas of need that will inform Level of Care considerations (physical, behavioral/emotional, educational, health, permanency/family).
- Are there presumptive transfer issues that the team needs to address?
- If the youth meets criteria for the Independent Living Program (ILP), what are their Transitional Independent Living Plan (TILP) goals?

NOTE ABOUT CANS FOR PARENTS

- Any caregiver CANS item for a given individual can be considered either a Need, a Resource or neither. Depending on whether an item is a Need or Resource for the parent, and whether that specific item meets the definition of Harm/Danger or Safety for a given parent, any CANS caregiver item may be considered either Harm/Danger, a Complicating Factor, Safety or a Supporting Strength.
- For the first case planning meeting, the parent's Needs and Resources should have been captured on the draft CANS that is brought into the meeting. Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a parent may have a Need or Resource. Caregiver items are:
    - All child ages: Supervision, Involvement with Care, Knowledge, Social Resources, Residential Stability, Medical, Mental Health, Substance Use, Developmental, Safety
    - Age 0-5, add: Family Relationship to System, Legal Involvement, Organization
- For subsequent meetings where a CANS has already been in place:
    - Is the parent receiving appropriate services and supports to meet their needs (including Needs as captured on CANS)? What are the barriers to meeting the parent's needs, and how can they be addressed?
    - How are we accessing or utilizing the parent's strengths in helping them be successful (including Resources as captured on CANS)?
    - Does the CANS need to be updated based on changes in parent Needs or Resources?
- Is there consensus on the CANS action levels? If not, how will we achieve consensus?

WORKING WELL/STRENGTHS

Safety

- What is working well for the parents? Have there been any clear acts of protection – parent behavior that kept the child safe? Attempts to keep the child safe?
- Have there been acts of protection by other network members?
- For probation youth, have there been improvements in their ability to ensure community safety?
- Have there been changes to parent strengths/Resources since the last meeting?

Supporting Strengths

- What is working well for the family that does not rise to the level of safety? What are the family's strengths? (Family's or others' point of view – circumstances, resources, cultural supports, parent capacities that are good or positive but do not ensure safety.)
- When was a time that things were working better for the family, or the harm/danger was not happening?
- What elements (people, places, other factors) were present when things went well for this family? Can any of those be reinstated now?
- How has the family coped in the face of the challenges they have faced?
- When are the times that the child/youth is at their best or succeeding in their goals? How can we build on those times?
- Was there anything specific that was working well in the past for the child/youth that we can tap into?

Safety/ Support Network

- Who are the important people to the child/youth?
- How will the team ensure the child/youth stays connected to their siblings, extended family, and tribal and community members?
- If the child/youth is placed out of their parents' care, what is their concurrent plan? Are there relatives who cannot take placement right now (i.e., ICPC) but should be identified as the concurrent plan?
- What intensive family finding efforts need to happen? Maternal and paternal relatives?
- Complete the Circles of Support, a genogram or ecomap to support family finding in the meeting as needed.

Strengths of Child/Youth

- What are the strengths of the child or youth?
- Have there been changes to strengths since our last meeting?
- The child's/youth's Strengths and Strengths to Build should also have been captured on the draft CANS that is brought into the meeting. Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a child/youth may have a Strength or Strength to Build.
    - Age 0-5: Family Strengths, Interpersonal, Natural Supports, Resiliency, Relationships Permanency, Playfulness, Family Spiritual/Religious
    - Age 6+: Family Strengths, Interpersonal, Educational Setting, Talents/Interests, Spiritual, Cultural Identity, Community Life, Natural Supports, Resiliency
- Is there consensus on the CANS action levels? If not, how will we achieve consensus?

NEXT STEPS

Shared Vision/Safety Goal/Well-Being Goal

- For an FM/FR case, the Shared Vision is a combination of a Safety Goal for the Parents and Well-Being Goal for the child/youth.
- What would the parents' behavior look like such that everyone would know the children were safe and can return home or the case can close? For how long?
- What progress have the parents made so far in working toward the Safety Goal?
- Create Well-Being goal for child/youth (shared vision of their positive future based on their needs/strengths, as reflected in the CANS)

Gray Area

- How verifiable and accurate is the information being shared? Is there anything we are speculating about or making up?

- What inferences, assumptions, or possible biases are people making?
- What information is missing today? How can missing critical information be obtained immediately? Should an interim plan be made and a follow-up meeting scheduled?

Brainstorming/Ideas

- In general, suspend reality-testing at this point and generate everyone's ideas first, unless a viable idea is presented by the child/youth or parent that they would like to explore.
- What activities, supports and services does the child/youth/NMD need to address their needs and/or build strengths?
- If the child is placed out of county, what is the decision about presumptive transfer?
- What behaviorally-based case plan objectives are necessary to address the parents' needs and clearly communicate the expected change in parents' behavior over time?
- What activities, supports and services do the parents need to address the Harm/Danger, ensure they meet the Safety Goal (behavior change), and build their strengths?
- What activities, supports and services are needed to address the resource parent's needs and/or to build their strengths to meet the needs of the child/youth/NMD?
- How will the team/network be assigned action steps to support the needs of the child/youth and parents and if not present, how will this be communicated to them?
- What team members have a high level of accountability to the group? How can those individuals be supported by the group?
- Has everyone had input in the case plan? Does it reflect the voice of the child/youth, parent, and other team members?

Next Steps/Action Plan

- Specify who, what, by when.
- Scale the group's confidence that the plan will meet the needs of the child/youth and family.
- Scale the team's confidence and/or capacity to follow the plan, where 1 = the individual is not at all confident/able to follow the action steps assigned to them, and 10 = the individual is 100% confident/able to follow the action steps assigned to them.
- Who was not present at the meeting whose input is needed or needs to be informed about decisions or information from the meeting? How will this occur – who, what, and by when?
- How will information from the meeting that was discussed about the case plan objectives, services and supports be put into case plan and treatment plan documents, and shared back with the youth and family?
- Discuss and schedule next meeting date as appropriate.

Case Planning & Service Delivery Meetings for Permanency Planning and Non-Minor Dependent Cases

<u>WORRIES/NEEDS</u>

Current Worries that Need to Be Addressed, Including Permanency/Independence/Belonging/Safety

- What are we worried about for the child/youth and family (since our last meeting, if applicable)?
- What is the child's/youth's perspective on what they are worried about?
- Were the Three Houses or Safety House tools done with the child/youth? If so, what did they share?
- Are there any new worries about harm, danger or risk?
- For probation youth, what are the current worries about community safety?
- Are there any barriers to permanency, connection and belonging, or finalization of permanent plan?
- Any worries about the child's/youth's self-safety?
- Concerns about placement stability?
- Needs for the current caregiver/resource parent?

- If the meeting is the emancipation conference for a youth who will become a non-minor dependent, what participation criteria will the meet for extended foster care?
- If the youth is a non-minor dependent (NMD), are there any worries about how they are meeting participation criteria for extended foster care?

Complicating Factors

- What are the current complicating factors (things we are worried about but are not harm or danger to the child/don't affect safety)?

Needs of Child/Youth

- What are the current needs of the child/youth?
- What is the current impact of past trauma on the youth? How is this being addressed? What else is needed?
- How have the needs of the child/youth changed?
- What are the results of any assessments completed for the child/youth? (i.e., Regional Center, Mental Health, CSEC)
- For the first case planning meeting where a CANS has been completed, the child's/youth's Needs should also have been captured on the draft CANS that is brought into the meeting. Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a child/youth may have a Need.
    - Age 0-5: Behavioral/Emotional, Family Functioning, Early Education, Social/Emotional, Developmental, Medical, Risk Behaviors/Factors, Perinatal, Cultural, Dyadic, ACEs
    - Age 6+: Behavioral/Emotional, Life Functioning, Social Functioning, Placement, Education, Medical, Risk Behaviors, Cultural, ACEs
- For subsequent meetings where a CANS has already been in place:
    - Is the child/youth receiving appropriate services and supports to meet their needs (including Needs as captured on CANS)? What are the barriers to meeting the child's/youth's needs, and how can they be addressed?
    - How are we accessing or utilizing the child's strengths in helping them be successful in the placement and otherwise (including Strengths as captured on CANS)? What are their Strengths to Build (CANS) that could be useful, and are interventions in place to support these?
    - Are current Needs reflected accurately on the CANS? Does the CANS need to be updated based on changes in Needs or Strengths?
- What are the Target Needs as captured on the CANS? What does the team think will also improve (Anticipated Outcomes) if we adequately address the Target Needs?
- Is there consensus on the CANS action levels? If not, how will we achieve consensus?
- If the child/youth is in out-of-home care, how stable is their placement? Do additional services/supports need to be considered to ensure placement stability?
- Address areas of need that will inform Level of Care considerations (physical, behavioral/emotional, educational, health, permanency/family).
- Are there presumptive transfer issues that the team needs to address?
- If the youth meets criteria for the Independent Living Program (ILP), what are their Transitional Independent Living Plan (TILP) goals?
- If the youth is a non-minor dependent (NMD), what participation criteria are they meeting for extended foster care? Do they need additional assistance to meet the participation criteria?

<u>WORKING WELL/STRENGTHS</u>

Permanency/Independence/Belonging/Safety

- What is working well for the child/youth with regard to permanency, connection and belonging, and transition to successful independence? What cultural supports and traditions are supporting this?
- What is working well with the youth's self-safety?
- For probation youth, have there been improvements in their ability to ensure community safety?

Supporting Strengths

- What is are the positive things, resources and capacities that are good but do not ensure permanency, connection, belonging or self-safety? (Circumstances, resources, cultural supports.)
- When are the times that the child/youth is at their best or succeeding in their goals? How can we build on those times?
- Was there anything specific that was working well in the past for the child/youth that we can tap into?
- How have the child/youth and resource parents coped in the face of the challenges they have faced?
- For NMDs, what is working well in them meeting their participation criteria for extended foster care?

Safety/Support Network
- Who are the important people to the child/youth? How can we engage them in the CFT process?
- Who are the individuals who will support the youth to meet their goals?
- How will the team ensure the child/youth stays connected to their siblings, extended family, and tribal and community members?
- What intensive family finding efforts need to happen?
- Complete the Circles of Support, a genogram or ecomap to support family finding in the meeting as needed.

Strengths of Child/Youth
- What are the strengths of the child or youth?
- How have the strengths of the child/youth changed since the last meeting?
- The child's/youth's Strengths and Strengths to Build should also have been captured on the draft CANS that is brought into the meeting. Familiarity with the CANS domains and items helps the facilitator ensure the group discusses all domains where a child/youth may have a Strength or Strength to Build.
    - Age 0-5: Family Strengths, Interpersonal, Natural Supports, Resiliency, Relationships Permanency, Playfulness, Family Spiritual/Religious
    - Age 6+: Family Strengths, Interpersonal, Educational Setting, Talents/Interests, Spiritual, Cultural Identity, Community Life, Natural Supports, Resiliency
- Is there consensus on the CANS action levels? If not, how will we achieve consensus?

NEXT STEPS

Shared Vision/Safety Goal/Well-Being Goal
- For a PP/NMD case, the Shared Vision is the Well-Being Goal for the child/youth and, if applicable, a vision for what will be working well for the resource parents.
- Well-Being goal for child/youth = shared vision of their positive future based on their needs/strengths, as reflected in the CANS. Addresses permanency, connection, belonging, independence, well-being and/or self-safety.
- What progress has been made in working toward the Shared Vision?

Gray Area
- How verifiable and accurate is the information being shared? Is there anything we are speculating about or making up?
- What inferences, assumptions, or possible biases are people making?
- What information is missing today? How can missing critical information be obtained immediately? Should an interim plan be made and a follow-up meeting scheduled?

Brainstorming/Ideas
- Avoid reality-testing at this point; just generate everyone's ideas first.
- What activities, supports and services does the child/youth/NMD need to address their needs and/or build strengths?
- If the youth is of ILP age, what are their current TILP goals and/or what goals do they want to set?
- If the child is placed out of county, what is the decision about presumptive transfer?

- What activities, supports and services are needed to address the resource parent's needs and/or to build their strengths to meet the needs of the child/youth/NMD?
- How will the team/network be assigned action steps to support the needs of the child/youth and resource parents, and if not present, how will this be communicated to them?
- What team members have a high level of accountability to the group? How can those individuals be supported by the group?
- Has everyone had input in the case plan? Does it reflect the voice of the child/youth, resource parent, and other team members?

Next Steps/Action Plan

- Specify who, what, by when.
- Scale the group's confidence that the plan will meet the needs of the child/youth and family.
- Scale the team's confidence and/or capacity to follow the plan, where 1 = the individual is not at all confident/able to follow the action steps assigned to them, and 10 = the individual is 100% confident/able to follow the action steps assigned to them.
- Who was not present at the meeting whose input is needed or needs to be informed about decisions or information from the meeting? How will this occur – who, what, and by when?
- How will information from the meeting that was discussed about the case plan objectives, services and supports be put into case plan and treatment plan documents, and shared back with the youth and family?
- Discuss and schedule next meeting date as appropriate.

Additional Questions: Placement Preservation/Disruption Meeting

- What are we worried about and what's working well in the placement?
- How can stability be maintained for the child/youth? What is the placement preservation plan?
- Is the child/youth receiving appropriate services and supports to meet their needs in the placement (including Needs as captured on CANS)? What are the barriers to meeting the child's/youth's needs, and how can they be addressed?
- How are we accessing or utilizing the child's strengths in helping them be successful in the placement and otherwise (including Strengths as captured on CANS)? What are their Strengths to Build (CANS) that could be useful, and are interventions in place to support these?
- Are current Needs reflected accurately on the CANS? Does the CANS need to be updated based on changes in Needs or Strengths?
- What needs does the caregiver have (including Needs as captured on CANS)? Are all of the caregiver's needs for support and/or services being addressed? What are the barriers to meeting the caregiver's needs and how can they be overcome?
- What additional services/supports can be put in place for the child/youth and caregiver(s)? How soon can they be provided? Who is responsible to ensure the implementation?
- What is the plan for support in a crisis? Is respite appropriate/available?
- Can additional services and/or supports maintain the placement? (Wraparound; Intensive Home-Based Services; Intensive Care Coordination; connection with siblings, parents and extended family, etc.)
- Is a change in the level of care or type of placement needed? What is the least restrictive type of placement that will keep this child safe and support the case plan goal?
- If an STRTP/group home is being considered, has Wraparound or other community-based team or therapeutic programs been tried first?
- Have we revisited relatives and NREFMs for placement? If not, how quickly can this happen? What other intensive family finding efforts need to be made?
- Is it possible to consider safe return home at this point?
- If the child has to move, how can he/she stay in his/her same school?
- If a sibling group will be split up, what is the plan for sibling visitation and frequent contact?
- If the child has to move out of county, how will the decision be made about presumptive transfer?
- What is the transition plan with the current caregiver for the child's move?

- Is there anything else that should be done for the child and/or caregiver(s)?

ALSO

- If a Foster Family provider/Group Home or STRTP provider: Have they fulfilled contract expectations—support to resource family, contacts, reports, etc.?
- If an agency Resource Home: Does the worker agree with the resource family's view of the situation? If not, why not?
- If an Emergency Response referral has been opened on/safety concern has occurred in the resource home: Has the SDM Substitute Care Provider Safety Assessment been completed? *Refer to Safety Planning/Risk of Removal CFT Meeting Key Issues as appropriate.*

Additional Questions: Reunification Decision Meeting

- What is the present situation? What's working well and what are the worries?
- Has the parent met the Safety Goal? How has their behavior and impact on the child changed? For how long?
- Have all Safety Threats (Danger) that brought the child/youth into placement been eliminated? How? What is the current Safety Assessment result per SDM?
- What is the present level of risk to the child/youth? Is it acceptable? Has the SDM Reunification Reassessment tool been completed? What does the tool recommend?
- Have all individuals in the home and/or having access to the child/youth been assessed for risk factors to the child/youth? Any concerns that need attention?
- Are there any other complicating factors, issues or concerns that have been identified or need to be addressed? What needs does the parent still have (including Needs as captured on CANS)? Are complicating factors such as living conditions, childcare, financial, health care (including dental and mental health), educational issues adequately addressed? If not, how will they be addressed?
- What services have been completed by the parent? What behavioral evidence/observations exist that indicate the services led to behavior change and addressed risks and safety issues?
- What services/supports should continue or be put in place for the parent?
- How will the child/youth continue to receive appropriate services and supports to meet their needs as they transition home (including Needs as captured on CANS)?
- How will we access or utilize the child's strengths in helping them be successful transitioning home (including Strengths as captured on CANS)?
- Does the CANS need to be updated based on changes in Needs or Strengths?
- Will all children be returned at once? Staggered? How will order of return be determined? Have parents been asked how they see their children successfully transition home?
- What supports are in place to assist the parent(s) upon the child's /youth's return? Are supports needed to assist the child/youth upon the return? Are additional community services and/or supports needed? What? How will they be provided? Will these services protect the child/youth and strengthen the family?
- Is everyone involved with this family supporting reunification? (e.g., service provider(s), CASA, resource placement) If not, why not? How are their concerns being addressed?
- How have transition issues been planned for: e.g. school change, medical record transfer, continuity of behavioral health services, continuing contact with former caregiver(s) and family, friends, etc.?
- Will the caregiver family provide ongoing support to the birth family? How?
- What problems can be anticipated upon reunification? What are the plans to address them should they materialize?
- How long will the agency remain involved with the family? How will the decision to close the case be made?
- Acknowledge and celebrate accomplishment!
- If reunification is not the recommendation:
    - What can the parent do to provide additional information to the case worker or the court regarding progress or behavioral change?
    - What are the legal statutory timeframes? Can additional time be recommended to continue services?

- Plan for ongoing visitation and family connection should services be terminated.
- Plan for age-appropriate discussion with the child/youth.

Additional Questions: Other Permanency Planning Meeting

When the Recommendation is Termination of Parental Rights

- Has the child's/youth's emotional attachment to their parents been carefully assessed? Has the issue been assessed of emotional damage of permanent separation vs. risk of harm if parental rights are not terminated?
- Has the agency fulfilled its duties and responsibilities to the parents? Has each element of the case plan been carefully pursued? Has the agency staff carried out all its obligations competently and in good faith? Have we honestly made reasonable efforts (or active efforts, for ICWA cases) and beyond to reunify this family?
- What are the child's/youth's chances of having a permanent family if their birth parents' rights are terminated? What is the agency's commitment to ensuring that the child/youth is adopted and has a healthy, nurturing family relationship?
- How will significant extended family relationships/connections be maintained?
- Have the benefits of maintaining a connection between parents and child/youth been discussed with the Adoptive family/permanent home?

When the Recommendation is Transfer of Legal Custody (Guardianship) to a Relative or Other Party:

- Has the potential legal custodian received a thorough and complete explanation of the rights and responsibilities associated with legal custody?
- Does the potential legal custodian understand that the agency intends for him/her to raise the child/youth until age 18, provide parental guidance and family support for life?
- What are the plans for continuing contact between the child/youth and birth parents/extended family? Is there a need for protective orders or other structured guidelines for contact?
- Is there a need to ensure child support is in place? Is the legal custodian capable of providing for the child(ren) financially?
- What supports are available through the agency and/or the community to assist the legal custodian as they raise the child/youth?

When the Recommendation is for Another Planned Permanent Living Arrangement

- How does this situation meet the statutory guidelines for use of APPLA? Is this truly the kind of circumstance envisioned by the legislature for use of APPLA?
- How can the agency justify not continuing to work toward finding a permanent family for this youth?
- Have all family members been fully explored and re-explored for their potential as caregivers? How long ago were they assessed?
- Is reunification possible with the proper supports? What is the current risk to the youth if placed with parent(s) or extended family?
- Has there been a thorough investigation and consideration of all caring adults who have been involved with the youth's life for permanency?
- If the youth is placed in APPLA status, how will the agency ensure that they have a significant, positive, caring adult relationship as they grow up?
- How will the agency prepare and support the youth into adulthood and self-sufficiency?

Collaborative Planning and Action Steps

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

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

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

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

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

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

3. **Orient the family and the child to the task.**
   Be clear with the family about what a plan is and how it relates to the danger statement and safety goal. The plan will help them demonstrate, through "turn-by-turn" action

steps, that they are moving from danger to safety. Acknowledge that this will take some time, hard work, and likely many changes in how the family usually functions. It may also require more than one meeting to create.

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

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

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

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

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

SAFETY PLANNING

NORTHERN CALIFORNIA TRAINING ACADEMY

SUMMARY

Safety plans focus on specific strategies to ensure short-term safety from the harm or danger that happened or may happen imminently to the child as a result of the parent's or caregiver's behavior.

STRUCTURED DECISION-MAKING (SDM)

- When a referral is received on a parent or other caregiver, social workers must assess whether any safety threats are present that require creating a safety plan or possible removal of the child. Safety threats are imminent situations that are likely to have immediate, severe effects on child(ren). The SDM Safety Assessment tool is used to determine if any safety threats are present.

No network = no plan

- Safety plans are necessary when the SDM Safety Assessment tool is completed accurately, per the SDM definitions, and the Safety Decision is *not* "Safe." If there are no safety threats marked on the Safety Assessment, a safety plan is not necessary and should not be made.
- Because federal law and trauma-informed social work practice support keeping children at home whenever safely possible, it is critical to create a safety plan with the family and their network to keep the child in the care of the parents whenever this can be safely achieved. When this is possible, the Safety Assessment safety decision is "Safe with plan."
- If after working with the family and their network, no plan can be developed that will keep the child safe with their caregiver, the Safety Assessment safety decision is "Unsafe," and the child must be removed. However, social workers have an ethical duty to work with the family and their network to try to develop a plan before determining that there is no option but removal.

ENGAGE THE FAMILY & THEIR NETWORK

- Safety plans *cannot* be created without the involvement of safe, responsible adults other than the caregiver(s) who caused the harm or danger.
- Having a Child and Family Team (CFT) Meeting is the best way to involve the network in a safety plan.
- Safety network members can include extended family, friends, neighbors, tribal members, service providers and anyone else who can play a role in ensuring safety.
- Children with sufficient developmental capacity can have a role in and should be informed of the safety plan.
- When ICWA applies, make every effort to involve the Tribe in developing the safety plan, and include culturally appropriate supports in the plan.
- The parent/caregiver and safety network members must agree, in writing, to fulfill the action steps assigned to them in the plan.

BUILDING THE SAFETY PLAN

- Convene a CFT meeting with the parent and other adults whose involvement is needed to keep the child safe, and use the SOP safety mapping process to develop the plan.
- Safety plans may not last longer than 30 days and ideally will last only 2 to 3 weeks or until the next CFT meeting, whichever comes first.
    - Keep a laser focus on the *harm* and *danger* that created the safety threat. Action steps should directly relate to the parent's behavior and its impact on the child.
    - Clearly state the safety threats/immediate worries that require creating the plan.
- Specify the SDM in-home interventions that let you assess that safety interventions can mitigate the safety threats.
- Specify safety plan action steps, who will complete them, and timeframes.
- Action steps must include:
    - Proactive activities by the caregiver and safety network that will prevent harm to the child.
    - Immediate referrals to services that will be made, but remember that services do not equal safety.
    - When and how the social worker will monitor the plan, including in-person and other contacts.
- Ways safety network members may assist include but are not limited to:
    - Being willing/able to care for the child at a moment's notice when parents are not being protective
    - Holding parents/caregivers accountable in completing action steps
    - Notifying the social worker immediately if concerns for the well-being of the child(ren) arise
- Safety network members must understand their role and be able and willing to carry out their responsibilities.
- The plan must be signed by everyone involved, and a copy of the plan given to the parent(s) and the network.

A NOTE ON SERVICES

Services should have a limited role in safety plans unless putting a service in place actually contributes to child safety. For example, getting a child immediately into daycare would be an appropriate service in a safety plan if the safety threat was that the parent does not meet the child's need for supervision because they are making inappropriate child care arrangements and these arrangements do not provide minimal safety for the child.

Other services, such as mental health services, take time to impact caregiver behavior, so although a referral to a service (i.e., "The parent will go to County Mental Health for a walk-in assessment tomorrow") may be part of a plan, this should not be relied upon to ensure safety.

MONITORING THE SAFETY PLAN

- Remember that safety plans are for short-term protection of children and should not exceed 30 days.
- You must consistently monitor safety plans to make sure safety goals are met. This includes:
  - Making announced as well as unannounced visits as often as needed to ensure the plan is keeping the child safe.
  - Communicating regularly with the safety network to discuss any worries that parent(s) may not be meeting safety goals.
  - Revising the plan and modifying safety goals and action steps as needed to address identified or new safety threats.
- If parents or network members are not following through, more intensive interventions may be needed, up to and including removal of the child.
- Never close a referral or case with an open safety plan. A current safety plan implies there is still an active safety threat. Safety threats must be resolved before closing a referral or case.
- If safety threats have not been mitigated by the 30-day timeframe to either close or promote the referral, the ongoing worker must incorporate all remaining interventions from the safety plan into the case plan.
- The SDM Risk Assessment needs to be completed within 30 days of the first in-person visit or prior to making a decision whether a referral should close or promote, whichever is sooner.

SAFETY PLANS IN ONGOING CASES

- Safety plans are not just for ER referrals. Workers must continue to assess for active safety threats throughout the case, with both biological and resource parents.
- Always assess child safety using the lens of the SDM Safety Assessment during monthly visits. If you identify an active safety threat on an open case, follow the process outlined in this guide.
- The Safety Assessment and Risk Assessment need to be done for new referrals on open cases.

SAFETY PLANS VS. CASE PLANS

SAFETY PLANS	CASE PLANS
Short-term	Long-term
Focus on immediate actions by the parent(s) and other adults that are necessary to keep the child safe	Focus on behavior change by the parent that is sustained over time
Referrals to services may be included but should be directly related to resolving the current safety threat	Services are included when they are necessary or applicable tools to create behavior change over time
Allow child(ren) to remain in the home during an ER investigation through specific, timely actions that mitigate safety threats	Seek to create change over an extended period of time to reduce risk and further increase the parent's capacity to protect the children

SAMPLE IDEAS FOR SAFETY PLAN ACTION STEPS

- Eva (mom), her friend Ashley, paternal grandma Mary, paternal grandpa Robert and maternal aunt Lupe agree to be part of the Safety Network. *[Always include who agrees to be part of the network in the safety plan.]*
- Jane (mom) and the children with stay with her friend Maria starting tonight, and everyone will make sure Bill is not informed of where Jane and the children are staying. Paternal grandpa James will check in with Bill daily to make sure he is not contacting Jane.
- Baby Sam will stay with Aunt Jennifer for the next week or until Sarah (mom) gets into residential treatment. Sarah can visit every day as long as she is not actively under the influence. If Jennifer sees that Sarah's eyes look funny, she is very drowsy, or she is slurring her words, Jennifer will tell her that they need to find another time for her to visit, and Jennifer will call the social worker to let her know. Jennifer will work with Sarah to make sure Sam gets to all doctor's appointments and has what he needs to be healthy.
- If Gloria (mom) feels like going out drinking with friends, she will arrange for Julia to sleep over at grandma's house. Julia will never have to stay alone or with anyone she doesn't feel safe with. Julia has grandma's phone number and can call any time if she needs to be picked up. She will practice calling grandma three times today. Grandma will also call every Friday and Saturday after school to ask Gloria if she wants her to pick up Julia for the night.
- Paternal uncle Roy and aunt Sandra will supervise three visits per week with Mark (dad) and the children at their house. Mark agrees to only talk about positive things with the kids, to not ask them about Clara (mom), and to let Roy and Sandra stop the visit if he starts talking about things that will make the kids feel sad or scared.
- When safety people come to visit Andre, they will ask him how he is doing and ask mom how she is doing. If anyone is worried about anything, the safety person will help with the problem or call the social worker to figure out who can help.
- The team will meet again in three weeks to follow up on the plan. Each member of the Safety Network will call the social worker once per week for the next three weeks to share how the plan is working, and the social worker will visit the child at home or school at least once per week.
- If any member of the network is worried that the plan is not keeping the child safe, they will call the social worker or CWS hotline and the social worker will immediately check on the child.

NOTE: For newborns affected by substance abuse or withdrawal symptoms resulting from prenatal drug or alcohol exposure, safety plan action steps must address both the health and safety needs of the newborn and the substance abuse treatment needs of the caregiver to ensure the safety and well-being of the newborn, per California law.

THE SOP DV TIMELINE TOOL

When to Use the SOP DV Timeline

This is a safety-organized practice (SOP) DV timeline tool that can help when working with a family experiencing domestic violence for the safety and well-being of the child. Constructing a Timeline is most effective for survivors who have had several different relationships in which they and their children were harmed and/or adversely affected by violent, coercive, and controlling partners over various periods throughout their lifetime. This Timeline is most efficient when documenting day-to-day behaviors and actions by the perpetrator that have impacted the child & survivor, household functioning and non-offending caregiver's ability to parent. ***(p+b+i)*** It keeps assessments balanced by documenting the survivor's past and present acts of protection present. **(s+b+i)** This tool helps guide the use of Structure Decision Making (SDM) Assessment Tools.

Purpose

The SOP DV Timeline is meant as a visual tool that incorporates the core components, tools, and concepts of SOP and the Structured Decision Making® (SDM) system

1. Assess for safety and risk to the child by partnering with the survivor to explore and document specific day-to-day events of harm and danger to him/her and the child by the abusive partner;

2. Help Child Protection workers focus the information-gathering process on the perpetrator's behavior patterns of coercive control, both ***past*** and ***present day-to-day*** *actions*, while also recognizing and documenting all of the non-offending caregiver's actions to protect the child each day and actions of those of who have supported them in keeping the child safe; and

3. Keep children safe with the non-offending caregiver by making a detailed plan, with the survivor and their safety network to ensure the child's ***future*** *safety* and well-being.

    - It is critical to explore the ***"windows"*** in the timeline**,** which are gaps when there was no harm or danger present and the children were safe. These windows can be used to build upon current acts of protection present for future safety.

By using the SOP DV Timeline tool in conjunction with other SOP tools, such as Circles of Safety and Support *by Sonja Parker* and Safety Mapping, Child Protection workers can focus on the non-offending caregiver's ability to build current and future safety for him/herself and his/her family with support of family, friends and other community providers.

The SOP DV Timeline can lay the foundation for creating:

- Balanced Rigorous assessments;

- Detailed safety plans;
- Organized, child and family team meetings; and
- Strong, behavior-based case plans with families exposed to domestic violence, which encompass acknowledging the perpetrator as a parent, making efforts to locate them and most importantly holding the perpetrator responsible for his/her actions and decreasing survivor blame for the perpetrator's behaviors.

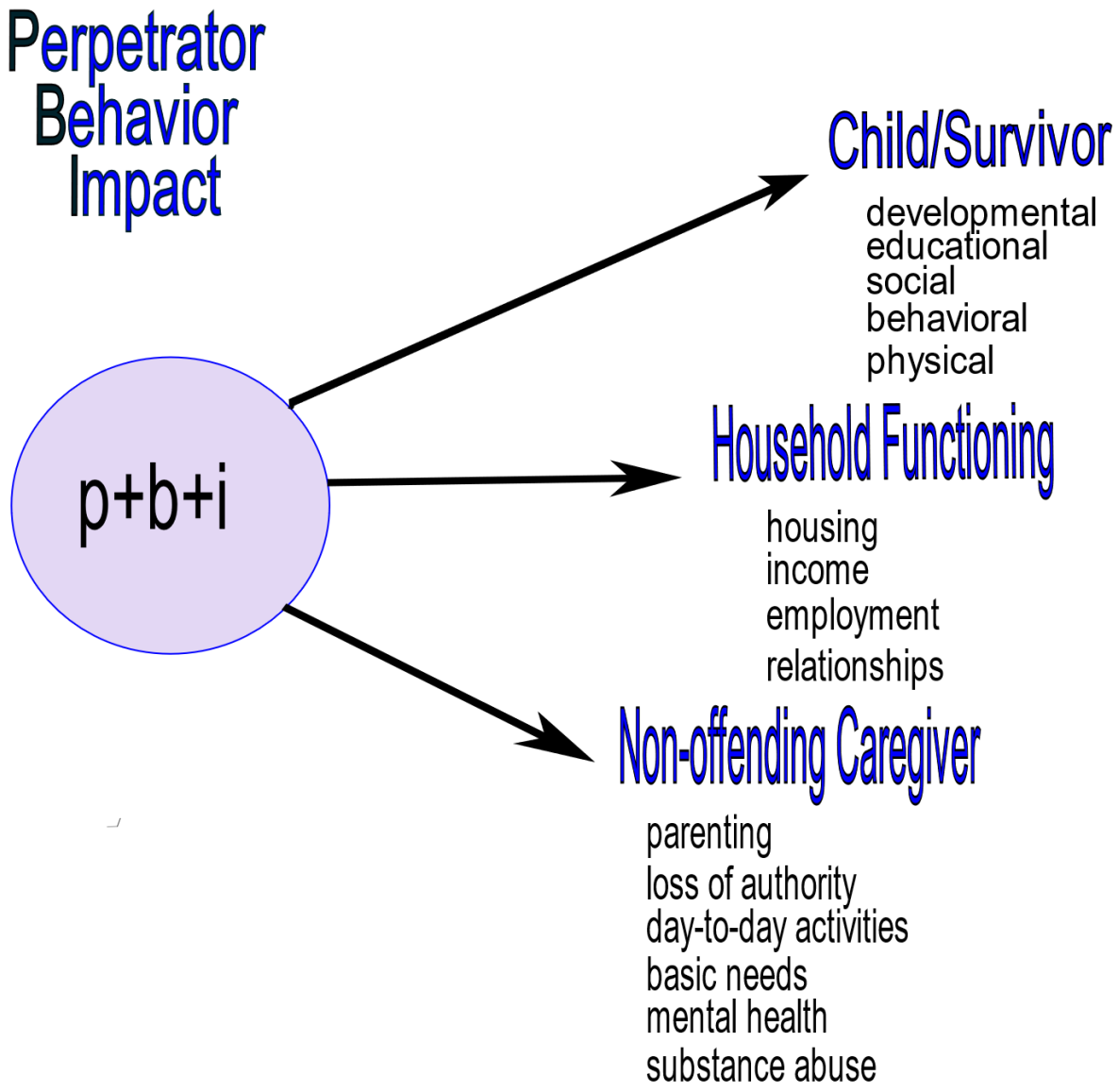
Identifying Perpetrator Behavior Impact (p+b+i)
and the Survivor's Protective Actions (s+b+i)

The focus of the Timeline is to explore the perpetrator's specific behaviors of coercive control as the primary source of the harm, (not failure to protect), should include the following. Use the ***Perpetrator Behavior Impact*** image to deepen the worker's assessments

- The perpetrator's behaviors that impact the child & survivor. *(SDM Safety Threat #1 & #5)*
- How the perpetrator's behaviors have disrupted household functioning. *(SDM Safety Threat #6)*
- How the perpetrator's behaviors impact the non-offending caregiver's ability to parent or receive treatment services. *(SDM Safety Threat #6 and Complicating Factors)*
- *Complicating factors* such as mental health and substance abuse by the perpetrator and survivor, and the impact of these on the child.
- A process of engaging the perpetrator and assessing his/her ability to work with the agency to shift away from using violence and coercion with his/her family.

It is the worker's role to build an alliance with the survivor to explore:

- Protective Capacities, Acts of Protection and/or Strengths to help keep the child safe (which the worker should validate);
- Ability to provide the child's daily basic needs and activities that help the child heal from trauma, provides stability, nurturance, and safety to the child and provides for the child's daily well-being.
- Identify all people in the family's life who have been a strong support for safety for both caregivers to help build the safety network for perpetrator responsibility.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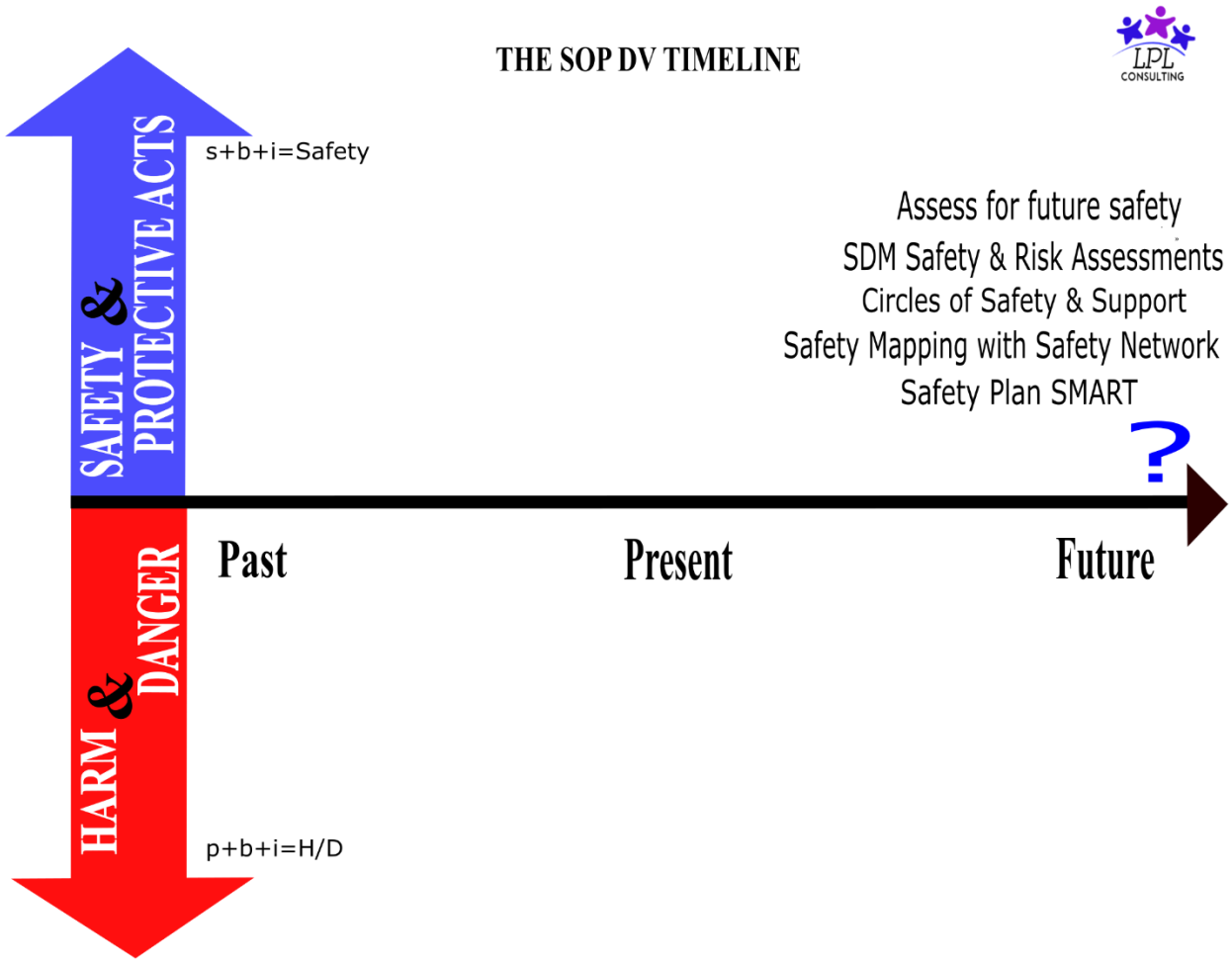


BEHAVIORALLY-BASED CASE PLAN EXAMPLE WITH INSTRUCTIONS

The CANS must be completed prior to and inform each case plan. For FR cases, complete the SDM Reunification Reassessment within 65 days prior to the case plan update. For FM cases, complete the Family Risk Reassessment for In-Home Cases within 65 days prior to the case plan update for Court cases and within 30 days prior for Voluntary cases.

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

Name	Date Of Birth	Relationship	To
[Mother's Name]	01/01/1989	Mother (Birth)	[Child's Name]
[Father's Name]	04/01/1985	Father (Presumed)	[Child's Name]

CHILD

Name	Date Of Birth	Age	Sex	Court Number
[Child's Name]	07/01/2009	9 y	M	12345678-1
[Child's Name]	09/01/2015	3 y	F	12345678-2

CASE PLAN GOAL

Name	Case Plan Goal	Projected Completion Date	Projected Date For Termination Of Child Welfare Services
[Child's Name]	Remain Home *[Note: Case example is FM to mom, FR to dad]*	06/14/2019	06/14/2019
[Child's Name]	Remain Home	06/14/2019	06/14/2019

Adequacy and Continued Appropriateness of The Case Plan:

- This is county-specific but should be a brief statement about case plan appropriateness.
- **Example:** The case plan is appropriate and adequate as it was informed by the Child and Family Team (CFT) and provides services and supports in order for the child to achieve permanency and the least restrictive placement, the mother to be successful in Family Maintenance Services, and the father to be successful in Family Reunification Services.

Harm Statement:

- The Harm Statement generally should not be included on the case plan but may be included if there is an important reason to do so; for example, if its presence is necessary to understand the Danger Statement. The Harm Statement should be developed through the CFT meeting process with the family and their natural supports, and should clearly and directly tie to the SDM Safety Threat and the petition/reason for removal or CWS intervention.
- **Format:** *Caregiver actions + impact on the child*
- **Example:** *The father was drunk, yelling and cursing at the mother, hit and choked the mother, and threatened to kill her. [Older Child's Name] was terrified and thought his mother was going to die. [3-Year-Old's Name] was screaming and crying, and since the incident has been clingy to Mom, nervous, and scared of loud noises. The father has denied the mother access to the family car and money, which prevents her from getting [Older Child] to school and the children to their medical appointments.*

Danger Statement:

- The Danger Statement should be developed through the CFT meeting process with the family and their natural supports, and should clearly and directly tie to the SDM Safety Threat, the petition/reason for removal or CWS intervention, and the Harm Statement. Who is worried should include everyone who shares the worry (i.e., the agency, family and any other natural supports).
- **Format:** *Who is worried* about *what future parent behaviors* and *impact on the child.*
- **Example:** *CWS, [Mom's Name], children, relatives and friends are worried that the father will return to the home and continue to restrict the money and car; get drunk, yell, curse, and threaten Mom and the children; and hit or choke Mom. [Child's Name] is afraid Daddy will hit or choke Mommy and might kill Mommy.*

Safety Goal:

- The Safety Goal should be developed through the CFT meeting process with the family and their natural supports, and should clearly outline what steps the parent will take and what their behavior will look like when the problem is no longer happening. The Safety Goal should clearly and directly tie to the Danger Statement (which also ties to the SDM Safety Threat, the petition/reason for removal or CWS intervention, and the Harm Statement).
- **Format:** *Who is part of the plan/network + what action must be taken to address the danger + for how long must the behavior change be demonstrated*
- **Example:**

  The father will work with CWS and his safety network to develop a plan and show everyone that:
  - *He can explain the impact domestic violence has had on his children;*
  - *He will remain sober;*
  - *He can develop supportive co-parenting skills to communicate with the mother in ways that are positive without placing the children in the middle, threatening to hurt mom, yelling, hitting or using other types of physical violence; and*
  - *He will create a safety network he will use to ensure that his children are safe and not exposed to further domestic violence.*

  The mother will work with CWS and her safety network to develop a plan and show everyone that:
  - *She will use her network to assist her in helping herself and the children heal from emotional and physical harm inflicted by their father;*
  - *She will continue to develop and sustain positive relationships with peers and relatives who know the safety threats of Dad's behaviors and will provide consistent support to keep the children safe; and*
  - *She will develop and use a specific domestic violence response plan for herself and the children in the event Dad continues to be coercive, controlling and/or violent.*

  CWS will need to see this plan in place and working continuously for six months before CWS would consider closing the case.

Well-Being Goal (or Child's Goal):

This is an optional new addition that provides a way to address the shared vision or goal for the child that is developed as part of the CFT/CANS process. Along with the Safety Goal for the parents, there should be goals set for each child that describe what we want to happen as a result of our case plan interventions.
Example: *[Child's Name] will be able to pay attention while at school and feel sure that Mom is safe. He also will be able to sleep through the night.*

NOTE: All case plan Service Objectives and Client Responsibilities are intended as examples; this is not a comprehensive case plan for this case scenario. The case plan should be created with the family and their people in a Child and Family Team meeting. Use names of the parents and children, not "the mother," "Mom," etc.

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

[Mother's Name]

SERVICE OBJECTIVES

For each parent, include only those objectives that relate specifically to the reason for CWS intervention or child removal. In general, it is best to limit the number of objectives to the top 3. If there are truly more than 3 safety threats or reasons for harm, you can include up to 4-5 objectives; however, all objectives should specifically relate to the harm/danger. Service Objectives should be rewritten from the canned CWS/CMS language to be more family-friendly, customized, trauma-informed and culturally relevant.

1. **Develop supportive interpersonal relationships.**

   Objective *(example):* **[Mom's Name] agrees she will have developed a positive support network with friends and family who will help her keep her children safe, and will have demonstrated how she has used her network at least once per month for six months.**
   [CANS Caregiver Need: Social Resources (2)]

Previous Service Objective	Projected Completion Date	Objective Met
No	12/13/2018	New

   - The following people agree to be a part of [Mom's name's] Safety Network: maternal aunt Sarah Smith, paternal grandparents John and Louise Wilson, and friend/coworker Anna Jones.
   - [Mom's Name] agrees to partner with her Safety Network to help herself and her children feel safe. [Mom's Name] will write down what makes these people safe, ways they can help her protect the children, and why the children would feel safe with these people, and share this with the social worker.
   - [Mom's Name] will share with her Safety Network everything about the circumstances of the family's involvement with CWS, including the father's behavior pattern and the impact this has on the children.
   - Members of the Safety Network will know the children's safe word and be willing to call the CWS hotline or worker if they have concerns about the children's safety.
   - Sarah, John, Louise and Josh agree to call or visit with [Mom's Name] a minimum of every other day on a rotation, to check in and see if she needs support. [Mom's Name] agrees to call a member of her network at a moment's notice if the father contacts her, and she will practice at least one "fire drill" or practice call with each member of her network within the next two weeks.

CLIENT RESPONSIBILITIES

1. **Domestic Violence Program**

   Description

   [CANS Caregiver Need: CG Adjustment to Traumatic Experience (2); Safety (2)]

   [Mom's Name] agrees that she will:

   - Participate in a domestic violence survivors' treatment group every week for at least 12 weeks, or as long as recommended by the group facilitator, and show at least 3-5 ways that she is applying the skills and knowledge she learns in the group to keep herself and her children safe.

- Write a letter to her children describing 3-5 things she will do to help keep them safe in the future. She will show this letter to her domestic violence group facilitator prior to giving the letter to the children to get support for how to best talk with the children about the effects of the domestic violence and hopes for a better future.

[Father's Name]

SERVICE OBJECTIVES

1. **Refrain from domestic violence.**

   Objective *(example):* **[Father's Name] agrees that he will have demonstrated for a period of six months that he will always behave in a way that is not verbally, emotionally, or physically abusive or threatening.**

   [CANS Caregiver Need: Safety (3)]

Previous Service Objective	Projected Completion Date	Objective Met
No	12/13/2018	New

   [Father's Name] agrees that he will:

   - Allow the mother use of the family vehicle and bank accounts so she is able to care for the children. He will show with his actions and words that he supports the children staying in her primary care while he receives Family Reunification Services.
   - List 5-7 behaviors that have negatively impacted family functioning through his physical and emotional violence against the mother in the presence of the children. He will recognize potential violence situations and how to choose specific alternatives other than abuse and coercive control toward his partner. He will then sit down with the worker and share these things. He will also keep a daily journal of his successes.
   - Use his network as a resource when feeling triggered to drink or contact the mother. His father and brother agree to check in on him at least twice per week if they have not heard from him. He will give them the worker's number so they can call for additional assistance if their interventions aren't working.
   - Contact the worker to check in on his progress at least once every two weeks and allow the worker to conduct unannounced visits to his home.

2. **Do not abuse alcohol.**

   Objective *(example):* **[Father's Name] agrees he will have demonstrated his ability to stay free from alcohol and to live free from alcohol dependency for the next six months. He agrees to comply with all drug and alcohol tests.**

   [CANS Caregiver Need: Substance Use (2)]

   Example:

   [Father's Name] agrees that he will:

   - Attend 90 Alcoholics Anonymous meetings in 90 days to help him stop drinking and remain free from alcohol use. He will find a sponsor within the first month and show his social worker and network how he is working the 12 Steps.
   - Use his network as a resource when feeling triggered to contact the mother or drink. His father and brother agree to check in on him at least twice per week if they have not heard from him. He will give them the social worker's number so they can call for additional assistance if their interventions aren't working or if other supports are needed.
   - Drug test upon request by the social worker. [Father's Name] understands that failure to test will mean a positive test.

CLIENT RESPONSIBILITIES

1. **Domestic Violence Program**

   Description

   Example: [Father's Name] agrees to complete a 52-week batterer's intervention program and demonstrate through his words and actions to the program facilitator, social worker and his safety network that he takes full responsibility for the negative impact of his behaviors and patterns of harm on the children. He will identify coping skills and actions he will take when faced with future triggers that could lead to violence between him and any partner in order to keep his children safe. He will consistently demonstrate use of 3-5 techniques and tools he has gained from the program through his interactions with the mother and children.

[Child's Name]

SERVICE OBJECTIVES

Service objectives for children should be culturally relevant, be appropriate to their age and development, and utilize a trauma-informed lens when describing their behavior.

1. **Receive age appropriate, child-oriented services.**

   Example: The CWS social worker will work closely with [Child's Name] and his network to ensure he receives the services and supports needed to help him recover from trauma, be able to pay attention in school, and sleep well.

   [CANS Child Need: Adjustment to Trauma (2), Impulsivity/Hyperactivity (2), Educational Achievement (2)]

Previous Service Objective	Projected Completion Date	Objective Met
Yes		In Progress

Description

Example:

- [Child's name] will be referred to a trauma-informed counselor to help him recover from trauma he has experienced as a result of the violence by his father against his mother that occurred in his home.
- [Child's name] will be referred to an ADHD specialist to help him manage symptoms of ADHD and be able to pay attention in school so he can complete his work successfully.
- [Child's name] will receive regular medical and dental exams as recommended for his age, and will receive all medical and dental care needed.

CHILD RESPONSIBILITIES

Activity	Times	Frequency	Completion Date
1. Counseling/Mental Health Services (Trauma-Informed Counseling)	1	Weekly	

Description

Example: [Child's name] will have weekly appointments a trauma-informed therapist who specializes in art therapy to help him work through the trauma he experienced in his parents' home. By participating in therapy, [Child's Name] will be able to identify and use at least three ways to soothe himself when he feels worried or anxious, and he will be able to sleep through the night.

VISITATION SCHEDULE

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

[Child's Name]

Method	Times	Frequency	Beginning Date	Provider
In-Person (Visits Must Be Supervised)				

Description

[Child's Name] will visit with his father twice per week for two hours. Visits will be supervised by a person approved by the social worker and may become unsupervised at the discretion of the social worker in consultation with minor's attorney.

- [Father's Name] will participate in Visit Coaching to learn how to identify and meet his children's needs.
- [Father's name] will demonstrate new and effective parenting techniques related to responding to his children's trauma. He will demonstrate that he can put his children's needs before his own, show empathy to his children, and read his children's verbal and non-verbal cues.

[Child's name] will have at least 3-5 opportunities to practice using a "code word" as developed with the Safety Network, so that when he uses that word during a visit with his father, it will signal he is worried about something.

CHILD(REN) – SIBLING(S) VISITATION

[Child's Name]

Method	Times	Frequency	Beginning Date	Provider
In-Person				

Description

For FR cases: Address sibling visits and contact in cases where children are not placed together.

CHILD(REN) – GRANDPARENT(S) VISITATION

[Child's Name]

Method	Times	Frequency	Beginning Date	Provider
In-Person				

Description

For FR cases: Address children's visits and contact with their grandparents.

CHILD(REN) – OTHER VISITATION

[Child's Name}

Method	Times	Frequency	Beginning Date	Provider
In-Person				

Description

Address visits with any other person who is important to the child.

NOTE: If the child has a relative who they are not placed with but who is the child's concurrent plan, state that they are the concurrent plan and specify a plan for connection, contact and visitation here. This is critical to avoiding conflicts in court regarding whether a current foster parent or identified relative who cannot take placement of the child while in Family Reunification ends up being the concurrent plan.

Example language: [Children's Names'] aunt Rosa lives in Oregon, and she is the children's concurrent plan. The children will talk to Aunt Rosa on the phone or by Facetime or Skype at least one time per week. They can talk by phone and/or send letters and texts as often as they wish. The children will visit Aunt Rosa on their spring break from school and for four weeks after school gets out in June. The resource parent will inform Aunt Rosa of any important activities that she may want to attend for the children related to school, medical appointments or extracurricular activities. Aunt Rosa can also come visit the children one weekend per month, and the Department will pay for her gas and hotel.

CONCURRENT SERVICES PLANNING

Include the Concurrent Planning goal for children in FR cases.

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Arrange and Maintain Placement

For Whom	Beginning Date
[Child's name]	[Date]

Note: If the child is in out of home placement, always include this case management service and state what the child's placement is and the reason for the placement decision, including the input of the Child and Family Team. If the child is to be placed in an STRTP, include the needs of the child that necessitate the placement, the plan for transitioning the child to a less restrictive environment, and the projected timeline by which the child will be transitioned to a less restrictive environment. This can also go in the child's section of the case plan.

2. Child and Family Team

For Whom	Beginning Date
[Child's name]	[Date]

Requirement for children in foster care: The social worker will arrange a Child and Family Team (CFT) meeting a minimum of once every six months. If the child is receiving Intensive Care Coordination, Intensive Home-Based Services or Therapeutic Foster Care Services, a CFT meeting will occur at least once every three months.

3. Schedule CHDP Medical/Dental

For Whom	Beginning Date
[Child's name]	[Date]

4. Schedule Trauma-Informed Cognitive Behavioral Therapy

For Whom	Beginning Date
[Child's name]	[Date]

5. Perform Case Planning Activities

For Whom	Beginning Date
[Child's name], [Mother's Name], [Father's Name]	[Date]

The social worker will be available to assist the family in meeting the terms of the case plan. Services may include but are not limited to assistance with transportation, referrals to community resources, consultation with service providers, Child and Family Team meetings, home visits, and phone calls. [Parent's name] will tell the social worker right away if [he/she] is having problems or facing barriers with any parts of the case plan so the social worker can help.

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

[Child's Name]

Method	Times	Frequency	Beginning Date	Provider
In-Person	1	Monthly		Social Worker

Description

Example: The social worker will meet with the children a minimum of once per month in their home [or placement, for FR cases].

SOCIAL WORKER – PARENT CONTACTS

[Mother's Name]

Method	Times	Frequency	Beginning Date	Provider
In-Person	1	Monthly		Social Worker

Description

Example: The social worker will meet with [Mother's Name] a minimum of once per month, and more frequently as needed, to provide appropriate resources and referrals. Progress on the case plan and changes in behavior will be discussed at each monthly face-to-face visit. Social worker visits will occur in the home at least once per month and will be announced and unannounced *[include this for parents in FM]*.

[Father's Name]

Method	Times	Frequency	Beginning Date	Provider
In-Person	1	Monthly		Social Worker

Description

Example: The social worker will meet with [Father's Name] in person or by phone a minimum of once per month, and more frequently as needed, to provide appropriate resources and referrals and discuss progress on the case plan and changes in behavior.

If there is a substitute care provider, include a 1x monthly contact for that individual. (CWS/CMS gives an error message for this, but you can ignore it and still enter the planned contact.)

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

SIGNATURE OF MOTHER	**DATE**
SIGNATURE OF FATHER	**DATE**

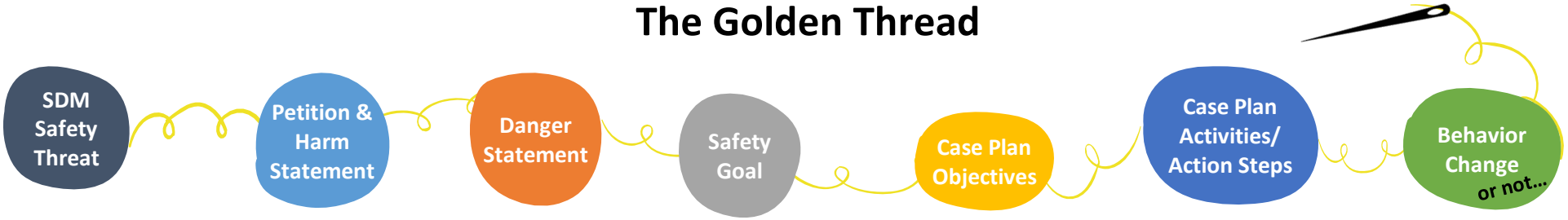
Social Worker's Name **SOCIAL WORKER**	Unit **Caseload**	**Phone Number**	**DATE**
Supervisor's Name **SUPERVISOR**		**Phone Number**	**DATE**

Also have the child/youth sign if age 12 or older and have the Tribe sign if it is an ICWA case.

CHERYL'S BEHAVIORALLY BASED CASE PLAN EXAMPLE

Who	Case Plan Objective	Client/Agency Responsibility
Cheryl	• Cheryl agrees to have developed a positive support network/CFT with friends and family who will help her address her depression to keep her children safe, and she will have demonstrated how she has used her network every week for 6 months. • Cheryl agrees to have developed 3 ways to manage and control her depression and will have demonstrated those skills to her therapist and network/CFT for the next 6 months.	• Cheryl agrees to attend weekly therapy sessions to develop tools and strategies to manage her depression. • Cheryl agrees to meet with a psychiatrist within 4 weeks to evaluate the use of medication for her depression. • Cheryl agrees to work with the social worker and her network to create a plan to manage her depression. She will implement the plan and let her social worker know what is working for her. • Sister Sarah, friend Gina from church, and foster mother Trina agree to be a part of Cheryl's safety network. Cheryl authorizes each of them to call the CWS social worker if they suspect Cheryl is starting to be overcome by sadness or depression again. • Cheryl will contact Gina or Sarah once per week by phone, text or face-to-face. They will ask Cheryl how she is doing and they will scale Cheryl's experience of depression. • Cheryl agrees to contact and ask for help from someone in the network if she is starting to be overcome by sadness, grief or depression (moving from a 2 to a 3 on a 0-3 scale).
Rebecca	• Rebecca will use three strategies that help her cope with her worries about her mom, soothe herself when she is anxious, and help her to sleep through the night without bad dreams. • She will have supervised visits with her father.	• The social worker will refer Rebecca for TFCBT and ensure she receives all recommended services. • The social worker will ensure that Cheryl is involved in an appropriate way in Rebecca's therapy and that there is regular communication with the clinician. • The social worker and Ben will create a visitation plan for himself and the children.
Akiba	• Akiba will demonstrate the use of two techniques that improve her speech and language and help her catch up to grade level in her speech. • She will have supervised visits with her father.	• The social worker will refer Akiba for assessment of speech and language development and ensure she receives recommended services. • The social worker will ensure that Cheryl is involved in an appropriate way in Akiba's speech therapy. • The social worker and Ben will create a visitation plan for himself and the children.
Ben ***(developed after CFT meeting as he was not present)***	• Ben agrees to have demonstrated that he can remain clean and sober for the next 6 months and that he has followed a plan to maintain his sobriety. • Ben agrees he will have demonstrated understanding of the impact of witnessing intimate partner violence on his daughters.	• Ben agrees to continue to attend AA meetings and find a sponsor within 30 days. He will talk to the social worker and network about what he has learned in AA, the strategies he thinks will help him stay sober long-term, and how he has practiced them. • Ben will develop a network/CFT of family and friends, demonstrate how he has used this network weekly to maintain sobriety, and participate in his CFT meetings. • Ben agrees to participate in an intimate partner violence program weekly. After every meeting, he will call a network member and talk about what he learned. He will demonstrate what he has learned to his network/CFT and the social worker. • Ben agrees to participate in trauma-informed psychoeducation and demonstrate to the social worker and his network what he has learned about the impact on his children of witnessing intimate partner violence • The social worker and Ben will create a visitation plan for himself and the children.

The Golden Thread



- SDM Safety Threat = Harm
- SDM Risk identifies complicating factors (or harm, if impact on the child)
- CANS should reflect caregiver needs that link to harm/danger and safety

- Petition ties to the SDM Safety Threat
- Harm Statement created with the family and network
- Petition uses legal language
- Both about the same issues

- Danger Statement ties to SDM Safety Threat, Petition and Harm Statement
- Created with the family and network

- Safety Goal ties to SDM Safety Threat, Petition, Harm & Danger Statements
- Created with the family and network

- Behavior change measurement is tied to the SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal & Behaviorally-based Objectives & Activities
- SDM Risk Reassessment
- FR to FM
- FM to closure
- If no behavior change, PP

- Case Plan Activities tie to SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal & Behaviorally-based Objectives
- With the support of the Network
- Linked to CANS Target Needs and applicable Caregiver Resources

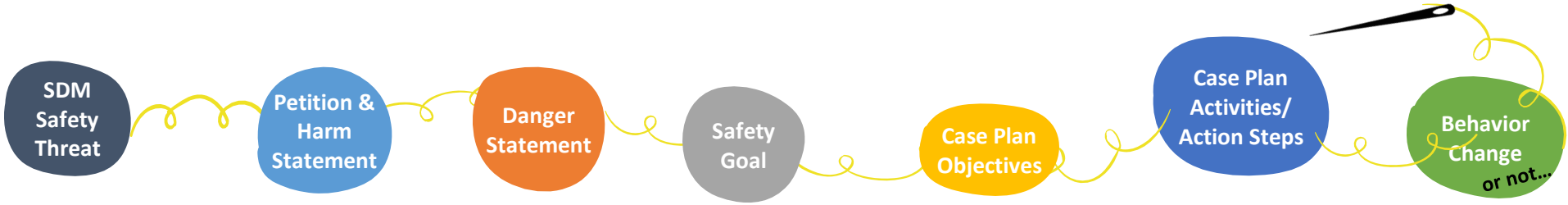
- Case Plan Objectives tie to SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal
- Behaviorally-based
- SMART
- Linked to CANS Target Needs related to Harm/Safety Threat

The Golden Thread: This is how it all fits together! Every step MUST tie back consistently to the steps before it and the SDM Safety Threat/reason for removal. Nothing should pop up down the road that wasn't addressed earlier on; i.e., the Safety Goal should directly relate to the Danger; the Case Plan should not include objectives that don't tie to the SDM Safety Threat, Harm, Danger and Safety Goal; etc. The Golden Thread helps us remember to stay laser focused on the key issues of harm/danger throughout the life of the case.

1. **SDM Safety Threat** is the reason for removal. Everything that follows should tie back/relate to this.
    a. The CANS Needs for parents should align with the SDM Safety Threat and Petition/Harm for the parent. Their Needs should reflect the reason for intervention/harm, which can also be thought of as the CANS Target Needs. The child's Needs/Strengths would not be included in the Golden Thread, as it is about the parent.

2. **Petition & Harm Statement**
    a. Petition and Harm Statement should both tie back to/be about the SDM Safety Threat (parent's past behavior and impact on the child), which is the same as the reason for removal.
    b. The difference is that the Petition uses legal/WIC 300 language, and the Harm Statement is created with the family and network using their language to create shared understanding.

3. **Danger Statement** ties to SDM Safety Threat, Petition and Harm Statement.
    a. Danger Statement is created with the family and network using their language to create shared understanding.
    b. We should not add things we are worried about in the future that have no basis in past behavior or no tie to the Safety Threats.



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- FR to FM
- FM to closure
- If no behavior change, PP

- Case Plan Activities tie to SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal & Behaviorally-based Objectives
- With the support of the Network
- Linked to CANS Target Needs and applicable

- Case Plan Objectives tie to SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal
- Behaviorally-based
- SMART
- Linked to CANS Target Needs related to Harm/Safety Threat

4. **Safety Goal**
    a. Safety Goal ties to SDM Safety Threat, Petition, Harm & Danger Statement
    b. The Safety Goal (what we want the parent's behavior to look like so we know the child is safe) must be tied to Danger Statement (What we are worried about parent's behavior and impact on the child). The Safety Goal should not contain elements not captured in the Danger Statement.
    c. Safety Goal informs the behaviorally based case plan as it tells us the behavior change we want to see.
    d. Common issue: Safety goal is not tied back to danger statement
    e. Safety Goal helps us reach our decision whether the child is safe or unsafe after FR. Services do no equal safety!

5. **Case Plan Objectives (Behaviorally Based)**
    a. Case Plan Objectives tie back to SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal
    b. If we don't have the Harm & Danger statements/Safety Goal(s) developed first, we can't create effective and relevant case plans with the family!
    c. Note about CANS: The BBCP objectives should align with the parent's Target Needs. Caregivers' Strengths are actually Resources (strengths that support the child's Needs) and may be used in planning, but may not.
    d. Additional CANS considerations: sometimes there no current Strengths as defined by the CANS. Some children/youth do not want their Strengths used in their case plan, and sometimes Strengths to build for a child would be part of a case plan objective.

6. **Case Plan Activities/Action Steps**
    a. Case Plan Activities tie to SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal & Bx-based Objectives
    b. With the support of the Network
    c. Must include specific roles for the network (natural supports)
    d. Caregiver Resources may help guide case plan action steps

7. **Behavior Change** is the ultimate goal & intended outcome!
    a. Behavior change is measured tied to SDM Safety Threat, Petition, Harm & Danger Statements & Safety Goal & Bx-based Objectives & Activities
    b. SDM Risk Reassessment helps guide decision
    c. If behavior change has happened in an FR case, we move from FR to FM
    d. If behavior change has happened in an FM case, we move from FM to closure
    e. If no behavior change has happened in an FR case, we move to PP

Documenting SOP in Case Files and CWS/CMS

SOP Principle	Tool	Who can use?	When can you use?	CWS/CMS	Example	Case File
Three Questions to Organize our Interview (Balanced Rigorous Assessment)	The Three Questions: What is working well? What are we worried about? What are the next steps?	Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management ERC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement Independence Mapping	In a contact, reference that the questions were used and write out the responses.	• "I asked the mother what she was worried about and she said…" • "I asked the mother what she thought was going well and she said…" • "I asked the mother what she thought she needed to do next to keep her children safe and she said…" • "The foster father told me his concerns regarding Sam and I asked him what was going well and explained to him that I wanted to get a balanced assessment before we moved forward with the next steps."	
				In a Court Report, Investigative Narrative or other written assessment of the family, reference that the questions were used and write out the responses	• "In order to get a balanced assessment of the family PSW AhSing asked the mother the three questions to which she responded as follows:…"	
				In a contact, reference that the questions were used to have a discussion about safety and worries.	• "After I asked the mother the three questions we sat and discussed the Agency's worries and how we could build upon what was currently working well to create more safety."	
	Three Column Map	ER Continuing Supervisors Placement Residential Adoptions EFC CARE	Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management	In a contact, reference that the tool was used and write out the responses.	• "I used the three column map to guide my discussion with the mother and she said the following…"	Keep hardcopy in the file and label it so that it is not purged.
				In a Court Report, reference that the tool was used and write out the	• "In order to get a balanced assessment and to guide my	Keep hardcopy in

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
		Med Frag Voluntary IFPP	Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	responses	conversation with the mother I used the three column map (See attached). The mother's responses were as follows…"	the file and label it so that it is not purged.
				Upload PDF copy to CWS/CMS	• See the program guide for an example on how to upload a PDF document to CWS/CMS	Keep hardcopy in the file and label it so that it is not purged.
				In a contact, reference that the tool was used to have a discussion about safety and worries.	• "After the mother and I filled out the three column map I used the information gathered to discuss the Agency's worries and together we came up with the following next steps…"	Keep hardcopy in the file and label it so that it is not purged.
	Four Quadrant Map	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management ERC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	In a contact, reference that the tool was used and write out the responses.	• "I used the four quadrant map to guide my discussion with the mother and she said the following…"	Keep hardcopy in the file and label it so that it is not purged.
				In a Court Report, reference that the tool was used and write out the responses	• "In order to get a balanced assessment and to guide my conversation with the mother I used the four quadrant map (See attached). The mother's responses were as follows…"	Keep hardcopy in the file and label it so that it is not purged.
				Upload PDF copy to CWS/CMS	*See attached example on how to upload a PDF document to CWS/CMS	Keep hardcopy in the file and label it so that it is not purged.
				In a contact, reference that the tool was used to have a discussion about the safety and worries.	• "After the mother and I filled out the four quadrant map I used the information gathered to discuss the Agency's worries and together we came up with the following next steps…"	Keep hardcopy in the file and label it so that it is not purged.

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SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
Building Working Relationships with Children and Families	Solution Focused Questions	Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Independence Mappings Family Meetings MDT's Closing a case Change of Placement	At the hotline, when writing up the referral, write out the SFQ that was used and the RP's response.	• "I asked the RP on a scale from 0-10 where 10 is the home is unlivable and immediately endangering the children's lives and 0 the children are completely safe in the home, where would they rate the home? They answered…"	
				In a contact, write out the SFQ was used and write out the responses.	• "I asked the mother what she thought her son was thinking while the fighting was going on and she said…" • "I asked the child on a scale from 0-10, zero is you are not ready about being adopted to 10 you feel ready to be adopted, where are you currently?"	
				In a Court Report, reference that a SFQ was used and write out the responses	• "PSW AhSing asked the father if there was a time when he was not drinking to which he answered…"	
	Appreciative Inquiry	Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Independence Mappings Family Meetings MDT's Closing a case Change of Placement	At the hotline, when writing up the referral, write out the AI question that was used and what the RP's response was.	• "I asked the RP was there a time when the family was doing well? They said yes so I asked what was going on during that time. They said…"	
				In a contact, write out the AI question that was used and write out the responses.	• "I asked the mother, what was something that she has done with her family that she was really proud of? She said…"	
				In a Court Report, reference that a AI question was used and write out the responses.	• "PSW AhSing asked the father if there was a time when something could have gone really wrong and in that situation he managed to do a small bit of good work. He said…"	
	Strengths Chat	ER Continuing Supervisors Placement	Review of referral before assignment ER Investigations Closing a Referral	In a contact, write out the Strengths Chat question that was used and write out the responses.	• "I asked the mother how long she had lived in the neighborhood and she told me she had lived in this same house for over 10 years and	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
		Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement		knew many of her neighbors."	
				In a Court Report, reference that a Strengths Chat question was used and write out the responses.	• "PSW AhSing asked the youth what her family's comforting family traditions were, she said her favorite was at Thanksgiving time when her family…"	
Trauma Informed Practice Essential Elements:* 1. Maximize the child's sense of safety. 2. Assist children in reducing overwhelming emotion. 3. Help children make new meaning of their trauma history and current experiences. 4. Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships. 5. Coordinate services with other agencies. 6. Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services. 7. Support and promote positive and stable relationships in the life of the child. 8. Provide support and guidance to the child's family and caregivers. 9. Manage professional and personal stress. *The National Child Traumatic Stress Network		Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	At the hotline, ask questions specific to trauma and document it in the referral.	• "The screener asked the RP if they were aware of a history of trauma for the family, they stated that the mother had been in foster care when she was a child but they did not know why."	
				Worker uses Solution Focused Questions and Appreciative Inquiry to discuss the mother's history of trauma as a child and now as an adult and documents it in her case notes.	• "After the mother told PSW AhSing that she had been sexually abused as a child PSW AhSing responded with a coping question asking her what she did that helped her survive the abuse. The mother said she had a good friend and their family that she spent a lot of time with and they taught her what a "normal" family looked like."	
				Worker spends time building a relationship with the mother by have strengths chat before talking to the mother about her concerns and documents it in their Court Report.	• "PSW AhSing did a Strengths Chat with the mother and learned that they had a lot of positive things going on in their family, having built some rapport with the mother, PSW AhSing was able to have a good conversation around the Agency's concerns."	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
SDM	Safety Assessment	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP	Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	Supervisor uses the Safety Assessment to pre-identify possible safety threats based on the referral information that they would like the worker to ensure they address and then puts in a contact that they have provided this information to the worker when they assigned the referral	• "PSS Schoonhoven-Scott reviewed the referral and identified two possible safety threats based on the information provided. PSS Schoonhoven-Scott wrote this on the referral before assigning it to PSW AhSing."	
				Worker uses the Safety Assessment to pre-identify the possible safety threats based on the referral information and then looks them up in the Case Plan Field Tool for suggested SFQ's to guide their interview. Worker then puts in a quick contact that they have pre-identified some safety threats and have identified some SFQ's to use in their interviews.	• "Based on the information provided in the referral PSW AhSing has identified the following safety threats on the safety assessment. PSW AhSing looked up the safety threat in the Case Plan Field Tool (CPFT) and has identified some Solution Focused Questions (SFQ's) to use in the field.	
				In the field, worker utilizes the Safety Assessment to ensure they have made a balanced assessment and covered all the possible safety threats in their investigation. Includes in their contact that while the Safety Assessment was put in the computer later the information was used for their assessment while in the field.	• "As PSW AhSing wrapped up her conversations with the family she mentally went through the Safety Assessment items to ensure she had completed a balanced assessment, she would enter this information into the computer once she returned to the office."	
				Worker uses the Safety Assessment and definitions to explain the Agency's worries to the family and details they used this tool in their contact.	• "The parents were having a difficult time understanding why the Agency was worried, PSW AhSing explained that as part of the investigation the Agency used a tool to identify safety concerns and pulled out the Structured Decision Making (SDM) booklet and used the written safety assessment and definitions to explain to the parents the Agency's worries."	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
				Worker documents in their Investigative Narrative the Safety Assessment results.	• "PSW AhSing completed the SDM Safety Assessment based on the information gathered in this investigation and the outcome is "Safe with Services"	
	Risk Assessment	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP	ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case	Worker uses the Risk Assessment and definitions to explain the Agencies future worries to the family and the likelihood of them re-occurring and documents their use of this tool in their contacts.	• "The parents were having a difficult time understanding why they needed to participate in safety planning and creating a safety network; PSW AhSing explained, as part of the investigation the Agency uses a tool to identify the likelihood of an incident happening again. She pulled out the SDM booklet and used the written definitions to explain to the parents that there is a high likelihood of the incident occurring again and the only way to safely close their referral was to create a safety network and plan."	
				Worker documents in their Investigative Narrative the Risk Assessment results.	• "PSW AhSing completed the SDM Risk Assessment based on the information gathered in this investigation and the outcome is "High".	
				Worker documents in their Investigative Narrative the Risk Assessment results and how they used the information to make their final determination.	• "The allegations are substantiated but the risk assessment is low. The family has a large natural safety network who are aware of the incident and are willing to protect so this referral is being closed and not promoted to a case."	
	Family Strengths and Needs Assessment (FSNA)	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag	Opening a case Continuing Case Management Voluntary Case Management Adoption Case Management Supervision TDM's Family Meetings MDT's	Worker uses the Family Strengths and Needs Assessment and definitions to explain the Agencies current worries to the family and how the FSNA results inform the creation of their case plan and documents their use of this tool in their contacts.	• "The parents were having a difficult time understanding why there were certain expectations and services on their case plan; PSW AhSing explained as part of the investigation the Agency uses a tool to identify areas of need for the family. She pulled out the	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
		Voluntary IFPP	Closing a case Change of Placement		SDM booklet and used the written definitions to show how she determined their different areas of needs and how the Family Strengths and Needs Assessment (FSNA) informed the case plan."	
				Worker documents in their Case Notes the Family Strengths and Needs Assessment results.	• "PSW AhSing completed the FSNA and based on the FSNA these are the identified as the family's areas of need…"	
				Worker documents in their Transfer Summary the Family Strengths and Needs Assessment results and how they used the information to help them create and individual case plan to meet the family's needs.	• "PSW AhSing completed the FSNA and based on the FSNA these are the identified as the family's areas of need… to address these needs PSW AhSing has created the following case plan."	
	Risk Reassessment	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP	Continuing Case Management Voluntary Case Management Adoption Case Management Supervision TDM's Family Meetings MDT's Closing a case	Worker uses the Risk Reassessment and definitions to explain the Agencies future worries to the family and the likelihood of them re-occurring and documents their use of this tool in their contacts.	• "The parents were having a difficult time understanding why they needed to participate in safety planning and creating a safety network; PSW AhSing explained as part of the investigation, the Agency uses a tool to identify the likelihood of an incident happening again. She pulled out the SDM booklet and used the written definitions to explain to the parents that there is a high likelihood of the incident occurring again and the only way to safely close their referral was to create a safety network and plan."	
				Worker documents in their Court Reports the Risk Reassessment results and how they used the information to make their final determination.	• "PSW AhSing completed the SDM Risk Reassessment, the final risk level is "low" and the recommendation is to close." • "The mother filed a 388 so PSW AhSing completed the Risk Reassessment to see if the risk score has changed for the mother."	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
Simple Behavioral Language	Asking questions to ensure we have behavioral detail instead of labels or jargon	Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	Workers document in the referral that they asked for behavioral detail.	• "The RP stated that the home was "unlivable", I asked if she could describe it in more detail and she said that there were animal feces all over the ground…"	
				Workers document in their case notes that they asked for behavioral detail.	• "During an interview with the mother she stated that she was feeling depressed, I asked her to describe what that looked like and she said…"	
				Workers document in their Court Reports the use of behavioral detail.	• "The Agency is concerned about the mother drinking alcohol because when she drinks, she starts yelling and screaming at her children making them feel scared and sad."	
				Worker's document in their case plans the use of behavioral detail.	• "Mother will show everyone that she can keep the house safe and clean: This means that there is a clear path in which to walk throughout the house, dishes are washed and put away, no food is left out, toilets are flushed…."	
				Workers document in their case notes that they asked for behavioral detail.	• "While checking in with an adoptive family the mother stated the child was "out of control". I asked her to describe the child's behaviors to me so we could work on a plan to address the child and family's needs."	
Mapping- Formal discussion using the three questions and then sorting to gain clarity around harm and danger	Mapping with your supervisor during supervision	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's	Worker documents in their case notes that they mapped the case with their supervisor to gain clarity around harm and danger.	• "While consulting with my supervisor we answered the three questions regarding the family and then sorted to make sure we were not too focused on the complicating factors of this case."	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
			Closing a case Change of Placement			
	Mapping in the office with your supervisor, a co-worker or coach facilitating	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	Worker documents in their case notes that they mapped the case with co-workers in the office to gain clarity around harm and danger.	• "A mapping was completed in the office with co-workers, based on the mapping we determined our next steps for this family are as follows:…"	
				Worker documents in a Court Report that they mapped the case with co-workers in the office to gain clarity around harm and danger.	• "PSW AhSing completed a mapping in the office with co-workers; based on the mapping the following Harm and Danger Statements and Safety Goals were created. These statements were then shared with the family at the next home visit."	
	Mapping with the family in the office or in the home.	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	Worker documents in their case notes that they mapped the case with the family in the office or home.	• "The family was unclear about why their children were in our care, we brought them into the office, went through the mapping process and came up with co-created Harm and Danger Statements."	
				Worker documents in the case plan that a mapping was done with a family in the office or the home.	• "As agreed upon during the mapping process the mother will attend a "Mommy and Me" class once a week at her local park. During these classes she will demonstrate the skills of successful parenting as listed above."	
				Worker documents in a safety plan.	• "As agreed upon during the mapping process with the family at the home, Lisa will stay with the maternal grandparents until the mother has shown the Agency and the grandparents that she has been sober and utilizing her safety network for four months."	
				Worker documents in a Court Report	• "PSW AhSing completed a mapping with the family in the home to come up with the next steps needed so that Lisa could	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
					move to weekend overnight visits with her mother, the following was the outcome of that meeting."	
Harm and Danger Statements and Safety Goals	Creating Provisional Harm and Danger Statements Creating Safety Goals with the Family	Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	Hotline worker documents in the referral the provisional Harm and/or Danger Statements.	• "Provisional Harm Statement: It was reported that the mother Jessica hit her daughter Samantha (3) with a belt on her bottom causing three long bruises." • "Provisional Danger Statement: CWS is worried that the mother Jessica will hit her daughter Samantha (3) again causing more serious injuries."	
				SW documents that they created safety goals with the family	• "PSW AhSing co-created a safety goal with the family and it is as follows:"	
				Supervisor reviews the referral and in order to focus the assigned worker creates a provisional Harm and/or Danger Statement and documents in a case note.	• "PSS Schoonhoven-Scott reviewed the referral and created a provisional Danger Statement which is as follows: The Agency is worried that the mother, Cynthia will fall asleep again and not watch her daughter Alice (4) and that Alice could be hurt in the home or leave the house and be hurt."	
				Worker reviews the referral and in order to focus their thinking around the possible Harm and Danger writes a provisional Harm and Danger Statement and documents it in their case notes.	• "PSW AhSing received a referral on 10/17/14, in preparation to go and meet the family she created the following provisional Harm and Danger Statements to share with the family to help explain why she was in their home."	
	Creating them on your own or with a supervisor	ER Continuing Supervisors Placement Residential Adoptions EFC	ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision	Worker creates Harm and/or Danger Statements and/or Safety Goals after contact with the family and documents it in their case notes.	• "PSW AhSing met with the family and when she returned to the office she created the following Harm and Danger Statement to share with her supervisor during supervision to discuss next steps for the family."	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
		CARE Med Frag Voluntary IFPP	TDM's Family Meetings MDT's Change of Placement	Worker creates Harm and/or Danger Statements and/or Safety Goals with her supervisor and documents in the case notes.	• "PSW AhSing co-created a Danger Statement with her supervisor and it is as follows…"	
				Worker creates a Harm and/or Danger Statements and/or Safety Goals and documents it in her Court Report.	• "PSW AhSing created the following Danger Statement which states, in simple words, the reasons why CWS needs to remain involved with this family.	
				Worker creates a Harm and/or Danger Statements and/or Safety Goals and documents it in their Case Plan.	• "Danger Statement: CWS and Social Worker PSW AhSing are worried that mother, Desire will hit father, Jeff in the face again, in front of their children and the children will be hurt, scared and sad."	
	Creating them on your own or with a supervisor and sharing them with the family to have a discussion about safety and danger.	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Change of Placement	Worker creates Harm and/or Danger Statements and/or Safety Goals and then uses them as a tool to engage the family in a discussion about Harm and/or Danger and documents it in her case notes.	• "PSW AhSing created Harm and Danger Statements after her initial investigation and when she returned for a follow up visit to discuss a voluntary case she used them to guide her conversation with the family."	
				Worker creates Harm and/or Danger Statements and/or Safety Goals and then uses them as a tool to engage the family in a discussion about Harm and/or Danger and documents it in her Court Report.	• "PSW AhSing created Harm and Danger Statements and shared them with the family. The family gave their input and changed some of the language to be more family friendly. The final statements are as follows."	
				Worker creates Harm and/or Danger Statements and/or Safety Goals and then uses them as a tool to engage the family in a discussion about Harm and/or Danger and documents it in her case plan.	• "Danger Statement: CWS, Social Worker PSW AhSing, the father and the maternal grandparents are all worried that the mother, Mary will continue to yell, scream and throw things around the home and that her daughter Cindy (13) will be hurt again, be scared or be hurt more seriously."	
	Co-creating with the family.	ER Continuing Supervisors Placement	ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management	Worker co-creates Harm and/or Danger Statements and/or Safety Goals with the family and documents it in her case notes.	• "While speaking to the mother about her concerns PSW AhSing co-created a Harm Statement with the mother in the home. It is as	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
		Residential Adoptions EFC CARE Med Frag Voluntary IFPP	EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Change of Placement		follows…"	
				Worker co-creates Harm and/or Danger Statements and/or Safety Goals with the family and documents it in her Court Report.	• "PSW AhSing co-created the following Harm and Danger Statements with the parents so that everyone was on the same page regarding why CWS was involved…"	
				Worker co-creates Harm and/or Danger Statements and/or Safety Goals with the family and documents it in her Case Plan.	• "Safety Goal: The mother, Erika will work with CWS and her Safety Network to come up with a Safety Plan to show everyone she can be sober while parenting her children. She will have this plan in place and working before CWS will look at moving to unsupervised visits."	
Immediate, Ongoing and Aftercare Safety Plans that address the safety indicators and are behaviorally specific.	Creating Safety Plans and case plans in the office on your own or with your supervisor that address the safety indicators and are behaviorally specific.	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	Worker creates a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their case notes.	• "PSW AhSing created a safety plan with her supervisor on the phone and shared it with the family and they agreed. The plan is as follows and details what each person's responsibility is to maintain safety for the youth."	
				Worker creates a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their Court Reports	• "PSW AhSing created and the family agreed to the following case plan. PSW made the case plan detailed so the parents would understand what behavior changes were needed to create safety."	
				Worker creates a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their Case Plan.	• "To address the concern of the children being left home alone for long periods of time the family will work on creating a schedule and safety network to ensure the children are always cared for. Some of the activities the parents are going to do are as follows…"	
	Creating Safety Plans and case plans with the	ER Continuing Supervisors	ER Investigations Closing a Referral Continuing Case Management	Worker co-creates with the family a behaviorally specific Case/Safety plan that addresses the safety	• "PSW AhSing met with the parents to do social history interviews. After their interviews	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
	family that address the safety indicators and are behaviorally specific.	Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM's Family Meetings MDT's Closing a case Change of Placement	indicators and documents it in their case notes.	PSW AhSing asked each of the parents what they think they needed to be in their case plan to address the safety concerns. The following will be added to the case plan."	
				Worker co-creates with the family a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their Court Report.	• "PSW AhSing met with the mother at a home visit and discussed what changes needed to be made to the case plan to address the new goal of closing the case, the mother and PSW came up with the following items which was added to the case plan."	
				Worker co-creates with the family a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their Case Plan.	• To address the concern of the children being left home alone for long periods of time the family will work on creating a schedule and safety network to ensure the children are always cared for. The following activities were identified at the mapping session the family attended."	
Visitation Plans	Co-creating a visitation plan with the child, parents and caregiver and providing verbal or written rules and expectations.	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP	Continuing Case Management Voluntary Case Management Adoption Case Management TDM's Family Meetings	Worker co-creating a visitation plan and documenting it in their case notes.	• "In the mapping session today with the children (10 and 12), the parents and the foster parents they came up with a visitation plan so the children could do an additional visit every week. The Agency, children, parents and foster parents were all able to contribute to and agree upon the rules and expectations for the visits."	
				Worker co-creating a visitation plan and documenting it in their Court Report.	• "PSW AhSing co-created the following visitation plan with the children, parents and foster parents…"	

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SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
				Worker co-creates a visitation plan and documenting it in their Case Plan.	• As agreed upon by the children, parents, foster parents and CWS at the mapping on 02/14/14 the following are the schedule, rules and expectations for visitation…"	
				Worker co-creates a visitation plan, types it up, and sends copies to the parents and foster parents and documents in their case notes.	• "PSW AhSing typed up the visitation plan that was created at the mapping with the children, parents and foster parents and sent everyone a copy in the mail.	Keep hardcopy in the file and label it so that it is not purged.
	Having a discussion with the parents before the visit about rules and expectations during the visit	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP	Continuing Case Management Voluntary Case Management Adoption Case Management	Worker has a discussion with the parents before the visit about rules and expectations during the visit and then documents in their case notes.	• "PSW AhSing met with the parents before the visit to reiterate the visitation plan and what behaviors she would be watching for during the visit."	
				Worker has a discussion with the parents before the visit about rules and expectations during the visit and then documents in their Court Report.	• "PSW AhSing had the opportunity to meet with the parents before one of the their visits, they were able to tell her what the rules and expectations were during the visit and were able to describe the behaviors PSW AhSing expected to see during the visit."	
				Worker writes in the Case Plan that she will attend a number of visits and have a discussion with the parents before the visit about rules and expectations during the visit.	• "PSW AhSing will attend two supervised visits between December and January. They will be scheduled ahead of time so the parents can plan to arrive early and have a discussion about rules, expectations and desired behaviors."	
				Adoption worker writes in their case notes how they clarified their role with the parents around visitation.	• "PSW AhSing explained to the mother and father that her role as an adoptions worker was different than the previous worker's role."	
	Debriefing with the parents and child after the visit and offering compliments and	ER Continuing Supervisors Placement Residential	Continuing Case Management Voluntary Case Management Adoption Case Management	Worker debriefs with the parents and child after the visit and documents it in their case notes.	• "PSW AhSing met with the parents after the visit and shared with them what she thought worked well and what they could do better next time."	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
	upgrades for their next visit.	Adoptions CARE Med Frag Voluntary IFPP		Worker debriefs with the parents and child after the visit and documents it in their Court Report.	• "PSW AhSing attended two supervised visits between the parents and the children. After the visits PSW AhSing shared what was working well during the visit and what could be upgraded for the next visit. The parents were receptive to the feedback."	
				Worker writes in her Case Plan that after she observes the visit she will debrief with the parents and child.	• "PSW AhSing will provide feedback after the visit to the parents in regards to what worked well and what could be upgraded for the next visit."	
	Providing parenting coaching to the parents during the visit.	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP	Continuing Case Management Voluntary Case Management Adoption Case Management	Worker provides parent coaching during the visit and documents it in their case notes.	• "While the visit was going on PSW AhSing noticed that the parents were not disciplining their three year old son. PSW AhSing pulled each of the parents aside separately and asked some questions, as to why they were not and reminded them that was something the Agency wanted to see."	
				Worker provides parent coaching during the visit and documents it in their Court Report.	• "During the visits PSW AhSing provided coaching to the parents. They were receptive and made the changes in their behaviors."	
				Worker provides parent coaching during the visit and documents it in their case notes.	• "The social worker, foster parent or supervisor of the visits may make suggestions to the parents throughout the visit. This coaching is intended to help the parent move forward in their parenting skills."	
Cultural Humility	Acknowledging and having a conversation with the family about **you** being different than them and asking them to teach	Hotline ER Continuing Supervisors Placement Residential Adoptions EFC	Hotline calls ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations TDM's	Screener tells an RP that they are unfamiliar with a specific culture and asks the RP to educate them and they document it in the referral"	• "RP said 'you know how the home-schooling community can be' I told the RP that I was unfamiliar with the home-schooling community and asked her to describe it to me. Her children were also home-schooled and so she went into detail about	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
	you about their culture.	CARE Med Frag Voluntary IFPP	Family Meetings MDT's Change of Placement		their community and underlying values."	
				Worker asking a parent if there was anything about their family that the worker needed to know in order to better communicate with them and documenting it in their case notes.	• "PSW AhSing asked if there was anything about their family that she needed to know in order to better understand them and the mother said they were yellers, they talk in loud voices to each other but that does not mean they are mad."	
				Worker acknowledging they do not know about someone else's culture and asking for them to teach them about it and writing it in their Court Report.	• "PSW AhSing told the family that she was not familiar with the Hmong culture and asked them if they would tell her a bit about themselves before she started her interviews. PSW AhSing found out the large pipe the grandfather was smoking on the porch was for a tobacco like leaf and not drugs."	
				Worker asking a youth about what gender they identify with and ask what pronoun they want used and documenting it in their case notes.	• "PSW AhSing asked William (16) "What pronoun (he, she or they) do you prefer I use when referring to you in conversation."	
				Worker having a conversation with an adoptive mother about how to engage the child in a conversation about their child's different race.	• "PSW AhSing scaled with the mother her comfort level on having ongoing conversations with her daughter about their different races. The mother said she felt very comfortable having this conversation and had already spent some time talking with her daughter about this topic."	
	When discussing services giving the family choices that will honor their cultural beliefs.	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary	ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations TDM's Family Meetings MDT's Change of Placement	Worker talks about services and gives the family choices to honor their religious beliefs and documents it in her case notes.	• "The mother told PSW AhSing that because of their religion she would not feel comfortable being alone in room with a male therapist so PSW AhSing gave her a list of 6 female therapists in her area to choose from."	
				Worker talks about services and gives the family choices to honor their culture and documents in their	• "Since the father is in the military most of his services are on base which works well into his work	

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
		IFPP		Court Report.	hours."	
Voice of the Child	Safety House Permanency House Three Houses (Fairy & Wizard)	ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP	ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management Continuing Investigations TDM's Family Meetings MDT's Change of Placement	In a contact, reference that the tool was used and write out the child's responses. Document whether or not the child gave you permission to share.	• "PSW AhSing used the three houses tool to structure her conversation with the child, in the house of dreams the child drew a picture of a big house, PSW AhSing asked him what it was and he said it was a big house where his whole family could live together."	Keep hardcopy in the file and label it so that it is not purged.
				In a Court Report, reference that the tool was used and write out the child's responses	• "PSW AhSing used the safety house tool to have a conversation with Sally (7) and she listed the following rules in the roof section of the house…PSW AhSing later used these rules to help create the safety plan."	Keep hardcopy in the file and label it so that it is not purged.
				Upload PDF copy to CWS/CMS	• "PSW AhSing used the three houses tool to have a conversation with the child, in the house of dreams the child drew a picture of a big house, PSW AhSing asked him what it was and he said it was a big house where his whole family could live together. (See uploaded copy in CWS/CMS)"	Keep hardcopy in the file and label it so that it is not purged.
				In a contact, reference that the tool was used to have a discussion about the safety and worries from the child's perspective. Document whether you showed the parents the document with the child's permission or whether you used the information taken from the tool.	• "Sally gave PSW AhSing permission to show her safety house to her parents. PSW showed and explained Sally's completed safety house to the parents. Mom who did not believe that Sally knew they were fighting started crying when she read the rules that needed to be in the home to keep the home safe."	Keep hardcopy in the file and label it so that it is not purged.

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SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
				Bringing the completed tool and presenting it in a TDM or Family Meeting to ensure the voice of the child is heard. Documenting in the TDM or Family Meeting notes this was done. Uploading these notes to CWS/CMS.	• "A TDM was completed today. It was felt that Sally was too young to participate in the meeting but her safety house was brought and shared. Her words and ideas were used to help create the safety plan."	Keep hardcopy in the file and label it so that it is not purged.
Safety Network	Circles of Safety and Support	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management / establishing permanent connections Continuing Investigations Supervision TDM's Family Meetings MDT's Change of Placement	In a contact, reference that the tool was used and write out the responses.	• "PSW AhSing used the Circles of Safety and Support to have a conversation with the mother about her support network."	Keep hardcopy in the file and label it so that it is not purged.
				In a Court Report, reference that the tool was used and write out the responses	• "One of the tools used to help create the safety network was the Circles of Safety and Support (See Attached.)	Keep hardcopy in the file and label it so that it is not purged.
				Upload PDF copy to CWS/CMS	• "PSW AhSing used the Circles of Safety and Support to have a conversation with the mother about her support network.(See uploaded copy in CWS/CMS)"	Keep hardcopy in the file and label it so that it is not purged.
				In a contact, reference that the tool was adapted and used with a prospective adoptive family to explore their support network and documented in the worker's case notes.	• "PSW AhSing used the Circles of Safety and Support to have a conversation with a prospective adoptive mother. Instead of asking, "Who knows about their CWS involvement?" PSW AhSing asked, "Who is on board to support you at a moment's notice?"	Keep hardcopy in the file and label it so that it is not purged.
	Genogram	ER Continuing Supervisors Placement Residential Adoptions EFC CARE	Review of referral before assignment ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management / establishing permanent	In a contact, reference that the tool was used and write out the responses.	• "PSW AhSing spent some time working on the genogram with the mother and found there was a long history of sexual abuse."	Keep hardcopy in the file and label it so that it is not purged.
				In a Court Report, reference that the tool was used and write out the	• "PSW AhSing did a genogram with the grandmother and that	Keep hardcopy in

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File
		Med Frag Voluntary IFPP	connections Continuing Investigations Supervision TDM's Family Meetings MDT's Change of Placement	responses	was how the paternal cousin was located as a potential long term placement for this youth."	the file and label it so that it is not purged.
				Upload PDF copy to CWS/CMS	• "PSW AhSing spent some time working on the genogram with the mother and found there was a long history of sexual abuse. (See uploaded copy in CWS/CMS)"	Keep hardcopy in the file and label it so that it is not purged.
	Eco-Map	ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP	Review of referral before assignment ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Independence Mappings Continuing Investigations Supervision TDM's Family Meetings MDT's Change of Placement	In a contact, reference that the tool was used and write out the responses.	• "The teen felt they did not have any supports or anyone to go to so PSW AhSing did an Eco-Map with the youth and found they had many more supports than they originally thought."	Keep hardcopy in the file and label it so that it is not purged.
				In a Court Report, reference that the tool was used and write out the responses	• "An Eco-Map was completed during the Independence Mapping to show the youth who their supports were in the community."	Keep hardcopy in the file and label it so that it is not purged.
				Upload PDF copy to CWS/CMS	• "The teen felt they did not have any supports or anyone to go to so PSW AhSing did an Eco-Map with the youth and found they had many more supports than they originally thought. (See uploaded copy in CWS/CMS)"	Keep hardcopy in the file and label it so that it is not purged.

SOP Principle	Tool/Process	Who can use?	When can you use?	CWS/CMS	Example	Case File

Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches, including:

- Solution-focused practice[1]
- Signs of Safety[2]
- Structured Decision Making[3]
- Child and family engagement[4]
- Risk and safety assessment research
- Group Supervision and Interactional Supervision[5]
- Appreciative Inquiry[6]
- Motivational Interviewing[7]
- Consultation and Information Sharing Framework[8]
- Cultural Humility
- Trauma-Informed Practice

[1] Berg, I.K. and De Jong, P (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy.* New York, NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice.* New York: Longman.

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

[3] Children's Research Center (2008). *Structured Decision Making: An evidence-based practice approach to human services.* Madison: Author.

[4] Parker, S. (2010). *Family safety circles: Identifying people for their safety network.* Perth, Australia: Aspirations Consultancy; 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.

[5] Lohrbach, S. (2008). Group supervision in child protection practice, *Social Work Now,* 40, pp. 19-24.

[6] Cooperrider and David, L. 1990. Positive image, positive action: The affirmative basis of organizing. In S. Srivastva, D. L. Cooperrider and Associates (Eds.) *Appreciative management and leadership: The power of positive thought and action in organizations*. San Francisco, CA: Jossey-Bass.

[7] Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing,* (3rd ed.) New York: Guilford Press, 2012.

[8] Lohrbach, S. (1999). *Child Protection Practice Framework – Consultation and Information Sharing.* Unpublished manuscript; Lohrbach, S., & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice, *Protecting Children, 19(2):* 12-15.

SAFETY ORGANIZED PRACTICE (SOP)
TIPS FROM THE FIELD

NORTHERN CALIFORNIA TRAINING ACADEMY

SUCCESSFUL SOP STRATEGIES & LESSONS LEARNED FROM SOCIAL WORKERS

Safety Organized Practice (SOP) is a collaborative, trauma-informed child welfare practice model that utilizes skillful engagement, meaningful partnerships with families and their networks, and development of plans that foster behavior change within a family system to ensure child safety, permanency and well-being. SOP is both a framework for practice and a set of tools and strategies that help child welfare staff achieve engagement, assessment, teaming and planning with a family and their network.

Since its inception, SOP has been a grassroots-informed, continually evolving approach that builds on "practice-based evidence," or the hands-on experiences of social workers with families that have led to good outcomes. Social workers' creativity, flexibility and ingenuity with the tools and strategies of SOP has enhanced, expanded and deepened the practice. Following are workers' recommendations for best and innovative SOP practices across all aspects of the child welfare case continuum, from the hotline through permanency. These were gathered from social workers and supervisors attending California's statewide SOP convening in June 2018.

HOTLINE	INVESTIGATION
• Using SOP at the Hotline level helps to search for child safety concerns. • Change the Screener Narrative to start use of SOP at the hotline level. • Have your coaching team lead a meeting with senior workers, program managers, internal coach, line workers to co-create what SOP looks like at the hotline level. • Supervisors have white boards, and the first question is about caregiver action/inaction [and impact on the child]. • Weed out Complicating Factors at the screening level by having shared language across all staff. • Creating provisional Harm/Danger Statement. • We found that Danger Statements were a challenge at the hotline level because without interrogation we didn't know if the harm had occurred. Decision was only to do a provisional Harm Statement at the Hotline level. • Provisional Harm/Danger Statements can get too long, but creating them at the end of the call helps. • Most important is creating an internal and external common language and sharing definitions with and educating families/reporting parties. • To start practice, workers picked one type of solution-focused question and practiced. • There was a fear that using SOP at the Hotline would take too long, but a data pull said calls were the same time. • Training with coaches in the office helps to not take people off calls. • Coaching helps to make sure staff don't go back to old practice after training.	• Support Network – Questions to Ask: Who are the folks that frequent your home? Who are the first people you call if you have good/bad news? In case of emergency/going out of town, who would care for your kiddos? • Honesty: Transparency/conversation about how you can help. • Scaling Question: Experience with the system/CWS past interactions. • Involve the fathers. • Solution Focused Questions: Families that haven't had a referral in 2 years - what's been working? What did parenting look like when you were at your best? What's "that thing" getting in the way of you… (resources, etc.) • 3 Houses with the Parents: Focus on strengths. • Continuous inquiry, explaining your role as SW. • Implement/create a family agreement plan when a safety plan is not applicable. • Consultation Framework: sup. facilitation framework, use of the grey area, using it in staffing Review, Evaluate, Direct (RED) Teams, Child and Family Team (CFT) meetings, County Counsel, mapping in supervision. • Use coaching to support the practice. • Use RED Team to separate out concerns and complicating factors prior to even going out to investigate. • Establish a solid child and family team and have a CFT meeting (CFTM) before every decision to possibly detain a child and remove. Make joint decisions as much as possible with a family.

RISK OF REMOVAL	COURT INVESTIGATIONS/FAMILY REUNIFICATION

• Safety House: Girl put stepdad outside house, SW was able to ask what would he have to do to come into the house.
• Scaling: Ask what would it take to move up, what number would equate to feeling safe?
• Scaling: How afraid are you? What does it feel like to feel safe?
• 3 Houses: Helps engage and stay focused, House of Dreams (cats but no dad), see the kids' voice, great for court reports.
• Other Examples of 3 Houses: 3 apartments, 3 cupcakes, 3 cats, 3 dreamcatchers, miracle.
• Structured Decision Making (SDM) and assessing Harm/ Danger: Helps focus conversation, highlights for parents, who can help, what can we do differently, safety threat definition.
• CFT Facilitator - 3 questions process and the order in which you go:
  ○ What's working well- especially with children- really breaks the ice with parents- engage family
  ○ When you start with worries, it starts off tense but they need to get it out then they can break, relax, and start thinking on what's working well to make a plan.
  ○ Ask families which question they want to start with.
• Harm and Danger- CFT: develop these statements and then be able to take them into the CFTMs, helps clarify what is child welfare actually concerned about and be able to explain to families.
• Use the Three Houses with children during Safety Planning, not just investigations
• Safety Goals, Harm and Danger: families, network should all able to articulate
• Create Danger statements connected to specific SDM safety threats that follow the family through the life of the case.
• Worries: parents are able to put into their own words the concerns – get their buy-in.
• Safety Networks: engage with family and what is working well, have family identify their support system, build safety plans.
• Implement SOP tools within Team Decision-Making Meetings (TDMs)/CFTMs: group supervision, build in 3 Questions, try a tool that seems to fit the family, all tools are about the conversation and that engagement with families, ability to sift out complicating factors.
• Safety Plans: bring in other family to keep parents accountable.
• Create a new Safety Plan template that aligns with SOP.
  ○ Create in-depth, collaborative, behaviorally-based safety plans.
• Have the child complete SOP tools (3 Houses, Safety House, etc.) and use in safety planning to have child's voice/ perspective present and create buy-in for parents to engage in planning.
	• Safety Networks/Child & Family Teams
	  ○ Utilize peer mentors to help prep families for CFT
	  ○ Bring child's voice forward
	  ○ Circles of Support – start at first CFTM and use throughout
	  ○ Identify in the case plan what everyone will do and who in the network can be used
	  ○ Thinking back to when things are working well
	  ○ Family Finding - complete ecomaps with for every youth and on an ongoing basis
	  ○ CFT meeting timeline - monthly or during crisis
	  ○ Focus on Three Questions
	  ○ CFT – check in with support people every 1-2 weeks
	• Identifying impact on child
	  ○ Three Houses
	  ○ Ask parents: How would your child experience _____?
	  ○ Visit Coaching helps parents see visits from child's lens
	  ○ CFT meetings using Safety Mapping, Harm/Danger & scaling questions helps parents see impact on child
	  ○ Bring in professionals to help educate parents
	• Use bullet points in case plans
	  ○ Bullet points equal behavior change/scaling/actions
	  ○ Wrap team: break down into small timeframes (every 2 weeks), scale each SMART goal, allows for success
	  ○ Under mandated requirements, bullet out behavior change
	• Identify/be specific about action/behavior
	• Continue to have Harm/Danger statements in reports, case plans etc.
	• Include Safety Goal on each case plan
	• Use Three Houses in court reports
	• Put scaling questions into court report (help with translation of what they mean)
	• Include family strengths at all times to support family buy-in
	• Mapping during Court Intake
	  ○ Include ER work
	  ○ Determine next steps
	  ○ Include harm/danger, safety goals, etc. in court report to support transition
	• Craft harm and danger statements with clients and remind them of the statement each time we meet
	• Improve communication between court services and permanency departments by sharing information obtained by the families and what services have been offered/completed. This will create smoother support for our families. Even better, have a joint CFT meeting.
	• Re-entering father/person who committed harm into the family home: have them write a letter addressing how their harm impacted child to assess understanding, insight, behavior change.

RISK OF REMOVAL	COURT INVESTIGATIONS/FAMILY REUNIFICATION

• Harm and Danger Statement in court reports: What's the harm to the child?
• When safety mapping:
  ○ Meet with family or cultural elder ahead of time to discuss worries, working well, ideas on how to run the meeting
  ○ Invite family or tribal elder to facilitate the conversation using some cultural framework that organizes information, then CW staff pulls out Harm, Danger Safety to discuss
	• Make a point of asking parents how their participation in the case services is making them a better parent
	• Have youth plot their Circle of Support and review it 6 months later
	• SDM Risk Reassessment tool
	  ○ Complete prior to closing, making decisions, etc.
	  ○ Use to help show change
	  ○ Use the language in a family-friendly manner in court reports
	• Have families complete the SDM tools on their own and have them run a CFT meeting on their own prior to their case closing successfully.
	• Visitation – focus on positive parenting, behavioral changes
	• Map visitations
	• Change language to be family-friendly ("visitation" to "family time")
	• Be mindful of always using descriptive language when meeting to discuss behavioral changes
	• Overall themes: safety network, solution-focused questions, behavior change, child voice, breaking things down is key; split into smaller chunks

FAMILY MAINTENANCE	CASE PLANNING

• Create behaviorally specific safety plans - 3 column map; measure safety over time; involve safety network
• SDM use risk level to guide level of contact with Family Maintenance (FM) - more contact with families and providers
• What does a successful FM case look like?
  ○ Worker collaboration/discussions
  ○ Behaviorally specific
• Fire drills of safety plans – testing/what works or not
• CFT meetings
  ○ Family facilitate; use of SDM tools (explained to families)
  ○ Private family time
  ○ Systems people leave room
  ○ Providers/network to develop safety plan
• Multi-disciplinary Team (MDT) meetings
  ○ Collaborate with providers and families
  ○ Use 3 column map
  ○ Fill out SDM tools with families - Risk assessment
• Family engagement staffing – the network
  ○ Are they being engaged?
  ○ What are their needs?
  ○ All families within 3 months
• Individualized services – what works for you?
• "Forever plan" for aftercare
  ○ Evolve/adjust
  ○ Safety goals
  ○ Bringing in support networks
• Meaningful networks
  ○ Understanding behaviors we are looking for and what change looks like
	• What makes a good case plan?
	  ○ Short, sweet, and to the point
	  ○ Behaviorally specific
	  ○ Partner with the family - family's voice drives plan
	  ○ No jargon
	  ○ Feedback loop to ensure the plan works
	  ○ Including support network in plans
	  ○ Addressing only harm and danger, not getting caught up with complicating factors
	  ○ Clear plan/actions around acts of protection
	  ○ Clearly defined goals
	  ○ Integrating all plans into one safety plan
	  ○ Clarify safety concerns - what does it look like when parents are under the influence?
	  ○ Identify what has worked well in the past
	  ○ Including children and youth in the meeting - bringing older kids to the meeting, Safety House, 3 Houses
	  ○ Identifying shared values
	  ○ Focus on family and needs
	• Use behaviorally specific case plans that focus on mitigating the problem, implementing support networks in the case plan
	• Some counties = already using facilitation, work done before case planning meeting, thoughtful and mindful for management of CANS and CFT
	• Establish collaboration - universal language

ADOPTION	PERMANENCY PLANNING/NMDS

• Safety mapping when CWS and/or birth family has worries about resource parent
• 3 Houses with kids
• 3 Houses to help resource parent identify what is working well, worries, what might help, see how changes over time
• Safety House
• CFTs/Networks: 3 column map, Circles of Support, include who does what when making ecomaps/genograms (San Diego Co. has electronic version)
• Permanency mapping in CFT with networks including birth family
• Aftercare planning
• Share resource parent's, birth parent's & youth's maps or houses with each other for relationship planning
• Using reflective tools of SOP in office helps us to slow down, dig deeper, avoid jargon, self-reflect on our biases and peer accountability, see things we didn't notice, identify questions
	• Engage youth in conversations using tools and language of SOP to bring their voice to the table more
	• Have youth answer scaling questions about case worker visits and interactions
	• Non-minor dependents (NMDS) are adults – what do they need to support themselves?
	  ○ be independent and have a home
	  ○ who do they identify as support
	  ○ be open to that list
	• Independence goals – front page of case plan
	• In-their-home CFT meetings with support from friends, County SW, and Transitional Housing Program (THP) SW
	• Youth driven – what youth think is working well, could be better, and how to achieve
	• Dual Status – share story, the positives of the placement, goals/hobbies, sports, school
	  ○ Many aspects of youth to engage with, not just judged by mistakes
	• Youth – phone interview with prospective placement
	  ○ write letters and ID their struggles with progress last 3/6/9/etc. months
	• Congregate Care – monthly CFTMs
	  ○ be aggressive and intense
	  ○ to work on stepping youth down
	  ○ Listen – connect with natural supports and try to find NREFMs thru friends, teachers, etc.
	  ○ always ask youth for permission to reach out to those people/families
	  ○ youth to reach out to these people themselves
	• Creative with placements – engage parents in these conversations for youth under 18
	• Youth isn't only one needing support – connect with caregivers and other in the household to provide support
	• Look at parents again – reunify now?
	• Talk about cash and case management and requirements of extended foster care to encourage permanency
	• Return from AWOL to get NMD benefits – stay in touch.
	  ○ Do you need food, clothes, anything, etc?
	  ○ Ensure they know that they must be in placement.
	• Network – who is your "go to" person
	• Use their words – identify strengths, 3 houses
	• Goal setting – walk me through the process so I can support you
	• Services and supervision – identify in the community and help them access them
	  ○ Struggles with X – what might help you
	  ○ How/who – ask lots of questions
	• How did that work for you before? Reflect
	• Rapport/trust – how do they want to communicate
	  ○ Always answer the phone – doesn't matter what the last conversation was like
	• True/honest

ADOPTION	PERMANENCY PLANNING/NMDS
	○ Don't be the authority; don't talk down; use plain language ○ Call out/identify choices • What's important to them? What are you willing to do? If you AWOL, text daily to check-in and make agreements? • Follow through with commitments/appointments and be consistent • Talk about what will happen/ is coming up – i.e. what can we tell the client • Identify strengths and balanced information • Let them have "normal" relationships –don't fingerprint their friends • Normal teen bx vs. identity as foster child – support caregivers with this too • Increase Safety Planning with transition age youth. Creating networks of support for when agencies step out of the life of a youth

COURT/ATTORNEY PARTNERSHIPS	GENERAL TIPS & SOP IMPLEMENTATION
• Try to get to know judges and attorneys • Host a Brown Bag with County Counsel to start teaching, educating them on SOP language and principles • More collaboration and discussion of SOP practice between court and child welfare staff; get on same page about expectations • Set up a training to teach the judges and attorneys about SOP • Invite a couple of judges to take Q and A from social workers • Have parents' and children's attorneys trained in SOP • County attorneys and agency administration have an adversarial relationship. Meanwhile, County is struggling with having attorneys and parent attorneys accept SOP. A new strategy would be to ask attorneys what line staff and supervisors they most respect and have a mixed engagement team of those line staff working with agency admin to problem-solve, negotiate and train the courts.	• Increase Solution-Focused Questions • Incorporate Appreciative Inquiry into practice with families • Start using Three Questions with parents and kids • Use universal language to spread awareness and encourage practice • Harm and Danger statements at every level of the process so everyone is clear of why CWS is involved • Use the Three Houses app • Engage fathers as separate and equals from the mother • Implement the SOP Domestic Violence Timeline Tool • Develop strong natural support team with family • Integrate SOP into all CFT's • Strengthen CFT's with SOP and stronger reports with SOP • Incorporate SOP language into CFTs including Safety Goals, Harm and Danger statements and behaviorally based safety plans • Revise facilitation training curricula to incorporate SOP • Turn solution-focused inquiry inward and utilize within my agency • Strengthen resilience by growing social capital • Help co-workers believe and think that SOP is the best practice to implement with our families • Collaborate with community partners better by taking initiative • Know where the hole is: trajectory planning with families, timeline and good planning • Use the stages of implementation in the rollout of CANS • Have coaching available at all staff levels • Be consistent with all staff adopting SOP instead of training staff without accountability • Train non case-carrying leaders/managers to do SOP within the agency with staff to model and reinforce how we are asking line workers to engage with families. • Demonstrate how Safety Mapping can be used in different areas such as PP cases and NMD youth • Reinforce SOP in induction training

ACRONYM KEY			
CANS	Child and Adolescent Needs and Strengths	**NMD**	Non-Minor Dependent
CFT	Child and Family Team	**NREFM**	Non-Related Extended Family Member
CFTM	Child and Family Team Meeting	**PP**	Permanency Planning
CW	Child Welfare	**RED Team**	Review, Evaluate, Direct Team
FM	Family Maintenance	**SDM**	Structured Decision-Making
FR	Family Reunification	**SW**	Social Worker
MDT	Multi-disciplinary Team Meeting	**TDM**	Team Decision-Making Meeting

Additional SOP resources, including curricula, trainings, tip sheets, implementation support, and fidelity tools, are available online at https://www.oercommons.org/authoring/12342-safety-organized-practice-resources/view.

Additional Resources

Northern Academy Website:
https://humanservices.ucdavis.edu/northern-academy

Safety Organized Practice website
Contains news, videos, webinar recordings, evaluation tools, resources and a detailed look at SOP courses offered by the Northern California Training Academy.
http://bit.ly/SafetyOrganizedPractice

SOP Quick Guides direct link:
https://www.oercommons.org/authoring/12342-safety-organized-practice-sop-resources/view#h13

The Three Houses: An Introduction with Nicki Weld
A brief introductory video to the Three Houses Tool by co-creator Nicki Weld.
https://www.youtube.com/watch?v=NFvLplF0QO0

Northern Academy Video Library:
https://www.oercommons.org/authoring/25673-video-library-northern-california-training-academy/view

Statewide SOP Toolkit:
https://calswec.berkeley.edu/toolkits/safety-organized-practice

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