

# REACHING OUT

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## NORTHERN CALIFORNIA'S CONTINUING JOURNEY WITH SAFETY ORGANIZED PRACTICE

By Susan Brooks, Director, Northern California Training Academy

Six years ago, the Northern California Training Academy—in partnership with a small group of child welfare managers—first introduced training and technical assistance on what we now refer to as Safety Organized Practice (SOP). The journey began with the identified need for an integrated approach to engagement, critical thinking and safety in child welfare. From that time forward, the path for SOP has been clear; and although we have learned a great deal of lessons (which even included a name change) the heart of SOP has remained the same.

Safety Organized Practice is different than previous efforts to improve outcomes in that it focuses, instead of on programs, on the primary person involved in all interventions with families: the child welfare practitioner. This emphasis on shifting the conceptual role of the child welfare social worker from that of case manager to field practitioner has been timely and welcomed; the response has been overwhelmingly supportive and implementation has succeeded in ways that other evidence based practices and programs have failed.

Safety Organized Practice integrates several different philosophies and practices to provide a systematic approach for working with children, youth and families and is based on the following principles:

- Families live in communities of support
- Child welfare interventions are time limited and specific

- Families are experts on their own lives and on what is and is not working within their family
- Families can change
- Families, children and youth deserve to be treated with respect, and collaborative practice with the family, their network and partner agencies is essential

Over the past several years, implementation of SOP has spread dramatically; a vast majority of California counties have received extensive training and coaching. Additionally, California counties seeking the Title IV-E waiver have committed to using SOP as their primary practice approach over the course of the next five years. California's regional training academies have partnered together to support a comprehensive statewide system of training and evaluation focused on learning, sharing and collaboration to support Safety Organized Practice.

This issue of *Reaching Out* offers a comprehensive review of the myriad of skills and strategies that comprise Safety Organized Practice and includes a look at implementation efforts and perspectives from counties and child welfare professions who have championed SOP. This is not the first issue of *Reaching Out* to cover SOP, but since the journey of implementation has informed instruction on future implementation, we believe a re-issue is appropriate. This re-issue offers a glance at lessons learned and an updated introduction to the model so many in California have embraced.

We wish to thank so many who have supported the development of the practice, who continue to strive to improve, refine, and enhance the practice and work of social work practitioners, and who are committed to improving outcomes for children and families.

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# AN INTRODUCTION TO SAFETY ORGANIZED PRACTICE

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

SOP is informed by an integration of practices and approaches, including:

- Solution-focused practice<sup>1</sup>
- Signs of Safety<sup>2</sup>
- Structured Decision Making<sup>3</sup>
- Child and family engagement<sup>4</sup>
- Risk and safety assessment research
- Group supervision and interactional supervision<sup>5</sup>
- Appreciative inquiry<sup>6</sup>
- Motivational interviewing<sup>7</sup>
- Consultation and Information Sharing Framework<sup>8</sup>
- Cultural humility
- Trauma-informed practice

## SAFETY ORGANIZED PRACTICE OBJECTIVES

1. **Engagement:** To create a shared focus to guide casework among all stakeholders (child, family, worker, supervisor, etc.)
2. **Critical thinking:** To help these stakeholders consider complicated and ambiguous case information and sort it into meaningful categories that can inform next steps
3. **Enhancing safety:** To provide a path for stakeholders to engage in rigorous, sustainable, on-the-ground child safety efforts

## SOP OBJECTIVE ONE: ENGAGEMENT

The engagement piece of SOP is fostered by using the following strategies:

- **Solution-focused interviewing (SFI)** is an interviewing practice based on a simple idea with profound ramifications—that what people pay attention to grows. It highlights the need for child welfare professionals to ask families about safety as rigorously as they do danger and provide a series of strategies (“exception questions,” “relationship questions”) to help do this.
- **Strategies for interviewing children** – While children are the focus of any child welfare intervention and most professionals agree that obtaining children’s perspectives is vital for child welfare work, selecting the correct approach can be a daunting task for even a seasoned professional. The temptation to make the work with children a superficial part of the process is great. SOP provides a series of strategies, specifically the use of the Three Houses and Safety House information gathering tools, which allow children, in a developmentally appropriate way, to meaningfully contribute to both risk assessment and safety planning.

## SOP OBJECTIVE TWO: CRITICAL THINKING

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

- **Safety mapping (the consultation and information sharing framework)** is a process of organizing all the information known about a family at any given time. Informed by Structured Decision Making (a set of research-based assessment instruments developed by the Children's Research Center to promote safety and well-being for those most at risk), it is a process that can be done by a family and a worker, a worker and a supervisor, or a worker alone. It provides some simple, easy to use, utilitarian definitions and a process that organizes the information, allowing increased clarity about the purpose for any particular child welfare intervention.

## SOP OBJECTIVE THREE: ENHANCING SAFETY

Part of the safety mapping process involves the development of **harm/danger statements** and **safety goals**. Once the safety mapping process is complete, child welfare professionals and the family will have enough information to begin **safety planning** with a **family safety network**.

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

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

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

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

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

### References

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- <sup>2</sup> Turnell, A. (2004). Relationship-grounded, safety-organized child protection practice: Dreamtime or real-time option for child welfare? *Protecting Children*, 19(2): 14–25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. New York: WW Norton.
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- <sup>5</sup> Lohrbach, S. (2008). Group supervision in child protection practice, *Social Work Now*, 40, pp. 19-24.
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- <sup>7</sup> Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3rd ed.) New York: Guilford Press.
- <sup>8</sup> Lohrbach, S. (1999). *Child Protection Practice Framework – Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S., & Sawyer, R. (2003). Family Group Decision Making: A process reflecting partnership based practice, *Protecting Children*, 19(2): 12-15.



# SOP IN BRIEF

Below is a list of some key terms and concepts that will be explored in detail throughout this issue of *Reaching Out*.

**Safety Organized Practice (SOP)** is a collaborative child welfare practice model that includes both practice strategies and concrete tools for “on-the-ground” child welfare workers, supervisors and managers to enhance family participation and foster equitable decision making.

**The three questions** are utilized throughout SOP to determine what the family/agency is worried about (harm and danger/risk), what is working well (strengths/protective factors), and what needs to happen next to ensure future and continued safety for the child (safety goal).

**Family team meetings (FTMs)** are used by child welfare agencies to develop agreements and joint understanding between families, the department, providers and other team members regarding topics such as the cause and level of child welfare intervention, placement changes, case progress and other pertinent decisions. The process used during FTMs allows everyone’s voice to be heard and strives to give

all members a sense of ownership and presence in the process. Often times during these meetings, the harm and danger statements, safety goals and families’ action steps are developed and/or reviewed. The use of FTMs throughout the duration of a family’s involvement with child welfare allows all team members to create and use a shared understanding and commitment to work toward desired and agreed upon outcomes.

**Harm and danger/risk** statements are short but detailed statements disclosing what happened in the past to hurt the child physically, emotionally and/or developmentally (harm), and what people are worried may happen in the future (danger/risk) because of the harm in the past. These statements are composed by the family in collaboration with their family safety network and the child welfare professional.

**Safety goals:** Serving as a direct follow-up to the harm and danger/risk statement, safety goals are the vision for where the caregiver(s) want(s)/need(s) to get so that everyone (the family, child welfare, and the legal system) can know that their child will be safe in the future.

**Consultation and information sharing framework (safety mapping)** is a comprehensive approach to elicit information and organize the information to assist in critical thinking and decision-making. The framework is used in partnership with families (information sharing), or can be used as a consultative tool in group supervision or case consultation.

**Family safety networks** comprise a group of family, friends and professionals who care about the child, are willing to meet with CWS, understand the harm/danger concerns CWS and others have and are willing to do something that supports the family and helps keep the child safe. The network is a key element of safety planning and should be formed on the first day of case planning.

**The Three Houses and Safety House** tools are information gathering tools designed to bring forward the voice of children and young people in the safety planning process. Within the Safety Organized Practice framework, the tools allow child welfare professionals to ask the three key questions of SOP in a way that children can understand and respond to.

**Safety planning** is the process of developing the action steps that will move the family from their harm and danger/risk statement to achieving their safety goal. This plan is intended to help caregivers know and understand what to do to show that they will be able to keep their child or children safe over time. It is also what child welfare, attorneys and the judge will use to see if caregivers have demonstrated that they can keep their child safe in their care. Further, it is designed to ensure safety beyond child welfare’s involvement in the family’s lives by helping families identify and rely upon support within the family network and inside their own communities.

# SDM AND SOP IN CALIFORNIA: WHAT WE'VE LEARNED

*By Raelene Freitag, M.S.W., Ph.D., Director, Children's Research Center*

What a difference a few years can make. The set of practices now referred to as Safety Organize Practice (SOP) in California have evolved from hopes and dreams to a widely embraced approach to the work. As a result, I hear stories from workers who have been reenergized and reconnected to the work; I hear stories of ways families have been included in decisions and planning in new and powerful ways; I hear about shifts in organizational culture and climate toward a learning culture; and I hear stories of how the child's voice has grown from barely a whisper to a strong and meaningful part of the conversation.

SOP in California has matured in the four years since it began. Early adopters were introduced to core ideas that were not yet fully formed. We've learned together as we went, discovering what worked best, what things could be picked up quickly and what things needed to be developed over time. The goal of helping to seamlessly weave practice skills and approaches with use of SDM tools has matured, even if not yet optimal. The concept of monthly modules to scaffold learning, with strong coaching support, evolved in response to awareness that SOP is not something that can be acquired through one-off "stand and deliver" training. We've learned that implementations work best when there is both strong top leadership understanding and support, **and**

line-level dissemination of innovation. We've also learned that identifying early adopters is a great approach to start, and at some point careful plans for scaling up are needed. Another lesson learned is that collaboration with courts and stakeholders is vital. Most importantly, we've learned that the work is never done.

This work has profoundly shaped how the Children's Research Center (CRC) works as well. Use of research and evidence informed decision support tools remains central to our work. More than ever, we value the clarity of structured decision support tools at key decision points. These tools help us keep clear the difference between danger and risk, and help us recognize when risk is high even in the absence of current danger, so that we can provide preventive intervention. The value of actuarial risk assessment for focusing resources is as important as ever, and the ability for organizations to use the aggregate data generated through use of SDM is a rich lode only barely tapped. We will continue to refine and evolve these tools to increase consistency, validity, equity and utility.

When separated from effective practice, tools are too easily misused or used simply as forms. Combined with Safety Organized Practice, however, we hear workers express new understanding of the value of SDM tools, and are

learning to use them **with** instead of **on** families. In new jurisdictions, staff learn SDM in the context of practice instead of something that is separate from practice. We have learned that practice such as this cannot flourish in a context of fear and control, but also can run amok without accountability and commitment to coaching to deepen practice. Measuring SDM completion rates is the beginning, not the end of measuring quality of practice.

What has emerged for us is a notion that the best work we can do is when we use both **reliable** and **valid** decision support tools **and** effective practice, with attention to organizational culture and climate. We will continue to work to improve the integration of these essential elements of effective child protection work.

This collaborative journey of SDM and SOP has been a wonderful partnership that has drawn on the efforts of so many. When we work together and learn together, keeping laser focus on the goal of safety, permanency and well-being, we can move mountains.

CRC is profoundly grateful to the early adopters, the trainers and coaches, and the counties who have participated in this journey and contributed to our shared learning.



# FAMILY TEAM MEETINGS

*By Nancy Hafer, Northern California Training Academy*

**Engage:** To participate or become involved in.


**Synonyms:** participate in, take part in, join in, become involved in, partake in/of, share in, play a part/role in, have a hand in, be a party to, enter into

The lack of authentic participation by families in services is something that has plagued child welfare agencies for decades. Child welfare professionals are constantly challenged with the issues of how to engage with families so they have an active role in the creation of and updates to their case plan; and how to work with them in partnership to navigate the child welfare system so their capacity to safely care for their children increases and their family can remain intact.

Family team meetings (FTMs) serve as one focal point for practitioners, or one indicator that families are engaged in the child welfare system. Safety Organized Practice (SOP) in particular has shed light on the use of family team meetings as something that can and should occur regularly throughout a family's involvement in the child welfare system as the primary method for working with a family, and increasing overall participation and buy-in to the child welfare process throughout the case. These meetings can be formally arranged

and coordinated but can also occur spontaneously or quickly. In fact, it could be argued that every time a social worker meets with a family it is a form of family team meeting. Intentionality is the hallmark of FTMs, which are designed to provide a forum for the participation of the family, primarily the parents or guardians who have an open case in child welfare. Indeed, without the meeting time, space or structure, authentic participation would be very difficult to achieve.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 affirms the use of teaming as a family engagement strategy and mandates assertive family finding efforts, with a goal of locating family members who can serve a variety of roles, including providing concrete and emotional support and placement for children in foster care. Several different formats of family team meetings have been created, some designed specifically for the purpose of a single outcome, such as Team Decision Making which is designed to take place before pending placement changes or moves. However, all family meeting approaches share a set of common values that include, among others, the goal of safety, permanency and well-being for children; involvement of families and their informal supports; shared decision-making; and strengths-based practice.



Team members are critical to identifying strengths, identifying options for accomplishment of goals, contributing their skills and resources as family supports, holding others accountable for their commitments, identifying critical decisions and providing feedback about progress.

~ The Child Welfare Policy and Practice Group,  
[www.childwelfaregroup.org](http://www.childwelfaregroup.org)

Under the auspice of Safety Organized Practice, participants of a family team meeting include the parents or guardians for whom there is a safety concern or open case and the case-carrying social worker. Together, these two parties agree on who else attends, such as children, when appropriate, extended family members, and other supportive people as defined by the family. Sometimes other community members, foster parents, and service providers may also be invited. The key feature of FTM is that families have a voice to help negotiate who belongs at the meeting and who does not.

The structure of the family team meeting is designed to answer the three predominant SOP questions: what's working well, what are the challenges, and what are the next steps? Two formats are used in combination to provide structure to the meeting: the Dialogue Structure, discussed in this article, and the Consultation and Information Sharing Framework, discussed in the following article.

**The Dialogue Structure** is based on the work of Sam Kaner<sup>1</sup> and provides a structure for the facilitator to ensure key topics are addressed at every family team meeting. These topics include:

Whether the family is functioning well enough to organize its own team or needs help with facilitation, it is vital that the family feels that they are central and influential participants in the team and not just the passive object of the team's efforts.

~ The Child Welfare Policy and Practice Group,  
[www.childwelfaregroup.org](http://www.childwelfaregroup.org)

MEETING STAGE	KEY QUESTION TO GUIDE EACH STAGE OF THE MEETING
Purpose	Overall, why are we meeting today?
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? (Performance evaluation, reporting to supervisor (if applicable)
Network/Stakeholders	Is everyone here that should be here? If not, what should we do to get them here?
Desired Outcome	What do we want to walk away with today, in this meeting? (a plan, list, decision, etc.)
Content	What do we want to talk about? (could be actual safety mapping, safety circles, etc.)
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?

The Dialogue Structure, importantly, does not provide the “meat” of the meeting—which can be found when working through the Consultation and Information Sharing Framework. But the Dialogue Structure will greatly assist the facilitator in ensuring the environment of the meeting is safe for everyone and allows participation by everyone.

It is important to note the amount of clarity and intention that child welfare agencies must provide in their work toward the implementation of family team meetings which promote authentic partnership. Without a consistent and dedicated focus to a more collaborative, partnership-based approach to working with children and families, family team meetings can run the risk of becoming forums for the child welfare agency to continue business as usual and simply provide the family with information regarding their case plan and goals, telling

them what the plan is instead of developing the plan together.

An important role of the child welfare agency is to provide the time and space for the family to bring together important people who are invested in working together to support their growth toward a healthy and functioning family. Often times the families who child welfare works with face significant challenges, isolation being one of them. Ideally, families come to the child welfare system with support from extended family and their identified community, but we know that often does not occur. Child welfare has the distinct responsibility to seek out and include all members of the child's family, extended family and non-related stakeholders, to work toward ensuring the safety and well-being of the children in care.

Reference

Kaner, Sam et al. (2007). *Facilitator's Guide to Participatory Decision-Making*.

# Family Team Meetings in Action:

## A Look at Four Northern California Counties



**Del Norte County** is currently attempting to hold family team meetings prior to removal. Further, the county is creating safety plans as part of the investigation process. Due to the inherent transparency and collaborative nature of these efforts, the county is already noticing a huge increase in parent engagement. The county is also obtaining more specific and important information from families during the investigation as a result of this more collaborative approach.



In **Lake and Sutter Counties**, SOP family team meetings are used as quickly as possible, providing opportunities for families to create a safety map and safety plan for future behavior. In addition, prior to every review hearing, social workers staff the case with supervisors and peers, during which time safety mapping is used and structured decision making (SDM) is discussed. The result of this support can be seen in much improved court reports and a significantly higher level of accountability.



**Mendocino County:** With three family team meeting facilitators, holding family team meetings prior to disposition has now become standard practice in the county. Within the last year, staff morale has reportedly gone up as the benefits of working more closely with families throughout the life of a case is starting to show with more positive and meaningful interactions with clients.

# THE CONSULTATION AND INFORMATION SHARING FRAMEWORK

## (OR SAFETY MAP)

The *consultation and information sharing framework (or safety map)* is used for group supervision, case consultation and family team meetings. This process of using the framework is intended to help child welfare agencies cultivate a more collaborative, partnership-based approach to working with children and families in care.

The framework is typically completed using a white board to 1) collect, 2) organize and 3) analyze information prior to 4) deciding upon next steps. To accomplish this, the following information is collected and added to the framework during group supervision, case consultation and/or family team meetings:

**Danger/harm (reason for referral):** The detail(s) of the incident(s) bringing the family to the agency's attention, and any known pattern or history of past social service involvement/child harm.

**Risk statement(s):** The preliminary articulation of the perceived risk to the child(ren) and the context in which the risk is most concerning, reflecting any statutory basis/focus on which the report is accepted for further assessment.

**Complicating factors:** Conditions/behaviors that contribute to greater difficulty for the family.

**Safety:** Any existing strengths demonstrated as protection over time and any pattern/history of exceptions to the abuse/neglect.

**Strengths/protective factors:** The assets, resources and capacities within the family, individuals and community.

**Genogram/ecomap:** A pictorial representation of family members, extended family members, cultural communities, pets (information regarding social environment); and a running list of all current service providers involved with the family (information regarding service provision and fragmentation of service provision).

**Gray area:** This space is reserved for incoming information that requires further query to understand its meaning. It is important to avoid speculation.

**Next steps:** Immediate actions regarding disposition.





## CONSULTATION AND INFORMATION SHARING FRAMEWORK

### REASON FOR REFERRAL

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

### RISK STATEMENTS

- Risk to child(ren)
- Context of risk

### COMPLICATING FACTORS

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

### GENOGRAM/ECOMAP

#### (GRAY AREA)

Incomplete/speculative information

#### NEXT STEPS

##### CURRENT RANKING

- 1
  - 2
  - 4
  - 5
  - 7
  - 8
  - 9
  - 10
- Development of next steps relevant to risk context
  - What
  - Who
  - When
  - Etc.

#### ENOUGH SAFETY TO CLOSE

Partnering: Action with family in their position: willingness, confidence, capacity

### SAFETY/BELONGING

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

### STRENGTHS/PROTECTIVE FACTORS

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

### PURPOSE/FOCUS OF CONSULTATION

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



# FAMILY SAFETY NETWORKS: THE CORE OF SAFETY PLANNING

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

## What is a family safety network?

A group of family, friends and professionals who:

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

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

## USING FAMILY SAFETY CIRCLES TO IDENTIFY THE FAMILY SAFETY NETWORK

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

## Rationale for building safety networks

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

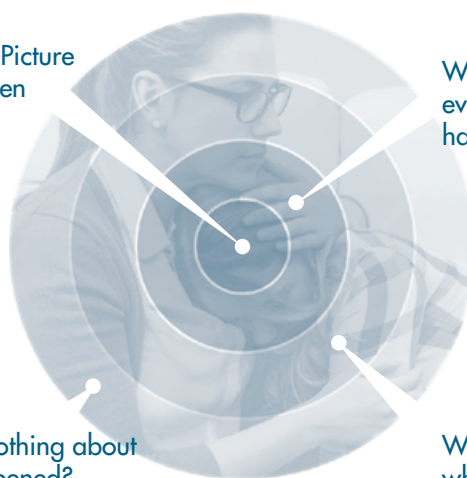
## FAMILY SAFETY CIRCLE

Name/Photo/Picture of child/children

Who already knows everything that has happened?

Who knows nothing about what has happened?

Who knows a little about what has happened?



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

## HOW TO BUILD A FAMILY SAFETY CIRCLE

**Center circle:** The child

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

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

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

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

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

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

## MOVING PEOPLE FROM THE OUTER CIRCLES TO THE INNER CIRCLE

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

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



## BUILDING THE NETWORK TO GO THE DISTANCE

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

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

# TOOLS FOR INTEGRATING THE CHILD'S PERSPECTIVE

While children are the focus of any child welfare intervention and most professionals agree that obtaining children's perspectives is vital for child welfare work, selecting the correct approach can be a daunting task for even a seasoned professional. SOP provides a series of strategies, specifically the utilization of the Three Houses and Safety House information gathering tools, which allow children, in a developmentally appropriate way, to meaningfully contribute to both risk assessment and safety planning.

## THE THREE HOUSES INFORMATION GATHERING TOOL

The Three Houses is an information gathering tool designed specifically to build rapport with children and youth, and discover their feelings and thoughts about their families and the child welfare intervention. The process used to complete the Three Houses allows social workers to bring forward the voice of children and young people in the safety planning process. It was designed in 2003 by New Zealand child welfare workers and trainers Nicki Weld and Maggie Greening, in response to feedback from family and youth court judges who identified a lack of children and family voice in the safety plans they had reviewed. Within the Safety Organized Practice framework, the tool allows child welfare professionals to ask the three key questions of SOP—"What are we worried about? What's working well? What needs to change?"—in a way that children can understand and respond to.

## THE PROCESS

Social workers using the tool will present the child with pictures of three houses—the house of worries, the house of good things and the house of hopes and dreams. Children will have the opportunity to draw their own answers into the houses or have the child welfare worker record their responses. The tool can generally be explained to children as follows:

- **House of worries:** "This is the house where you can draw, write or talk to me about those things in your home that worry you, and make you feel scared, upset or sad."
- **House of good things:** "This is the house where you can draw, write or tell me about those things in your home that make you happy, feel safe and are fun."
- **House of hopes and dreams:** "This is the house where you can draw, write or talk to me about what would be different in your house if your house of worries could go away."



House of Dreams



House of Good Things



House of Worries



## SHARING THE THREE HOUSES

After completing the three houses, the social worker will explain to the child what will happen next and ask the child if it is okay to share the three houses, and, if so, with whom.

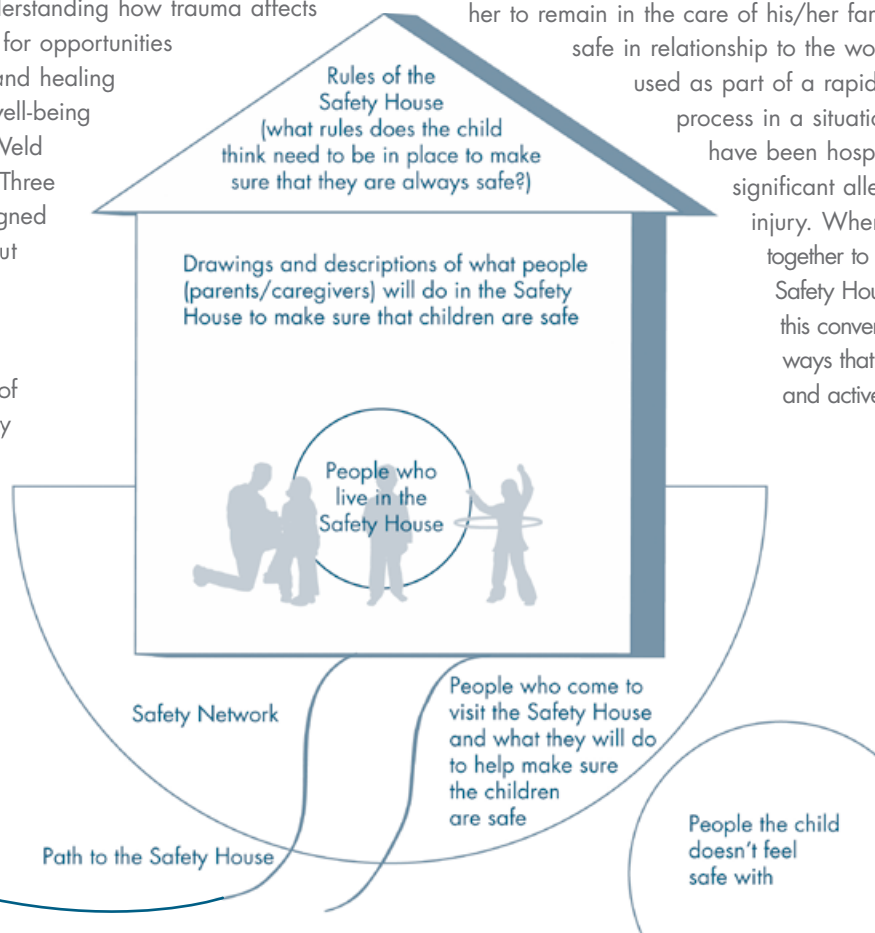
If it seems safe for the child, the three houses will be shared with the parents. When safe, sharing the houses is very important, as parents and others should understand how the child is seeing their situation so that they can make better informed decisions during the safety planning process.

Nicki Weld explains the creation and evolution of the Three Houses tool in a short video produced by the Northern California Training Academy. Visit the following link to view the brief presentation: <http://webcast.ucdavis.edu/lInd/2fca5255>



## THE THREE HOUSES AND TRAUMA

In a recent training hosted by the Northern California Training Academy, Nicki Weld highlighted the benefit of taking a trauma-informed approach to using the Three Houses tool. Recognizing and understanding how trauma affects children and looking for opportunities to support recovery and healing are essential to the well-being of children in care. Weld emphasized that the Three Houses was not designed as a forensics tool, but rather a tool to learn about the world of the child and the family in the interest of supporting their safety and well-being.



## THE SAFETY HOUSE INFORMATION GATHERING TOOL

*Updated from a previous article published in Reaching Out by Sonja Parker of Aspirations Consultancy, Burwood, Australia*

The Safety House tool, developed in 2009, grew out of a desire to include children's voices and ideas in the safety planning process. It is used with a child or youth as part of the overall safety planning process and is designed to help the child or youth make sense of and participate in this safety planning process.

In using the Safety House tool, the outline of the house is first drawn by the child; then, the worker uses the structure of the Safety House to elicit the child or young person's views about the specific safety arrangements that would need to be in place to make sure that any worries were addressed. The child's views are recorded in the Safety House in both pictures and words.

The child or young person then creates a "safety path" to their Safety House, locating themselves on the safety path as a way of representing his/her assessment (or scaling) of current safety within the family.

The Safety House is primarily a safety planning tool for use with children, but its use is not restricted to formal safety planning. The Safety House can also be used to seek a child's views as part of the development of a reunification plan or as part of a family preservation program (seeking the child's views on what would need to happen for him/her to remain in the care of his/her family and continue to be safe in relationship to the worries). It can also be used as part of a rapid-response conferencing process in a situation when a child may have been hospitalized following a significant alleged non-accidental injury. Wherever adults are talking together to explore future safety, the Safety House can assist in bringing this conversation to children in ways that they can make sense of and actively participate in.

# THE THREE HOUSES FROM A PRACTITIONER'S PERSPECTIVE: BRINGING THE CHILD'S VOICE TO THE TABLE

*By Emma Black, M.S.W., Social Worker IV, Glenn County Child Welfare Services*

Children are incredibly insightful about their families of origin, and they are one of our most important partners in creating meaningful service and safety plans. While all of the tools associated with SOP have been helpful to me, I have found that the Three Houses tool is the one that has made the most positive impact in my work with children. I have gained invaluable insight from children and youth from their drawings, and I've found that children sharing their words and their perspective with their parents and family can foster a powerful transformational process for everyone involved. I have seen parents cry when I shared their children's *House of Worries* with them or smile and say that they felt hopeful and motivated when I shared their child's *House of Hopes and Dreams*.

## USING THE THREE HOUSES TOOL IN THE FIELD

It is in essence a very simple tool that just requires some colored pens, a blank paper, and presence on the part of the social worker, but it can make all of the difference in integrating the child's perspective and engaging the child, their caregivers and their extended support network in an honest dialogue about safety concerns for their child. Further, it can help facilitate agreement about the steps necessary to address safety concerns, and ultimately result in less wasted time spent dealing in conflicts and disagreements.

To prepare for using the Three Houses tool, I always carry a set of washable colored pens and sheets of blank paper when I am headed to a home visit. I have found that if I participate in the process by drawing an outline of the houses on the sheets of paper, it normalizes the process, especially for older youth who might at first feel like drawings are silly. I sit next to the child and allow him or her to choose which house they want to draw or write in first.

Children usually choose the *House of Good Things* first, and when they describe personal accomplishments, I congratulate them and may ask for more explanation if their drawing is not quite clear.

For the *House of Worries*, some children can become nervous or uncomfortable. To help them feel more comfortable, I will state that we can always go back to the House of Worries later, or take a break and play for a while.

In my experience, the *House of Hopes and Dreams* is the most powerful of the Three Houses and often will reflect back to harmful behavior of a parent that a child hopes will be changed.

I recently facilitated the Three Houses activity with a young girl who had already been placed in foster care two separate times because of concerns about domestic violence between her parents and drug use by her mother. She seemed hesitant to talk and open up to yet another social worker, but by using the Three Houses tool with her I was able to gain incredible insight into her family and personal experiences. At the end of the activity, I asked her

if I could share her drawings with her mother and father and put them in my court report for the judge to see. She replied yes and stated that she also wanted to go to the next court date.

I have found that for many children and youth, the Three Houses is a way for them to contribute to the decision-making process that is happening in regards to their life, sometimes without their input. Their contribution is invaluable to safety planning, and the Three Houses is an excellent way to make sure their voice is not only heard, but also understood and incorporated into the case planning process.

While I have heard other social workers say that SOP takes too much time, I have found that while this may be initially true, it is imperative that we "slow down to go faster." The Three Houses tool is a perfect example of this concept in practice.

There are many other tools available to those who engage in Safety Organized Practice. I cannot imagine doing the complicated work of child welfare social work without a strengths focus and clearly defined safety parameters. Regardless of county size or resources, if we truly commit to engaging children, caregivers, parents and their support persons in an honest dialogue about safety concerns and get agreement about the steps necessary to address the concerns, the end result is better outcomes for everyone invested in child and family safety and well-being.

# SAFETY PLANNING FOR (AND BEYOND) CHILD WELFARE SERVICES

By Chelsea Cornell and Jason Borucki

*Parts of this article were adapted from “Introducing an Integrated Safety Organized Practice” from the Northern California Training Academy and the NCCD Children’s Research Center*

Ideally, when families or caregivers are initially engaged in child welfare services, they have the opportunity to work with child welfare professionals during the creation of harm and danger statements (“what we are worried about?”) and safety goals (“what needs to happen to ensure your children are safe over time?”). The next step in the SOP process is for child welfare professionals and these family members to create and agree upon a safety plan—the action steps that will move the family from their harm statement to achieving their safety goal. The safety plan should be behaviorally based and provide the family (most generally the biological parents) what specific actions will be required of them in order for them to demonstrate they will be able to keep their child or children safe over time. This plan becomes the bar for the expectations of child welfare, attorneys and the judge.

## DEVELOPING A SAFETY PLAN

While the process is often started during the initial family team meeting (or safety mapping meeting), it may require more time and more meetings. And ideally, the safety plan is a collaboration between child welfare worker, the family and the families’ safety network (and the child, when appropriate). A successful safety planning meeting will ultimately answer the following question:

*What needs to change in the care of these children so we all will know they will be safe?*

After completing the safety plan, the work of child welfare shifts to monitoring the feasibility and reliability of the safety plan. It is important for the child welfare worker to invite families to discuss their strengths and struggles related to the safety plan on a regular basis. It is child welfare’s responsibility to support families as they work to meet the objectives of their case/safety plans, with the ultimate goal of family maintenance or reunification.

## SAFETY PLANNING AND THE CRITICAL ROLE OF FAMILY SAFETY NETWORKS

A key ingredient to the safety planning process, and to supporting families in both healing and becoming stronger after child welfare intervention, is the development of the safety network. The safety network is comprised of the people with whom the family interacts and who take some responsibility for keeping children safe. The cultivation of a safety network is not just for purposes of ensuring “immediate” safety, but also to serve as the vehicle to promote long-lasting, positive change, and to support this change long after child welfare’s involvement ends. The creation of this safety network cannot be underscored enough, and often requires a major change in practice on behalf of the social worker.



# BRINGING SOP TO OUTSIDE STAKEHOLDERS

*By David Meyers, Northern California Training Academy*

Safety Organized Practice is an evolutionary shift in social work practice. As SOP expands throughout California and we see a positive shift in practice, it is important to note that all legal roles and mandates, including the roles and mandates of child welfare, remain the same.

Put another way: improving the sausage recipe doesn't necessarily change the legislative mandate to deliver the sausage.

In most child welfare cases, submission of the agency's report to the courts will contain sufficient facts and analysis to allow the attorneys to argue for a particular result, and for courts to render their statutorily mandated decisions. In some cases, however, evidence beyond what the agency submits is needed before a decision can be made. At such times, it will be important for attorneys and judicial officers to understand the basis for the agency's recommendations. This will involve looking at the tools and techniques used (i.e., SDM, how the information was gathered, safety maps, the Three Houses tool, etc.), as well as how others view the case (i.e., service providers and other experts). For these times, attorneys will be forced to inquire, and case-carrying workers will be forced to explain.

Mental health professionals will view SOP in a similar way. Their mandate is to identify and effectuate treatment goals. At times, they may also render diagnoses and opinions regarding important issues in a child welfare matter (i.e., a parent's ability to function, impact of visitation upon a child client, etc.). Like those professionals working within the judicial branch, mental health professionals rely heavily, but not exclusively, upon the information provided by social services. In cases where a clinician's information or opinion differs from the agency's, or in cases where the decisions are difficult, it may become important to explore the basis for the child welfare worker's recommendation (i.e., the Three Houses tool differs significantly from the sand tray, the clinician disagrees with the results of the SDM tool, etc.).

For outside stakeholders, a broad, preliminary overview of the practice, before the information becomes critical, is helpful. Understanding critical components of SOP will assist agency workers in their day-to-day ability to do their jobs, but, more importantly, an overview will create the structure for an ongoing dialogue with outside stakeholders. Elements of such a presentation can include introductions to:

- The three questions
- Problem-saturated vs. naïve practice
- Definitions (harm, danger, risk, safety)
- Tools (Three Houses, Safety House, SDM)
- Behaviorally based language
- Safety mapping and scaling

It is important to remember that the purpose of such an overview—like the purpose of having stakeholders understand SOP—is only in part to enhance credibility and buy-in toward shared purposes. The more important reason for such understanding is to ensure fidelity to the practice.

“Like those professionals working within the judicial branch, mental health professionals rely heavily, but not exclusively, upon the information provided by social services.”



# APPRECIATIVE INQUIRY AND SOP

By Nancy Hafer, Northern California Training Academy

**Appreciate** v., 1) Valuing; the art of recognizing the best in people or the world around us; affirming past and present strengths, successes and potentials; to perceive those things that give life to living systems. 2) To increase in value.

Synonyms: valuing, prizing, esteeming, honoring

**Inquire** v., 1) The act of exploration and discovery. 2) To ask questions; to be open to seeing new potentials and possibilities.

Synonyms: discovery, search, systematic exploration, study

The concept and research of appreciative inquiry (AI) is often noted as serving as the theoretical underpinning of strength-based practice; including that of Safety Organized Practice.

AI is based on the premise that "organizations change in the direction in which they inquire." An organization [or individual] that investigates problems will keep finding problems, while an organization [or individual] that investigates what to appreciate in itself will discover what's successful. AI is the paradigm or philosophy one uses when asking questions and envisioning a future that fosters relationships and builds on the goodness in a person, a situation or an organization. By so doing, a system's capacity for collaboration and change is enhanced.

Appreciative inquiry, while having the same goals as the medical model of inquiry (in which practitioners seek information related to illness, problems disease and disorders), operates significantly differently by seeking strengths and making changes from that point.



Source for graphic: *Positive Revolution in Change: Appreciative Inquiry*,  
by David L. Cooperrider and Diana Whitney.  
<http://appreciativeinquiry.case.edu/uploads/whatisai.pdf>

# SOLUTION-FOCUSED SCALING QUESTIONS

One of the strategies used in Safety Organized Practice is that of asking scaling questions. These questions often serve as an entry into Safety Organized Practice because they are relatively easy to learn and yields significant results. A scaling question is generally phrased like this, "On a scale of 0 to 10 with 0 being \_\_\_\_\_ and 10 being \_\_\_\_\_, where would you place yourself?" Currently, many therapists, coaches and managers use this question.

## DIFFERENT TYPES OF SCALES

There are many ways of using scaling questions. The most frequent uses include:

1. **The success scale:** On this scale, 10 is the desired situation and 0 is the situation in which nothing has been accomplished yet. The success to which this scale refers can be about anything you may find relevant in a particular situation.
2. **The motivation scale:** On this scale, the 10 may be something like, "I am prepared to do a lot to achieve the goal," and 0 may be, "I am not willing to do anything for it." Going through the basic steps of the scaling question, clients often get more of a grip on their own motivation. They learn to regulate their own motivation and become capable of motivating themselves.
3. **The confidence scale:** A 10 may be, "I have much confidence in being able to accomplish this," and a 0 may be, "I have no confidence whatsoever." Just like with the motivation scale, the client learns to regulate his/her own confidence. This can have a strong stimulating effect.
4. **The independence scale:** A 10 may be, "I know how I can proceed with this, and I don't need help anymore," and a 0 may be, "I don't know how to proceed with this, and I need help." The advantage of this scale is that it helps to keep coaching and therapy from taking longer than strictly necessary. While the problem may not be completely solved, this does not have to mean that the professional help has to continue.

## PUTTING THE SCALES TO USE

1. What to do when the client is at a 0: When clients say they are now at 0, they often want you to understand how serious their situation is. The coping question can then be asked; for example, "How do you manage to go on in these tough circumstances?" The coping question often helps people to find new energy to cope with their difficult situation. For instance, when the client says, "I manage to go on because I don't want to disappoint my children," the coach can build on that by asking, "How would you know your children would not be disappointed?"
2. The importance of effective scale anchors: When using scales it is important to define your anchors carefully. Scales usually work best when the 10-position is defined in not too idealistic terms but rather in more realistic terms. Being idealistic in your definition of the 10-position has two disadvantages: 1) You can be sure that an ideal situation will never be achieved, and 2) It will trigger the client to scale the current situation lower. A too idealistic 10 can demotivate.
3. Playing with scales: Whenever possible, be inventive and playful when using scales, if only because clients may do that, too. In a team-building session, a coach once used the scale walking technique. At a certain point, the coach invited the members to think about which steps forward they could take on the scale and then physically take a step when they knew what step it was. One after the other, the team members took a step forward. One person took a step backward. The participant explained, "I am very perfectionistic, and by taking a step backward, I want to symbolize that I am going to let things loose a bit more." The coach responded, "Sounds good."

## For more information

*Doing What Works in Solution-Focused Change (Blog):*  
<http://solutionfocusedchange.blogspot.com/2009/04/solution-focused-scaling-questions.html>

*Scaling questions with multiple goals (Video):*  
<http://www.youtube.com/watch?v=dBlKzOYeG-o>

# CULTURAL HUMILITY IN SAFETY ORGANIZED PRACTICE

*By Jason Borucki, Northern California Training Academy*

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

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

In the place of cultural competence, cultural humility encourages child welfare workers to admit their lack of knowledge about different cultures, learn from the people with whom they interact, reserve judgment and work to bridge the cultural divide between their perspectives and those of others. Within Safety Organized Practice, exhibiting cultural humility means asking as many questions as necessary to better understand the context of the children and families they are working with, as well as sharing the context of the agency with the family openly and honestly. This transparency, especially when presented during initial or early interactions with the family, can build

trust and set the tone for collaboration and partnership moving forward. More importantly, it will help to guard against many of the natural fears families in care often bring with them to their first meeting with child welfare, including a fear of being pre-judged, oppressed and/or disrespected.

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



# GROUP SUPERVISION IN CASE CONSULTATION

By Suzanne Lohrbach (Adapted and updated from an article previously published in *Reaching Out*)

Supervision is a key mechanism through which social work practice can be strengthened, particularly in the context of child protection. Building competency and practicing confidence and sound critical decision making is a key function of supervision. Group supervision, particularly when it involves the use of a consultation and information framework for organizing and analyzing information in case consultation<sup>1</sup>, has the potential to build competency and confidence as practitioners share and critique social work pathways, decision making and practice responses.

Monroe<sup>2</sup> describes the necessity for sound critical thinking and reasoning skills in decision making in child protection and asserts that it is the agency's fundamental responsibility to provide such an environment. Case consultation within the context of group supervision provides a regular and consistent immersion in thinking through the practice experiences and the application of research findings to each case.

## SUPERVISORS SET THE TONE

In group supervision, supervisors are responsible for setting the culture for the group process. They provide for an environment of respect, shared accountability and risk; facilitate responsible use of authority, reciprocity, thoughtfulness, discipline and mutual aid; and ensure that divergent views are presented. The use of the framework provides an opportunity for the supervisor as facilitator to pose

questions that elicit detailed information absent of interpretation, embellishment and speculation. For example, a simple line of query might be: *How do you know this? Are these the words that the mother used? What specifically was said? Does it make sense to have another conversation with her to clarify whether you got it right? When you say the father has mental health problems, what do you mean? Is there a formal diagnosis? What have you observed? How has the father described his experiences?*

Every conversation within the group is held in such a way that should a family member walk through the door, nothing would change. Practicing talking in a respectful, straightforward, interested manner seems to help social workers hone appropriate skills, and it works in talking with families in their homes and in any meeting or conference forum. When the supervisor as facilitator encourages dissenting views and members take on the task of looking critically at any decision, the vulnerability and pressure for the group to conform can be minimized and thereby strengthen critical thinking skills and guard against "group think"<sup>3</sup>.

Child welfare services often function in an anxious and risk-averse environment. Group supervision can provide a sanctuary of sorts where time is allowed for thinking and working through complex practice pathways. It is a place where emotional support is available, questions can be responded to, professional development and leadership skills can be honed and where social work knowledge, research and tools can come alive in the field.

## References

- <sup>1</sup> Lohrbach, s., & Sawyer, R. (2004). Creating a constructive practice: Family and professional partnership in high-risk child protection case conferences. *Protecting Children*, 20, 2&3, pp. 78-92; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. New York: WW Norton.
- <sup>2</sup> Monroe, E. (2002). *Effective child protection*. Sage: London.
- <sup>3</sup> Janis, I. (1982). *Groupthink: Psychological studies of policy decisions and fiascos*. Boston, MA: Houghton, Mifflin.

## GROUP SUPERVISION DEFINED

"Group supervision" means face-to-face contact between a supervisor and a small group (not to exceed six supervisees) in a private session wherein practice problems are dealt with that are similar in nature and complexity to all supervisees in the group.

Source: Ohio Administrative Code, 4757 Counselor, Social Worker, and Marriage and Family Therapist Board

<http://codes.ohio.gov/oac/4757-23>



# The RED Team

## (Review, Evaluate and Direct)

In 1999, the Olmsted County, Minnesota, child welfare intake and emergency response (ER) unit made a significant change in their decision-making process. As a part of the county's progression toward a differential response infrastructure, they piloted a group decision-making process as part of the intake. The group—now termed the “RED team”—was developed as a means for making sound decisions regarding how the child welfare agency responds to allegations of maltreatment. This team is charged with reviewing, evaluating and directing all cases that have been accepted through intake screening. The RED team provides “both structure and process in review of alleged reports of child maltreatment, evaluation of the available information, and direction regarding the agency response.”<sup>1</sup>

Prior to RED teams, Olmsted County's intake and ER unit functioned much the same as most jurisdictions do: after receiving an allegation report (intake call), a supervisor would individually review the report and make a decision about how the agency should respond. With the decision and accountability resting solely on one individual, there was a tendency to make the cautious, safe decision to mitigate potential

liability. This resulted in higher response rates and several instances in which families were interfered with when such a response was unnecessary and potentially damaging.

A very clear and strong benefit to the RED team is the acknowledgment that the response decision is an agency decision, deserving the time and attention of more than one single social worker or supervisor. Additionally, the RED team holds the intake process accountable; if more information is needed prior to making a response decision, the team will ask the intake worker to go back to the reporting party and ask more questions. This reduces the amount of speculative calls and investigations.

While the RED team process may sound daunting to social workers who are already struggling with high case loads, the model has proven to be successful not only in Olmsted County, but now in many jurisdictions throughout the nation. Further, most jurisdictions using the RED team are reportedly baffled at the thought of having ever functioned without it.

### References

<sup>1</sup> Sawyer, R., and Lohrbach, S. (2005). *Differential Response in Child Protection: Selecting a Pathway*.

*Protecting Children*, 20 (2 and 3), 44-53.

<sup>2</sup> Lohrbach, S. (2000). *Child Protection Practice Framework*. Unpublished manuscript.

## RED TEAMS IN BUTTE COUNTY

Butte County is currently implementing RED teams and reports that several benefits have already been noted. The RED team has reported that nearly two-thirds of 10-day referrals are now being routed to the Family Assessment Response unit in CWS, which uses assessment information to engage the family in developing a plan for change-oriented services, often without out-of-home placement. Additionally, the involvement of the partner agencies has been more beneficial than expected, specifically the participation of CATALYST Domestic Violence Services, which highlights the significance of addressing family violence during family reviews. Further, inclusion of community partners has opened the door to a myriad of additional resources that the county had not previously identified, resulting in increased access to child and family support services that already exist in the community.

## FOUNDATIONAL ELEMENTS OF THE RED TEAM PROCESS

**Frequency of RED team meetings:** Each business day, a county convenes a RED team to review child maltreatment reports received within the previous 24 hours.

**Target population:** All child maltreatment reports received by the agency that do not require an immediate response must be processed through a RED team.

### Decisions to be made at the RED team meeting:

Does the report of child maltreatment reach the legal threshold for a statutory agency to intervene in family life?

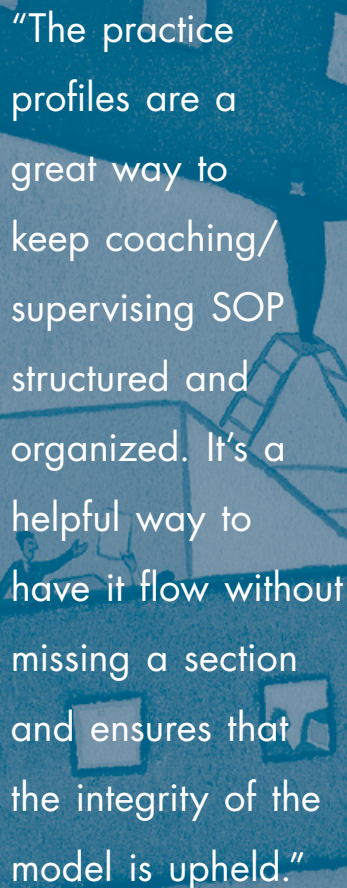
If the report is accepted as a valid report of child maltreatment, which child protective service response is appropriate?

1. Investigative response
2. Family assessment response
3. Family support response—“screened out reports”

**Membership:** The RED team membership generally includes internal agency staff representing varied child protective service functions. At a minimum, the process includes a supervisor, intake worker, investigative and/or assessment worker, and an ongoing services worker.

# STRENGTHENING CHILD WELFARE SUPERVISION AS A KEY STRATEGY FOR IMPLEMENTING SOP

By Holly Hatton Bowers, Northern California Training Academy



"The practice profiles are a great way to keep coaching/supervising SOP structured and organized. It's a helpful way to have it flow without missing a section and ensures that the integrity of the model is upheld."

~ Child welfare supervisor and practice profile project participant

Supervision is significantly related to practitioners' perception of the organizational climate in which they work and in implementing the agency's vision and practices<sup>1</sup>. This is especially true for the important leadership role supervisors can play as agencies implement Safety Organized Practice. In an effort to support supervisors in their pivotal roles, the Northern California Training Academy has led efforts to develop professional development tools to help supervisors build effective SOP skills.

In the spring of 2014, child welfare supervisors using Safety Organized Practice in their agencies were recruited throughout California to participate in a pilot project termed *Champions of SOP*. The intent of the pilot project was to support supervisors in their efforts to foster the learning and growth of child welfare practitioners' use of SOP. Supervisors were provided with training and coaching support for their use of a distinct tool, *practice profiles*, which are intended to aid their work with those they supervise.

The practice profiles are designed to outline measurable skills and behaviors that a practitioner can integrate over a specified amount of time and to ensure that the delivery of SOP is implemented as intended. The practice profiles remind the supervisor and the practitioner that learning is a developmental process. Through the use of descriptive language, each component of the practice is illustrated at different levels of skill attainment (*emergent, accomplished and distinguished*). The practice profiles help supervisors frame a conversation with the people they supervise around where their skill level is at in an area of practice and provide specific behaviors or tasks that will move their SOP skills to the next level.

Working in collaboration with Casey Family Programs and the regional training academies, the Northern California Training Academy led efforts in recruiting a total of 16 supervisors throughout California from the following counties:

Del Norte

Marin

Mendocino

Orange

San Diego

San Francisco

San Joaquin

Sutter

Yolo

Yuba



Supervisors were asked to use one focused area of the practice profiles with one or two people they supervised for a period of three months. Each month, the supervisors were asked to collaboratively rate their practitioners on a current level of skill in an area of SOP as well as provide qualitative feedback concerning their use of the practice profiles.

As a group, a total of 25 practitioners increased from “emergent” to “accomplished” practice in a particular SOP skill from baseline to the one-month follow-up (e.g., involving the child’s perspective, safety mapping). These initial findings suggest that the use of the practice profiles during supervision assisted in goal setting and improving practitioners’ SOP skills in a measureable way.

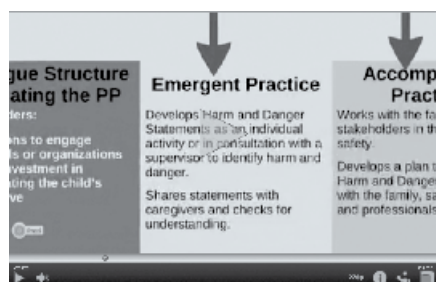
While the supervisors felt the practice profiles helped to deepen their own understanding and strengthened their abilities to support their practitioners in using SOP, there were also some lessons learned that may help work through challenges in using the practice profiles. Supervisors who attended the three-day SOP foundational training tended to report feeling more equipped to use the practice profiles during supervision as compared to supervisors who had only received the SOP module trainings. It was also reported that having the support of an external coach helped in problem solving and developing ways to best use the practice profiles during supervision. We also learned that supervisors working in some areas of child welfare practice, such as intake

and hotline, felt the practice profiles needed to be modified and have more specific applicability to the work they do. As noted by one supervisor, “More instructions are needed and an in-person meeting would be helpful prior to starting the use of the profiles during supervision.” Some supervisors also reported that the construction of the practice profiles needed to be improved so that they were more user friendly and accessible. All of this feedback is currently being used to help refine the practice profiles for SOP.

The findings from this pilot project should serve as a catalyst for enhancing supervisory coaching resources as agencies continue to implement and refine their visions and practices for SOP. The practice profiles for SOP appear to be a promising and effective initial step in this direction.

#### References

<sup>1</sup> Collins-Camargo, C., and Royse, D. (2010). A study of the relationships among effective supervision, organizational culture, and worker self-efficacy in public child welfare. *Journal of Public Child Welfare*, 4, 1, 1-24.



To learn more about Practice Profiles, watch the brief introduction produced by the Northern California Training Academy at <http://webcast.ucdavis.edu/llnd/67347e9e>

# FAMILY ENGAGEMENT AND EARLY ENGAGEMENT GROUPS IN NORTHERN CALIFORNIA COUNTIES

As defined by the Child Welfare Information Gateway<sup>1</sup>, family engagement is a “family-centered and strengths-based approach to partnering with families in making decisions, setting goals and achieving desired outcomes. It is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics and personal experiences in order to meet the individual needs of every family and every child.” This emphasis on partnership-based collaboration and transparency is at the very core of Safety Organized Practice.

In an attempt to increase family engagement, counties at various stages of SOP implementation are integrating research on family engagement by developing early engagement groups.

In Lake County, SOP has provided a model for embedding family engagement in all phases of service delivery. The county has implemented a series of parent engagement strategies that begin the moment a 300 Petition is filed. These include an immediate behavioral health screening and referral process, parent engagement groups, family team meetings, parent participation in their child’s ASQ and/or behavioral health treatment team meetings, Nurturing Parenting classes and parent empowerment groups.

The parent engagement group meets weekly and is facilitated by CWS staff, and it provides a place and space for parents who are angry, confused and in crisis to learn about child welfare services and the juvenile court process. In these groups, CWS staff hope to provide parents with the support and tools to navigate these oftentimes complicated systems. Participation in the

group also gives the parent a starting place to address their feelings of anger and grief. During their time in the group, the parent is expected to complete a series of assignments that are designed to help them explore their personal story. These include reading their petition to the group and demonstrating an understanding and ownership of the allegations, completing their own Three Houses/Safety House, developing a safety network, creating three parenting goals and writing a “letter to self.” The final assignment is an essay to be read to the group explaining why they feel they are ready to leave the group and begin participation in the Nurturing Parenting Program (a comprehensive and evidence-based parenting program).

Lake County has found that the parent engagement group creates an environment of transparency that enhances the working relationship between the parents, their social worker and the agency. It sets the tone for the next phases of their case plan and prepares them to be their own advocate in family team meetings. This group has created a clear shift in the attitudes of parents toward CWS intervention.

Butte County has also dedicated more focus to the early assessment of the family’s needs. Upon entering the child welfare system, parents now undergo an alcohol and drug assessment and are referred to treatment when appropriate. A FARE (Facilitating All Resources Effectively) meeting is scheduled to address the placement options for their child(ren), and parents are referred to the parent support groups. Each parent is required to complete eight sessions within 10 weeks before continuing on to other services, such as counseling and parent education classes.

Learn more about SOP and Parent Empowerment Groups by viewing the webinar materials at <http://academy.extensiondlc.net/mod/resource/view.php?id=779>

Curriculum from the Nurturing Parenting Programs is used throughout the continuum of service delivery programs in which parents participate.

Butte reports that the parent support groups have been hugely successful in helping engage parents at an earlier stage. They have learned that by treating parents with respect and humility at the beginning of the partnership, the chance for a successful reunification dramatically increases. Giving parents the time to process their grief, anger, confusion and other emotions through the parent support group process also better prepares them to fully engage in additional services.

As more Northern California counties continue to build strategies that engage families early, success can be measured by looking at a family’s:

- Understanding of the legal system and its relationship to child welfare services
- Participation in services
- Compliance with completing tasks and responsibilities
- Participation in developing goals and case plans
- Relationship with the worker

# SAFETY ORGANIZED PRACTICE AND THE KATIE A. CORE PRACTICE MODEL

The Katie A. Core Practice Model (CPM) is guided by specific values and principles related to working with children, youth and families in the child welfare and mental health systems. It coalesces many evidence-based practices and ideas and essentially should sound very familiar to Northern California counties implementing Safety Organized Practice. Below is a look at how the Core Practice Model values and principles align with the elements of SOP, along with direction to the areas in which these elements are covered throughout this issue of *Reaching Out*.

KATIE A. CORE VALUES AND PRINCIPLES	ELEMENTS OF SAFETY ORGANIZED PRACTICE
Children are first and foremost protected from abuse and neglect, and maintained safely in their own homes	<ul style="list-style-type: none"> <li>• SOP Objective 3: Enhancing safety (see page 3)</li> <li>• Harm and danger statements, safety goals (see page 6)</li> </ul>
Services are individualized and tailored to the strengths and needs of each child and family	<ul style="list-style-type: none"> <li>• SOP Objective 2: Critical thinking (see page 2)</li> <li>• Safety planning (page 15)</li> <li>• SOP and SDM (see page 5)</li> </ul>
Parent/Family voice, choice and preference are assured throughout the process	<ul style="list-style-type: none"> <li>• SOP Objective 1: Engagement (page 2)</li> <li>• Family safety networks (see page 10)</li> <li>• The Three Houses and Safety House tools (see page 12-13)</li> </ul>
Services incorporate a blend of formal and informal resources designed to assist families with successful transitions that ensure long-term success	<ul style="list-style-type: none"> <li>• SOP Objective 2 Critical thinking (see page 2)</li> <li>• Cultural humility (see page 19)</li> </ul>
Services and supports are provided in the child and family's community	<ul style="list-style-type: none"> <li>• SOP Objective 3 Enhancing safety (see page 3)</li> <li>• Family safety networks (see page 10)</li> </ul>
Children have permanency and stability in their living situation	<ul style="list-style-type: none"> <li>• SOP Objective 3: Enhancing safety (see page 3)</li> <li>• Safety planning (see page 15)</li> </ul>







# CONTINUING THE JOURNEY OF DEEPENING SOCIAL WORK PRACTICE

*By Susan Brooks, Director, Northern California Training Academy*

Throughout this issue of Reaching Out, we have offered an introduction to the foundational elements of Safety Organized Practice, a look at SOP in action throughout Northern California and a brief history of the evolution of the approach. Through the process of building this publication focused on the past and present of SOP, an important question rose to the surface: What does the future hold for Safety Organized Practice in California?

This question seemed easy to answer on the surface, but at a deeper level we recognized that the collaborative, partnership-based nature of SOP will ensure that the future will not be based on one vision alone, but on the lessons we learn with our community partners and the children and families with whom we work.

This is not to say child welfare professionals should sit back and let SOP drive itself. There are many things we can do, together, to ensure that SOP will continue to strengthen families and improve safety and well-being for all.

Looking ahead, the future of a deepened social work practice can be achieved by:

- Deepening and enhancing the skills of critical thinking, engagement and involvement of families, including building networks of support, and ensuring safety and connections for children through questioning
- Increasing collaborative-based practice from hotline call to case closure using family team meetings, RED teams and an increased connection to the community through family safety networks

- Using practice profiles to identify practice behaviors that supervisors and coaches can draw upon to build skills in practice
- Implementing and continuing the of evaluation of SOP, including case reviews, use of fidelity checklists, practice profiles, interviews and surveys of social workers and parents
- Increasing focus on the critical role of child welfare practitioners, honoring that all contacts between the social worker and the family are part of the intervention
- Continuing to develop tools and resources to support training, implementation and evaluation of SOP

In the last five years, Safety Organized Practice has seen unprecedented growth; more than 40 of 58 California counties are now using SOP. Nine of these counties are taking part in the Title IV-E Waiver project, committing to using SOP as their primary strategy. As SOP grows, so will the amount of important information we learn from one another. We look forward to continuing on this journey with you.



## ADDITIONAL RESOURCES

### **Safety Organized Practice website**

Contains news, videos, webinar recordings, evaluation tools, resources, and a detailed look at SOP courses offered by the Northern California Training Academy.

<http://academy.extensiondlc.net/course/view.php?id=20>

### **The Three Houses: an Introduction with Nicki Weld**

A brief intro to the Three Houses tool by co-creator Nicki Weld.

<http://webcast.ucdavis.edu/lld/2fca5255>

### **Webinar: SOP Empowerment Groups for Parents**

Available at <http://academy.extensiondlc.net/mod/resource/view.php?id=779>

### **The Consultation and Information Framework**

A detailed look at the development and implementation of the Consultation and Information Framework, with framework developer Sue Lohrbach.

<http://webcast.ucdavis.edu/lld/3fd03ac2>

### **Using Practice Profiles**

An instructional video to guide for child welfare practitioners and supervisors to implement SOP effectively.

<http://webcast.ucdavis.edu/lld/67347e9e>

### **Websites currently in development...**

#### **Continuous Quality Improvement in Child Welfare Services**

A multiple module blend of printed curricula, online instruction and interviews with child welfare leaders and data experts throughout the country.

## ANNOUNCEMENTS

### **Upcoming trainings in Safety Organized Practice**

#### **SOP Foundational Institute**

Orland: March 3, 2015

Redding: April 8, 2015

#### **Family Meeting Facilitation**

Part One: Sacramento: January 6, 2015

Part Two: Davis: March 17, 2015

#### **Group Supervision**

Davis: January 20, 2015

Eureka: June 3, 2015

Redding: June 4, 2015

Chico: June 5, 2015

#### **Helping People Change (Art of Asking Questions)**

Davis: January 13, 2014

Stockton: February 3, 2015

#### **Advanced SOP: Family Safety Networks**

Orland: March 23, 2015

Ukiah: April 23, 2015

#### **Advanced SOP: Harm and Danger Statements, Safety Goals**

Ukiah: January 20, 2015

Orland: April 20, 2015

Stockton: June 16, 2015

#### **Advanced SOP: Safety Mapping with Families**

Sacramento: January 13, 2015

Orland: March 24, 2015

#### **Advanced SOP: Safety Planning**

Humboldt: April 8, 2015

#### **Advanced SOP: Visitation**

Davis: June 9, 2015

### **Additional upcoming trainings from the Academy**

#### **CQI Learning Collaborative**

Davis: February 25-26, 2015

#### **2015 Managers Conference**

Davis: March 25, 2015

#### **Conference: Supervision Today: What it means for Child Welfare Practice**

Davis: April 13-14, 2015

Redding: April 15-16, 2015



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## **IN OUR NEXT ISSUE**

Look for more articles, research, success stories resources and tips for practice in our next issue of Reaching Out. The next issue will focus on current issues in Coaching in Human Services and Child Welfare.

### **About the Northern California Training Academy**

As part of the Center for Human Services at UC Davis Extension, the Northern California Training Academy provides training, consultation, research and evaluation for 28 Northern California counties. The counties include rural and urban counties with various training challenges for child welfare staff. The focus on integrated training across disciplines is a high priority in the region. This publication is supported by funds from the California Department of Social Services.

### **About the Center for Human Services**

The Center for Human Services at UC Davis Extension began more than 30 years ago as a partnership between the University of California, Davis, and state government to address the needs of rural counties in developing skills for their social workers. Through professional training, consultation and research, the Center has grown to serve human services organizations and professionals throughout California and across the nation.

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newsletter without you.**

We received lots of helpful and  
interesting feedback on our last  
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