

# Jump to Day 2

## Safety Organized Practice

Day 1 – Two-day Foundational Institute

Instructor Name  
NORTHERN ACADEMY

**UC DAVIS**  
Continuing and  
Professional Education | Human Services

### Opening Circle

*Introduce yourselves:*

- Name
- County
- Role
- How long?
- What do you want to get out of this training?



### Training Overview

Day 1	Day 2
<ul style="list-style-type: none"> <li>• Introduction to Safety Organized Practice (SOP) and the California Integrated Core Practice Model (ICPM)</li> <li>• Strategic Conversations about Danger and Safety</li> <li>• Safety Networks</li> <li>• Interviewing Children</li> </ul>	<ul style="list-style-type: none"> <li>• Harm and Danger Statements, Safety Goals</li> <li>• Key Mapping Concepts</li> <li>• Safety Mapping Demonstration</li> <li>• Collaborative Safety/Case Planning</li> <li>• Additional SOP Tools/Resources</li> <li>• Personal Action Plans &amp; Wrap-up</li> </ul>

Link to class materials: <https://www.oercommons.org/authoring/11911-sop-foundational-institute/view>  
Link to SOP Resource Page: <http://bit.ly/SafetyOrganizedPractice>

### Preparation for Mapping

*Can you begin to think about a CWS case that we can use for practice over the next two days (interviewing, assessing, mapping)?*

- ✓ Think of a case you have that is not too complicated.
- ✓ At least one safety threat (or very high risk).
- ✓ Be able to provide rich detail about your selected case  
(please speak to the instructors at break or lunch today).




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### Group Agreements

What would make this training a good space for learning?

How are we going to work together respectfully and effectively?




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### Safety Organized Practice (SOP) Key Elements

**SOP** Practice  
Collaborative  
Social Solution-focused  
Strength-based-belief practice approach  
Inquiry Cultural-Humility system work  
Trauma-informed  
Appreciative




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**SOP is a collaborative, trauma-informed child welfare practice approach 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.**

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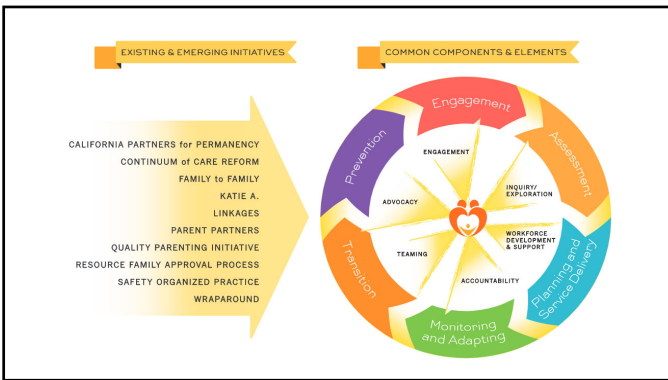
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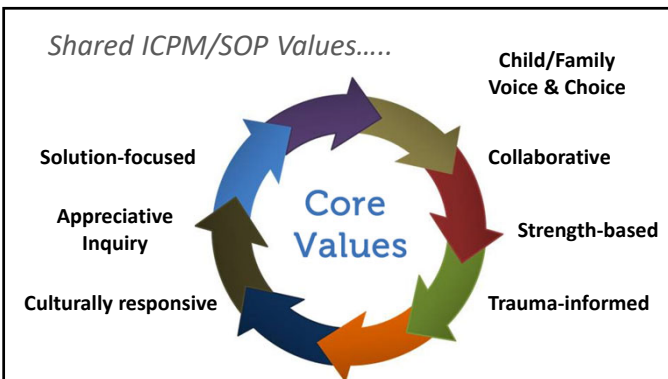
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### SOP Tools/Strategies to Support ICPM

- Solution-focused questions
- The Three Questions
- Mapping/meeting frameworks
- Facilitated meeting dialogue structure (Super 8)
- Safety Circles/Circles of Support
- Balanced Assessments – SDM/CANS
- Safety House/Three Houses
- Harm and Danger Statements
- Safety Goals
- Safety Networks/Circles of support/Child & Family Team
- Safety Plans
- Behaviorally-based case plans
- RED Teams

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ICPM Practice Behavior	SOP Tool
Use tools and approaches that amplify the <b>voices of children and youth</b> .	Three Houses, Safety House
Ask the family <b>what is working well and what they see as the solution</b> to the circumstances that brought them to the attention of the child welfare agency.	Three Questions, SFQs
Develop a <b>shared understanding</b> about safety, permanency, and well-being issues to be addressed with the team.	Harm and Danger Statements, Safety Goals
Facilitate <b>critical thinking</b> , discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.	Mapping, Meeting Frameworks, Meeting Dialogue Structure

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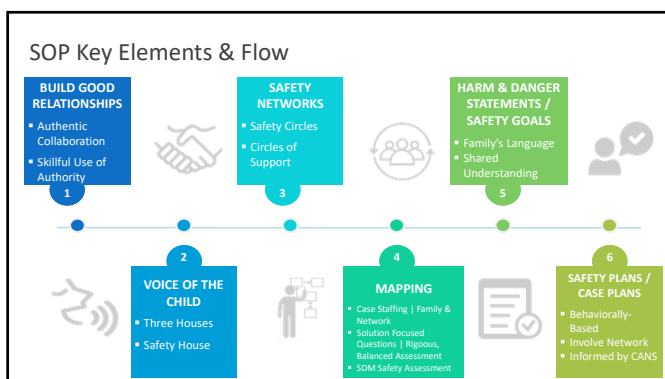
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With Safety Organized Practice, Families Can Expect to Be:

- Treated as equal members of a team
- Included in safety planning / case planning
- Asked for their opinion
- Respected and valued
- Told the truth
- Asked to provide detailed information about things that work in their family
- Asked to work as a team with all parties

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Intended outcomes of SOP (when used to fidelity).....

- Improved:
  - Agency culture and climate
  - Teaming and working relationships
- Increased:
  - Collaborative decision-making processes
  - Increased family engagement in collaborative safety and case planning
  - Increased understanding of reasons for child welfare involvement
  - Increased participation in case plan interventions and services
  - Social worker satisfaction and retention

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### Intended outcomes of SOP (Continued).....

- Increased.....
  - *Safety for children*
  - *Increased children's and youth's voice*
  - *Behaviorally-focused interventions that meet family needs*
  - *Placements with relatives or NREFMs*
  - *Placement stability*
  - *Lifelong connections for children/youth and families*
  - *Natural support systems for children/youth and families*
  - *Trauma-informed and culturally relevant practice*

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### Intended outcomes of SOP ..... any others?

- Decreased:
  - *Entry to care*
  - *Time in foster care*
  - *Disproportionality*
  - *Recurrence of maltreatment*
  - *Re-entry rate*
  - *Contested hearings*
- Ultimate goal: Healthier kids, families and communities!!!

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### Engagement

- Continuously engage with families, their communities and tribes
- Listen
- Encourage and support
- Affirm experiences and create achievable goals
- Use solution-focused, trauma-informed engagement practices
- Build networks of support




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### Cultural Humility Defined

A central circle labeled 'CULTURE' is surrounded by various cultural elements. Arrows point from these elements towards the center. The elements are: Language, Communication, Courtesies, Rituals, Roles, Customs, Relationships, Practices, Expected behaviors, Values, Thoughts, and Manners of interacting.

Cultural humility is a lifelong process of self-reflection, self-critique and commitment to understanding and respecting different points of view, and engaging with others humbly, authentically and from a place of learning.

*Tervalon, M., and Murray-Garcia, J. (1998)*

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### The Multicultural Process of Change: Table Talk

*Cultural differences and similarities affect all relationships and decisions.*

Refer to handout: Multicultural Guidelines for Communicating Across Difference

Consider for yourself:

- Which one am I best at?
- Which one can I work on?

Based on your conversations, do we want to add anything to our agreements?

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### Guiding Values of Trauma-Informed Practice

*"Healing Happens in Relationship"*

Focus on:

- Awareness of impact of trauma on behavior and quality of life
- Working with children & families in a way that supports engagement, safety, growth & trust
- Helping children & families respond to traumatic experiences

A central illustration shows two stick figures holding hands. Surrounding them are ten colored circles, each containing a value: Understand the prevalence and impact of trauma, Promote safety, Earn trust, Embrace Diversity, Provide holistic care, Respect human rights, Pursue the person's strengths, choice and autonomy, Share power, Communicate with compassion, and Understand the prevalence and impact of trauma.

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**A Rigorous, Balanced Assessment**

<p><b>STRENGTHS</b></p> <p>Identifying exceptions to problems and looking for strengths generates cooperation, positive energy and creative solutions, and helps us know how worried we should be.</p>		<p><b>WORRIES &amp; NEEDS</b></p> <p>Regardless of strengths, safety is always paramount; we must look at what is causing harm or danger to a child and what the true needs are of the child and family.</p> <p>Not talking about worries is unfair to the family and leads to unsuccessful plans.</p>
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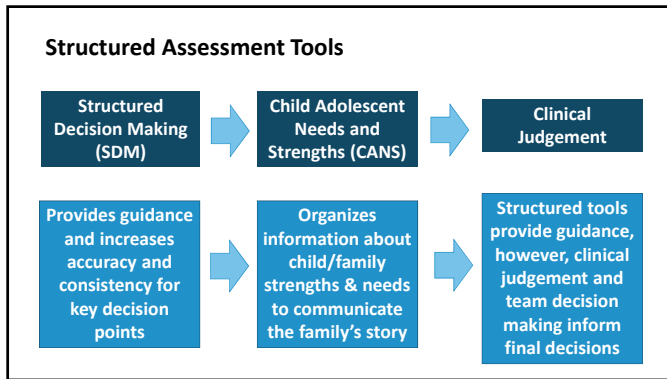
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**safe·ty** [sāftē noun]

**Actions of protection taken by the caregiver that address the danger demonstrated over time.**



Initial Source: Boffa, J. and Podestra, H (2004). Partnership and risk assessment in child protection practice. *Protecting Children*, 29(2): 35-49. Adapted over time by Andrew Turnell and members of the Massachusetts Child Welfare Institute.

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**Strategic Conversations about Safety and Danger**

A practice of using questions and having conversations that gather rich, detailed, pertinent information about the history of protection and the history of the problem:

**Change is a process, not an event.**

- Helps key stakeholders (family, workers, providers, supervisors) think through difficult situations together;
- Develops a common language, purpose, and goals;
- Believes in the possibility of change;
- Gathers the information needed for assessments and decision support
- Is based on solution-focused interviewing.

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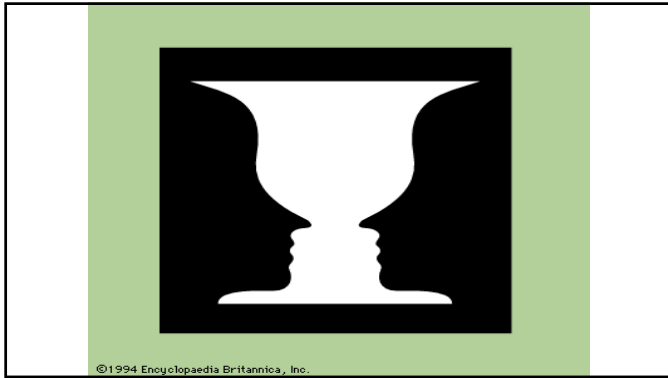
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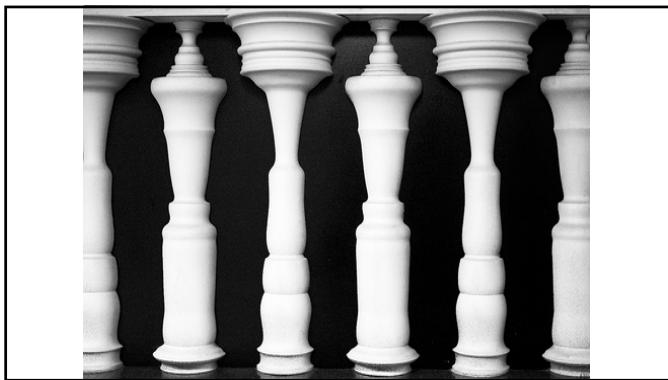
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**A Key Idea...**

Safety and  
services are not  
the same thing

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**Guided by two critical questions:**

What is the impact of the caregiver's action(s) on the child?

If danger exists, what are the family and network willing and able to do to show us the children will be safe?

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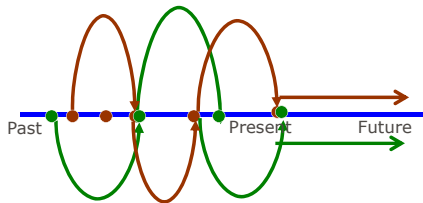
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**Start by getting a balanced assessment**




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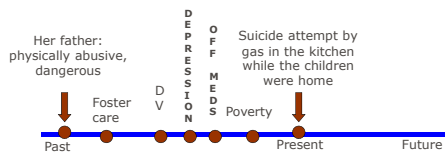
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**Cheryl's Story**




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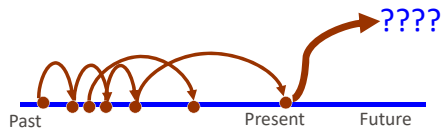
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### Interviewing for Safety and Danger



What will Cheryl's future probably look like?  
 What do we know about risk / danger?  
 What do we know about safety?

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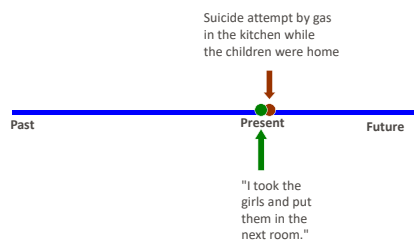
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### Interviewing for Safety and Danger




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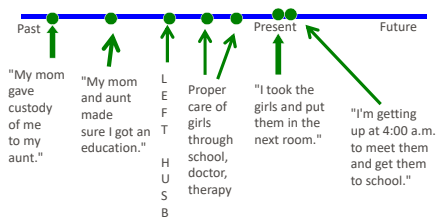
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### Interviewing for Safety as well as Danger




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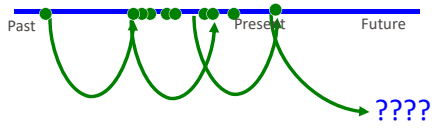
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### Interviewing for Safety and Danger

Does looking at what has worked in the past give us a more accurate picture of the family?

Does it tell us more about what they can do?

Are you less worried?



History of protection is best predictor of future safety

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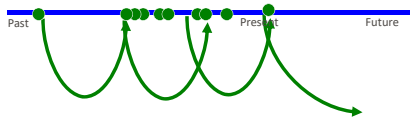
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### "Naïve" Practice




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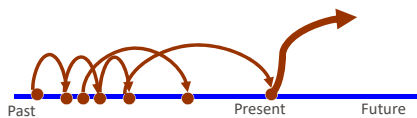
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### "Problem-saturated" Practice




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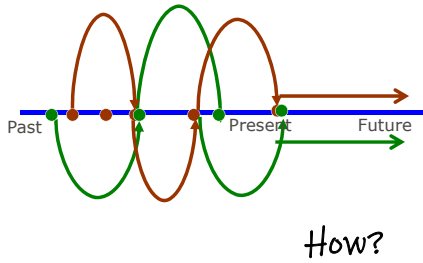
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Goal is to get a full balanced assessment




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## The Three Questions

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Three Questions That Organize the Conversation

What are we  
worried about?

What is working  
well?

What needs to  
happen next?

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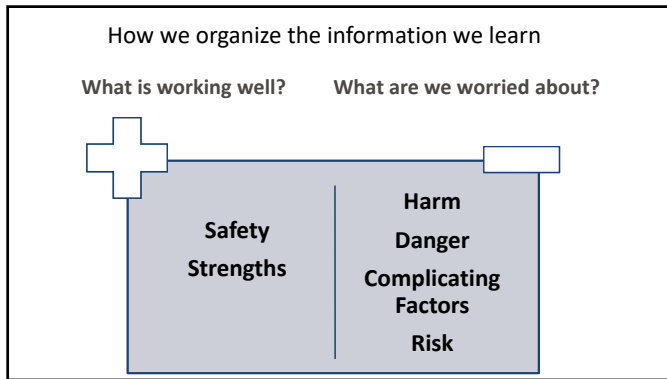
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What are we worried about?



**Ask questions that...**

- Raise **behavioral descriptions** and move past vagueness, generalizations, and jargon
- Reveal all the **family members' positions** on the problem—especially the children's
- **Stay connected to the focus of the interview:** What is the impact of the caregiver's actions on the child?
- **Stay connected to the content you need to acquire:** What SDM® and/or CANS questions will you need to answer to get the best possible help from the assessments?

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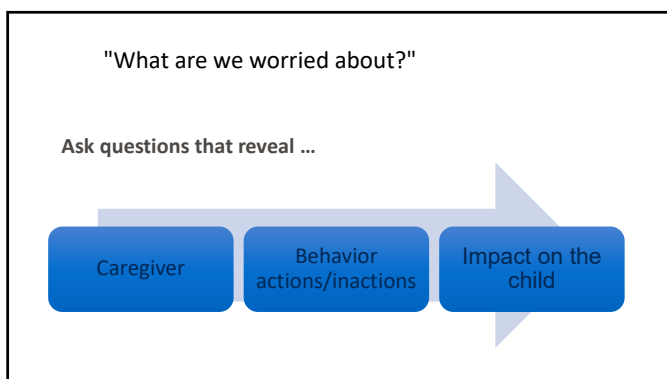
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## Generalizations vs. Behavioral Descriptions / Impact On Child

*"She is mentally ill."*

- How does he/she know?
- What caregiver behaviors are associated with it?
- When do those behaviors show themselves?
- How do those behaviors impact the child?
- How do you know? How do you find out?
  - What does the child know?
  - What has the child seen?
  - What are you worried is happening or will happen?

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## Generalizations vs. Behavioral Descriptions / Impact On Child

*"He is an alcoholic."*

- What does he drink? When does he drink? How often?
- Where is the child when he drinks?
- What caregiver behaviors are associated with it?
- When do those behaviors show themselves?
- How do those behaviors impact the child?
- How do you know? How do you find out?

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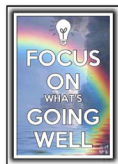
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What's working well?

*There is always a history of protection.*

- Based in solution-focused questions.
- If we do not know "what is working well," we do not know how worried to be.
- Ask questions that rigorously surface the history of protection and how that history can be applied in the future for the child's safety.
- "Listen for the empty spaces."




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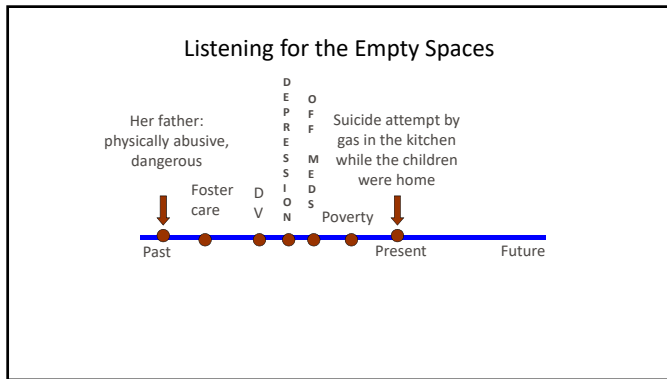
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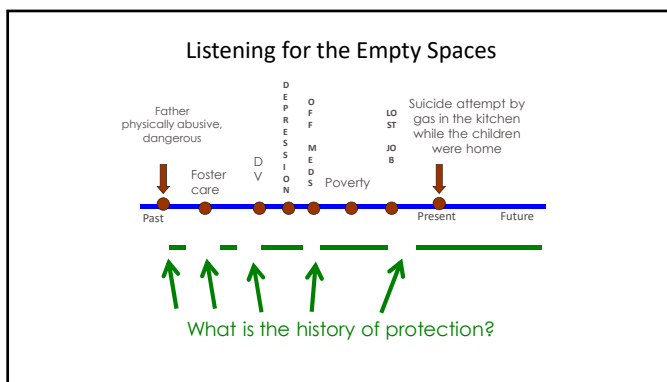
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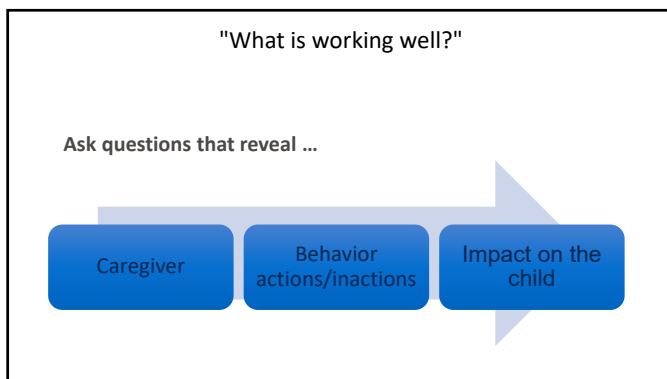
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## Generalizations vs. Behavioral Descriptions / Impact On Child

*"She is stable."*

- Stable from what?
- What caregiver behaviors are associated with stability?
- When do those behaviors show themselves?
- How do those behaviors impact the child?
- How do you know?
- How do you find out?

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## Let's Practice!

*At your tables:*

- Choose one person to present a case with an SDM safety threat
  - *Please note: this case will be used throughout the two days for various activities so please change names to protect confidentiality*
- Choose a scribe and a facilitator
- Facilitator asks the person presenting the case the *first two questions..*
  - *What's working well?*
  - *What are you worried about?*
- Scribe: Write down responses on flip chart paper
- Group: Work together to make sure there is no Jargon

**REMEMBER: Be Behaviorally Specific!!**


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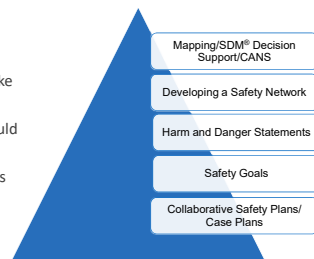
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## The Third Question: What needs to happen next?

- ✓ Development of **Harm and Danger statements; Safety Goals**
- ✓ Show what **protective actions** would look like for this family
- ✓ **Identify time period** protective actions should be demonstrated
- ✓ **Craft collaboratively** in the family's words as much as possible
- ✓ Describe **what we expect parents to do differently** rather than what to stop
- ✓ Use **specific, straightforward language**




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## Solution-Focused Conversations




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### Why Solution Focused Conversations?

*From multiple research studies:*

➤ *The best outcomes for children and families occur when constructive working relationships exist between families and professionals and between professionals themselves.*



**Good working relationships are the best predictor of good outcomes!**

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### At the Heart of Solution-Focused Inquiry:

*"Motivation (for change) may be linked to the degree of hope that change is possible."*

US National Clearinghouse on Child Abuse and Neglect

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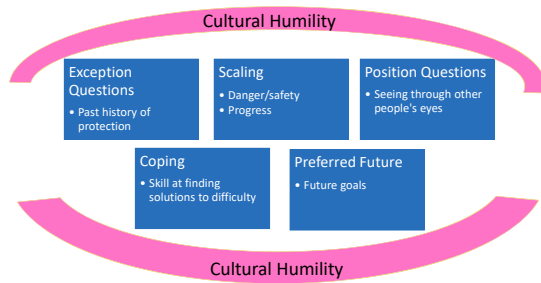
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### All Wrapped In: Cultural Humility




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### Exception Questions

*"Has there ever been a time [the problem] could have happened...maybe almost did...but somehow you were able to do something different?"*

- Cornerstone solution-focused question.
- CRITICAL to get details.
- Seeks times when the problem could have occurred as usual, but did not.
- No problem is absolute in its effects.
- A place to begin looking for safety, strengths, resources, and alternative actions.
- People who know they have been able to change are more likely to do it again.

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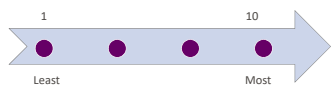
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### Scaling Questions



*"On a scale from 1 to 10, with 1 being the most Danger and 10 being the most safety for this child, where do you think this particular situation rates?"*

#### Follow-Up Questions

- What exactly did you see or hear that allowed you to give the rating you did and not one above or below?
- What do you think would need to happen to increase your rating by one?
- Can I tell you what my number is? This is what I think would need to happen for my number to go up by one...

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What Can you Rate Using Scaling Questions?




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Relationship or Position Questions

**Questions designed to help someone shift perspective and see through another's eyes:**

- *"If your son was here right now and heard everything we have talked about, what do you think he would be most worried about?"*
- *"When your daughter is older and dating, what would you tell her if she was dating someone who was doing to her what your boyfriend has been doing to you?"*

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Coping and Preferred Future Questions

**Coping**

- "The things you have been going through are not easy. How do you think you have been able to do as well as you have?"

**Preferred Future**

- "You are pretty clear that this is not how you want things to be. How would you like things to be instead? What needs to happen for things to be like that?"
- "Ten years from now when your child is older, what story do you hope he/she has of this time?"

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### Why Solution-Focused Inquiry?



[https://www.youtube.com/watch?v=a4pz\\_ymwFJ8](https://www.youtube.com/watch?v=a4pz_ymwFJ8)

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### Let's Practice!



**Exception Questions**  
• Past history of protection

**Scaling**  
• Danger/safety  
• Progress

**Position Questions**  
• Seeing through other people's eyes

**Coping**  
• Skill at finding solutions to difficulty

**Preferred Future**  
• Future goals

1. In same groups: Pick one idea (worry or what is working) from your list. How would you apply some of these solution-focused questions to this statement?
2. Write two Solution-Focused questions you could use with your family. Try to ask questions that focus on the impact to the child or behavioral detail.

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### Enhancing the Safety Network




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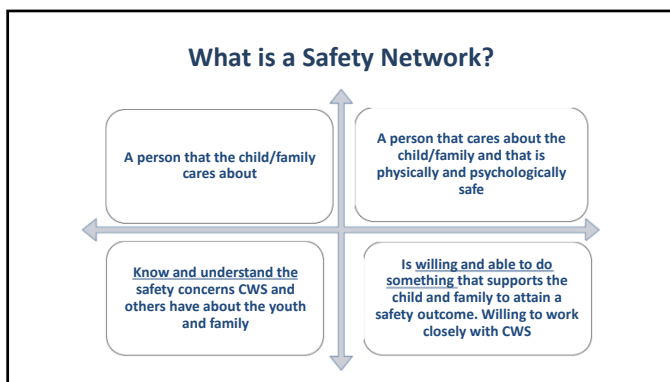
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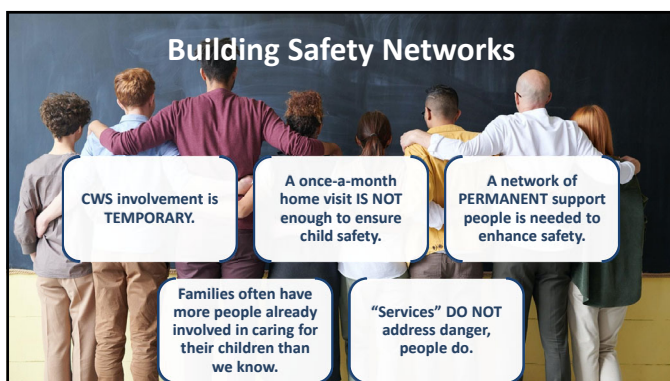
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### Safety Network Example: Video from Carver County

Julie and her boyfriend moved to Minnesota from Texas. She regularly drinks alcohol while she is the children's sole caretaker and sometimes blacks out.

**Video Link**  
[https://www.youtube.com/watch?v=CsqFOtnGMU&list=PLbEpa\\_1VPxjsS2GOajL\\_-RHC5xukj8GI&index=7](https://www.youtube.com/watch?v=CsqFOtnGMU&list=PLbEpa_1VPxjsS2GOajL_-RHC5xukj8GI&index=7)

Julie is told by Sarah (her worker) and others in the system that if she cannot find a network to help her keep the children safe, the children may need to be removed.

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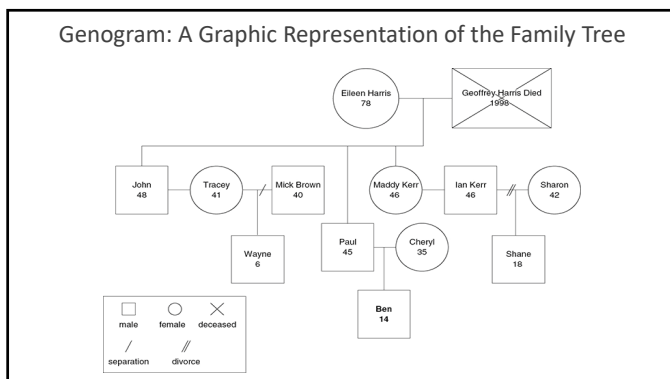
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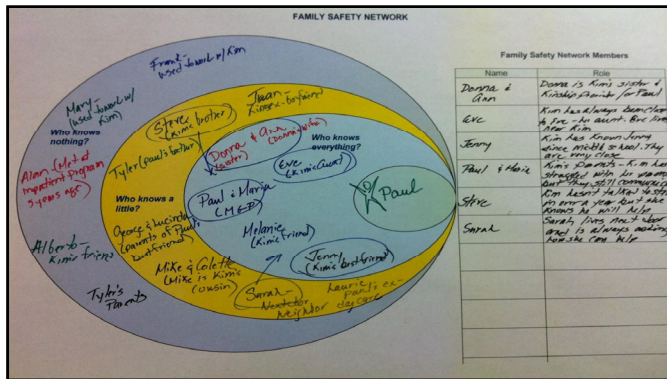
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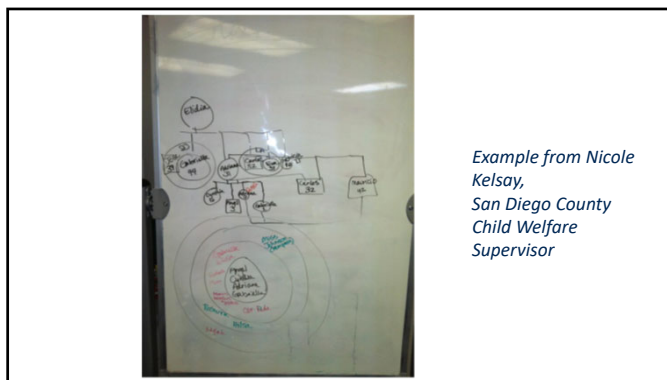
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## Cultural Considerations in Forming a Network of Support

Questions to ask:

- To whom in their community does the family already reach out?
- When others in their community faced similar problems, how did they get support?
- Do they prefer to open up to people within their culture? Outside their culture?
- Opening up to others in some way may be a bottom line, but with whom and how can be tailored to individual families and cultural groups.




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Let's Practice Safety Circles!

**Reminder:** *You can't create safety only with the people you are worried about.*

**NO Network Plan**

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**Strengthening Families Five Protective Factors**

*A research informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.*

*The five protective factors are:*

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

➤ For more information: <https://cssp.org/our-work/project/strengthening-families/>

➤ Child Welfare tools: <https://cssp.org/our-work/projects/practice-tools-for-child-welfare/>

© 2015 THE UNIVERSITY OF CHICAGO PRESS  
**strengthening families**  
AN EVIDENCE-BASED APPROACH TO PREVENTING CHILD ABUSE AND NEGLECT

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**Interviewing Children**

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- Think about a time when you interviewed a child and felt really good about it—a time it really made a difference.
- Tell your partner this story.
- What in particular in your stories do you think each of you did that made the biggest difference?



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### Interviewing Children

- Makes children's voices and perspectives a meaningful part of the process.
- Children are likely *witnesses* to all that goes on in a house, and therefore...
- Children's perspectives are vital to gathering information about what is happening.
- Therefore, children need to be our partners in **assessment**.
- Children can be, and often need to be, partners in their own **safety planning**.



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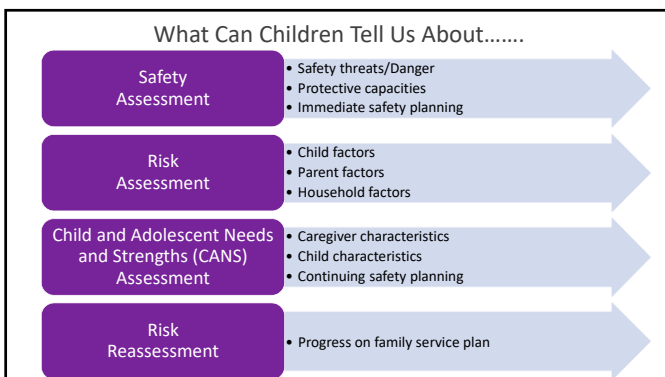
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### Domains of an Interview With a Child




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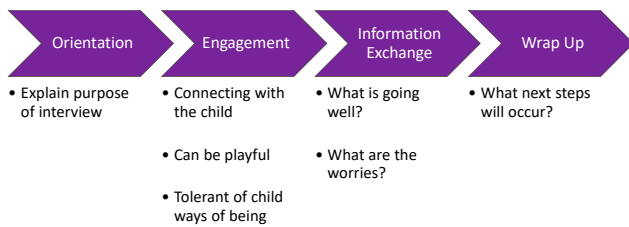
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### Stages of an Interview With a Child



- Explain purpose of interview
- Connecting with the child
  - Can be playful
  - Tolerant of child ways of being
- What is going well?
  - What are the worries?
- What next steps will occur?

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### Engaging Children

- Get down to the child's level—the floor is your friend!
- Break down language into words and questions the child can understand.
- Incorporate breaks and check-ins, and view "side trips" as valuable parts of the conversation.
- Allow children to look away, fidget, wiggle, face away from you, be under the coffee table, in a different room—anything, as long as you have evidence that they are participating.
- Look for what works and do more of it.
- Incorporate playfulness as much as possible.
- Tools: What objects are in your tool kit?
- Setting: How do you make the best of the chaos?




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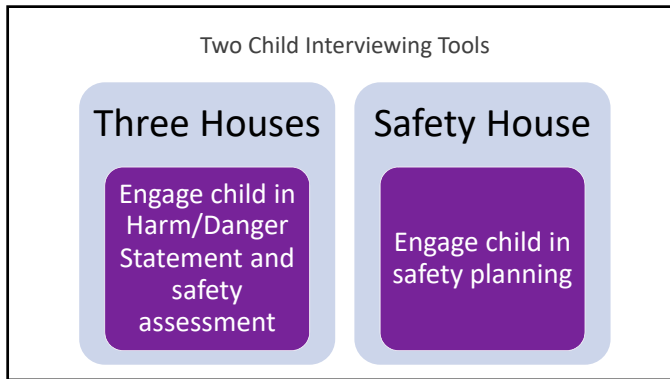
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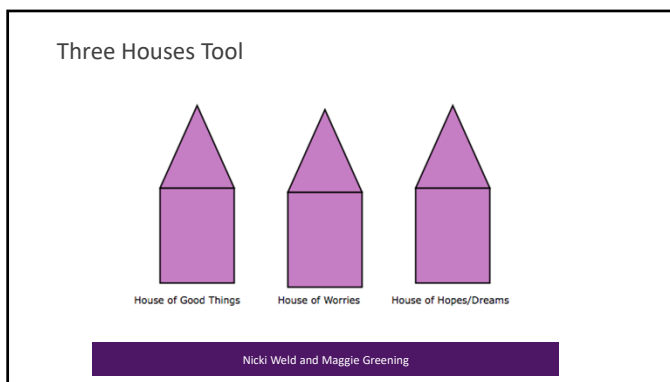
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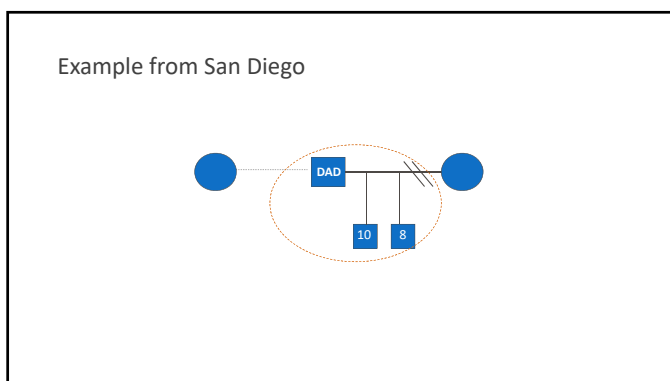
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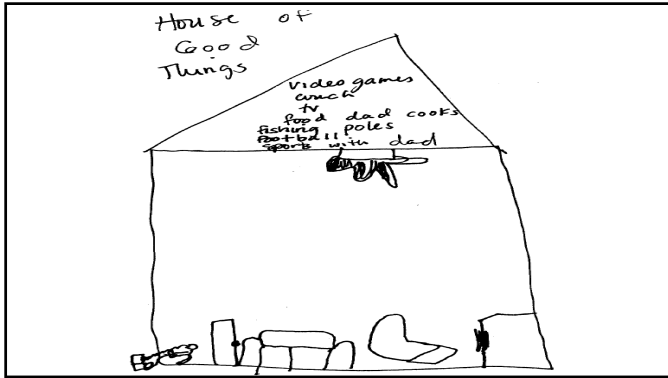
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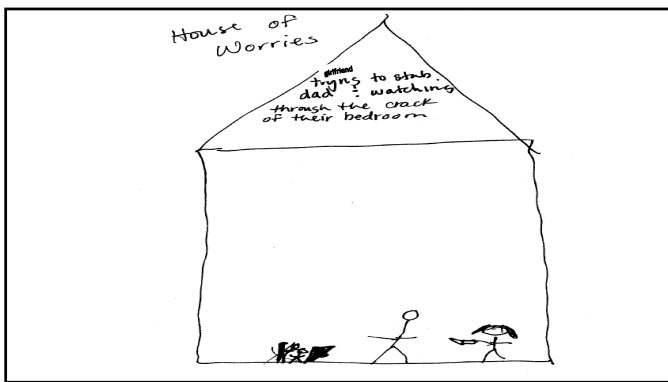
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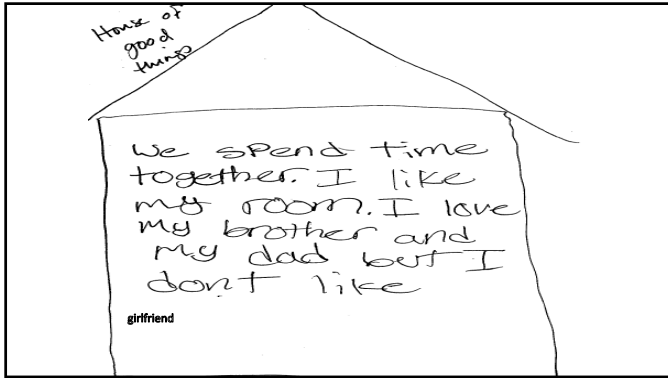
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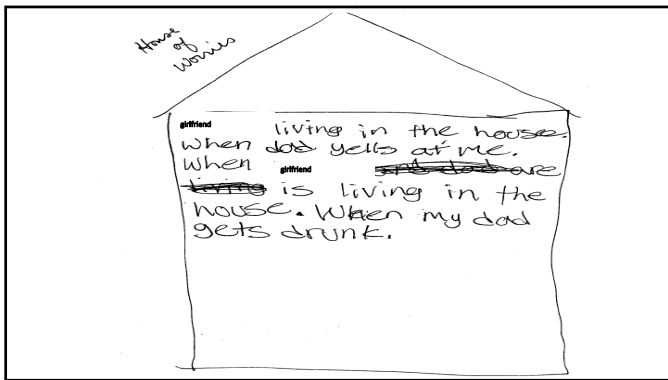
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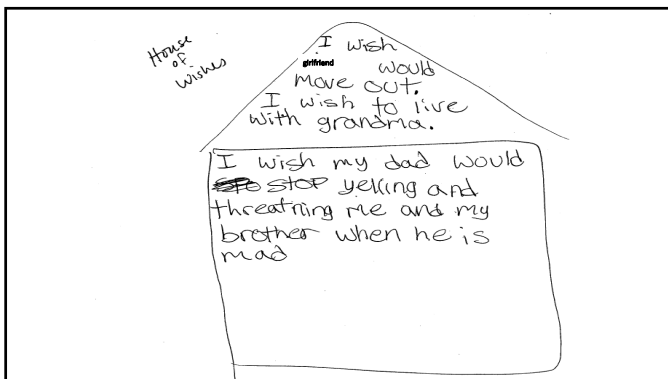
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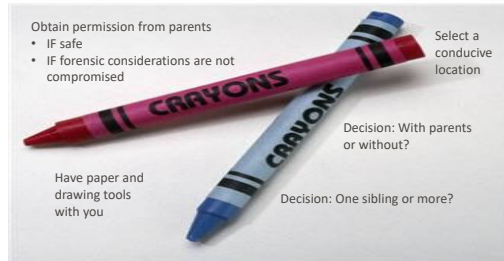
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### Before the Child Interview




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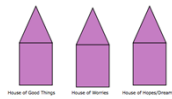
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### Introducing the Three Houses

Explain to the child:

- *"In the first house, we will include the things that you like in your life. That is the house of good things."*
- *"In the second house, we will write or draw your worries. That is the house of worries."*
- *"In the third house, we will write or draw how things would be if they got better. That is the house of dreams."*




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### Introducing the Three Houses

#### Clarification, details

"And then what happened?"

#### Awareness of child's process

"Do you want to take a break?"

#### Developmental awareness

"Tell me what the word 'hurt' means."

#### Non-leading

"What else do you think I should know about?"

**Above all: It is a conversation!**




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### Talking to Caregivers



- **How to share it with parent?**
  - Show whole drawings?
  - Summarize?
  - Hold some information that could be incendiary until child safety is secure?
- **If sharing ...**
  - Start with house of good things
  - Worries presented as things child is worried about (vs. "truth")
- **Become partners in thinking through the implications**
  - "CPS must act 'as if' until proven otherwise."
  - "How do you think I should react if I see this as true?"
  - "What do you imagine I will need to see happen next?"

*Parent reaction IS information*

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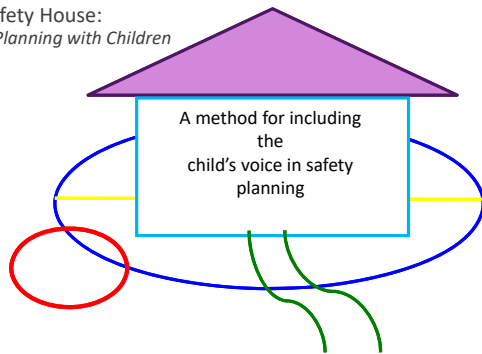
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### The Safety House: Safety Planning with Children




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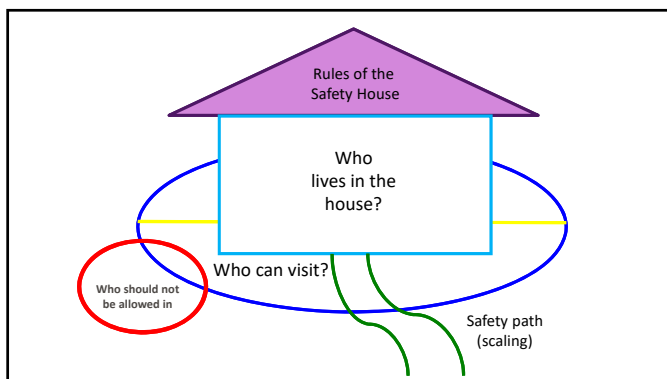
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## The Safety House Elements



- **Overview:** This is your house in the future, when you always feel safe.
- **Inner circle:** Who lives with you in this house?
- **Outer circle around the house:** Who can come visit?
- **Red circle to the side:** Who should not be allowed in?
- **The roof:** What kind of rules does a house like this need to make sure you always feel safe?
- **The path:** If the beginning of the path is where everyone is worried and [known danger is happening] and the end of the path is where this Safety House exists and no one is worried, where are you now? What do adults need to do so you can be one step closer to this house?

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## Example

Created with  
10-year-old "Zoe" as  
part of planning for  
her reunification  
(with Sonja Parker)




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## Example: Who lives in the house?




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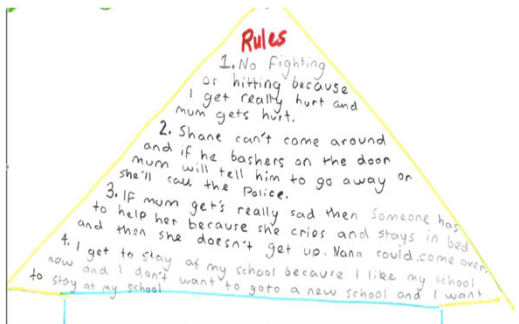
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## Example: Rules




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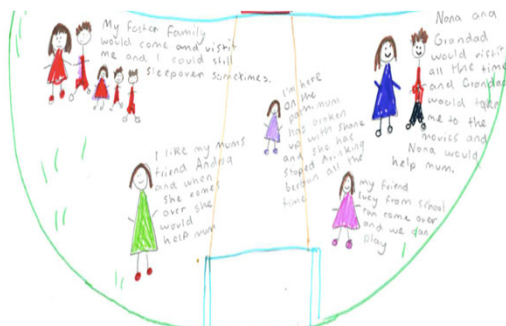
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## Example: Who can visit?




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## Example: Who cannot come in?

not shane  
he can't  
come over

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### Reflection and Application

- Discuss how you might use the Three Houses and/or Safety House tool in one of these roles:

- *Intake*
- *Investigation/Assessment*
- *Family Reunification*
- *Family Maintenance*
- *Permanency Planning*
- *Adoptions*
- *RFA / Placement*
- *Community Partners*




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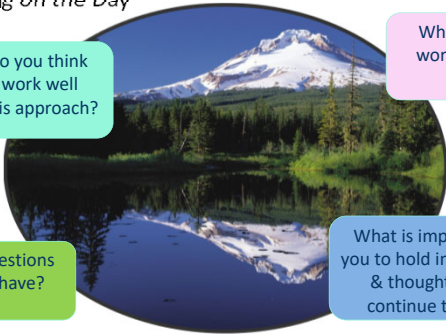
### Reflecting on the Day

What do you think might work well about this approach?

What do you worry about?

What questions do you have?

What is important for you to hold in your heart & thoughts as we continue training?




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Plus/Delta – How did today go? See you tomorrow!



**For questions or to inquire about other trainings:**

Visit our website: <http://humanservices.ucdavis.edu/academy>

Visit our SOP Resources Page:

<http://bit.ly/SafetyOrganizedPractice>

E-mail the Academy at: [academy@ucdavis.edu](mailto:academy@ucdavis.edu)




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# Jump back to Day 1

## Safety Organized Practice

Day 2 – Two-day Foundational Institute

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Continuing and  
Professional Education | Human Services

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### Plan for the day

- A look back at yesterday: Key takeaways?
- Harm and Danger Statements; Safety Goals
- Key Mapping Concepts
- Mapping/consultation demonstration
- Behaviorally based case plans/Action steps
- Wrap up



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## Harm & Danger Statements



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## How Do We Focus and Have Clarity?

### Harm Statements:

Clear and specific statements about the harm or maltreatment that has happened to the child.

### Danger Statements:

Simple behavioral statements of what we are worried may happen to this child now and in the future, if nothing changes.

### Safety Goals:

Clear, simple statements about what (not how) the caregiver will DO that will convince everyone the child is safe now and into the future.

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## Provisional Harm Statements

- Harm statements are clear and specific statements about the harm or maltreatment *experienced by the child*.
- Provisional harm statements are often developed at the intake or investigation stage and start with "It was reported".....as this is prior to final allegation conclusion
- Details, not judgment!

It was reported

About what caregiver actions/inactions

With what impact on the child

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## Provisional Harm Statement Example

- *It was reported [or] law enforcement reported* that Adam's dad, Matt, hit Adam last night on the face and back, leaving multiple bruises on both parts of his body and requiring Adam to get medical care at the local emergency room.

It was reported

About what caregiver actions/inactions

With what impact on the child

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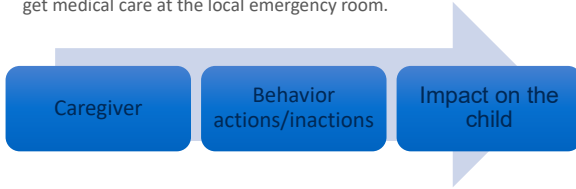
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### Harm Statements

- Harm statements should always be done in collaboration with the family
- Example: Adam's dad, Matt, hit Adam last night on the face and back, leaving multiple bruises on both parts of his body and requiring Adam to get medical care at the local emergency room.




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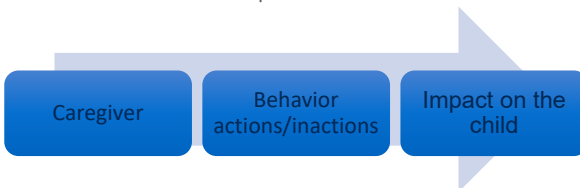
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### Harm Statement for Cheryl

- Cheryl turned on the gas in her kitchen while her children were home, flooding the home with toxic fumes, causing both herself and the children to pass out.




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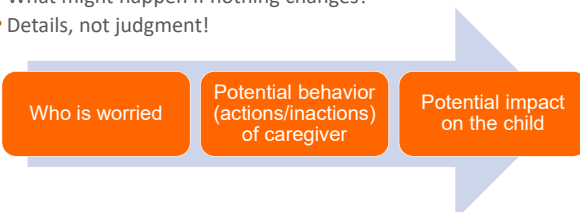
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### Danger Statements

- Simple behavioral statements of the specific worry we have concerning the child *now and in the future*.
- What might happen if nothing changes?
- Details, not judgment!




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### Danger Statement Example

- Child welfare, law enforcement, and Adam's mom, Tonya, are worried that Adam's dad, Matt, may hit Adam again, leaving him with [more] bruises and even more serious injuries.

Who is worried

Potential behavior  
(actions/inactions)  
of caregiver

Potential impact on  
the child

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### Danger Statement for Cheryl

- Child welfare and the doctors at the hospital are worried that Cheryl may try to hurt herself again in the future; that she might be seriously injured or die; and that the children could be very frightened, seriously injured, or left motherless.

Who is worried

Potential behavior  
(actions/inactions)  
of caregiver

Potential impact on  
the child

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### Danger Statement: Honoring Good Intentions

- Because Elena cares deeply about family, and because it is important to her that her son have a good relationship with his father, Child welfare is worried that she may continue to bring Tomas Jr. to meet his dad alone and that Tomas Sr. may get angry, hit Elena, hit Tomas Jr., and Elena and Tomas Jr. could be seriously hurt.

Who is worried

Potential behavior  
(actions/inactions)  
of caregiver

Potential impact on  
the child

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### Danger Statement Example: "Denial"

- Because baby Anna suffered bleeding in the brain while in mom and dad's care in October *and because no one knows how the injuries happened*, Child welfare and hospital doctors are worried that if nothing changes, Anna could be seriously injured again, suffer permanent brain damage, or even die.

Who is worried

Potential behavior  
(actions/inactions)  
of caregiverPotential impact on  
the child

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### Alternate Format for Danger Statements

*This alternate format adds context in which the danger could take place:*

Adam may be bruised and even more seriously injured if his father Matt gets drunk and hits him.

Child

Could be  
impacted how?In what  
context?

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### Danger Statement Example: Family Reunification

- Child welfare, mom (Mary), and grandma, are worried that if Mary continues to use methamphetamine and miss her visits with Lucy, Mary and Lucy will not reunify and Lucy will never be able to return to her home.

Who is worried

Potential behavior  
(actions/inactions)  
of caregiverPotential impact on  
the child

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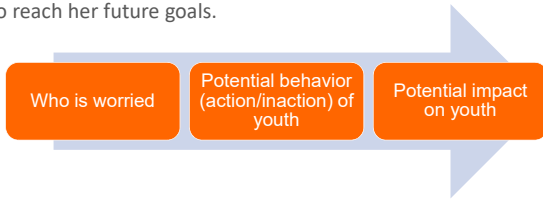
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### Danger Statement Example: Youth in a Permanent Plan

- Child welfare, the school, and Sarah's foster parents are worried that if Sarah continues to run away, cut school and smoke marijuana she may not graduate from high school, could get hurt and won't be able to reach her future goals.




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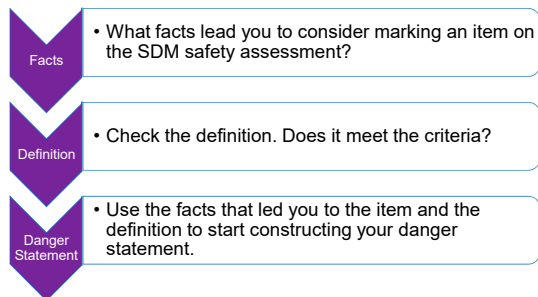
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### Safety Assessment Can Help Construct Danger Statements




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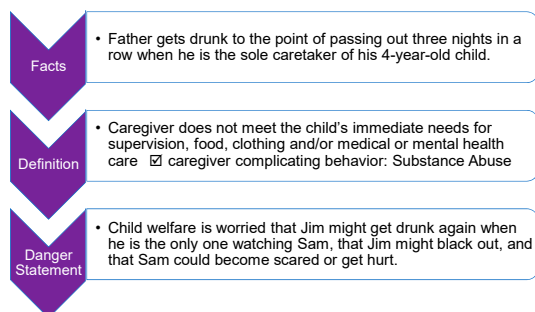
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### Safety Assessment Can Help Construct Danger Statements




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### Safety Assessment Can Help Construct Danger Statements

Facts

- Mother and father have had three police responses to their home for violence in the last week. Children ages 11, 7, and 3 saw their parents strike each other repeatedly and had to flee the home.

Definition

- Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:  
☒ **Domestic Violence likely to injure child**

Risk/Danger Statement

- Child welfare is worried that Susan and Bob will continue to physically fight with each other and that Fred, Mike, and Jan will see this and could become very scared or get hurt.

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### Let's Practice!

Harm Statements

Caregiver

Behavior actions/inactions

Impact on the child

Let's Practice!

Danger Statements

Who is worried

Potential behavior (actions/inactions) of caregiver

Potential impact on the child

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Safety Goals



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## What are Safety Goals?



### The "What" of Enhancing Safety

- Every case needs clear, well-formed goals that allow child welfare to believe *safety is sufficient* to leave a child at home during future work or to close the case.
- Too often we do not define these goals, yet we ask parents to engage in services.
- Even if follow-through is achieved with the services, we may not be reassured that the dangers have been addressed.
- Safety goals could be a part of the family case plan and should be as specific as possible.

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## Safety Goals.....

DANGER STATEMENT

SAFETY GOAL

- Relate directly to the risk statements
- Show what protective actions would look like for this family
- Identify a time period that the protective actions should be demonstrated
- Are crafted collaboratively in the family's words as much as possible
- Are specific, describing what we expect parents to do differently rather than what we expect to stop
- Use straightforward language

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## Measuring parent progress: "How long"?



High or very high risk  
Smaller safety network  
Less history of protection in past  
More evidence of prior change efforts that did not last  
More vulnerable child

Let the SDM<sup>®</sup> risk assessment help!



Low or moderate risk  
Strong safety network  
Long history of past protection  
History of past successful change efforts  
Less vulnerable child

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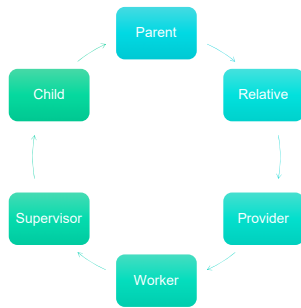
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### Measuring progress: Utilize the Safety Network!



*Ask the people who know and care about the child!*

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### Safety Goal Statements

- Clear, simple statements about what the caregiver will DO that will convince everyone the child is safe now and into the future.
- Answers the question: "What does the agency need to see the parents *doing differently* with their children so everyone will know the children are safe?" (*specific behaviors, not services*)

Actions of protection taken by caregiver that demonstrate safety

WHO is Part of the plan/network?

WHAT action must be taken to address the danger?

For How Long?

Demonstrated over time

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### Safety Goals

- \_\_\_\_\_ will work with CWS and their safety network to develop a safety plan that will show everyone that:
- CWS will need to see this plan in place and working continuously for at least \_\_\_\_\_ months so that everyone is confident the safety plan will keep working once CWS withdraws.

Actions of protection taken by caregiver that demonstrate safety

WHO is Part of the plan/network?

WHAT action must be taken to address the danger?

For How Long?

Demonstrated over time

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### Safety Goal Example for Cheryl

- Cheryl will work with child welfare and a network of family, friends, and providers to show everyone that **she will always ask for help** if sadness or depression start to get in the way of taking care of the girls or if she starts to think about hurting herself again.
- Child welfare services will need to see this plan working continuously for six months to begin planning for the girls to come home.

Actions of protection taken  
by caregiver that  
demonstrate safety

**WHO** is Part of  
the  
plan/network?

**WHAT** action  
must be taken  
to address the  
danger?

**For How  
Long?**

Demonstrated  
over time

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### Safety Goal Example for Matt

- Matt will work with child welfare and a network of family, friends, and providers to show everyone that **he will always discipline** Adam using non physical forms of discipline such as time outs, loss of privileges and restriction.
- Child welfare services will need to see this plan working continuously for six months to begin planning for the Adam to come home.

Actions of protection taken  
by caregiver that  
demonstrate safety

**WHO** is Part of  
the  
plan/network?

**WHAT** action  
must be taken  
to address the  
danger?

**For How  
Long?**

Demonstrated  
over time

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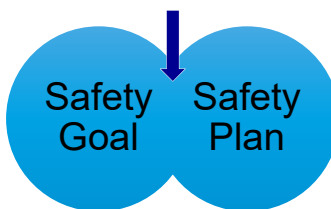
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### Safety Goals and Safety Plans

*There will be some overlap between "vision" and "plan."*

The **safety goal**  
is the vision. It  
answers: "**What**  
will future  
safety look  
like?"



The **safety plan** is  
the action. It  
answers: "**How**  
will we achieve  
future safety?"

***Neither is a list of services!***

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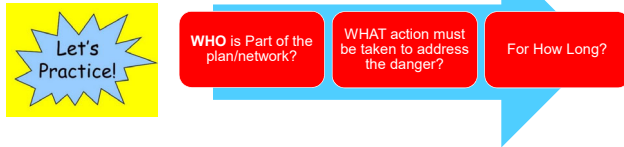
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### Let's Practice!

\_\_\_\_\_ will work with child welfare and their safety network to develop a safety plan that will show everyone that:

Child welfare will need to see this safety plan in place and working continuously for at least \_\_\_\_\_ months so that everyone is confident that the safety plan will keep working once child welfare withdraws.




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### Introduction to Safety Mapping




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### Safety Mapping: The Heart of Collaborative Practice




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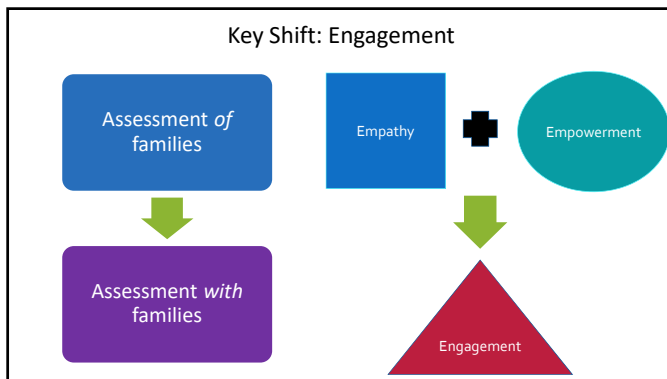
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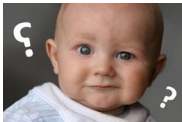
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**What:** Safety mapping is a process of gathering and organizing the information to reach joint understanding and agreement.

**Why:** A regular problem in child welfare is the lack of *understanding*, *participation*, and *agreement* between the family and the organization (and within the organization itself).

**How:** Can be used with the family to guide an assessment and planning conversation *and* can be used in supervision or case consultation.

**Safety Mapping is the framework used to facilitate a Child and Family Team Meeting**

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**Core Safety Mapping Values & Beliefs**



**Relationships** are the most significant factor in promoting child safety, permanency, and well-being.

**The words we use matter**—building a series of shared agreements over time to reach a larger goal requires that we share some common language.

**Organizing information about safety and danger to children is not easy**—it can be hard to admit we might be wrong.

**The more that information is effectively organized** among all the key people involved, the more likely it is that effective decisions can be made.

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### Dialogue Structure: Facilitating Meetings

Meeting Stage	Key Questions to guide each stage of the meeting
Purpose/Desired Outcome	Why are we meeting today? What do we want to talk about? What do we want to walk away with today (A plan, list, decision, etc.)
Context	Is there anything that might pull our attention away from our focus today?
Group Agreements	How do we want to work with each other?
Network/Child & Family Team	Is everyone here that should be here? If not, what should we do to get everyone here that should be here? (Genogram, ecomap, Safety Circles/Circles of Support, cultural considerations, safety considerations)
Content	What's working well, What are we worried about? What is the impact on the child(ren)? Gray Areas? (Safety Mapping process)
Next Steps	What steps do we need to take from here? Who does what? By when? Next meeting date?
+/- Feedback	What worked? What should we do differently next time?

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### Safety Mapping **Content** Starts With the Three Questions

What are we worried about?

What is working well?

What needs to happen next?

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### Safety Mapping Key Terms

What are we worried about?

Harm

Danger

Risk Level

Complicating Factors

What is working well?

Safety

Strengths

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### SOP Mapping Definitions

<b>Harm</b>	Past or present caregiver actions that resulted in negative impact to the child.
<b>Danger</b>	Worries about future behavior by the caregiver that may cause further harm to the child.
<b>Complicating Factors</b>	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.

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<b>Safety</b>	Acts of protection demonstrated over time by the caregiver that effectively keep the child safe from future harm or danger.
<b>Supporting Strengths</b>	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.
<b>Safety Network</b>	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.
<b>Mapping</b>	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.

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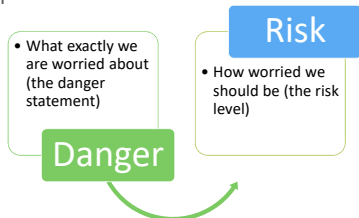
### Danger vs. Risk

- Danger is about the short term

- Imminent threat of serious harm
- Harm may occur in next week or month
- Danger is related to safety

- Risk is about the long term

- Probability that child maltreatment will occur in next one to two years




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Three-Column Mapping		
What Are We Worried About?	What Is Working Well?	What Needs to Happen Next?
Harm, danger, and complicating factors:	Safety, protective capacities, and strengths:	Creating and sharing a Danger Statement, enhancing a safety network, planning:
SDM safety threats described here	SDM protective actions described here	SDM risk level: use results to help determine next steps
1		10

On a scale of 0 to 10, with 10 being everyone knows that the children are safe enough to close the case and 0 being things are so bad that the children cannot be at home now, where is this situation rated? (If there are different judgments, place different people's numbers on the continuum.) - Department of Child Protection (2011)

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Cheryl's Three Column Map		
What Are We Worried About?	What Is Working Well?	What Needs to Happen Next?
<ul style="list-style-type: none"> <li>Cheryl turned on the gas stove with her children at home, flooding the home with toxic fumes. Both she and the children passed out.</li> <li>Cheryl lost her job and cannot pay her bills.</li> <li>Cheryl has been diagnosed with clinical depression.</li> <li>Cheryl stopped taking her medication three months ago.</li> <li>Cheryl says her ex-husband hit her a number of years ago.</li> <li>Cheryl's father was physically Dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents' care.</li> </ul>	<ul style="list-style-type: none"> <li>Cheryl put the children in next room and opened a window before turning on the gas.</li> <li>The girls' pediatrician and teacher say Cheryl takes good care of the girls. They are medically up to date; she attends parent/teacher conferences and sends the girls to school dressed cleanly with lunches packed.</li> <li>Cheryl took out a restraining order after her husband hit her.</li> <li>Cheryl is proud of her high school diploma.</li> <li>Cheryl's mother made sure she was protected from violence and able to get an education living at Cheryl's aunt's house.</li> </ul>	<ul style="list-style-type: none"> <li>Danger statements</li> <li>Safety goals</li> <li>Expanding the safety network</li> <li>Planning</li> </ul> <p><i>Risk level is moderate by score—upgraded to high by policy. There also is an unresolved safety threat.</i></p>
1 Danger		10 Safety

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The Child and Family Team	
<p><b>The Child and Family Team:</b></p> <ul style="list-style-type: none"> <li>Child/Youth/NMD</li> <li>Family   Natural Supports</li> <li>Caregiver (and FFA/STRTP)</li> <li>Social Worker/Probation Officer</li> <li>Mental Health   Tribal Partners</li> <li>Other Professionals   CASA</li> <li>Skilled &amp; Trained Facilitator</li> <li>Education Partners</li> <li>Community Supports</li> </ul>	<p>Child and family team meetings are one tool of the CFT engagement and service delivery process.</p> <p><b>Teaming is a process, NOT an event!</b></p>

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## CANS: Enhancing and Supporting the CFT

The Child & Family Team (CFT) is the vehicle for collaboration on assessment, case planning, and placement decisions.



### Summarizes the Assessment Process

The CANS is intended to be the process by which the assessment information is organized, summarized, used and communicated after it has been collected.

### Integrates the Family's Story

The CANS provides a summary of the family's story, but it should be done as an integration of multiple story tellers.

### Develops a Shared Vision

The consensus-based process of determining action levels on items, and prioritizing relevant needs and strengths to build creates a shared understanding from which a coordinated plan is developed.

### Supports Change Management

Mapping the CANS to the plan facilitates outcomes monitoring and management by the team members, allowing for plan adjustment, acknowledgement of accomplishments and celebrating goals that have been met.

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## CFT Requirements



### Required Timelines:

- Within 60 days of entering foster care (child welfare) or ordered into placement (probation)
- At least once every 6 months
- Every 90 days (if receiving ICC, IHBS, or TFC)
- As determined by the team



### Required Topics:

- Case plan development/ CANS
- Placement preservation strategy
- Placement disruption
- School of origin
- Presumptive transfer
- STRTP Placement



### Other Meeting Reasons:

- Safety Planning
- Mental Health Services
- Permanency Planning
- Potential Placement Change
- Return after absent from placement
- Visitation

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## Preparing for the meeting:



### What does the worker need to know?

- ✓ Placement status / Education status
- ✓ Child's mental health/physical health
- ✓ CANS strengths and needs for child & caregiver
- ✓ Potential safety issues / who will be at the meeting

# PLANNING

### What does the family need to know?

- ✓ Purpose of the meeting
- ✓ Who will be at the meeting (required vs. who they would like there, including natural supports)
- ✓ Overview of what will be discussed
- ✓ Concerns/questions about the meeting

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Overview of Mapping Documents / Handouts	
Handout title	Purpose of handout
Safety Mapping Quick Guide	Overview of Safety Mapping
CFT Meetings Quick Guide	Overview of CFT Meetings
ER Meeting Map	CFT meeting map for ER/Safety Planning Meetings
ER Meeting Structure & Content Guide	Instructions for CFT meeting map for ER/Safety Planning Meetings
FM-FR Meeting Map	CFT meeting map for FM/FR Meetings
FM/FR Meeting Structure & Content Guide	Instructions for CFT meeting map for FM/FR Meetings
PP-NMD Meeting Map	CFT meeting map for PP/NMD Meetings
PP/NMD Meeting Structure & Content Guide	Instructions for CFT meeting map for PP/NMD Meetings
CFT Meeting Key Issues & Questions by Meeting Purpose	Overview of key issues/questions to ask by CFT meeting purpose
ER Meeting Map – Cheryl	Sample CFT Meeting Map – ER/Safety Planning for Cheryl's case

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CHILD & FAMILY TEAM (CFT) MEETING MAP – EMERGENCY RESPONSE		
<b>Meeting Type:</b> <input type="checkbox"/> Case Consultation <input type="checkbox"/> RED Team <input type="checkbox"/> Safety Mapping w/Parent(s) <input type="checkbox"/> Emergency Removal CFTM <input type="checkbox"/> Risk of Removal CFTM <input type="checkbox"/> Other: _____ <b>Meeting Purpose/ Focus:</b> What is our intended outcome of today's meeting? What do we hope to achieve by the end of the meeting? <i>Complete genogram, ecomap, Circles of Support as appropriate.</i>		
What are we worried about/needs?	What's working well/strengths?	What needs to happen next?
Reason for Referral/Harm	Safety	Shared Vision / Safety Goal
Danger	Supporting Strengths	Gray Area
Complicating Factors	Safety/Support Network	Brainstorming/Ideas
Needs of Child/Youth	Strengths of Child/Youth	Next Steps/Action Plan
1 2 3 4 5 6 7 8 9 10		

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CHILD & FAMILY TEAM (CFT) MEETING MAP – FM/FR		
<b>Meeting Type:</b> <input type="checkbox"/> Case Consultation <input type="checkbox"/> Case Planning CFTM <input type="checkbox"/> Placement CFTM <input type="checkbox"/> Transition Home CFTM <input type="checkbox"/> Case Closure CFTM <input type="checkbox"/> Other: _____ <b>Meeting Purpose/ Focus:</b> What is our intended outcome of today's meeting? What do we hope to achieve by the end of the meeting? <b>Meeting Met Statutory Requirements for CFT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Complete genogram, ecomap, Circles of Support as appropriate.</i>		
What are we worried about/needs?	What's working well/strengths?	What needs to happen next?
Current Worries that Need to Be Addressed	Safety	Shared Vision/Safety Goal/Well-Being Goal
Harm & Danger	Supporting Strengths	Gray Area
Complicating Factors	Safety/Support Network (Child & Family Team)	Brainstorming/Ideas
Needs & Strengths to Build of Child/Youth (CANS)	Strengths of Child/Youth (CANS)	Next Steps/Action Plans
1 2 3 4 5 6 7 8 9 10		

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### Why a Map AND an Assessment?

#### MAP

- Use in the field
- Family-centered
- Formatted to help professionals organize their thinking and judgment
- Shared language for professionals, family members, anyone involved with the family



#### ASSESSMENT

- Brings the best of large data sets to practice decisions
- Research-based
- Consistency
- Reliability (definitions)
- Equity
- Aggregate data

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### Safety Mapping Practice Activity




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### Mapping Demonstration: Activity Instructions

- Social Worker will present basic case details
- Table groups will observe based on assigned roles (see next slide)
- Participants can ask clarifying questions
- Instructor will chart in front of the class to demonstrate a case consultation with a supervisor utilizing the SOP mapping process




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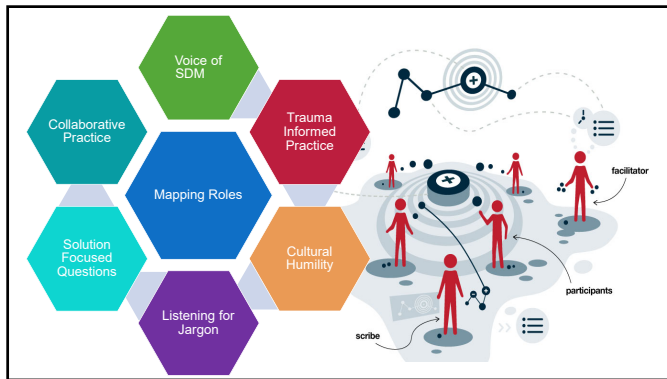
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CHILD & FAMILY TEAM (CFT) MEETING MAP – EMERGENCY RESPONSE		
<b>Meeting Type:</b> <input type="checkbox"/> Case Consultation <input type="checkbox"/> RED Team <input type="checkbox"/> Safety Mapping w/Parent(s) <input type="checkbox"/> Emergency Removal CFTM <input type="checkbox"/> Risk of Removal CFTM <input type="checkbox"/> Other: _____ <b>Meeting Purpose/ Focus:</b> What is our intended outcome of today's meeting? What do we hope to achieve by the end of the meeting? <small>Complete genogram, ecomap, Circles of Support as appropriate.</small>		
What are we worried about/needs?	What's working well/strengths?	What needs to happen next?
Reason for Referral/Harm	Safety	Shared Vision / Safety Goal
Danger	Supporting Strengths	Gray Area
Complicating Factors	Safety/Support Network	Brainstorming/Ideas
Needs of Child/Youth	Strengths of Child/Youth	Next Steps/Action Plan
1 2 3 4 5 6 7	8 9 10	

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CHILD & FAMILY TEAM (CFT) MEETING MAP – FM/FR		
<b>Meeting Type:</b> <input type="checkbox"/> Case Consultation <input type="checkbox"/> Case Planning CFTM <input type="checkbox"/> Placement CFTM <input type="checkbox"/> Transition Home CFTM <input type="checkbox"/> Case Closure CFTM <input type="checkbox"/> Other: _____ <b>Meeting Purpose/ Focus:</b> What is our intended outcome of today's meeting? What do we hope to achieve by the end of the meeting? <b>Meeting Met Statutory Requirements for CFT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Complete genogram, ecomap, Circles of Support as appropriate.</small>		
What are we worried about/needs?	What's working well/strengths?	What needs to happen next?
Current Worries that Need to Be Addressed	Safety	Shared Vision/Safety Goal/Well-Being Goal
Harm & Danger	Supporting Strengths	Gray Area
Complicating Factors	Safety/Support Network (Child & Family Team)	Brainstorming/Ideas
Needs & Strengths to Build of Child/Youth (CANS)	Strengths of Child/Youth (CANS)	Next Steps/Action Plans
1 2 3 4 5 6 7	8 9 10	

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CHILD & FAMILY TEAM (CFT) MEETING MAP – PP/NMD		
<b>Meeting Type:</b> <input type="checkbox"/> Case Consultation <input type="checkbox"/> Case Planning CFTM <input type="checkbox"/> Placement CFTM <input type="checkbox"/> 90-Day Transition CFTM <input type="checkbox"/> Other: _____ <b>Meeting Purpose/ Focus:</b> What is our intended outcome of today's meeting? What do we hope to achieve by the end of the meeting? <b>Meeting Met Statutory Requirements for CFT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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	Permanency/Independence/ Belonging/Safety	Shared Vision / Well-Being Goal
Permanency/Independence/ Belonging/Safety	Supporting Strengths	Gray Area
Complicating Factors	Safety/Support Network (Child & Family Team)	Brainstorming/Ideas
Needs & Strengths to Build of Child/Youth (CANS)	Strengths of Child/Youth (CANS)	Next Steps/Action Plan

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Mapping debrief and next steps	
<b>Debrief questions:</b> <ul style="list-style-type: none"> <li>• What worked well during the mapping?</li> <li>• What are some questions you still have?</li> <li>• Is this similar to what you have seen in your agency?</li> <li>• What upgrades do you have?</li> <li>• What are some personal next steps you have for your practice?</li> </ul>	
<b>Next steps:</b> <ul style="list-style-type: none"> <li>• Any additional next steps you would take in this case?</li> </ul>	

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<div style="background-color: #007bff; color: white; padding: 20px; border-radius: 10px; margin: 0 auto; width: 80%;"> <p>Behaviorally Based Case Plans &amp; Action Steps</p>  </div>
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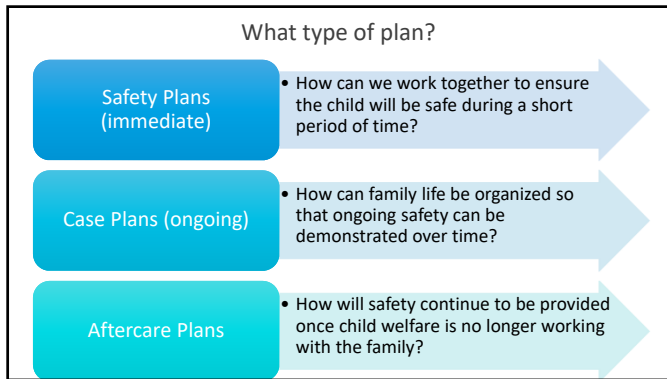
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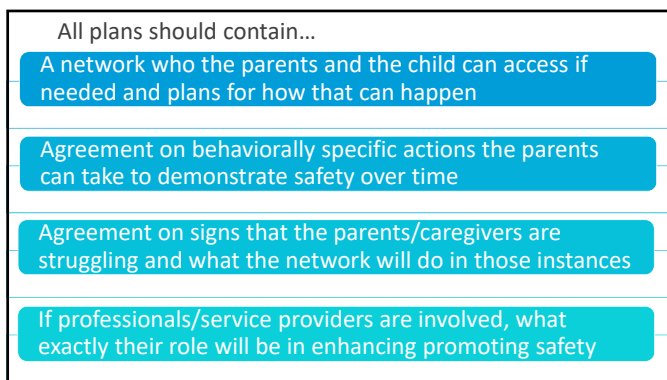
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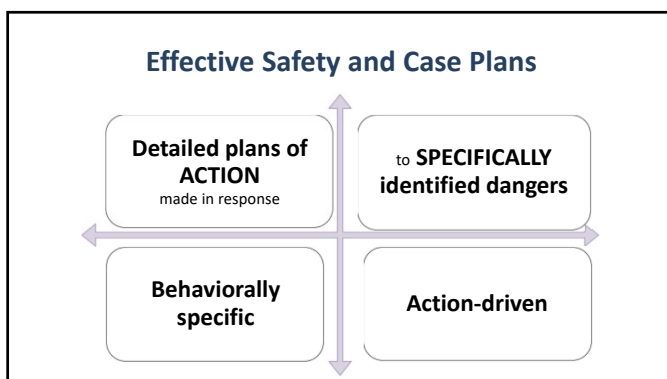
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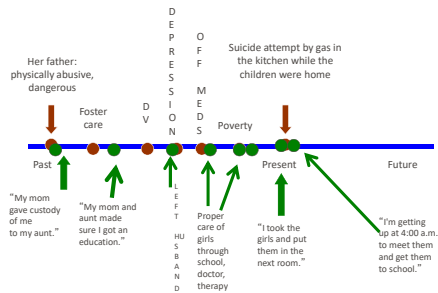
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### A reminder of Cheryl's Story



### What is the difference between these two plans?

#### • Refer to Handout: Comparing two plans

Plan #1

- Cheryl needs to visit the therapist weekly to work on depression, its causes, and its impact on her life.
- Cheryl needs to visit the psychiatrist at least monthly to ensure she is taking her medication and it is working properly.
- Cheryl needs to attend a therapeutic group weekly for "women facing depression" so she can hear how other women have responded to it.
- Cheryl needs to go to a job retraining course.
- Cheryl needs to go to parenting classes.



### Cheryl agrees to present the following to her children and her safety network:

Plan #2

- Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy agree to be part of Cheryl's safety network.
- Cheryl will ask for help with the children if she is feeling higher than a 7 on a 10-point depression scale.
- Cheryl will not be alone if she is thinking about hurting herself again; she will ask for help from someone in the network if this happens.
- Cheryl agrees to keep a log of her work in resisting the worst of her depression. She will rate the impact of her depression in the book daily and detail everything that is helping her reduce that impact.

### Plan # 2

- Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening). They will talk to Cheryl, ask how she is doing, and rate her depression's impact on her. They will talk to the kids and ask them how they are. When the network visits, they will also write in the log and ensure that the children have their phone numbers.
- Betsy will visit the home two to three times a week. Either she or other team members will be available 24 hours a day if Cheryl wants to call. During her visits, Betsy will rate depression's impact on Cheryl and write in the log. Betsy will work with Cheryl to make sure she goes to the doctor.
- Cheryl, the safety network, and CPS will review this plan again in 3 weeks.

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### What Did You Notice?

#### Plan # 1

- Probably what you usually see
- Cookie-cutter
- Service-driven
- Parent could complete services and we still would not know if safety for the child was achieved

#### Plan # 2

- Behaviorally specific
- Customized for parent/family
- Meaningful engagement with services that address the safety threat
- Involves a support network with specific roles
- Demonstrates behavior change

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#### Danger Statement

- Child welfare and the doctors at the hospital are worried that Cheryl may try to hurt herself again in the future; that she might be seriously injured or die; and that the children could be very frightened, seriously injured, or left motherless.

#### Safety Goal

- Cheryl agrees to work with child welfare and a network of family, friends, and providers to show everyone that she will always ask for help if sadness or depression start to get in the way of taking care of the girls or if she starts to think about hurting herself again. Child welfare services will need to see this plan working continuously for six months to begin planning for the girls to come home.

#### Service Objective #1

- 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.

#### Action Steps / Strategies

- Paul, Sarah, Gina, Trina, Betsy, Troy, Eugenia and Esther agree to be a part of Cheryl's safety network.
- Cheryl authorizes each member of her network to call the social worker if they suspect she is starting to be overwhelmed by sad feelings again.
- Gina will check in with Cheryl at least twice a day – once in the morning and once in the evening. Gina and Cheryl will both write in the logbook.
- Paul, Sarah, Gina, Trina Betsy, Troy, Eugenia and Esther agree to call or visit with Cheryl during the daytime on rotation, scale the effects of depression on her, and write in the logbook.

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<p><b>Service Objective #2</b></p> <ul style="list-style-type: none"> <li>Cheryl agrees to protect Rebecca and Akiba from physical harm.</li> </ul>
<p><b>Action Steps / Strategies</b></p> <ul style="list-style-type: none"> <li>Cheryl agrees to visit with the girls at Sarah's house. She will go every morning and call if she cannot make it.</li> <li>If Cheryl feels overwhelmed during a visit she will let the girls know that the visit needs to end early and make sure someone from the network can watch the girls. That person will also make sure Cheryl has a plan to seek help.</li> <li>Cheryl, her therapist, and the social worker agree to talk with or write a letter to the girls explaining how she is going to make sure the girls will be safe going forward.</li> <li>Paul, Sarah, Trina, Troy, Eugenia and Esther will give the girls a code word they can use during visits if they feel scared or upset about something that is happening. If they use that code word during the visit, the person supervising the visit will pause and take that girl to the side to have a conversation about what is scaring her.</li> <li>If Cheryl can demonstrate this for four weeks, the network will reconvene to help create a plan for unsupervised visits.</li> </ul>
<p><b>Parent Responsibilities (Services)</b></p> <ul style="list-style-type: none"> <li>Counseling Services: Cheryl agrees to participate in individual therapy with a court-approved therapist, who will help her develop effective coping strategies to help her demonstrate she can always safely parent Rebecca and Akiba.</li> </ul>

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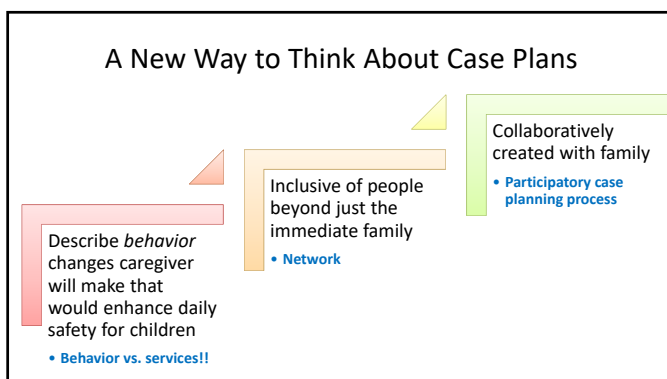
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Specific	<ul style="list-style-type: none"> <li>• Define as much as possible with no labels or jargon</li> <li>• Who, what, where, why?</li> </ul>
Measurable	<ul style="list-style-type: none"> <li>• Can you track the progress and measure the outcome?</li> <li>• How much, how many, how will I know when my goal is accomplished?</li> </ul>
Achievable	<ul style="list-style-type: none"> <li>• Can the goal be accomplished? How so?</li> <li>• Should be challenging but not out of reach.</li> </ul>
Relevant	<ul style="list-style-type: none"> <li>• Does it address the harm and danger?</li> <li>• Is it consistent with our other goals?</li> </ul>
Time-limited	<ul style="list-style-type: none"> <li>• Your objective should include be time limited.</li> <li>• It will establish a sense of urgency.</li> </ul>

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Guided by these key ideas.....

Safety and services are not the same thing.	Insight ≠ Action
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Guided by a Critical Question:

<p>If a danger exists, what are the family and network willing and able to do to show us the children will be safe?</p>	<ul style="list-style-type: none"> <li>•The best predictor of future maltreatment is past maltreatment.</li> <li>•The best predictor of future acts of protection are past acts of protection.</li> <li>•The sooner caregivers start demonstrating new protective actions that respond to the danger/worry, the better.</li> </ul>
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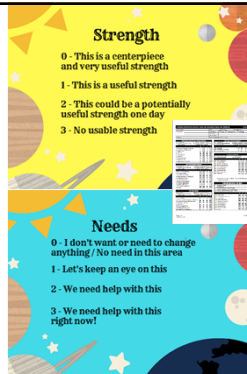
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## CANS and Case Planning

CANS helps tell the family's story, supports collaborative decision making and helps guide case planning in a team setting (CFTs, etc.)

- Target strengths/needs of the child & caregiver(s)?
- What should be included in the case plan to utilize strengths and address target needs?
- Is there a trauma history that impacts the child?
- What trauma services should be included to increase child well-being?
- Have the strengths or needs changed over time? How does this impact the case plan?
- Does the plan need to be adapted to current circumstances?




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## A reminder for case planning

CENTER FOR THE STUDY  
OF SOCIAL POLICY'S

**strengthening families™**  
A PREVENTIVE PRACTICE FRAMEWORK




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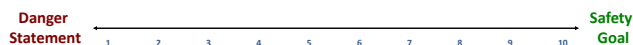
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## How to create meaningful & achievable action steps

On a scale from 1-10 where 1 is "if the children were in their parent's care the danger statement would be happening all the time," and 10 is "if the children were in their parent's care the safety goal would be happening all the time," where are we?

- What would be happening differently if this number went up by 1?
- What would the child, parents, and network be doing?
- What would the agency be doing?
- Up by 2?




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### Questions to engage the family in case planning

**Remember Solution Focused Questions:** Exception, scaling, position, coping, preferred future questions

- When your involvement with child welfare is over, what will you be doing differently to parent your children?
- What do you think needs to happen to move from the current situation (everyone is worried) up the scale to where your children are always safe (safety goal is met)? Can you think of 2-3 steps you could take to get there?
- What would your child list as behaviors they want to see you demonstrate in order for them to feel safe all the time?
- Who can support you on this journey? Who cares about you and the kids?
- What may get in the way of you achieving these behavior changes? Any worries?
- When things were better for you, what helped? Who helped?
- If you could find the right kind of service to support you in making these changes, what would it be? Where would it be? Who would it be with?




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In summary, All of our plans should be:



- Comprised of **DETAILED, SPECIFIC and MEASURABLE (SMART)** action steps made in response to identified dangers (*relevant to danger statement/safety goal*)
- A process, not an event – involves ongoing collaboration and teaming with the family and their network
- Family, network, child-friendly, culturally relevant and trauma informed!
- A method for keeping children safe *and* a change strategy
- An aspiration, not a guarantee – and contain plans for monitoring success
- Good safety plans and case plans focus on creating interventions to ensure safety for children at all times.
- Real work comes in creating, implementing, monitoring, and adjusting them over time. It is important to expect them to develop and change over time.
- “Care and courage.”

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### Let's Practice: Creating action steps

**Table groups:**

- Think about the case you have been mapping at your tables. Based on the danger statement and safety goal created earlier, answer these questions:

*Where is the situation on the scale below?*

*What would be happening differently if this number went up by 1?*

*What would the child, parents, and network be doing?*

*What would the agency be doing?*



- Then - Develop 1 SMART objective and 1 action step you would like to see the family and network take that would make small, but measurable progress toward addressing the danger statement and reaching the safety goal




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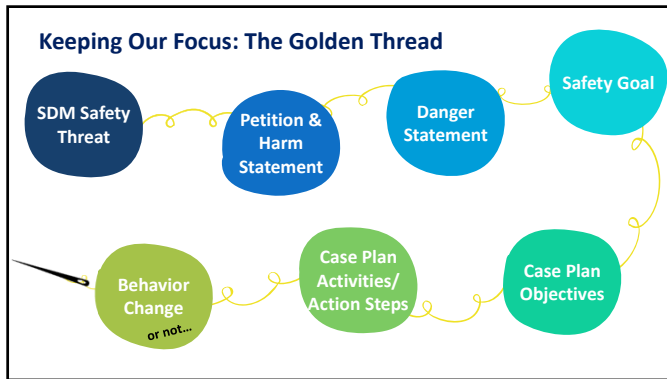
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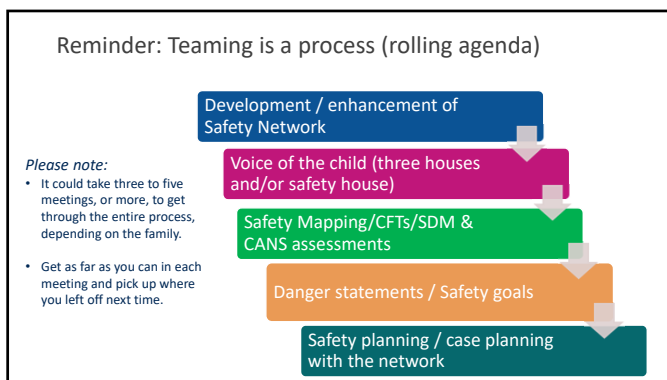
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### Tools that support SOP in Child Welfare Agencies

- Additional SOP Training
- Coaching
- Group Supervision
- Review, Evaluate, Direct (RED) Teams
- Implementation & Sustainability Tools
- Fidelity & Evaluation Tools
- Statewide SOP Backbone Committee




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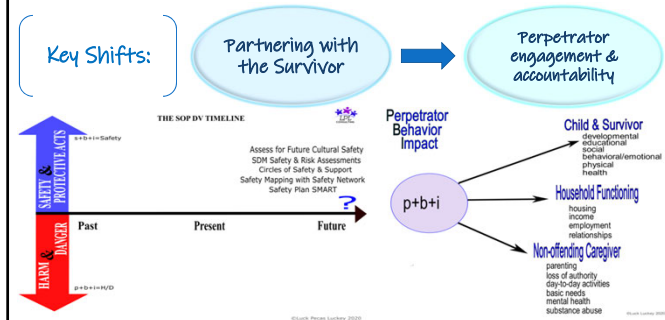
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### Specialized training around Domestic Violence




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### Key Benefits of Coaching

#### Coaching Benefits

- Allows for practice close to the work.
- Supports ongoing transfer of learning.
- Based on ideas of appreciative inquiry, facilitation, and dialogue.
- Builds up confidence and competence.
- Promotes individual and team excellence.
- Develops commitment to common goals

#### Child Welfare Context

- Improving systemic implementation of practice
- Creating positive changes in behavior
- Embedding professional development
- Improved outcomes for children and families




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## Group Supervision and RED Teams

## Group Supervision

- Utilizes the mapping process to discuss cases in a team setting
- Allows staff to learn from each other's cases and practice
- "Many minds"

## RED Teams

- **Review:** Group staffing of ER referrals
- **Evaluate:** All calls that come into the hotline are brought to the team to evaluate
- **Direct:** The team determines response and timeframe

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## Implementation, Sustainability &amp; Fidelity

## Implementation &amp; Sustainability

- SOP Implementation Guide
- SOP Snapshot Tool (agency readiness assessment)
- SOP Across the Case Continuum
- SOP Documentation Strategies
- SOP Glossary
- SOP Key Elements
- SOP Quick Guides

## Fidelity &amp; Evaluation

- SOP Fidelity Checklists
- SOP Practice Profiles
- SOP Case Reviews
- Parent/Guardian Surveys

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## SOP Key Elements.....and a word about fidelity

## SOP Key Elements

- Strategies for skills engagement
- Tools that life up voices of children/youth
- CFT Meetings/ Safety Mapping
- Safety Network
- Harm & Danger Statements, Safety Goals
- Behaviorally-Based Case Plans
- Balanced Assessments (SDM/CANS)
- Cultural Humility
- Trauma Informed Practice

## What is fidelity?

- The degree to which a practice as implemented corresponds with the practice as described or intended
- Fidelity tools for staff and leadership are available for self-reflection, goal setting and coaching
- Fidelity tool for organizations are available to determine current practice trends and areas for improvement

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**Safety Organized Practice (SOP) Resources**  
Created July 20, 2020 by Northern Academy

This resource provides access to news, publications, videos, tips, tools, practice briefs and course materials related to Safety Organized Practice in child welfare, with particular emphasis on Northern California counties. We're glad you made it and look forward to shaping this page to best fit your ongoing needs. If there is anything you would like to see added to this resource page, please contact us at [academy@ucdavis.edu](mailto:academy@ucdavis.edu). Submissions are gladly accepted.

*Not what you're looking for? Return to the Academy's Resource Barn for additional options.*

*New to SOP? Click here to learn more.*

*To learn more about the Northern California Training Academy, please visit our official website.*

**Safety Organized Practice Resources Menu**

- News
- Publications
- Videos
- Webinars
- Tips, Tools and Practice Briefs
- Courses and Materials

**SOP resource page:**  
<http://bit.ly/SafetyOrganizedPractice>

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**SOP Backbone Committee**

SOP is a grassroots practice approach, not a mandate

SOP implementation and sustainability is supported by an interagency statewide SOP Backbone Committee

**UC DAVIS**  
Continuing and Professional Education | Human Services Northern Academy

**Academy for Professional Excellence**  
Inquire. Inspire. Impact.

**Bay Area Academy**  
Learning. Empowering. Transforming.

**FRESNO STATE**  
Central California Training Academy

**CalSWEC**  
California Social Work Education Center

**casey family programs**

**County Partners**

**CDSS**

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## SOP Toolkit

- ✓ Definitional Tools
- ✓ Implementation, Sustainability & Leadership Tools
- ✓ Practice Tools
- ✓ Supervision & Coaching Tools
- ✓ Fidelity & Evaluation Tools
- ✓ Quick Guides
- ✓ County-Specific Tools
- ✓ SOP Regional Contacts

<https://calswec.berkeley.edu/toolkits/safety-organized-practice>

Your complete resource for SOP implementation, leadership and practice supports!

Contact your Regional Training Academy for more information

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- At least 56 out of 58 counties in California have implemented SOP
- Foundational & specialized training available
- Evaluation & Fidelity tools developed
- Common language created statewide - Practice expanding to Adult Protective Services
- Social workers feel supported with specific strategies and skills to use with families
- Coaching has become an accepted practice in CW
- Statewide SOP Toolkit developed by the SOP Backbone Committee

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## Wrapping Up

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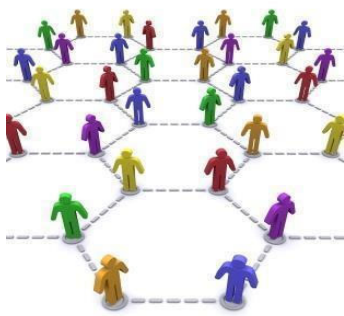
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## SOP across the case continuum



- Hotline/Intake
- Emergency Response
- Assessment
- Voluntary
- Case Planning
- Family Maintenance
- Family Reunification
- Permanency Planning/NMDs
- Adoption Services
- RFA/Placement
- Tribal Social Worker
- Service Providers
- Supervisors / Managers
- Others?

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## Personal Action Plans



- What have you learned about Safety Organized Practice that you value?
- What 2-4 tools/strategies are you willing to implement right away in your practice?
- What kind of help/support do you need to begin this journey?
- What will be your first step?
- How do you think use of SOP might change the way families experience the child welfare system and/or change outcomes for children?
- Any questions or worries about SOP?

Share with a partner

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## Thoughts on Implementation....From the "Dancing Guy"



[https://www.youtube.com/watch?v=fW8amMCVAJQ&list=PLbEpa\\_1VPxsJs2GQajL\\_-RHC5xuki8GI&index=3](https://www.youtube.com/watch?v=fW8amMCVAJQ&list=PLbEpa_1VPxsJs2GQajL_-RHC5xuki8GI&index=3)

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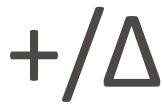
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Please complete your evaluations!



**For questions or to inquire about other trainings:**

Visit our website: <https://humanservices.ucdavis.edu/northern-academy>

Visit our SOP Resources Page: <http://bit.ly/SafetyOrganizedPractice>

Visit the SOP Foundational Institute Class Materials page:

<https://www.oercommons.org/authoring/11911-sop-foundational-institute/view>

E-mail the Academy at: [academy@ucdavis.edu](mailto:academy@ucdavis.edu)

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