



Safety Planning Workbook

by

Andrew Turnell





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by Professor Andrew Turnell

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Contents

Introduction	6
Steps in Safety Planning	7
Safety Planning Case Example	44
It Takes a Village: Placing Grandparents and Extended Family at the Centre of Safeguarding Vulnerable Children	63
Example: Words and Pictures Explanation in an Injured Infant Case	87
Example: Sexual Abuse Safety Plan	90
References	96

Introduction

Safety Planning is the business end of child protection work. Child protection professionals' time is often eaten up in such tasks as assessing the situation, documenting the case to meet the requirements of their system, preparing court reports and organising for family members to attend services and much more. In the end however, if the professionals are to get out of the family's life, if the children are to return home, careful focus must be given to how the parents and people who support them will live their everyday lives so the children will be looked after and be safe. This workbook is designed to help guide professionals in digging into what is ultimately the most challenging question in child protection work: what do we need to see to be satisfied we can close this case?

The first chapter of this workbook, Steps in Safety Planning, sets out a structure for undertaking the safety planning process extrapolating the Safety Planning Road Map illustration presented on page nine.

Following this, the workbook provides numerous examples of specific safety planning work:

- The second chapter explores safety planning and reunification for a new baby and a three-year-old in care. This case example involves concerns about drug use, domestic violence and the mother having previously made threats to kill the eldest child when he was 18 months. The chapter includes the Words and Pictures explanation and safety plan used in this case.
- The third chapter is called It Takes a Village: Placing Grandparents and Extended Family at the Centre of Safeguarding Vulnerable Children. This piece, written by Susie Essex and Andrew Turnell, describes a safety planning with a case involving drug use and neglect. The paper gives a sense of using Signs of Safety assessment, My Three Houses and Safety Circles work and presents the Words and Pictures explanation and final Safety Plan for this case.
- The workbook concludes with a Words and Pictures explanation and corresponding Safety Plan in a situation of unexplained infant injuries and a Safety Plan in circumstances of alleged sexual abuse. These are all the work of Susie Essex.

In this workbook, unless otherwise identified, the author is Andrew Turnell.

Steps in Safety Planning

The methods and approach to safety planning described in this workbook are designed to create a proactive, structured and monitored process where what child protection is looking for is clearly articulated and parents are provided with a genuine opportunity, supported and guided by the professionals and their own support network, to demonstrate that they can care for their children safely. If parents succeed, reunification and case closure can proceed based on the confidence that the parents have demonstrated the care and safety provision of the children the professionals are looking for. If during the safety planning process the parents cannot demonstrate the ability to provide care required in conditions where they have been given a genuine opportunity to do so, then the decision to make other living arrangements for the children is grounded in the behavioural facts of the parents' actions.

The steps in safety planning described in this chapter are represented in summary in the Safety Planning Road Map illustration presented on page 9. To begin we will consider the ongoing relational process that underpin any safety planning work and then look at the steps of safety planning.

Relational processes that underpin Safety Planning

Effective safety planning must be grounded in a strong working relationship with the parents and other family members and this requires the professionals to lead and guide the process through equal and constantly intersecting aspects of coercion, honouring, vision, conversation and compassion.

Skilful use of authority

At every level, child protection work involves skilful use of authority. This is particularly so in safety planning. Meaningful safety planning involves making difficult changes such as the parents speaking openly about issues where children have been hurt or are at risk, involving a naturally occurring network alongside them, creating an explanation for their children about the problem and changing everyday living arrangements. These things will usually only happen because child protection professionals require them. The key here is using authority skilfully and constructively rather than oppressively. Throughout this workbook, the subject of skilfully using authority will come up repeatedly. The reader might also like to look at Turnell et.al., 2008 where Sue Lorbach and I write about working with involuntary clients.

Using authority is not a subject much explored in the helping professions. A useful way to think about the idea of authority is to think about it in terms of influence. Pragmatically, one person has authority over another when they can influence the other person. The question that follows then is how does one person gain influence over another? Child protection professionals (even those working outside of the statutory agency) have or can draw upon considerable formal statutory authority and service recipients are very aware of this. In the end though, authority and influence is not simply demanded and taken and it is given by the other and is best built through an honest, transparent relationship.

Honouring

Professionals will be given more influence, will be listened to more and granted more authority the more they can see and honour the value in the people they are working with. A professional that hammers away at everything that is wrong will tend to be resisted. A key maxim throughout the safety planning process described here is that the harder the issue and the more a professional requires of a parent or family member, the more depth and rigour the professional needs to bring to listening for and honouring even the smallest glimpses of strength and positive intent and behaviour in the family members we work with.

Vision

Service recipient research tells us that people caught up in child protection matters regularly feel like they are being criticised for what they have done wrong and rarely know what they need to do to get child protection services out of their lives. It is challenging for child protection professionals to be clear about what they want and need to see, but when they do, parents and their support people will often work very hard and go to surprising lengths when they are provided with clear goals and a concrete vision of what meaningful safety planning looks like. An example of this occurred when a mother's boyfriend was told clearly that because of concerns about possible past violence he couldn't be with the children when they were with their mother. Asked how he could demonstrate this would happen, he surprised everyone by offering to activate the global positioning device on his mobile phone and provide the children's father with the digital link that would enable him to track the GPS and to check up physically that the boyfriend was where the GPS said he was.

Throughout the safety planning it is vital that the professionals provide parents and their support people with a clear vision of what they need to do. This is achieved in part through well-defined safety goals and bottom lines and a clear timetable and step-wise plan for the work that needs to be done. A very practical and helpful way of building a clear vision of the work that will be required

SIGNS OF SAFETY® SAFETY PLANNING ROADMAP

WHAT	HOW (STEPS)	TOOLS (METHODS)
<p>DANGER STATEMENTS What Children's Services is worried will happen to the child if nothing changes (the problem that has to be solved)</p>	<p>1. Preparations with professionals</p> <p>2. Develop paired Danger Statements & Safety Goals with matched Safety Scale</p> <p>3. Identify everything that's working well Continually identify everything that's going well in and around the family that contributes to the wellbeing and safety of the child.</p> <p>4. Develop professional bottom-line requirements</p> <p>5. Develop professional trajectory including timeline</p> <p>6. Build vision of process for family</p> <p>7. Build informed network with family</p> <p>8. Create explanation for children (and everyone else)</p> <p>9. Build Safety Plan with parents and network Step-by-step process where the professionals lead the family and network in developing and then demonstrating the plans they will use to ensure the children are safe. Safety planning always involves regular meetings, honouring success, utilising struggles and successively building the plan.</p> <p>10. Involve child throughout Need to dig into critical issues – dynamics, triggers and stressful times that make abuse/neglect more likely. The family must either come up with or fully own all rules. 'Denial' issues must be dealt with throughout.</p> <p>11. Monitoring that builds success and responsibility</p> <p>12. Create final child-centred Safety Plan</p>	<p>Harm Matrix</p> <p>Signs of Safety Mapping</p> <p>My Three Houses™ or equivalent</p> <p>Signs of Safety Trajectory & Timeline</p> <p>Family Safety Circles®, Network-finding Matrix</p> <p>Words and Pictures explanation</p> <p>Regular Review Meetings Family and network are given the opportunity to fail so they can demonstrate success. Professionals talk openly about the risks they see and manage this together with the family.</p> <p>Safety Journal, Safety Object Practice Rehearsals of Rules</p> <p>Child-focused Safety Plan</p>
<p>Safety planning always involves engaging the family and their support network in a focused action learning process enabling them to decide on, practice and refine the actions that will create lasting safety.</p> <p>This is the how of safety planning; the trajectory that creates the final safety plan.</p> <p>SAFETY GOALS What Children's Services needs to see to know the child is safe and they can close the case (not services)</p>	<p>Ongoing Processes</p> <p>Authority Honouring Vision Questioning Compassion</p>	

of the parents is to show them examples of equivalent safety plans focused on everyday living arrangements relevant to their situation. Examples of such plans can be found in this workbook and in Turnell 2010; Turnell 2012; Turnell and Essex 2006; 2013.

Conversation

Child protection professionals tend to feel like they are responsible for solving the problems within the family and this leads to a tendency to prescribe too much. In this approach, the idea is for professionals to get their concerns out in the open as much as possible and get the parents and their network to come up with their best thinking and ideas through conversation. The key question that anchors the ongoing conversation is, “what will show everyone the child is safe and no-one needs to worry?” Adopting a questioning rather than definitive approach around issues and solutions builds conversation that grows the capacity for parents and support people to take greater ownership of the issues and actions in safety planning.

Compassion

I was recently asked to consult on a case where a developmentally delayed mother was being criticised for walking away and retreating to her bedroom at times when her teenage children got into explosive fights. The workers talked about this as the mother abandoning her parenting role and were trying hard to get the mother to see and agree with their view. I worked with them to think about this more from the perspective of the mother by asking questions rather than jumping to judgments about the mother’s behaviour. In this process, we developed a range of questions for the mother and the teenagers including:

(To mother) When you walk away from the kids what are you hoping will happen?

(To mother) When you walk away does it help you deal with the problem? Does it help them deal with the problem?

(To mother and the teens) When the kids are fighting and it gets really nasty/out-of-control, sometimes you decide to get out of there and shut yourself in the bedroom, does that make things better or worse? When has it made things better? How?

(To mother) When the kids get in those sorts of fights which you hate, what would be the time you feel like you controlled them best?

Child protection issues always involve multiple perspectives. Susie Essex will often say to deal with

the complexity in any given situation, the professional needs to be able to hold at least five different perspectives, explanations and possibilities in their head at any one time. Though compassion is a word now rarely used in the helping professions, the capacity to hold multiple perspectives is compassion in action which always serves as lubricant for working with people in tense or challenging circumstances.

Steps in Safety Planning

1. Preparations: begin with the key professionals, then involve the parents and family

Before proposing a safety planning process to parents, it is vital that all professionals that have significant involvement in the case fully understand and agree with offering the parents and network this opportunity. Without this preparatory work, the safety planning and reunification process can often be derailed because key professionals either were not involved at the beginning or did not understand what was being offered to the family and weren't committed to it. Getting buy-in with all key professionals is essential before going to the family because professionals pulling back or opposing the process when it is underway will often leave the family angry and feeling tricked into working on a safety planning/reunification process only to find the professionals weren't committed to it in the first place. Figuring out what constitutes enough safety in any given child protection case provokes anxiety for professionals, so it is important that they meet and discuss their worries throughout the safety planning so that they stay on the same page throughout.

With professional agreement in place and roles clarified, this lays the foundation to explain the safety planning and/or reunification process to the parents/family. Once the parents understand the process, they should be given time to decide if this is something they want and are willing to participate in. If this is a contested matter before the courts, the briefing should be undertaken with the parents' legal representatives present. Once the parents have agreed this is something they want to pursue and participate in, the safety planning process can begin.

2. Straightforward Danger Statements and Safety Goals

Child protection work is always pressurised and under the impulse to get safety planning done quickly. Professionals can get caught in the trap of providing a generalised articulation of their concerns and jump from there into determining the rules of a safety plan that they expect parents to comply with. This rarely works because parents aren't clear about the concerns and have little investment in the rules, though they will often say they agree as they see this as a means to get child protection out of their lives.

Safety planning is always challenging, involving a carefully thought out, shared journey that must involve the parents, children and their own network of people because the safety plan will change the everyday arrangements by which they live their lives.

One of the biggest issues for families involved in child protection is to understand clearly what they need to do to satisfy child protection authorities so they can get on with their lives without professional involvement. There is no getting around the fact that the statutory authorities hold the major say in what constitutes enough safety to close the case and for safety planning to be effective they must articulate simply and clearly what they want.

Safety planning succeeds through getting the basics clear. Within the Signs of Safety approach, this involves getting the danger statements clear and specific, and articulating clear safety goals relative to the danger statements that are completely understandable to the parents and family. Once the foundation stones of the danger statements and a straightforward explanation of the maltreatment issues has been put in place, this creates the ground on which the professionals can initiate purposive, future-focused discussions with the parents and their support people about what needs to happen to show everyone (including the statutory authorities) that the abuse/alleged abuse cannot happen in the future.

Danger statements are a behaviourally specific, straightforward description of what the child protection authorities are worried will happen to the children if nothing changes. Safety goals provide a description of what the child protection authorities need to see to know the child is safe and they can close the case. By way of example, here are a number of common language danger statements and safety goals.

Intense Drug Use, High Risk Newborn

Danger Statement:

Jane and Anna at CPS are worried about Mum being able to look after Ashley because Mum Rachel was using so many drugs while she was pregnant that Ashley needed intensive special hospital care for 4 weeks and the doctors say Ashley will probably continue to have breathing problems and brain damage. Because Mum has used so much and because in hospital she couldn't get up to feed Ashley, Jane and Anna worry that even though Rachel loves Ashley if Ashley lives with Mum, Mum won't be able to do the basic things Ashley needs like get up to her at night, feed, cuddle, clean and clothe her. Ashley needs such careful and regular medical care and because all the people around Mum are using so many drugs too, Jane and Anna worry that Ashley could end up being hurt, sick or even die because no-one is paying attention to her.

Safety Goal:

Mum has said 'I can't use drugs and live in the current place where everyone is using if I'm going to have Ashley'. So, for Jane and Anna at CPS to give Mum a chance to have Ashley in her care they need to see Mum drug free for 6 months and living somewhere where no-one is using. After this, Jane and Anna would need Mum and 5 or 6 people she chooses to help her show she can do all the basic things Ashley needs like get up to her at night, feed, cuddle, keep her clean and give Ashley the careful, regular medical care she needs over a steadily increasing 12-month programme of contact starting with 4 hours/week through to Ashley living with Mum.

Alleged Factitious Induced Illness

Danger Statement:

The professionals are unclear how much this is Lorraine's responsibility or the doctors not being thorough enough, but CPS is worried that when Lorraine looks after Fiona, Fiona is getting medical treatments and interventions that she doesn't need, making her sick, not growing and making her feel embarrassed and abnormal. Fiona is getting healthier in placement so it seems pretty certain Lorraine's actions play some part in the problems.

Safety Goal:

Because there is plenty that is fantastic about Lorraine as a mum for the four kids, and this is evident in how good these kids are, CPS want the kids back with Lorraine. To do this CPS need all the medical care of Fiona to be carefully overseen and directed not by Lorraine, but by a strong member of Fiona's safety network together with a doctor that everyone is confident in. In allowing this to happen Lorraine will be showing the professionals and kids she is taking the professionals' concerns seriously even if she is offended by what they think.

Injured Infant

Danger Statement:

Debra and Carmen, CPS and the doctors are worried that if Doris (four months) and Amy come back to live with Bernadette as her Mum, the children could be injured as badly or even worse than when Doris had blood in her eyes and the skull fracture in January 2013, that put her in hospital for two weeks. Debra and Carmen at CPS and doctors are particularly worried about this because doctors say someone must have caused Doris's injuries and CPS says it must have been

Bernadette, Harold or Harold's Mum. CPS will probably never know who caused the injuries and how, so Debra and Carmen will have to keep thinking that maybe it was Bernadette.

Safety Goal:

CPS want Bernadette to have Doris and Amy in her care and to do this Debra and Carmen need to see and know that whenever Bernadette is overwhelmed and stressed, she can still control herself enough to look after the kids okay, or if she feels like she's going to lose it, she or someone helping her gets a person from the safety network to look after the kids.

Domestic Violence and 9-year-old Tali's Out-of-Control Behaviour

Danger Statement:

Eileen from CPS is worried that Tali has seen or suffered such horrific violence or abuse like seeing Mum Liszy assaulted and raped by his father that he is freaking out and out-of-control and this leads him to do things like dismembering a cat, attacking people, smearing faeces, vandalising, truanting etc. At the same time, Liszy has faced such horrible things and had such a hard life in South Dakota (and probably before that) that even though she loves Tali very much, she has not had enough energy to control, look after and make a stable life for Tali to enable him to cope with all the horrible things he's seen or had done to him. CPS is worried if Tali is with Liszy she won't be able to control him, and because the police have said they think that Liszy is using drugs and escorting out of her home that Tali will be left unsupervised, like when the police found him with known drug dealers late at night and he might be faced with experiences as bad or worse as what happened in South Dakota.

Safety Goal:

CPS want Tali to be with Liszy because it's so clear she loves him and is great with him on access visits. For this to happen, CPS needs to see that Liszy, together with a safety network of people who care for Tali, can create plans with us to support Tali, and control his out-of-control behaviour that will slowly get Tali back to a normal child's life. As part of this, CPS needs Liszy to work with them to create an explanation for Tali about the horrible things he has seen and what has happened to him and his mother. CPS needs to know that Tali will always be looked after and supervised by people who aren't using drugs, so if Liszy is going to use or escort, she needs to make sure Tali is with one of the other people in the safety network.

Father Convicted of Child Porn, Sexting and Involvement in Child Sex Chat Rooms

Danger Statement:

CPS is worried about Dad because even though Dad's children and Dad did not report the children being sexually abused by Dad, or involved in the very explicit child sex chat room discussions that Dad has admitted to and convicted of, it is clear Dad is sexually attracted to children. This makes CPS and the Guardian/court worry that Dad may sexually abuse his children or allow or encourage others to sexually abuse his children. CPS and the Guardian/court are also worried that Dad might involve his or other children in the child sex chat rooms or sexting and/or that he will take naked pictures of his children and share them with others on the web.

Safety Goal:

CPS will support Dad living with his family and will close the case when a safety plan that CPS, Mom, Dad and the network agree on has been in place and working for 6 months. The safety plan needs to show that the children will always be cared for by people who will never involve them in sexual activity of any sort such as filming, photographing or touching the children's private parts, having them masturbate adults or any type of sexual penetration or exposing or involving the children in sexting, internet sex chat or any form of pornography. As part of the safety plan, Dad needs to demonstrate to CPS, Mom and the network that he is not planning or participating in any activities focused on adults sexually abusing children.

3. Identify everything constructive in the direct parenting

Building safety plans that are meaningful and that last requires a sound working relationship between the child protection professionals and the parents/family. Without this working relationship, it is unlikely the parents will listen to what DCP is worried about or work with us to create a meaningful safety plan. The simplest way to create a good working relationship with parents is to rigorously explore and honour the positives and strengths of the parents and the people around the immediate family.

Professionals should forensically think through and inquire about times of positive parenting, good care for the children, times when the parents put the child first or sought to, times the parent did control or seek to control complicating issues such as mental illness, addiction, people they have around them that they have involved to improve the child's life or help them with how they look after the child. When they think about family strengths, professionals tend to list parents' participation in services which while they are important only have any significance if and

when they contribute to changes in the parents care of the children. The strengths that are most meaningful for safety planning are ones directly related to parents' everyday family life seeking to detail their actions in how they positively relate to their children.

By identifying, honouring and complimenting parents for what they are doing that is positive, the workers are creating the relational context where:

- they are more grounded in what the parents have achieved already and therefore clearer about the level of risk involved in relation to the danger;
- they are more hopeful about the parents;
- the parents are much more likely to listen to the workers' views about the danger and problems and more likely to work with them to build the safety plan.

4. CPS bottom line requirements

The safety goals provide the goal posts and articulate the answer to the question 'what do the child protection authorities need to see to be satisfied the child is safe?' The bottom line requirements, or bottom lines, create more flesh on the safety goals so that together, the safety goals and the bottom line requirements set out the context and clear parameters to engage the family members and network in a realistic/fair conversation about what the safety plan looks like and what child protection services see that the plans need to involve. The easiest way to distinguish between what constitutes safety goals and what are professional bottom lines is think of the difference between what and how. The goal should articulate 'what' must be achieved; the bottom line requirements are the professional conditions of 'how' this must be achieved. The subsequent work of developing the full safety plan with the family and network creates the complete articulation of the rules and means by which the family will demonstrate safety. Professionals should keep the bottom lines they require to a minimum to create maximum opportunity for the family to develop as much of the safety plan as possible.

Services

Since child protection casework plans typically involve requiring parents to attend services such as parenting courses, drug and alcohol treatment, psychiatric treatment, domestic violence group programmes, family, couples or individual counselling or therapy, we will consider the issue of services first in this section. It is crucial to always remember that services are only a means to an end; they are not of themselves a safety plan. Attendance or participation in any service does not and cannot constitute safety for children. The creation of safety for vulnerable children is something that happens in the everyday care and interaction and family life of parents and children.

Parental attendance and participation in a service may assist them in changing and improving how they look after and create safety for their children in everyday life, but this is not in any way guaranteed.

While referring parents to services is the 'business as usual' response of a child protection system, parents should only be referred to services if it is clear and agreed by everyone how the parents' behaviour with the children will change because of undertaking the service. If the parent who is meant to attend the service does not understand what the service is meant to achieve and cannot, when asked, say what they expect will change in their care and parenting of the children in relation to the danger, there is probably little point in the parent attending or being sent. Unless the parent demonstrates this sort of engagement with what the service will achieve for them, there is probably limited benefit in stipulating attendance as a bottom line requirement of reunification. If professionals continue to be adamant that participation in a service is mandatory, they will need to explore further with the parents what difference the service is likely to produce in their everyday care of the children. Otherwise at best, the referral is likely to simply generate parental compliance, while at worst, it will result in an argument about non-attendance.

Minimum expectation of how the safety plan will operate

Rather than focusing on services, the professional bottom line requirements should articulate the minimum statutory agency expectations of how the safety plan will operate. Typical bottom line requirements would usually include:

- The requirement that the parents must involve a network of people to assist them in caring for the children implementing the safety plan. This will usually include the professionals stipulating the number of people they would expect to be involved in the network.
- Where a network of safety people is required, these people must also be fully informed about the child protection concerns and very often it would be a requirement that the parents themselves tell the safety network members and demonstrate to the statutory agency that this has been done.
- A Words and Pictures explanation created by the parents together with the professionals to explain to the children why child protection have been involved in their lives and why they have been unable to live with their family of origin for some period.
- The length of time the parents must demonstrate the effective execution of the safety plan before reunification and case closure can occur (these of course are usually two separate events).
- That the safety plan must have rules that address stressors, triggers or issues. These might

include parents and network must identify means and rules for:

- how a couple will deal with conflict to avoid violence;
- how a parent will deal with depression, or high level anxiety or other mental distress/illness and still make sure the children are well cared for whatever their mental state;
- how a young parent will meet her needs to have fun and 'party' and make sure the children are well cared for when doing so;
- that the parents must decide how they will deal with the issue of use of drugs or alcohol;
- whether the plan will be a sobriety safety plan or a plan where if the parents use, others are involved to make sure the children are okay, or a plan where the parents can manage their use so they can still provide good care of the children.

As a general principle, it is best to avoid stipulating specific rules for the safety plan since the idea is for the parents and their support people to come up with the safety plan rules. But in some cases, the statutory agency will have bottom line requirements for the rules. Two that are often necessary are:

- identifying a particular parent or person, usually an alleged or convicted perpetrator who will be required to never be alone with a child or children;
- identifying a certain parent or person required to be the primary carer of the children.

5. Timeframe and trajectory for reunification and closure

Parents involved in child protection cases often feel they are operating in the dark not only about what the child protection authorities want from them, but also how long they have to have CPS in their lives. When professionals can provide a clear, timetabled trajectory about the requirements they have and how long it will take, this typically makes a huge difference for parents and family members. The timetabled plan make the expectations more concrete and gives parents more hope. For professionals to create and commit to certain requirements and link these to a timetable for reunification and closure is usually very challenging because they typically worry about whether parents and kin will succeed and what should happen if there are setbacks. The reality is that parents are usually well aware that when a timetabled plan for reunification is created, they must meet the expectations and complete the work required if they are to progress on to the next stage.

Without a clear timeline, it is all too easy for a reunification or closure process to drag out almost indefinitely, which undermines everybody's motivation and focus. Conversely, when a clear timetable is set, this creates focus and it is much easier to ask parents and their support people to

Safety Planning Workbook

work hard because they have a clear vision of the end point. As each of the tasks is completed, the parents should be rewarded with successively increasing contact with their children or lessening the intensity of the supervision arrangements involved in that contact. While the exact length of a safety planning process and reunification will be determined by the risk level of the particular case, I would always suggest keeping the timeframe to the minimum possible. The shorter the timeframe, the easier it is to sustain both professional and family attention. In general, and in the vast majority of cases, I would be looking at a reunification process of 3 to 9 months with follow up monitoring of something similar.

A successive reunification would typically involve a trajectory something like this:

DATE	EVENT	CHANGE IN CONTACT ARRANGEMENTS
Week 1	Parents commit to the safety plan process.	Increase professionally supervised contact (e.g. from 2 hours per week to 4 hours per week).
Weeks 2–4	Parents find support people for safety network and they are informed of child protection concerns and interim safety guidelines for contact are established.	Replace professionals as supervisors with safety network members. Professionals then monitor the contact by meeting with children, safety people and parents following contact.
Weeks 4–10	Draft and refine the explanation for the children.	Increase length and number of weekly contacts each week (e.g., from one to two four-hour weekday contacts including evening meals in family home and one eight-hour weekend contact).
Week 11	Words and Pictures explanation presented to children.	First overnight stay supervised by network.
Weeks 12–19	Increasing depth in detail of safety guidelines toward final safety plan created relative to increasing contact.	Maintain regular overnight stays, increasing to first full weekend etc.
Week 20	Final safety plan created and safety plan prepared for and presented to the children in age-appropriate language.	Reunification.
Weeks 21–36	Successful use of safety plan and meeting of parents and network if challenges crop up. Monitored by statutory agency usually for a period of 3–6 months.	Case closure.

6. Building an informed family safety network

Every traditional culture knows the wisdom of the African saying, 'it takes a village to raise a child'. Beyond this, it is axiomatic that a child that is connected to many people that care for them will almost always have a better life experience and be safer than an isolated child. Despite this, as I often say when I am teaching professionals in the West, most act as if the saying reads 'It takes a mother and a therapist to raise a child'.

Child psychiatrist Tilman Furniss succinctly stated that, 'child abuse is a syndrome of secrecy'. One of the important aspects of getting parents to involve naturally occurring people in a safety network to help them address the child protection concerns is that this breaks the secrecy which is often therapeutic for the parents and children, and lifts the burden of shame around the problems. At the same time, Furniss's statement points to the fact that in the first instance, families and parents (certainly those raised within a western culture) rarely welcome the idea of involving others in their problems with child protection. Involving a network will usually require skilful use of authority and persistence on the part of the professionals.

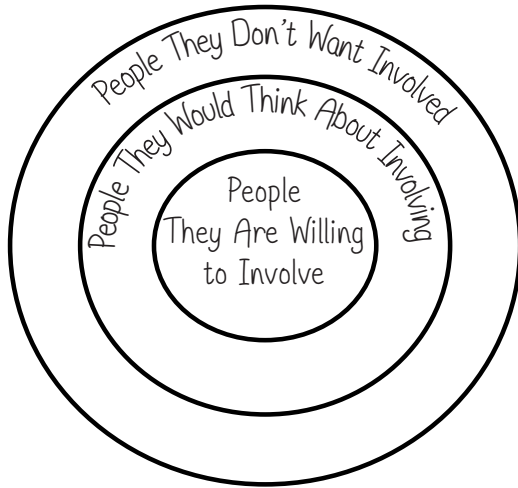
With the working relationship between the professionals and parents grounded in a shared understanding of the child protection concerns, the safety goals and the bottom line requirements, the next step is for the professionals to ask the parents to get as many people as they can involved in helping them create a safety plan. The parents invite the safety network to help them demonstrate the child will be safe in the future, and in cases where parents dispute the professional allegations (often framed as a situation of 'denial'), they help protect the alleged perpetrator from future allegations/misunderstandings.

Safety Circles tool

Child protection professionals often worry that the parents they work with won't be able to find anyone to help them. This may be the case, but it is important not to prejudge this and do everything possible to maximise the likelihood the parents will involve others to support them. The first course of action is to let the parents know that involving people from their everyday friendship and family network is a bottom line requirement for the child protection agency and then simply ask the parents who they could think of to involve.

To assist and focus these conversations, Susie Essex created a 'safety circles' tool (for one example of this see Turnell and Essex, 2006 p. 92). To use this tool, it is often good to start by asking the parents to brainstorm and list everyone they know — friends, extended family, workmates, neighbours, people they know from religious communities, clubs and activities they participate

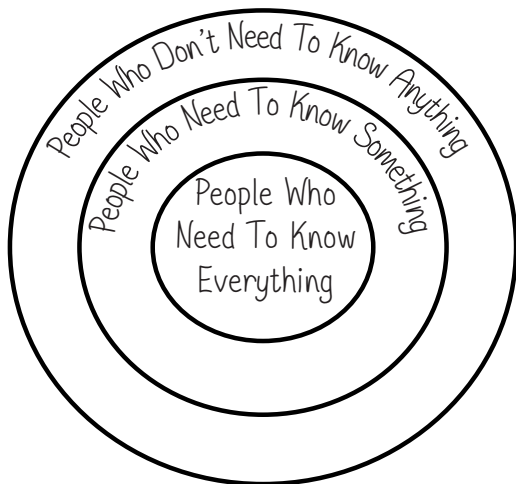
in, people that are involved with their children's lives including teachers, carers and coaches. Then invite the parents to categorise the people within the categories of the following three circles.



Following this, the parents can be asked to highlight (perhaps by underlining or shading the names they choose) the people that they think would be most impressive to the statutory agency and the court. In this way, the child protection professional is getting the parents to think about whether some of the people are more appropriate and helpful than others. In this process, the worker can also ask the parents to identify who are the people in the list that would most share the

child protection agency's concerns and who in the list would think their concerns are unfounded? In this way, the worker can help the parents consider different perspectives on people they want to involve, including the possibility that perhaps the people they feel are 'least on their side' are actually the people that will be most useful to them in demonstrating to the child protection agency that the children will be safe.

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



The use of the circles process can and should be adapted to suit the situation but what these circles are designed to do is create a context where the parents can think in more depth about who will be most useful to them in a safety network. This also creates a conversational context around which professionals can raise any concerns they might have about particular people parents nominate, and avoid a situation where the practitioner simply adopts an adjudicating,

this-person-is-in, this-person-is-not, role. There is a tendency for a statutory agency to become anxious about some people parents nominate but by and large I would usually recommend involving people even if they are known, for example, to have problems with addictions, mental health or the like. Involving these people or at the very least taking their involvement seriously

creates the opportunity to discuss how they can be helpful and when the problems they struggle with might mean they need to pull back (permanently or temporarily). There will of course always be some people that child protection authorities cannot allow to be involved, such as people with convictions for child abuse. Again, if such people are suggested, this should not be framed as a problem because it provides an excellent opportunity to have a more in-depth conversation with the parents about who can help them show the child protection agency and others the children will be safe in their care.

Parents can find no-one

In instances where the child protection agency deems the level of danger high enough to assert a bottom line that the parents need to find and involve other people to help them but the parents cannot suggest anyone, this should not be seen as a problem but as an opportunity to have a conversation about who they could involve.

Here are some questions that might be useful in these circumstances:

- So right now, you say you don't know anyone who can help you, but we are saying you have to have some people to help you and the kids. What are your ideas about who you could ask?
- What are your ideas about how you could ask people to help you?
- If you did have some people in your life to help you, what sort of help would you want?
- When have you been involved with other people in your life before? How did you meet them?
- How could these people help you show child protection the children will be safe?

I have seen many cases where parents who defiantly asserted they knew no-one or were not willing to involve anyone else, ultimately invite people such as their bank teller, landlord, the caretaker and neighbours to be part of their safety network. In many of these instances, these were people the parents had little or no relationship with. Workers who can't imagine getting parents they are working with to involve a useful network of people might find the experience of Julie valuable. Julie had a long history of alcohol addiction and had moved many times around the USA to avoid or escape the attention of child protection authorities. When Carver County child protection worker Sarah Manthei worked with Julie and proposed that the child protection agency needed her to involve people in her life, Julie raised many impediments. First and most simply, Julie knew almost no-one because she had moved so many times. Then Julie offered people she knew from out of the state and some others (drinking companions) she knew locally asking them to just tell social services whatever they needed to hear. In Julie's own words she was asking these people to 'scam' Sarah and the county. Sarah did not make this a problem, focusing on the fact that even for the

‘wrong’ reasons Julie was starting to talk to others about child protection being involved in her life.

Video interviews with Sarah and Julie describing their experience of this work where ultimately Julie invited her bank teller and joined a church to enlist people to help her create a better life for her children can be found on the Media Resources download*. Sarah Mantai also discusses her experience of the work from the 1:20 minute mark of the video titled *Sarah Interview*.

Inviting people to the network

Before parents invite others to be involved, the professionals should discuss with the parents how the parents will explain to the people they will invite what the problem is and what they are asking of them. While this might sound like a small matter, it’s one of the steps in the safety planning process, and in the creating of a network, that is critical because people involved in the safety network are only useful when they have a full understanding of the child protection concerns and what is needed of them. This is critical since people in the safety network who don’t understand the child protection concerns are of little to no value. For parents to explain the child protection concerns to the extended family, neighbours, workmates and friends in a way that will satisfy the professionals will almost always require careful discussion and rehearsal between the parents and professionals. Child protection professionals will need to verify that the safety network people understand their concerns and the parents need to know this will happen. One of the best ways for the professionals to satisfy themselves the safety network members understand the concerns is to ask the parents to explain the child protection concerns to the network members with the child protection worker present.

Once the parents have an informed network of safety people, these people should then be enlisted to start supervising the contact between the parents and the children. After each contact the child protection worker should follow up with the child, the network members that supervised and the parents, exploring what went well with the contact and what problems occurred.

7. Words and Pictures explanation for the children (and everyone else)

For any safety plan to make sense to children they must have an explanation of the past issues and problems that require the development of a safety plan. For children and young people who have been in care for some significant period there is also an inevitable a mix of explanations they have heard about why they were removed from the parents. Alongside this, carers and professionals are often uncertain how and what to tell children, and in this context a sense of silencing and secrecy can quickly build up for everyone involved.

* <https://sofs-products.s3.us-east-1.amazonaws.com/Safety%20Planning%20Workbook%20Media%20Resources.zip>

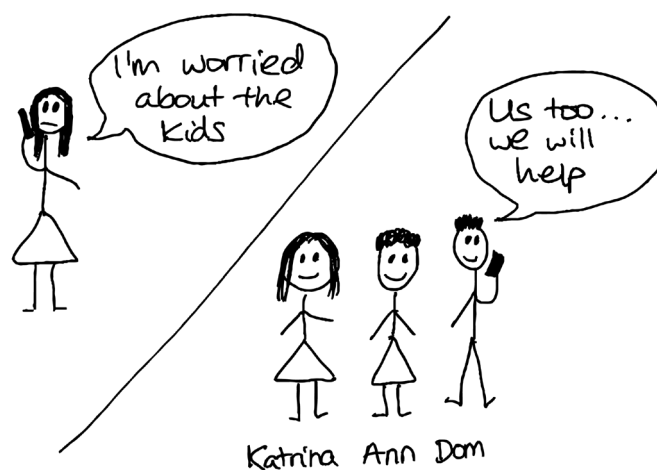
The Words and Pictures process is designed to deal with the silencing, secrecy, mixed messages and confusions that surround child maltreatment and the circumstances that lead to children to be placed in care, and to deal with this directly in the relationship between the parents and the children. The Words and Pictures explanation is first and foremost the parents' explanation of the child protection issues for the children, created together with the professionals. This explanation, or set of age-appropriate 'words', explains the child protection concerns to the children and later to extended family and friends. When the words are explained to the children, a set of 'pictures' are also created to match the explanation and facilitate the children's understanding; from this comes the 'words and pictures' process. The explanation creates a foundation of openness within the family and their network from which a meaningful safety plan can be created.

Katrina Etherington, a child protection practitioner from Western Australia, has used the Words and Pictures process as a means of getting the parents active in the constructive task of creating an explanation for the children very quickly after the removal, which then sets the scene for quickly focusing on safety planning. Here are three sections of a Words and Pictures document Katrina created with the parents within the first two weeks of a case, demonstrating the interconnection of explanation, involvement of a network and early safety planning:

Safety Plan to show everyone that Caleb, Cris, Tam and Ben will be safe at home with Mummy and Daddy

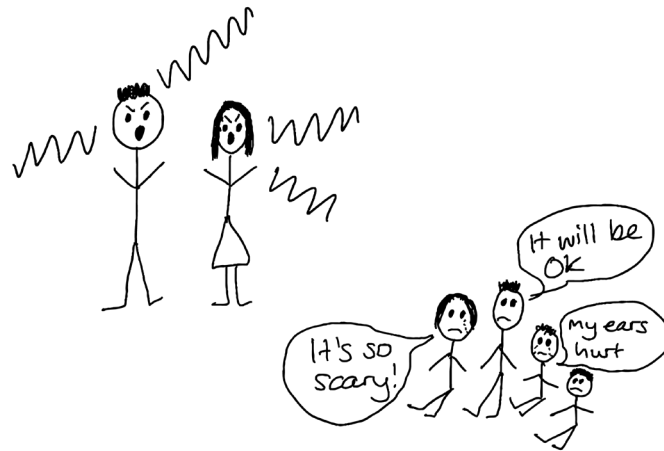
Who was worried and what they were worried about

A short time ago, the people who work at DCP were told that Ben, Tam, Cris and Caleb were being hurt and scared at home by their Dad who also threatened that if they told their Mum or anyone else things would be worse.



Safety Planning Workbook

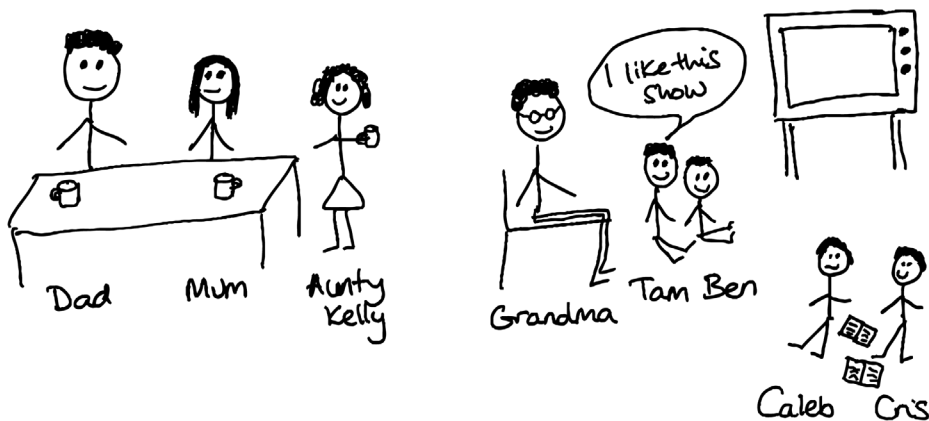
DGP were also told that there were angry fights happening between Dad and Mum and that these were sometimes so loud they hurt the children's ears and made them scared.

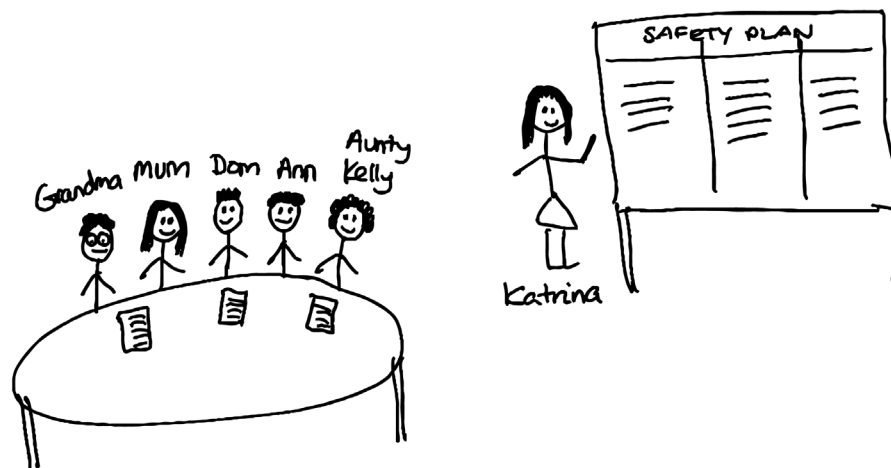


What we are doing about the worries now?

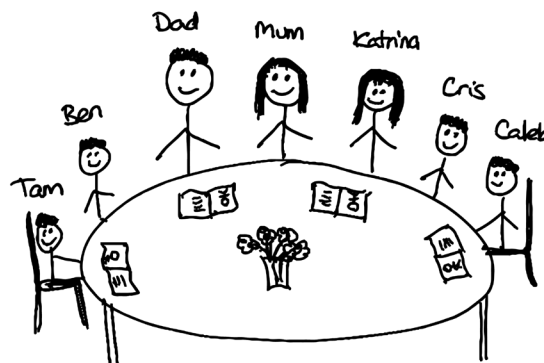
Mum and Dad are working very hard with DGP to show everyone that Caleb, Cris, Tam and Ben will be safe when they come home. When Dad comes home from work there will be lots of visitors like Grandad, Grandma, Nanny, Poppy, Aunty Kelly, Aunty Holly, Josh & Chaney, DGP and people from church like Gary.

These will all be safety network people and will be visiting and talking with Ben, Tam, Cris and Caleb because they all care about them and want to see that they are safe and happy and loved.





DCP are going to help Mum and Dad put together some rules in a safety plan that will make sure everyone is safe. Mum, Dad, all the people in the safety network and DCP will make sure that Ben, Tam, Cris and Caleb know the rules and have a copy of the plan written down.



To start with, Ben, Tam, Cris and Caleb will be able to go home with Mum because Dad is going to be working away for two weeks on a mine up in the north. When Dad comes back from work, he will stay somewhere else until everyone in the family and in the safety network knows the rules and they have been written down in a safety plan and Ben, Tam, Cris and Caleb are ready to see Dad again. Ben, Tam, Cris and Caleb will be able to talk to the people in the safety network if they ever feel worried or unsafe.

In summary, the Words and Pictures process is designed to:

1. Create, together with the parents and key adults, a clear story that gives the children/young people an age appropriate explanation of the problems and the seriousness of the issues that got child protection involved in the family's life.
2. Help the parents and key adults process the past by connecting their experience of the problems with what the children need to know and creating an explanation they own.
3. Open up the secrecy, shame and trauma around the child abuse/neglect and what caused it, which then becomes the foundation for safety planning.

4. Create a relationship between professionals and family where they are able to talk in depth and in a straightforward manner about the seriousness of the issues.

More detailed explanation of the process for creating a Words and Pictures explanation can be found in Turnell and Essex (2006). In summary, the process usually incorporates the following steps:

1. Begin by briefing all key professional stakeholders on the process and obtain their permission and endorsement to undertake the process (the more contentious the case and the more professionals that are involved, the more important this step is).
2. Explain the process and show relevant Words and Pictures example to the parents and obtain their agreement to proceed.
3. Check with the parent or parents about the problem (e.g., mental health problem; severe illness; child protection concerns; drug or alcohol misuse) regarding what would be most helpful and important for their children to understand about the situation.
4. Explore these same issues with the other parent, kinship system and significant adults in the child's life.
5. Explore with the child/children what they already know and what they are concerned about (depending on the circumstances include the parents in this discussion if possible).
6. Draft the explanation utilising the family's own language and ways of expressing concerns wherever possible and bearing in mind family's race, culture and religion. Link all of the above to any worries/concerns about the children at home, at school, with peers, i.e. the context in which the child might be expressing some of the worries or confusions. The explanation should be balanced and not solely focused only on the negative. The explanation should be framed with a neutral or affirmative beginning and a positive message at the end. The explanation should be interspersed with meaningful positive events in the child's life that fit and add to the overall story.
7. Present the first draft to the parents. Develop and refine the words so that they are comfortable with it and the explanation reflects what they feel the child should know.
8. Once the parents take ownership of the explanation, the next task is to have a final conversation about whether the explanation captures everything social services would want the child to know.
9. Provide the explanation to the child/children with their parents, extended family, carers and social service workers present.
10. Ensure that all other significant extended family members and adults in the child's life have seen the explanation and will draw upon it if they need to talk to the child about the

problems the parents face and the reasons the child is in care.

8. Developing the Details of the Safety Plan

Although we have explored a distinction between safety goals and the plans to achieve these goals, when exploring these things with families, one flows quickly into the other. What follows is a very typical sort of conversation between a professional and two parents we'll call 'Fred' and 'Wilma' in a situation of alleged sexual abuse by one of the children against Fred which resulted in Fred leaving the family home:

Professional: *So, does that make sense to you, Fred and Wilma, that Fred can't come back home until there are clear arrangements and rules in place that show us that Fred will never be alone with the children?*

Fred: *Sure, we get that but how can you realistically expect us to live our lives without me ever being on my own with our three kids? That means I can't do things like read them stories, can't take them to school and lots of other things. You're asking too much of Wilma.*

Professional: *Okay so it's clear to me you understand what my supervisor and I are saying needs to be in place so that's great. And you're absolutely right Fred — there's an enormous amount of detail to get sorted out and it won't be easy to get the rules sorted out and it'll take time to show us you're sticking to the rules. To create this sort of plan will mean some big changes in how you live your lives compared to how you did things when you were at home before, Fred. Wilma what do you think, do you think it's going to be possible to make these sorts of changes to show everyone Fred is never alone with the children?*

Wilma: *Fred's right, it's a lot you're asking, but right now I'm pretty much doing it all myself already. It's probably going to be hard to figure out but Fred can still do lots of those things with the kids, we just need to set it up so me or someone else is there too.*

This exchange is very typical of the sort of the conversational flow moving between goals and plans and is also typical of the sort of concerns parents and their support people will raise as they struggle with how to create a plan that shows everyone the children will be safe in the future. It is important not to see challenges and difficulties parents raise as signs of their opposition. Effective safety plans require a lot of thought and they also require significant behavioural change on the part of the family. These things take a lot of thinking through. It is important that professionals who are guiding the family and their network expect and are comfortable with many challenges and questions from the family since these are the exact issues that need to be explored to create a more rigorous safety plan. Two very good examples of this sort of ongoing negotiation of chal-

Challenges in creating safety plans can be viewed in the Media Resources download*. This is the work of in-home family preservation practitioners Bill Schulenburg and Chad Hyenga describing their work in a long-term chronic neglect and sexual abuse case.

Growing the Safety Plan

The central organising question is, 'What do you think needs to be in place to show everybody (including the child protection professionals) that the children will be safe and well looked after when they are (back) with you?' The role of the professional is to constantly deepen the parents' and networks' thinking about what this involves in everyday life. This is done through asking questions that bring forward all the issues the professionals see might be in play, at the same time exploring the challenges the parents and network foresee. Throughout this process, the parents and their network should be asked for their ideas about how these issues can be addressed and what rules need to be in place to achieve this. The trick here is for the professional to break the habit of trying to solve issues amongst themselves and instead explain their concerns openly to the parents and the network and see what they can suggest.

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

Sexual abuse cases:

- Alleged perpetrator to not be alone with any children at any time.
- Identify the primary carer.
- Privacy.
- Who assists with clothing the children at night and after baths?
- Who is responsible for intimate care?
- Appropriate physical contact for the alleged abuser.
- Who is where in the rooms and spaces, house, garden, garage, etc., when the children are home during the typical patterns of everyday family life?
- Transport arrangements for the children.
- Arrangements at school, clubs and other activities.
- Care arrangements when problems or difficulties arise such as an illness or hospitalisation of the primary caregiver or if safety network people are unable to fulfil their role.

* <https://sofs-products.s3.us-east-1.amazonaws.com/Safety%20Planning%20Workbook%20Media%20Resources.zip>

Physical abuse:

- Methods of disciplining and restraining children particularly in the face of challenging and difficult circumstances and in the sorts of circumstances that led to previous physical abuse.
- Intimate care.
- Care during stressful times e.g., feeding times, night waking, times of financial hardship, anniversaries of previous injuries or deaths and unexpected illness particularly to the primary caregiver.
- Arrangements for medical care and medicines.
- Acceptable and unacceptable rough and tumble play by adults with the children.
- Communication about disagreements between parents and with children.

Neglect:

- Careful exploration of typical times, events and triggers (for example mental illness, grief, developmental delay, alcohol/drug use etc.) that have typically led to previous neglect, then explore specific rules that detail how the parents will deal with and respond to these times in the future to ensure the children get 'good enough' care in these circumstances.
- Specific parenting routines and responses that need to be in place for the child to receive 'good enough' care, emotional security and stimulation.
- People in the safety network who will provide care, emotional security and stimulation if the parent(s) are unable to do so.
- Signs to others that problems are building and they need to step or act to make sure the children are okay and the problems don't become worse.

Domestic violence:

Careful exploration of typical times, subjects, events and triggers (money, jealousy, child raising, drinking, depression etc.) that have typically led to previous violence and specific rules that detail how the couple will deal with and respond to these circumstances.

All case types:

All safety plans will typically incorporate rules regarding the following:

- Key safety people who the children can contact if they have any concerns.
- People to assist the parents and who will monitor children's safety.
- People who will help, particularly if/when the primary carer is ill, under stress or unavailable.

- People the family/parents need to avoid.
- If professionals are to have ongoing involvement (for example in situations where parents have a developmental delay or suffer from ongoing mental illness) what their specific role will be and how that is directly connected to maintaining the safety and wellbeing of the child.
- Signs that parents/carers are not coping and what the safety network people and others will do in these circumstances.
- Arrangements for stressful situations such as anniversaries, parties, celebrations or when parents wish to use alcohol and/or drugs.
- Arrangements regarding other children, whether relatives or friends visiting or baby-sitting.
- The age at which young children/infants will have the Words and Pictures and the safety plan explained to them (for the first time or as a regular refresher) and who will take responsibility for the task.
- Child development and how the plan needs to change as the children grow.
- Plans for deepening the explanation the child is given about the past abuse/neglect and the subsequent events (such as child having lived elsewhere for a time) as the child grows older. Often a particular individual is assigned to take responsibility to see this happens.
- Incorporates one or even two family safety objects chosen by the children so they can communicate their anxieties without having to put their worries into words. The plan should detail how the child's safety people will respond if the safety object is moved. It should be clear to everyone that if the child moves the safety object that's all they have to do; it is then the adults' responsibility to sort out the child's worries.
- How long the safety plan must be in place for.

The chapter that follows this (exploring the case of 'Gary and Gina') provides further ideas about creating more detail in safety planning in relation to a case involving concerns about previous threats to kill an infant, domestic violence and drug use.

9. Dealing with 'Denial' Issues

In child protection cases, families and professionals almost inevitably have different views about the problem, which at its worst can escalate to the point of outright disagreement or dispute. In these circumstances, professionals can find themselves trying to assert that their view is correct and if family members do not accept the professional perspective, the family members are talked about as being 'in denial'. Denial disputes typically evolve in cases of alleged sexual abuse or where parents are believed to have injured an infant, it is rare that parents will accept the allegations made against them by professionals. Other examples include parents disputing that behaviours such as violence, mental illness, drug use or drinking is affecting or might affect the chil-

dren. Susie Essex and her colleagues (Essex et. al. 1996; Essex and Gumbleton 1999; Turnell and Essex 2006) have offered an alternative approach to dealing with ‘denial’ disputes. In a nutshell, Essex and her colleagues have proposed and demonstrated an approach based on professionals loosening their focus on getting parents to accept and admit to the professional an account of the problem and its cause as essential to create future safety. Rather, this approach asks the parents to acknowledge the seriousness of the situation as the professionals see it even if they don’t agree with that perspective, and invites the parents to work with the professionals on building future safety that shows everyone that the alleged abuse and concerns cannot happen in the future.

Many of the strategies and methods of dealing with ‘denial’ are embedded in the safety planning approach described in this workbook, including describing alleged child abuse behaviour and impact in straightforward language and providing a clear safety goal statements about what the professionals need to see to be willing to close the case. At its heart, Essex’s approach to denial is based on professionals loosening their investment in one account of the problem and being able to engage with multiple perspectives about child abuse concerns.

The example on the following page is a good example of a child protection practitioner working with multiple perspectives to make headway in a situation where a father was charged with possessing child pornography.

In situations of disputed child abuse, statutory authorities will typically want parents to demonstrate an understanding of the dynamics that surround the alleged abuse and its impact on the children, but this seems impossible when parents refute the professional allegations. Essex developed a radically different method for exploring these issues she calls a ‘similar-but-different role-play’. In the similar-but-different process, the parents role-play a different couple, in a similar family, facing similar issues to the alleged abuse, with the primary difference that in this hypothetical family the alleged perpetrator has admitted responsibility. In the role of the similar-but-different parents, the couple discusses and explores hypothetically the issues they have been unwilling or unable to overtly discuss in their own situation because of the ‘denial’ dispute. This similar-but-different process provides the parents with the opportunity to demonstrate to the child protection authorities that they can meaningfully explore issues associated with the alleged abuse without incriminating themselves.

This hypothetical method of discussing difficult issues is described in detail in Turnell and Essex 2006. While many professionals will not utilise the full similar-but-different role-play process, understanding this method and Essex’s thinking often enables child protection professionals to approach parents and family members in ‘denial’ cases more creatively and with a much lighter touch.

An English social services worker was dealing with a situation where a father of an eight-year-old girl had been charged with possessing child pornography downloaded from the Internet.

The worker had received some other, inconclusive information that suggested that the man had also shown his daughter some of the material. The man was pleading not guilty to the criminal charges, arguing he had visited sites 'as research', and was asserting that his daughter knew nothing and was completely unaffected by what he had done. At the same time, some of the worker's colleagues were strongly of the view that not only did he have a large collection of computerised child pornography, the father was very likely also sexually abusing his daughter. There was however no evidence to confirm the latter.

The worker had initially found herself very frustrated with the case since she found herself repeatedly arguing with the man about the significance of what he had done. This situation changed when the worker began to talk to the man about multiple possibilities and perspectives. The worker began to reflect to the father that she understood that his position was that he had only visited the websites as research and that he had not realised that he had downloaded material from them. She then asked did he understand how this explanation might sound to herself and her supervisor? In the course of the following conversations, the worker talked to the father about it being her job to consider the worst scenarios as well as make sure she understands his position. In this way, she talked about having to consider the possibility that perhaps what the father was saying was true, but that she had to also consider other possibilities. For example, the possibility that he was addicted to internet child pornography, the possibility that his daughter had seen the material and also the possibility that the man was sexually attracted to his daughter and actively sexually abusing her. In response, the man acknowledged that in the worker's position he would regard what he was saying as suspicious, at one point going even further saying in her position he would probably remove his daughter into care.

10. Monitoring progress

Within the community of professionals using the Signs of Safety approach, safety is defined as 'strengths demonstrated as a protection over time'. This is a definition that was created by Victorian child protection professionals during the creation of the Victorian Risk Framework (Boffa and Podesta, 2004). The key components of the definition that need operationalising in any safety planning process is demonstration over time. To enable parents to demonstrate protection over time requires a clear sequential process that is monitored and supported first by professionals and then increasingly by people in the safety network.

As the safety plan is being developed, it is important that opportunities are created for the family to be testing out and refining the new living arrangements, while their success and progress in using the plan is monitored by the network and child protection professionals. Most safety plans in high risk cases are created when the family is separated, either with the children in alternative care or the alleged abuser out of the family home. As the parents and family members engage in and make progress in the safety planning process it is important to demonstrate the statutory agency's commitment to the process, reward the parents' efforts and build their hope and momentum by successively increasing their contact with their children and loosening up the professional controls on the contact. Safety planning always involves risk, and to be meaningful involves giving parents the chance to succeed in a context where they may fail. All child protection interventions involve navigating risk and it is important that at each stage that the child protection professionals make sure enough support and monitoring is provided so that the risk in the situation can be managed. All of this should be discussed with the family so they understand the professional perspective.

Throughout the reunification process the child protection worker should regularly check in with everyone involved to make sure the safety plan is being followed. At each follow-up, the worker would usually first spend time with the children, the safety network people, and finally the parents. Difficulties following the rules should not be used to blame parents but be an opportunity to deepen the plan.

Scales/judgment

As the safety planning process unfolds and progress is made, it is important to continually assess that progress in relation to getting the job done. In the Signs of Safety approach, this judgment task should be grounded in continually reviewing all participants' judgments on the safety scale. Usually, where a child is in care and reunification is being considered, the initial safety scale will likely range from zero, which would mean it is clear reunification with the parents is not possible and other permanent arrangements will have to be made; through to ten, which signifies everyone knows it is safe enough for the children to return to live with the parents. This scale should be discussed regularly when the professionals meet with the parents and their network and hopefully as the safety planning work proceeds, all participants are able to observe a steadily increasing assessment to the point where reunification can occur. At the point of reunification where the child protection professionals will continue to monitor the situation, it is often important to re-configure the safety scale so that 10 becomes, 'child protection is satisfied that the safety plan will continue to be followed and they can close the case'. The redefined safety scale should also be used as a mechanism for the department to discuss and define clearly for the parents what they need to see to be ready to close the case.

Progress is occurring, but will it be maintained?

In undertaking a safety planning process, parents and their network will often make significant progress but professionals worry about whether they can maintain these changes. For example, a parent who has struggled with excessive drug use may get their addiction and use under control and their care of their children and engagement with them may well improve significantly. The crucial point here is for professionals to bring this concern to the parents and the network, because this is an issue that the parents themselves need to address and find an answer for. A simple way to explore this territory is to create a confidence scale such as, “When you think about the changes the parents have made, ten is you are confident the parents can maintain these changes no matter what crises happen or what challenges life throws up and zero mean the changes are good but the parents and network won’t be able to keep them going, where do you rate the situation?” In most cases that have any significant history of problems, once change begins the issue of confidence is almost always a critical issue. The confidence scale gets this out in the open for everyone to consider and can be used to focus on the question, “What needs to happen to be satisfied the changes will last?”

11. Involving children

Given that safety plans are all about the children and are also about setting up family living arrangements so everyone knows the children will be safe and cared for, it’s important to involve the children in the safety planning and make the process understandable to them. The Words and Pictures process is a centrepiece for providing children with an age-appropriate explanation of the child protection concerns so they understand what the safety planning is about. Creating the final version of the safety plan created by the adults in a Words and Pictures format with rules and drawings that are in language the children can understand will be explored in the next section. Before that, it is worth considering ideas for bringing the children’s voice to the safety planning process.

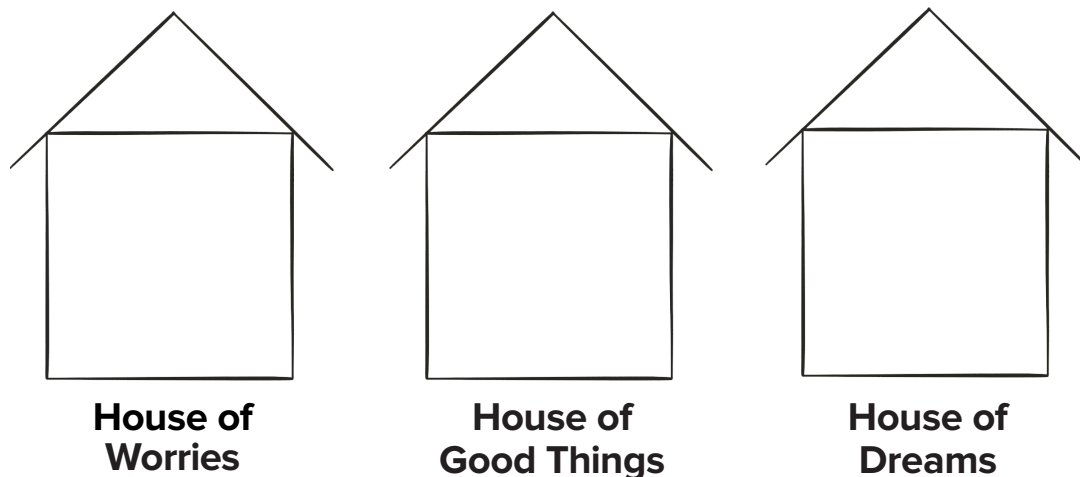
My Three Houses

The My Three Houses tool invites the child to write and draw their experience using the structure of House of Worries, House of Good Things and House of Dreams (Weld 2008; 2009; Turnell 2001).

Using the My Three Houses tool or an adaption of this tool with children creates the ideal context to bring the child’s perspective about the problems and what should be done to the parents and network (Turnell, 2011). Time and again bringing children’s own words and images of worries,

good things and best hopes is far more effective than anything professionals might say in assisting parents and the network to think more deeply about what needs to be done to make their children both feel and be safe.

My Three Houses™
Child Protection Risk Assessment Tool
to use with Children and Young People



This is well demonstrated in the situation of a single mother called Tracey from Duluth, Minnesota who had struggled with a history of substance abuse and violent relationships. Tracey believed her seven-year-old was not really worried about living with her again, however Tracey was reduced to tears when she saw her daughter’s three houses drawings and words that the girl had created with child protection worker Paula Stocke. The three houses clearly showed Tracey that her daughter was worried that her ‘mother might get sick again’, ‘will be friends with bad people’ and that she was worried because she didn’t know what had happened to her younger sister (who had been adopted). This created the impetus for the mother to engage much more deeply in the safety planning work.

As this example demonstrates, children often identify issues and triggers in ways that cut directly to the heart of the matter and have a powerful impact on parents. Children often identify things like: there being no food to eat, the power getting cut off, bad people coming to the house, being scared by fighting and yelling, a parent not getting out of bed. These issues can then be brought directly to the parents and network, asking them to come up with their best ideas to demonstrate to the children that these things won’t happen in the future, or if they begin they will be dealt with quickly. It is not just the worries children name that have impact; very often it is the good things the child identifies and their dreams and hopes that have an even more powerful and motivating impact for the parents and network.

Children's Own Safety Plan

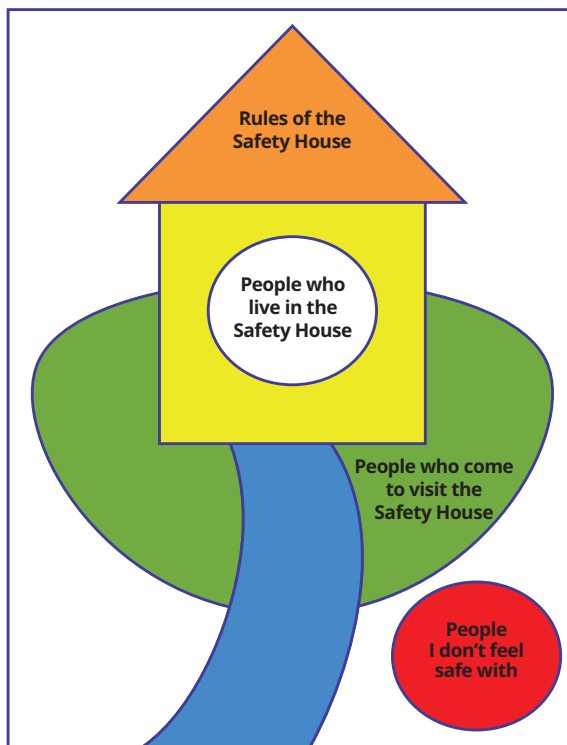
Once children have been involved in discussing the problems, they can then be asked what they would want to feel safe. Roni Kerley, an Aboriginal Practice Leader from the Murchison in Western Australia involved three children in safety planning by directly asking them to write and draw specific rules for their family immediately after getting them to describe the problems as they saw them. The situation Roni was dealing with involved a mother who would leave the family home to go drinking for many days at a time, leaving the children in the care of the teenage older sister. The children described to Roni how worried they had been when the mother had gone for 6 days. On the latest occasion because they had run out of food, one of the girls had been burnt when cooking, they couldn't contact their mother and were worried about whether she was okay. After writing down their worries, the three children worked together to write out six specific rules with drawings to illustrate each:

1. When Mum goes drinking she needs to get an adult to look after us
2. Mum needs to make sure we have plenty of food to fill us up and it will last
3. Mum should always answer her phone and never avoid any phone calls or messages
4. Always make sure we are safe and NO strangers come to the house
5. No drinking
6. If Mum does all of this I would feel very excited and wake happy and healthy

This shows how straightforward safety planning can be when professionals give children a direct voice. The most significant thing about the process Roni undertook with the 3 children in their description of the worries and the safety plan they wanted, was the shift in attitude and behaviour it generated in their mother. When Roni and her colleague Desley Hedges had initially spoken with the mother, she was largely dismissing what the professionals were concerned about. When the mother and the friend she had brought to the meeting saw her girls' descriptions of their worries, the images and the safety plan in their own language, the mother was in tears and was ready to take the concerns seriously and make changes.

Safety House

Sonja Parker (Parker, 2010) has developed a Safety House tool that extends the My Three Houses process and is designed to directly engage the children in exploring what they need to see to feel safe living with their parents. The child's ideas can then feed into the safety planning work the parents and their network are undertaking with the professionals.



The Safety House is a visual device that asks the child to think about living with their family in a way that feels safe and explores five key elements with the child:

- What life will look like in the child's safety house and the people who will live there.
- People who the child thinks should visit and how they should be involved.
- People the child sees as unsafe.
- Rules of the Safety House.
- Safety Path: using the path to the house as a scaling device for the child to express their readiness to reunite, or safety they see in the family.

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

12. Safety Plan in Child's Language

A key mechanism for deepening the engagement of parent and network with the safety plan is to work with them on distilling all the safety planning work into a final safety plan with simple, straightforward, age-appropriate rules the children can understand. Pictures to accompany the rules are prepared by the family and professionals, and/or together with the children to make the plan more understandable, engaging and relevant to them.

The final safety plan is usually presented to the children at a big meeting attended by the parents, all the safety network and the relevant professionals, which creates a sense of significance and importance about the plan. In preparing the plan for the children and presenting it to them, the

parents must first think themselves into and then make commitments to live by these arrangements and rules in front of their children and people from their everyday life. This is a far more powerful process than having parents make commitments to professionals alone. Once the final safety plan is created the children are given their own copy and the parents are asked to place a laminated copy somewhere in the family home where everyone can see it, for instance on the refrigerator door.

There are several child-centred safety plans presented throughout this workbook. The one presented here is based on the work of Susie Essex and is amalgamated from several cases involving domestic violence. Drawing on this plan I want to briefly explore the use of a family safety object.

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



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

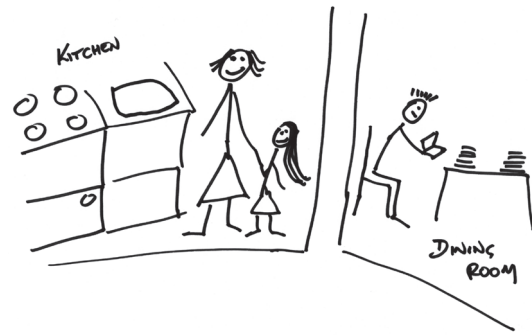
Rule 2: Daddy and Mummy will want to reassure Nichole lots if they disagree about something, argue or use loud voices.





Rule 3: Daddy and Mummy will sort things out by talking and reach a compromise about things they disagree about. Daddy will write these times in the 'safety journal'.

Rule 4: Mummy will tell Daddy if she is worried about something, she will try and do this quickly and directly. Daddy will understand that things can't always be sorted out then and there, sometimes they need thinking time. If Mummy and Daddy get cross and they get loud and angry, Daddy will go to the living room and do his books and Mummy will stay in the kitchen. (Nichole will usually be with Mummy there). Daddy will write the times they do this in the 'safety journal'.



Rule 5: Sometimes Mummy and Daddy will need some space and time to think. When this happens Daddy will go out into the garden or go for a walk and Mummy and Nichole will stay inside the house but the door will not be locked. Daddy will write the times they stop fights like this in the 'safety journal'.

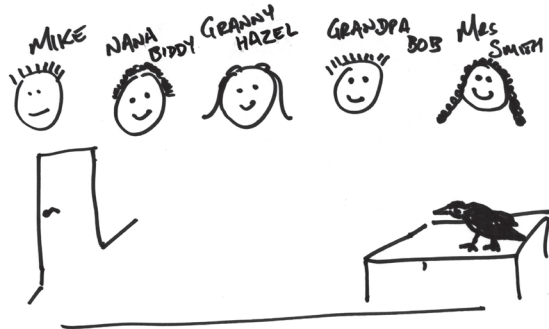
Rule 6: Daddy has said he will not drink any more than two beers at home, at the pub, or when he goes out with Mummy. The only time Daddy will drink more than this is when he goes away for weekends with his mates.





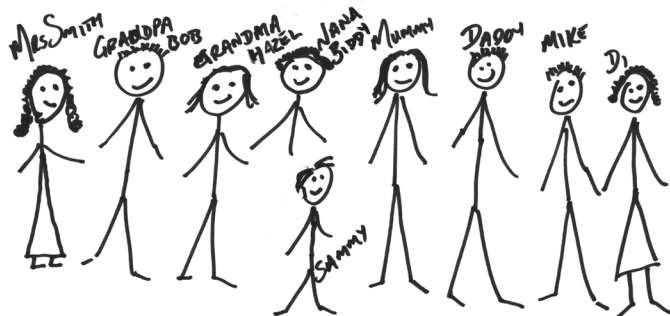
Rule 7: Nichole has chosen a big black crow as her 'safety object'. The crow will live on the coffee table by the front door where everyone can see it when they come into the home. Crow will always face the front door and the only person who can shift Crow is Nichole. If Crow is ever in any other position than facing the front door, Mummy and the other safety people have to ask Nichole is she okay. Nichole might sometimes shift the crow to make sure everyone is paying attention.

Rule 8: Mike, Nanny Bidy, Granny Hazel, Grandpa Bob and Nichole's Kindy teacher Mrs Smith have all said they will be Nichole's special safety people. Mike, Nanny Bidy, Granny Hazel and Grandpa Bob will come to the home every day and check everything is okay. There is a roster about who will come when.



Rule 9: Nichole will tell her special safety people if she is worried. They will make sure Nichole's worry gets sorted out. Nichole can ring Grandpa Bob or Mike on her phone. If she rings and tells them she's worried because Mummy and Daddy are fighting they will come to the house and take Nichole away. Nichole will check to see if they really do come.

Rule 10: Everyone is working very hard to make sure Nichole is happy and safe in the future



Family Safety Object and Safety People for the Child

Children who suffer child abuse often feel like they cannot tell anyone and also have the experience that if they do try and tell someone about their experience they are not believed. The family safety object was created by Susie Essex as a safety planning method to directly address this issue by creating a nonverbal means by which a child can communicate their worries to adults who they know will then act to deal with their concerns. The whole process surrounding the safety object is designed to empower the child and break the sense of isolation that surrounds abuse that can be so devastating for children.

The children choose the safety object, where it is located, and who their safety people will be. Rule 7 in the safety plan just presented details the use of the safety object in that case. A strong connection should be built between the child and their safety people during the process of creating the safety plan. This can be deepened and demonstrated by giving children the chance to playfully test out whether people are paying attention by moving the object and seeing how long it takes for the safety person to notice.

Creating a family safety object that is placed in the family home often takes on a wider significance for everyone in and around the family providing a tangible reminder of the whole safety plan. Where it is felt that the child should have people outside of the home that they can ask for help if they are worried, this can be achieved by using two safety objects as detailed in the safety plan presented on pages 60–62.

Some professionals worry that the safety object puts too much responsibility on the child but in fact children enjoy the sense of attention and power it gives them. In using the safety object, it is vital that everyone understands that if the child moves the object, that's all the child has to do; it is the adult's job to ask the child what they are worried about and to make sure the child's worries are sorted out. The use of a safety object should always be created as part of the wider safety planning process that describes and explains to the child in detail what the adults will do to make sure they are safe and thus the safety object creates a sense of the child being surrounded by people that will ensure they will be well cared for.

Conclusion: A Safety Plan is a Journey Not a Product

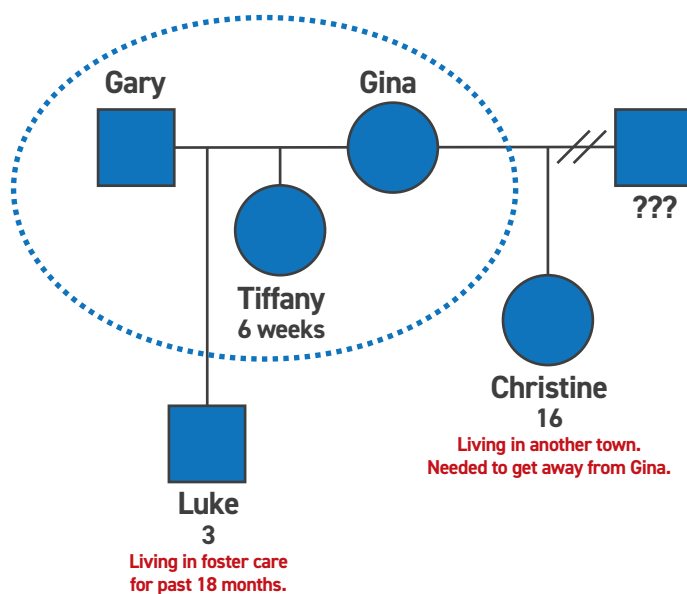
The most important aspect of the safety planning proposed here is that the plan is co-created with the family and an informed safety network. It is operationalised, monitored and refined carefully over time and the commitments involved in the plan are made and owned by the parents in front of their own children, kin and friends. This is not something that can be done in one or two meetings, and a safety plan that will last, most certainly cannot be created by professionals deciding on the rules and then trying to impose them on the family. Meaningful safety plans, above everything, are created out of a sustained and often challenging journey undertaken by the family together with the professionals focused on the most challenging question that can be asked in child protection; “What specifically would you need to see to be satisfied this child is safe?”

Safety Planning Case Example

Introduction

This chapter is designed to further exemplify the previous chapter Steps in Safety Planning. This case example explores a situation where the parents faced difficulties with drug use and domestic violence, and the mother had previously made threats to kill the eldest child when she was 18 months old. This chapter was developed out of the notes I provided for the practitioners following in person consultation work. To maintain that feel, I have retained the first person writing directly to the practitioner's voice throughout. This example includes the Words and Pictures example and child-centred Safety Plan that was created for the case. While not exhaustive, the chapter is designed to provide a clear insight into the detailed work involved in safety planning.

Genogram and Case Background



In this case:

- Gina and Gary have a history of substance abuse.
- Gina is volatile and difficult to work with and professionals often describe her as manipulative. Her behaviour borders on mental instability and probably at her worst she has had periods of drug-induced psychosis. Child protection and other professionals regard her as mentally ill, though two separate psychiatric evaluations have never been definitive.

- Gina's care of Christine was 'okay enough'. Christine left home at 15 and she did not finish high school. Christine is articulate; she is now in full-time employment and has a boyfriend and a friendship network. Christine says she left home because she'd 'had enough of mum' and felt exhausted by Gina's volatility and emotionality (one of the workers called this Gina's manipulation of Christine). On several occasions when Christine was about 13 or 14, Gina did 'lose it' and physically attacked and hit Christine but the teenager sustained no injuries from these incidents.

This is an active case for Child Protection Agency (CPA) because 20 months ago:

- Gina and Gary were using drugs intensely,
- Gina and Gary's relationship was unstable, with Gary often leaving for days or weeks following explosive fights that sometimes became violent,
- Gina herself was very volatile, and on 3 occasions Gina made threats to kill and smother Luke. One threat was made to a friend, one to Gary and another to a mental health nurse.

The threats Gina made to Gary and the friend were very dramatic e.g., she yelled at Gary that if he left her again she would kill Luke, and to both Gary and her friend she said they shouldn't doubt she'd do it because she had previously had an abortion. Despite the drama of the threats, there is no evidence of Gina ever actually physically harming Luke or any other infant or young child, but the CPA workers haven't done an exhaustive of this issue.

- Gary, Christine, and a neighbour reported to CPA that Gina and Gary's care of Luke was often not good, that Luke was exposed to a lot of yelling and fighting and Gina 'losing it'. Gary said he often left because he thought that would make Gina calmer and it would be better for Luke. The friend and neighbour also said Luke was not getting good enough physical care and emotional attention. For example, Luke was left on his own in the back yard for more than 2 hours. This was the same period when Christine left Gina's home, and she told the CPA worker that she often had to look after Luke when Gina and Gary were using drugs.

Luke was removed into care at this time.

For the next 15 months Gina and Gary (who were often separated) were given only one-hour of contact with Luke each week, which was always professionally supervised at the CPA office. Gina never missed any of the contact visits but almost always fought and abused the CPA workers. The caseworker (Sylvio) in particular did not like or trust Gina.

Fifteen months after Luke was taken into care:

- Luke (3 years old by this time) had bonded well with his foster family who love him; he was a bright bubbly boy who was doing well in the family, socially and at kindergarten. The initial court order that placed Luke in care lasted for two years and the caseworker and team leader believed it would be in Luke's best interests to make an application for permanent placement.
- Gina and Gary had provided 6 months of clean urine analysis tests and had been living together again for 4 or 5 months and seemed to be relating better to each other. Sylvio and team leader Dana were very suspicious whether these things were real or a pretence to be able to have Luke and the new baby at home.
- CPA found out that Gina was pregnant. This fact meant the case was reviewed and created considerable debate in the CPA. It raised two keys issues: should CPA remove the new baby at birth or can enough safety be created to allow baby to go home? If new baby goes home can Luke go home and on what basis?

Danger Statements and Safety Goals for Gina and Gary Case

Danger Statement 1

Based on statements Gina made to Mental Health Services and to Gary in June and July 2010, and then told to CPA, that Gina would 'kill Luke' and the comments Gina was heard to make by an anonymous reporter in November 2011 that she would 'kill Luke and the baby and this would be nothing to her because she has aborted a previous pregnancy', Dana and Sylvio, CPA are worried that when Gina is unwell and sees and hears things other people can't see and hear, that she may threaten to kill Luke by smothering him and/or Gina may actually harm or even kill Luke, and also may seriously hurt or kill new baby Tiffany.

Safety Goal 1

CPA will support new baby Tiffany going home with Gina and Gary when the Words and Pictures explanation for Luke is finished and Gina and Gary have involved an active network of safety people in creating a safety plan that shows everyone that Tiffany will be well cared for whether Gina is mentally unwell or not.

CPA will reunite Luke with Gina and Gary when they see that Gina and Gary have been able to look after Tiffany well over 4 months and can provide good care for Luke over six months of progres-

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

Danger Statement 2

Dana and Sylvio CPA and Christine are worried that Luke has been emotionally affected by his parents' out of control behaviour like arguing, yelling, screaming vicious things at each other, pushing, shoving and hitting each other.

Dana and Sylvio are worried that Luke will continue to be affected by his parents' past behaviour (even if they don't repeat it in the future) and will try and shut his parents out by withdrawing, changing his body posture, lowering his head and crossing his arms when he is with Gina and Gary. Dana and Sylvio are worried that this will stop Luke from developing strong emotional capacity.

Safety Goal 2

CPA will reunite Luke with Gina and Gary when they see that Gina and Gary can talk with each other in a respectful manner, without raising voices, being aggressive or violent, particularly when they are upset, frustrated or disagree with each other.

Danger Statement 3

Dana and Sylvio CPA are worried that even though Gary knows Gina has made threats to smother and kill Luke, he would not be able to make Luke or the next baby safe if Gina has another psychotic breakdown like the ones she had in June and July 2010. Dana and Sylvio, CPA are worried that Gary doesn't know how to deal with Gina when she is unwell, behaves in an unusual way and/or sees and hears things other people cannot see and that this may lead to Gary not being able to keep Luke and/or baby Tiffany safe.

Safety Goal 3

CPA will reunite Luke with Gina and Gary when they see that Gary can be assertive with Gina and take the lead in how Luke and Tiffany are cared for, and particularly that Gary can do this at times when Gina is stressed, going off (psychotic) or starting to be affected by her mental illness.

Building a Family and Friend Safety Network and Clarifying Gary's Role

It is a central tenant of the Signs of Safety safety planning that it takes a village to raise a child, and therefore in most safety planning we are looking to involve a naturally occurring network around the family. While the logic of involving a network around the family and child is simple, this is not business-as-usual for most helping professionals and there are many challenges to be faced in building a friends and family network around the parents and children. For example, professionals will typically ask questions such as: *'The families I work with don't have anyone — how can I get them to do this?'* and *'We are only supposed to talk to the immediate family — how do we get around the confidentiality issues?'*

Safety Networks Only Happen When Required by the CPA

Given the level of danger in this case where we have to consider the possibility that a child could be killed, I would expect one of CPA's bottom lines is that neither Luke nor new baby can go home unless there are a group of safety people actively involved in the everyday lives of the family and children. For this to happen, CPA needs to be clear about this bottom line expectation.

The professionals will also need to undertake a lot of focused discussion with Gary, Gina and the people they chose to be clear about the detail of involving a network, including:

- How many people are needed as a minimum?
- How will they be informed about the problem and who will do this?
- What role and what tasks will network members take? For example, is 24/7 network presence required when Tiffany and/or Luke first come home or will a certain number of daily drop-ins be enough?
- How long will a network need to be involved?

Gary's Role – The issue of the primary carer

CPA's expectations about Gary's involvement needs to be detailed and locked in, as under-pressure Gary will tend to take a back seat in the planning (this is why the issue of Gary's passivity in the face of Gina's outbursts was created as a third danger statement and not just left as a complicating factor).

As a bottom line, CPA would therefore probably expect:

- Given Gina is the primary danger or threat to the children's safety, both parents need to understand that CPA requires Gary to be significantly more active and central as an every-day primary carer, making sure the children are looked after and the safety plan is followed. Without this, CPA can't proceed with plans for Tiffany or Luke coming home.
- Gary must be at all planning meetings. (Alongside this, I would hope CPA would do everything possible to hold the meetings outside of Gary's work hours and give him enough notice for him to get time off for meetings that conflict with his work schedule).
- Gary to be actively and constructively engaging Gina around difficult issues. Most particularly, CPA needs to see this happen when Gina is stressed or 'going off'. In the first instance, CPA is looking for Gary to demonstrate this core sign of safety in planning meetings and during CPA home visits.

To make these expectations work and come to life, it is vital that the professionals don't see any challenges or outbursts by Gina as a problem. Rather, any outburst by Gina always needs to be embraced as a fantastic opportunity to turn to Gary and say, 'Okay Gary, what do you understand we (CPA) are worried about here?' When Gary can describe what CPA is worried about, then ask him to communicate and discuss that with Gina. Planning meetings and visits will provide plenty of opportunities to help Gary be assertive and proactive with Gina around difficult issues because every contact with CPA will inevitably be a stressful experience for them.

Friend and Family Network

How Many?

In every case, the professionals have to figure out with the parents how many people they need to have in their safety network. In general, the higher risk, the more people need to be involved. The number also depends on how much each individual can do. If each person can only do a little then more people will be needed. In Gary and Gina's case I would expect at least five people, and these folk need to be people with connections to both parents e.g. people from his family and her family, his friends and her friends, and not just recruited from one of them. Gary needs to be active in getting and keeping people involved. Some people are also needed who are significant to the children and who will stay in their lives and remain interested in them over time.

To Do What?

At every safety planning meeting (I'd expect these to be happening every two to four weeks) where the parents, network and professionals are creating, refining and reviewing the safety plan, I would want at least one or two safety network people present as well as Gary. Gary and the safety people

will need to be active in discussions about the issues, triggers and first signs of Gina beginning to lose it and in developing rules about who will do what, when this happens.

All safety people and Gary need to be at the Words and Pictures session where the explanation is given and document finalised with Luke.

Following the Words and Pictures session with Luke, the safety people take over supervising the increasing contact between Gina, Gary and Luke, starting at the current level of contact and increasing through to overnight stays. The network will have very active involvement in the home and with Luke following reunification. I would want safety network people present 24/7 for at least the first two weeks after Tiffany comes home and for one week after Luke returns.

At least one of the safety network people will be Luke's special safety people and will check in regularly with her as reunification process unfolds and after he is back home.

Recruiting and Involving Safety People — The Confidentiality Issue

Professionals often say they are not allowed to talk to others about the parents' problems, so how can they get a network involved? This is actually not a problem, because it is always the job of the parents to involve and invite their friends and family. It is Gary and Gina's role to find these people, invite them to meetings with CPA, and for Gary and Gina to explain to these people both before and in the meeting why CPA is worried and has Luke in care, and why CPA is worried about the next baby. Placing the responsibility with Gina and Gary creates a context where they have to deepen their thinking about the problems and what it will take to create safety. This gives them the opportunity to demonstrate the most crucial sign of safety that they can talk to and involve people in their problems. To get Gary and Gina to the point of being able to do this will usually require helping Gary and Gina think through how they will invite people and what they will explain to them.

Professionals often also worry about what to do if Gary and Gina invite people who the CPA has concerns about. Perhaps, for example, that person doesn't want to, doesn't have the time to do anything, or perhaps they are an addict, have a history of mental illness or previous involvement with the CPA. Again, this is no problem at all. In fact, it is another fantastic opportunity to have a careful conversation about a difficult issue relating to the children's safety (in this case, is this person who worries CPA in some specific way a good person to help you and be around the child?) and to deepen Gary and Gina's thinking about who can help them and how.

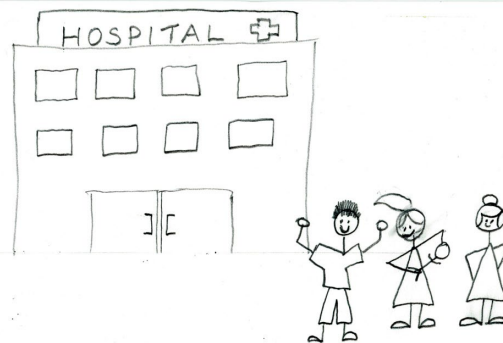
Words and Pictures Explanation

This was the Words and Pictures explanation created in this case.



1. Mummy Gina and Daddy Gary met when they were working together at a health club. They fell in love and decided they wanted to live together. Pretty soon they got a wonderful surprise when they found out they were pregnant with Luke!

2. Luke was born on 28 October 2008 at Effington Children's hospital. Luke was such a beautiful baby! Granny Maggie came all the way from Hollyrood to the birth.

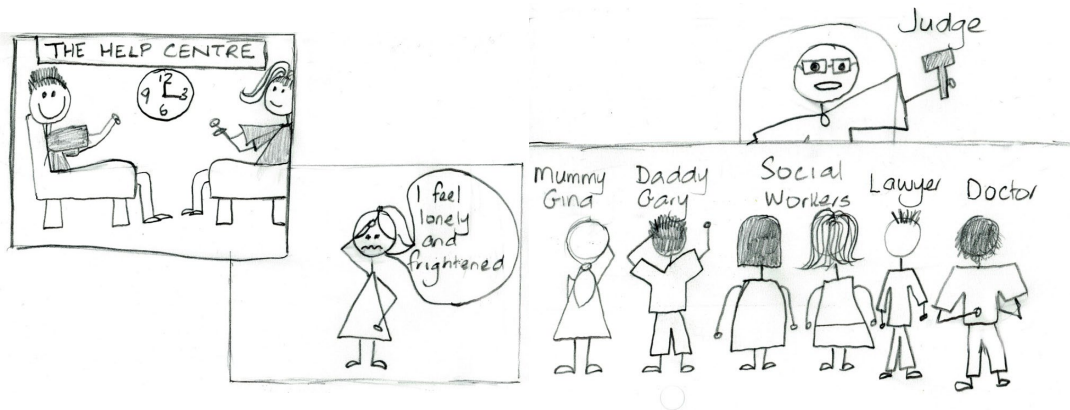


3. But Mummy Gina and Daddy Gary weren't happy because they were having big problems using drugs and drinking too much. Because Mummy Gina and Daddy Gary were spending lots of their money on the drugs and beer, they didn't have money to get food and clothes for themselves and Luke. The drugs and drink made Mummy Gina and Daddy Gary fight a lot too.

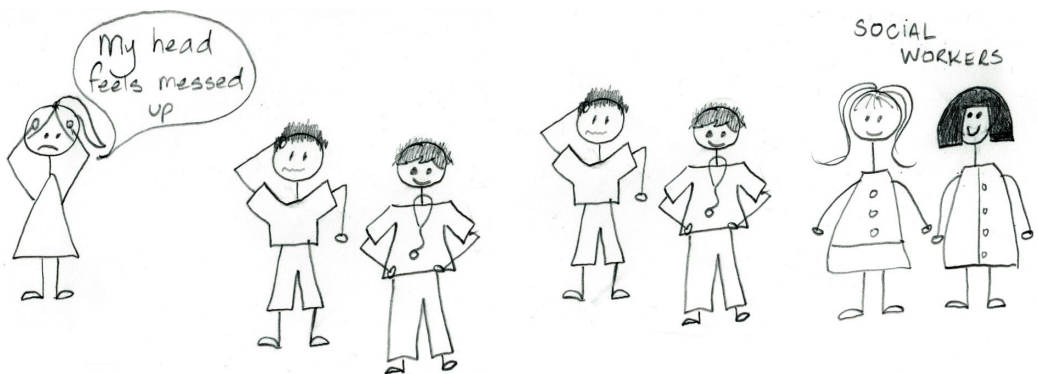
4. Mummy Gina and Daddy Gary loved each other, but decided that being together wasn't good for them or for you Luke, so they decided Daddy would move out and Mummy would look after you. Mummy Gina and Daddy Gary both knew they needed to get help and stop using drugs and alcohol.



5. Daddy Gary started to get help to stop using drugs but the drugs had made Mummy very sick and she was lonely without Daddy Gary. Mummy Gina was very frightened because she was so sick, she was thinking of hurting herself and you. Mummy Gina has said that even though she was sick she never would have hurt you.



6. Mummy Gina knew she needed help and told Daddy Gary and the doctor her head was completely messed up. Mummy Gina knew Daddy Gary and the doctor would get other people to look after you. Daddy Gary and the doctor told the social workers at CPA. The social workers knew this was very serious so they talked to the judge to decide what should happen. The judge said until Mummy Gina and Daddy Gary were better, you would live with Peggy and Paul Foster and their family.



7. While you lived with the Fosters, Mummy Gina came to see you every week. Mummy always sang and read to you, did drawings and played building and puzzle games with you. Daddy Gary came with Mummy Gina whenever he was living in Peterton.



Mummy Gina got help from doctors and other people and both Mummy Gina and Daddy Gary stopped using drugs and alcohol. Mummy and Daddy both got better and were happier. Mummy and Daddy started talking again and because they love each other, they got back together again.

8. Mummy Gina and Daddy Gary want you back with them and they are also working very hard to show everyone that they can look after you just the way you need. Mummy and Daddy have asked Grandma, Auntie Doris, Lil, Mr Falill and Babs to help them.



9. Mummy Gina and Daddy Gary got another wonderful surprise when they found out Mummy Gina was going to have another baby. Mummy Gina and Daddy Gary are working very hard to show everyone that they can look after the new baby properly.

Bringing Tiffany and then Luke home through an evolving Safety Plan process and successive reunification process for Luke

With the following safety planning elements in place:

- Straightforward, agreed on danger statements and safety goals
- Clear CPA bottom lines that the parents understand
- An informed naturally occurring safety network around the child and family
- The Words and Pictures explanation created and presented to the children.

Everything is in place to successively grow and refine the safety plans so that Tiffany can come home after her birth and Luke can come home through a successive process of increasing contact.

Getting Tiffany home immediately after her birth

Creating a commonly understood and agreed way of talking about the problems

Breaking the secrecy of the past abuse and maltreatment is always the hardest part of safety planning. Using the birth of Tiffany as a key motivator for the parents, CPA needs to require the Words and Pictures explanation is provided for Luke before Tiffany can come home. The final Words and Pictures document is created and presented to Luke with Gary, Gina, the network and key professionals present. The Words and Pictures explanation being child understandable language inevitably creates deeper understanding of the issues for the parents and safety network and provides the foundation to create the subsequent safety plan in language the child can understand.

Network and Gary

Gary will probably try and step back throughout the process but any time he does that provides another *fantastic* opportunity to discuss again the absolute necessity of his active involvement. Gary alongside Gina and the safety network people need to be actively engaged by the professionals in evolving and refining the safety plan before Tiffany's birth.

This is done at regular meetings (probably weekly or biweekly — the closer the time of birth is the quicker this must be done) involving lots of discussion with Gary and Gina and network people focused on:

- Situations, events and times that trigger and stress Gina, figuring out together what the very first signs of stress might be and what needs to be in place to minimise and deal with these things. This might, for example, lead to Gary or someone else being assigned the role of being primary care giver during the night, or at parties, or at end of day, or other particularly stressful times.
- The plan should include a rule about the worst-case scenario, what will happen if Gina ‘goes off’, what will happen for the children, who will take responsibility for them and how, and the point at which professionals need to be called i.e. CPA, Gina’s therapist and/or psychiatric services.
- Involving mental health support or a therapist may very well be a good idea for Gina, but this needs to be discussed and owned in detail by and with Gina; what she wants from the professional, how she sees they can help her and what difference she expects from their help. It needs to be clear in the plan what these professionals will do, how and when. An equivalent conversation should occur around the issue of whether Gina should take medications. If the CPA has requirements in this regard they need to be explained to Gina and Gary and should be connected to how such requirements will make a difference in the care of the children.
- Clarifying and detailing the role of Child Health Nurse/Health Visitor — how often they visit and what they will do when they visit. At one meeting, this person should attend and Gary and Gina would explain and present to them the Words and Pictures explanation to the nurse. Any other professionals that are involved such as a counsellor, mental health professional, day care provider or kindergarten teacher for Luke should be involved in a similar way (it may be CPA requires regular external day care for Tiffany and/or Luke as a bottom line).
- Assuming Gary is working full-time, this issue needs to be explored in detail to quantify what he will do, when and how. A rule is probably needed about when he would be called from work and by whom. Discussions about Gary’s role will always go more smoothly the more the professionals focus on times when Gary has responded well to Gina when Gina was upset, mentally ill or stressed.

The specific rules of a family-owned safety plan are created out of these conversations. These discussions are in many ways more important than the actual rules that are created because the discussion continues to open up the silencing, anxiety and defensiveness around the issue of Gina’s behaviour and increasingly shows everyone it is possible to talk about and deal with the problems. Every challenge and seeming ‘resistance’ on the part of the family and network are *fantastic* opportunities because they are the exact issues that need to be openly discussed to create a safety plan that will stick. Working through these issues is what the idea means that a safety plan is a journey not a product.

Baby Going Home After Birth

CPA will need to decide whether they want 24/7 network presence for when Tiffany initially goes home or whether daily drop in visits would be enough by network. While in some cases I have been willing to accept intensive daily visits by network people, Susie Essex's position on these sorts of cases is always that 24/7 presence is necessary for some amount of time. This points to the fact that there is no definitive set of rules and bottom line requirements, professionals will have to think through their positions in every case.

For the first 2 weeks as a minimum, I would want 2 safety person visits per day, one during day and one at night. I'd want people there for at least three hours; they can help with new baby and they are to ask Gina and Gary how things are going and have discussions about and observe for difficult moments as well as good things. Network people should always be present at the times identified by the parents as the most stressful time of day — they can help at these times. It is also much more meaningful to catch Gary and Gina succeeding at the most stressful times. The safety person's observations from their visit should be documented in a safety journal written in the safety network person's hand — covering what's gone well, and concerns (anything written is good even if it is about a difficulty because it is being explored and discussed openly).

Alongside these arrangements, the possibility of Tiffany going to childcare for some part of the day should be explored. This might be a bottom line requirement for the CPA, particularly if Gary is working full time and 24/7 network presence is not possible.

By the third week after birth I'd probably be looking to drop this back to one network person visit per day, further dropping back to 3 or 4 scheduled visits per week by say, week six, and continuing at that level for at least 6 months. By week six, I'd decrease the length of the visits to two hours then one-hour duration.

As part of this, I would want a network person always present when Luke visits, and I think it's very important to have Luke visiting from week one after baby comes home and have Luke's own safety people/person present at this time. That person can hopefully drive Luke back and forwards and check in with him.

As above, I would expect to involve a child health nurse in the safety planning and have her come to at least one safety planning meeting. I'd expect regular home visits by the nurse (especially in the first 4–8 weeks after the birth) and I'd want the nurse recording her observations in the safety journal.

Throughout this process, I would want regular meetings with Gina and Gary and network to review progress and deal with any issues and refine the safety plan as needed. To satisfy themselves how things are going, I'd want Sylvio or Dana checking in with network people without Gary and Gina. I'd probably want review meetings scheduled for weeks 1, 2, 4, 6, 10 and monthly thereafter. At each meeting the safety journal is reviewed, always looking in the first instance for what's going well, and in looking at any struggles, ensuring they are done in the context of making sure to honour the fact that difficult issues are being identified and can or are being talked about.

During this period, I would want an evolving age-appropriate interim family safety plan prepared for Luke so he understands the rules that apply while he is visiting. This process sets the scene for the final child focused safety plan that will be created for Luke's full return home. This should be a simple Words and Pictures safety plan probably with no more than four or five rules, given Luke is only three years-old. The safety plan flows out of the Words and Pictures explanation and most importantly describes the rules about who will do what if Mummy gets upset/stressed/gets sick or if Mummy and Daddy fight. The plan should describe the active role of Luke's own safety person/safety people. As Luke's visits increase to the stage of the first overnight stay and first weekend stay, this is the time to include a safety object for Luke. Luke should do a couple of safety object tests before he comes back home full time.

Reunification of Luke

In this sort of case, involving a new baby and a child who has been in care, usually the best way to manage the safety planning process is to bring the baby home first and then some months later bring the older child home. Focusing on one child at a time usually makes the process clearer and easier to manage for everyone and the baby is usually prioritised so the early bonding and attachment can be created between the parents and baby. To do this, CPA needs to make this expectation clear to the parents and very likely this will be a bottom line requirement.

At the same time, it is also important to move as quickly as possible on the reunification of Luke to build Luke's contact and connection with his baby sister. Child protection professionals tend to act too cautiously in reunification schedules and this stalls motivation and hope for the parents and creates increasing opportunities for disagreements between the parents and professionals. The idea is to move the process along as fast as is possible while still creating the opportunity and enough time for the parents and network to demonstrate they can get the job done.

Having Luke present at least 2 or 3 times a week (I'd expect 2 or 3 hours/visit and always fully supervised by network people) creates the more stressful/demanding context of 2 children at once.

Luke's presence and involvement should be talked through in detail with Gina and Gary involving Luke's safety people in the conversations as well. Subjects that should be explored include:

- How to involve Luke actively with Tiffany.
- How to create Luke-only time and activity.
- Who will do what?
- What would Luke's likely worst behaviours be? For example, could he challenge Gina and Gary about why he hasn't been able to live with them, might he suddenly say, "You love Tiffany more than me?" Might he reject food, rules or restrictions by saying something like, "That doesn't happen at my foster family".
- When will his behaviour most likely get worse — during the contact visits or later when he comes home for good?
- Explore what behaviours by Luke would push the different buttons of the respective parents and explore who is best suited to deal with what behaviour.
- Explore in detail the rules, arrangements and routines Luke has at his foster family's home to determine how these will transfer to the family home and how any differences will be explained to Luke.
- Explore in detail and get Gina and Gary and safety people to decide on plans to deal with worst case scenarios.

Assuming things go well enough, Luke's time at home needs to be successively increased through to full reunification over a set period. In this sort of case I'd expect something like a 4–6 month period; the exact timing of this needs to be negotiated and thought through with Gina and Gary, not something just imposed by the professionals. Assuming everything proceeds well enough with Tiffany being at home, the safety planning review meetings with the network would be increasingly focused on the reunification of Luke.

Regular day care or kindergarten for Luke would be a normal part of any safety plan. As described above the child care providers should be actively engaged in the safety planning process coming to at least one safety planning meeting where they are shown the Words and Pictures explanation and their role in the safety plan is explored and clarified. A key part of this is to have an open conversation with everyone (asking Gary and Gina first what they think) about what behaviours by Luke would lead the childcare providers to contact CPA.

The final step before Luke comes home for good involves creating the final version of 'The safety plan that shows everyone Luke and Tiffany will be safe'. This is created together with Gina, Gary and the network for Luke. Once created, it is presented to Luke with everyone present in exactly the same way the Words and Pictures explanation was finalised. The professionals will need to

decide whether to use pre-drawn pictures (à la Susie Essex's process) or to draw the pictures from scratch, which I favour. In either case, the professional needs to be clear what the pictures will depict in advance with the parents and network. See the attention to detail that is required in this in the example on pp 178 – 184 in Turnell and Essex 2006.

Child Protection Agency Monitoring

In this sort of case I would want CPA requiring, as a bottom line, the right to drop in unannounced any time 24/7 when Tiffany goes home and when Luke goes back. I would want the CPA professionals making three or four such visits for both children with at least one visit in the night. Professionals often wonder, "How do we negotiate this arrangement?" The worker can begin the conversation through questions to Gina, Gary and the network, like, "How else can you show us everything is going well and you are following the safety plan?" Explore every idea that everyone has — the problem of the parents and network demonstrating the safety plan is happening is their problem to solve. If Gina and Gary and the network don't offer the idea of CPA being able to drop-in some time or anytime, the professionals can then ask would this be possible? CPA should only pursue this if it is something the workers will actually do.

I would want CPA checking in with network people without Gina and Gary present particularly in the initial period (4–8 weeks) after baby comes home and then again after Luke comes home. It is important to talk about this openly in the safety planning meetings exploring with everyone why CPA needs to do this. The professionals should be looking to get the conversation to the point where everyone, including Gina and Gary, can see that even if these things are a little awkward and uncomfortable, the sooner they do these things, the sooner CPA will be confident everything is going fine and the sooner CPA will close the case. CPA workers checking with the day care or kindergarten teacher should be explored in a similar manner. These conversations should flow out of and be part of the ongoing discussion about how CPA can be confident and convinced everything will be okay and the safety plan is followed. Throughout these conversations, the professionals should constantly acknowledge how irritating these things must feel to the parents and should also constantly honour Gina and Gary for every intrusion they agree to with CPA. Leading conversations like these are always difficult, but again they are the heart of the safety planning journey and should be handled with compassion, generosity of spirit and skilful use of authority.

Finally, by the time Luke comes home, I would want a CPA worker who is well connected to Luke to spend time with him regularly on his own periodically for the first few months. This monitoring should always forensically focus on everything that is positive and going well, alongside looking at any difficulties. Again, difficulties should be expected and used as a fantastic opportunity to build more depth in the safety planning.

As time proceeds, CPA should wind this monitoring back to just the meetings with the network.

CPA needs to have a timeframe for how long they would need to see good implementation of the safety plan and process before they withdraw and close the case. This expectation needs to be explicitly explored with Gina and Gary and the network. I'd suggest case closure at something like 4-6 months after Luke comes back home.

Child-centred Safety Plan

Safety Plan for Luke and Tiffany

Safety Plan so everyone knows Luke and Tiffany will be safe and looked after when Tiffany comes home



1. Mummy can sometimes feel too sick to be able to look after Tiffany and Luke. If this happens Mummy might be lying down on the bed or couch and not listen or hear anyone else.

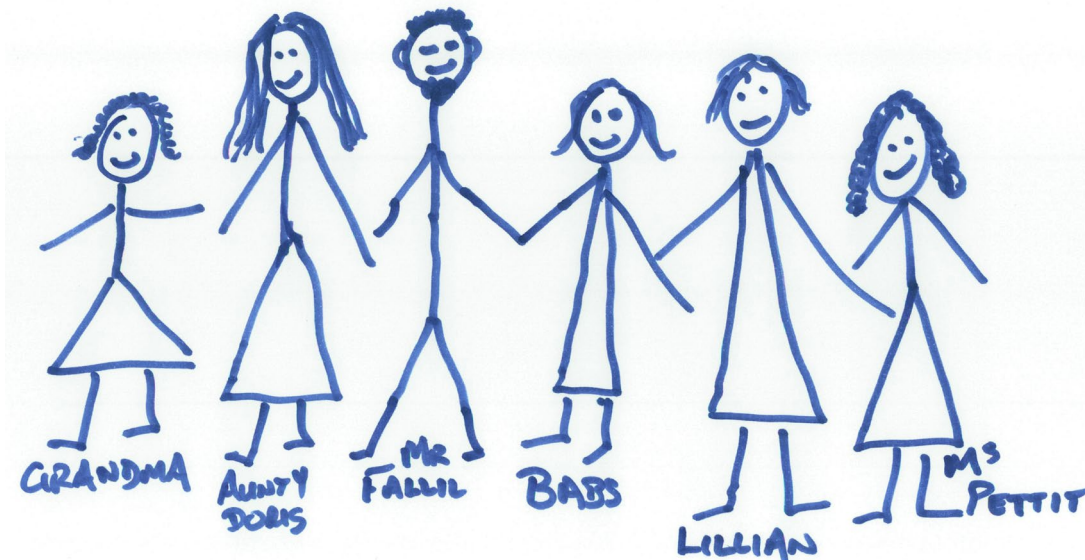
Another sign Mummy is sick is if she is shaking and yelling at Daddy, other people or the kids and can't stop herself. If these things start to happen, Mummy can ask Daddy or one of the safety people to look after Tiffany and Luke. Daddy or a safety person will ask Mummy to take a break and they will look after Tiffany and Luke.

2. Mummy and Daddy have said they will not yell or scream or hit each other. When Mummy and Daddy have problems, they will talk about the problems they have.





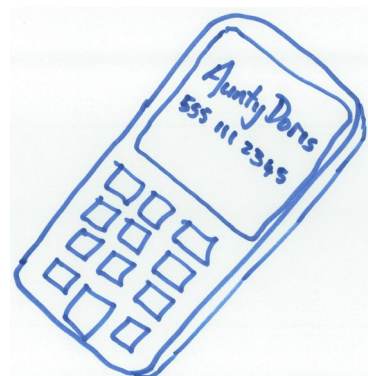
3. Mummy and Daddy have said they will not take any drugs because these make Mummy feel sick and make Mummy and Daddy fight.

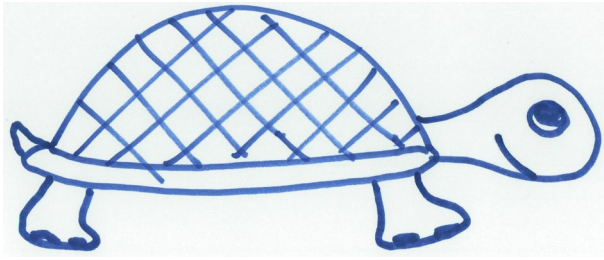


4. Mummy and Daddy have asked, Grandma, 'Aunty' Doris, Lillian, next door neighbours Mr Fallil and Babs and Ms Pettit to help them and show everyone they can look after Luke and Tiffany really well.

Grandma, 'Aunty' Doris, Lillian, Mr Fallil and Babs will all come and visit and make sure everything is going well. If Mum and Dad need help they will ring one of these safety people to come and help.

5. 'Aunty' Doris is Luke's special safety person. If Luke is ever worried about anything at home he can call 'Aunty' Doris on his own mobile phone and she will come over and make sure his worries get sorted out.





6. Luke has chosen his two stone turtles as his safety objects. One turtle will live on the coffee table in the lounge. Luke is the only person who can move the turtle so if the turtle ever gets moved, Daddy and Mummy together or one of the

safety people will talk to Luke and find out if he is okay. Luke might sometimes shift the turtle just to make sure everyone is paying attention.

Luke will keep his second stone turtle in his room. If he is worried about things at home he can also take the second turtle and give it to Ms Pettit at kindergarten. Ms Pettit will talk to Luke and find out what he is worried about and will talk to Grandma and 'Aunty' Doris to get them to help.

7. Mary, Peter, Lisa and Georgie Foster have all said they love Luke and would like to keep seeing him after he is back home. Mummy and Daddy have said this is a good idea and will arrange time for Luke to see the Fosters. Mummy and Daddy have asked the Fosters to come to Luke's coming home party and have asked Lisa and the Fosters to babysit Luke sometimes.



It takes a village: placing grandparents and extended family at the centre of safeguarding vulnerable children¹

Andrew Turnell and Susie Essex

So many of the problems of safeguarding² work arise from a lack of vision about what constructive practice looks at sufficient level of detail to address the complexity of the challenges practitioners face in everyday practice. While almost every professional will affirm the notion that ‘it takes a village to raise a child’ and the importance of involving kin when children’s services intervene in a vulnerable child’s immediate family life, all sorts of practical challenges and anxieties tend to follow when considering placing grandparents and others at the centre of the practice. These include:

- The case almost inevitably becomes more complex and requires extra time for the responsible professionals because involving extended family members brings significant others into play who inevitably have strong views about the immediate family, the children, what should happen and the perspective of safeguarding authorities.
- When considering kinship placements there are always challenges regarding assessing the suitability of the prospective carers, and statutory practitioners will almost always worry that the problematic parents will have ready access to the children in a kinship placement.
- Professionals tend to worry that the relatives of parents who have abused or neglected children will also be problematic.
- Parents themselves when caught up in child protection matters are often wary of involving relatives because of the problems, judgments and shame that they feel will follow.

If kinship care and responsibility when social services get involved is to become more widely embraced in practice and not just as an aspiration, it is vital that practitioners are offered tools and skills that help them address these challenges and complexities. Our chapter sets out to serve that purpose. The ideas we present here come from the direct clinical practice of Susie and her close colleagues, Margaret Hiles and Colin Luger and from Andrew’s consulting work with child protection agencies throughout Europe, Japan, Australia and North America (Essex et. al. 1996; Hiles et. al. 2008; Turnell and Edwards 1999; Turnell and Essex 2006). The paper³ offers practice-based evidence (Ferguson 2011; Jones et. al., 2007) in its best sense, since all the ideas have been

¹ This paper was published in 2013 as a book chapter in: David Pitcher (ed), *Inside Kinship Care: Understanding Family Dynamics and Providing Effective Support*, London: Jessica Kingsley.

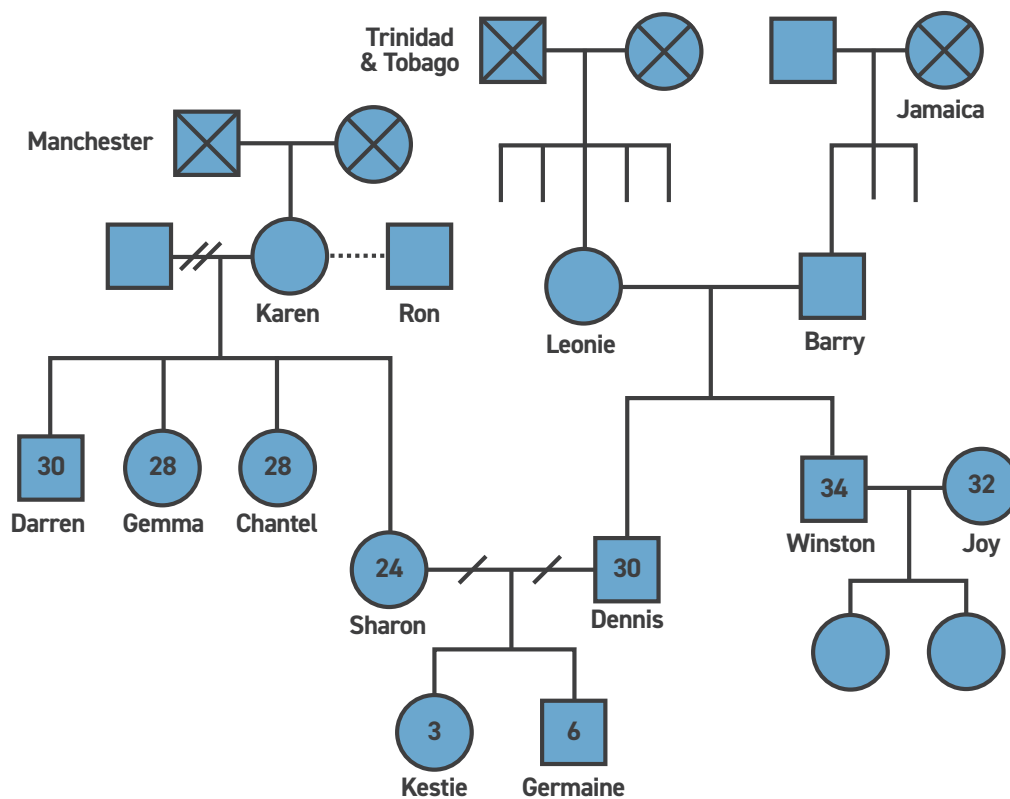
² The UK typically uses the term *safeguarding and safeguarding services* to refer to what most other English speaking countries call *child protection and child protection services*.

used extensively in many cases by treatment and frontline statutory professionals in the UK and internationally.

The ideas and tools we will present here are:

- Family Safety Circles tool and questioning skills to build a naturally occurring network around the children and parents
- Signs of Safety assessment or mapping
- Three Houses tool for engaging children in assessment and planning
- Words and Pictures method for explaining the child protection concerns to the children and all members of the network
- A safety plan method for creating a everyday safety for the children

To bring these ideas to life we will use a fictitious, composite case example based on many cases from work covering over 20 years. The case concerns the children ‘Germaine’, aged six years, and ‘Kestie’ aged three. They are dual heritage children, with a white UK mother and African Caribbean father.



Germaine and Kestie live with their mother Sharon, 24, and see their father Dennis, a truck driver, when they visit their paternal grandmother Leonie twice a week after school. Leonie is a district nurse in the local area. Sharon's mother, Karen, also lives locally as do Sharon's two sisters and her brother. Sharon's father left when she was 12 years old and there has been no contact since that time. Sharon has struggled over the years with alcohol abuse and children's services believe there are times when she often smokes large amounts of cannabis. Family members and children's services say Sharon's home is often very messy since Dennis left two years ago. Prior to the most recent incident that led to the removal of the children, Sharon went through a 'depressed' period where she often slept and didn't want to get out of bed and the children were frequently late or absent from school and nursery. During this period both grandmothers were worried. Karen would visit to try and help, but she and Sharon would often end up fighting as Sharon felt like her mother was constantly telling her off like a naughty child. When the children visited Leonie, she would make sure they ate as much as she could get them into them and would put treats in their backpacks. During this period because of a report from the school, a children service's social worker became involved with the family. The worker found Kestie a nursery place and arranged after-school care for Germaine three days a week. He closed the case as Sharon had got her life back together and because school and nursery said the children were doing well and were mostly dropped off and picked up on time. Sharon was seeing her GP to get help with her alcohol problems.

The case came back into the safeguarding system following police being called to Sharon's house during a noisy late night party when they found the children out on the street on their own. At the police station, Sharon was disorientated and confused. The social worker from the out-of-hours team was called to find a place the children could stay. When asked about extended family, Sharon told the police and social worker that the children must not go to stay with her mother because she does not think that her mother's new partner Ron is okay, and seemed embarrassed and vague about the possibility of the children going to stay with Dennis' family. This Saturday evening was a very busy night for the out-of-hours team so the worker organised for the children to go to emergency accommodation and made a referral for the case to be re-opened for a new assessment and on-going work.

There are many challenges for a child protection system in using kinship care quickly in child protection cases. While some jurisdictions are set up to place children with kin when emergencies such as this arise, many, probably most are not. The agencies we are aware of that routinely place children with extended family from the outset have paid particular attention to putting in place a clear expectation and strategies that make this happen and a separate chapter could be written on the work involved in creating such a culture and practice shift. Strategies can be as simple as always asking the parents who they would want the children to go to, through to making sure

multiple workers are available when children are to be removed from their parents so one can focus on the parents and another on the children. Agencies that habitually use kinship placements quickly have in our experience also adopted a proactive 'risk-sensible' (Munro 2011) approach to involving extended family members of whom they often have limited knowledge.

While kinship care is a crucial part of involving the naturally occurring network around the immediate family, this is only part of the picture. We want to offer here a trajectory for intervening in families that provides professionals with a means of bringing extended family into the middle of the child protection throughout assessment, safety planning and reunification.

Weaving a shared vision of what's needed: skilful use of authority and utilising every scintilla of what's working well

The culture and practice of children's services has many default settings that tend to overlook extended family and friendship networks and instead prioritising professionally driven interventions (Farmer and Moyes, 2008). Placing a naturally occurring network of extended family and friends at the centre of the assessment and planning requires:

- A clear vision of constructively involving family and friends throughout the life of the case
- The statutory professionals to place their authority behind the active participation of a naturally occurring network
- A rigorous forensic acuity to identifying and honouring everything that is going well in the immediate and extended family and friendship network particularly in the care of the children.

Assessment in child protection is almost always a professional undertaking completed in professionalised language for a professional audience. If the immediate and extended family are to take significant responsibility for addressing the safeguarding concerns, the assessment and planning process must be undertaken in ways that family can understand and participate in. The Signs of Safety risk assessment and planning process (and all the methods and tools described in the chapter) are designed to be undertaken together with family members, including the children, based on the logic that for professionals to get out of the case, the most important people to think themselves into and through the situation are the family members. The Signs of Safety assessment process (Turnell and Edwards 1999; Turnell 2012) focuses the assessment and planning on four straightforward questions:

1. What are we worried about?
2. What's working well?

3. What needs to happen?
4. Where are we on a scale of 0–10 where 10 means there is enough safety for child protection authorities to close the case and 0 means it is certain that the child will be (re) abused (Judgment)

Signs of Safety Assessment and Planning Framework

What are we worried about?	What's working well?	What needs to happen?
<p style="text-align: center;">On a scale of 0–10 where ten means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children that they can't live at home, where do we rate this situation? <i>Locate different people's judgements spatially on the two-way arrow.</i></p> <p style="text-align: center;">0 ←————→ 10</p>		

Child protection professionals get involved in family's lives because of serious problems for children, and the professionals therefore quite naturally tend to focus their attention on concerns. The engine room of all the methods and the overall approach we are proposing in this chapter is for the professionals is to always inquire and listen with an ear for the doubleness of things; the positives present even in the face of problems. These positives are drawn upon, not in any way to minimise the seriousness of the concerns, but to create energy to explore these concerns with more intelligence and depth. This is purposive, conscious work to resist the more usual 'problem-saturation' (White and Epston 1990) that characterises child protection practice (Dale 2004; Farmer and Owen 1995; Maiter et. al. 2006). Susie calls this attitude and approach 'cross stitching', meaning the more difficult a subject is to explore, the more the professionals need to honour the family and network members to create the energy to enable them to engage with the complexity of the issues. To enact this cross-stitching process, professionals need to be proactively thinking of questions they can use to animate conversations that focus on the children and build hope and engagement. This is precisely the process that underpins Signs of Safety risk assessment.

Here we present questions that balance exploring worries with what's working:

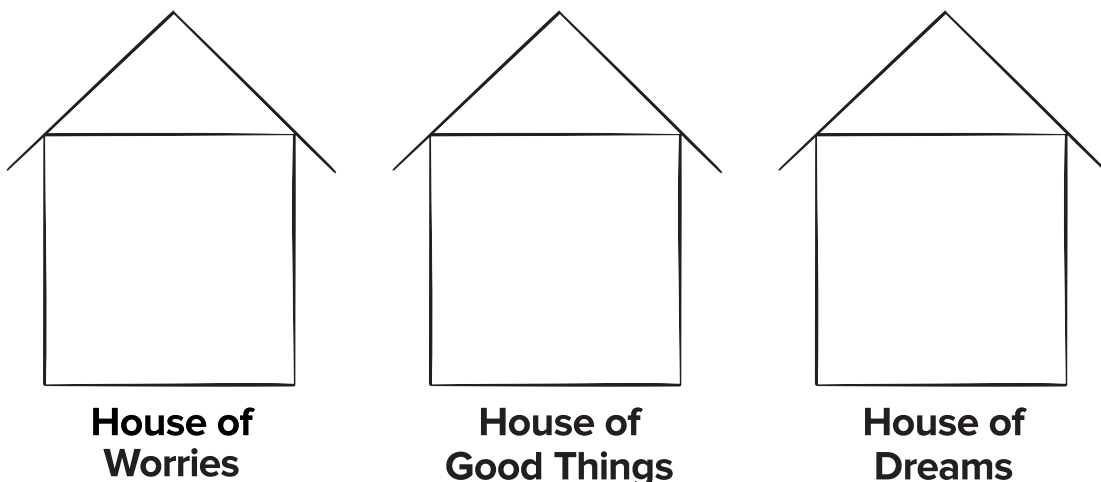
- What most worried you about tonight?
 - What do you think most worried the children?
 - What do you think most worried the police?
 - What worries you about involving ____? (Grandma, Nan, Pop, Dennis)
 - What most worries you about Sharon's care of the kids?
 - Sharon, what most upsets you about how your Mum talks to you about what you do with the kids?
 - What's the worst example of your Mum getting into you about your parenting?
-
- What do you most love about your kids?
 - What are the best times you have with your kids?
 - What would the kids say are the best times they have with you?
 - Who do they spend time with in your extended family they enjoy and that is good for them?
 - Who helps you most with the kids?
-
- Of the things your Mum says to you that make you feel like she's telling you off, are there any things she says that you think you should listen to?
 - What do your kids like most about Grandma?
 - What does _____ do that helps you most with the kids?
 - What most impresses you about Sharon's care of the kids?
 - What do the kids most like about their Mum?
 - What will the kids miss the most being away from their Mum?

When workers can engage with and cross-stitch between concerns and positives, families report they feel a sense of balance is brought to their experience (Skrypek 2012), the more depth will be built into a shared assessment and the more likely family will take responsibility to build solutions. For example, Sharon almost inevitably will to some extent resist involving her mother because she feels ashamed that the police and social services have removed her children and she already feels blamed and criticised by her mother. Leading Sharon in a cross-stitching conversation between Sharon's frustration with her mother and what her Mum does that is helpful from Sharon and the children's perspective will create greater chance of involving Sharon's mum, together with Sharon, in what happens for the children. When professionals can ground their work in an inquiring rather than expert stance, prioritising family member's thinking about the opportunities and struggles their relationships and connections pose for each other, the more likely it is that they will be able to play an active role in thinking through and addressing the child protection concerns.

Parallel to this participatory assessment questioning process with the adults naturally connected to the children, it is vital the professionals move quickly to involve the children in describing their experience and what they want.

The three houses method was first created by Nicki Weld and Maggie Greening from Child Youth and Family, New Zealand, and is a practical method of undertaking child protection assessments with children and young people (Weld, 2008). The My Three Houses® tool takes the original method and simplifies it to make it more usable for practitioners. It matches the three key assessment questions of Signs of Safety assessment and planning — ‘What are we worried about?’, ‘What’s working well?’ and ‘What needs to happen?’ — and locates them visually within three ‘houses’ to better engage children in the conversation.

My Three Houses® Child Protection Risk Assessment Tool to use with Children and Young People



The My Three Houses tool is now available for devices using the Android and iOS operating systems. The app offers a draw pad for working with children, provides ‘how to’ guidance for the professionals, and contains an animated video that introduces the tool to children along with another video designed for parents. More information is available at www.mythreehouses.com.

The tool provides a focused shared physical activity to discuss the child’s experience that avoids simply focusing on what’s wrong which many children will naturally resist. To use the tool most effectively, it is usually best to prepare a range of questions in advance and we encourage workers to focus particularly on questions for the house of good things and dreams, rather than worries, with lots emphasis on questions about extended family and friends such as:

- What are the best things about your life?
- What are the best times for you at home?

- Who are your favourite people you like being with?
- What are your favourite things to do with Mummy?
- What do you like most about seeing Grandma (Daddy, Pop and Nan)?
- What are the best times you have with Mummy and Grandma (Daddy, Pop and Nan)?
- If you could have things just the way you would like them at home and all the problems were solved what would be happening?
 - What would you all do?
 - Who would visit?
 - Who would help Mummy if there were problems?
 - While we help Mummy get her problems sorted out who would you most like to live with?

In the case of Germaine and Kestie, it would likely make best sense to interview them together. Most likely Germaine would provide the more detailed responses but involving Kestie often encourages an older child like Germaine to take the questions more seriously. The sorts of questions described above tend to draw answers about favourite family times like reading at night, playing and having a meal together when Grandma comes over, family get-togethers and the like. While it is easy to dismiss such experiences, this information is actually the gold that enables professionals to honour Sharon and the other adults in the extended family and to create a relationship where they will more likely bring forward their best efforts in resolving the problems. The children's answers in the house of good things will provide detail about what is going well in their lives and will inevitably also point to and usually deepen the exploration of the problems. For example, the children may draw a picture and describe the nice food and eating all they want when visiting Nan and Pop. This points to and usually leads to talking about being hungry with their mother. This is a key reason we ask workers to pay more attention to questions for the houses of good things and dreams as these consistently lead to exploring the children's experience of what they are worried about quite naturally. Children's services practitioners experienced in using the My Three Houses Tool report that exploring the house of dreams leads to the child both offering a vision of what they want it also regularly leads easily into discussing what the children are worried about.

At the beginning of a house of dreams exploration, children will almost always talk about wanting particular toys or games and these sorts of answers should be recorded seriously — they are important to the child and when the three houses words and drawings are later hopefully shown to the parents and kin they recognise these answers as their child's thinking. A child like Germaine will then often say things like “I want Mummy to have enough money so we always have food”, “I don't want to be in the dark again” (power cut off), “I don't want Mummy to have the parties at our home” and “I don't want her to have Brant and Shelly to come over, I want Mummy to always wake up and help me and Kestie in the morning”, “I want Mummy and Gran to get on better and

Gran not to yell at Mummy”, and “I want to see Daddy more”.

While we don't have space to address many questions practitioners will have about this work, these are addressed elsewhere (Turnell, 2011). The whole purpose of the My Three Houses process is not to create a professional assessment of the child's world but rather to document the child's experience using the child's exact drawings and words to then bring these back to the adults the children belong to. Time and again we have seen that while parents and extended family might be wary of professional assessments and views, when they see the child's own words and pictures describing their experience, this creates a significant breakthrough where the adults put aside their own shame, blame and differences and will more readily work together for the children.

Using the Signs of Safety to bring forward the professionals concerns and goals

The Signs of Safety assessment and planning process is a participatory process where everything written in the framework needs to be in straightforward understandable language. A central part of the assessment and planning requires the professionals to clearly identify the core issues they see need to be addressed (danger statements) and what it is they need to see to be satisfied the children will be safe in the future (safety goals). The earlier these can be created and negotiated with all family members in the life of the case, the more quickly a purposive direction can be created. The aim here is to distil the core concerns but also do this together with clear statements of what is needed to deal with the problems, thus making it more likely the family can engage with the seriousness of the problems. The safety goals are used to set clear expectations from the statutory agency placing their authority behind the requirement of involving extended family and friends for the agency to be willing to reunite Sharon and the children and close the case. In the case we are considering, we would expect the danger statement (there can certainly be more than one but there is only one in this case) and safety goals to look something like:

Danger Statement:

Holly and Shaddy, Hellingford Children's Services, are worried Sharon will feel so sad and alone she'll keep using drugs and drinking so much she will lose focus on Kestie and Germaine and keep doing things like sleep late into the day or party like she did on July 5th, when the police found the children out on the street at night. If these things keep happening, Holly and Shaddy are worried Kestie and Germaine will get very scared and even hurt when they are unsupervised and alone, and that they won't get looked after, get to school and nursery like they should, and rather than just being kids, they'll end up worrying all the time about Sharon.

Safety Goals:

Holly and Shaddy, Hellingford Children's Services, know how much Sharon loves the kids and how much the kids want to be with her, and want Kestie and Germaine to be with Sharon. For this to happen they need:

- Sharon to work with Holly and Shaddy and one or two people who are close to her to create a simple and honest explanation for Kestie and Germaine about Sharon's problems with drugs and alcohol and feeling alone and why the kids can't live with Sharon right now.
- Sharon to discuss and create a honest, detailed plan made with her family and friends that shows everyone that when Sharon does get overwhelmed and sad what she will do to get herself back on track for the kids. If Sharon can't do this, the plan will spell out who in Germaine and Kestie's safety network will help with the kids so Kestie and Germaine always get the attention, get played with, talked to, cuddled like they need, however sad or overwhelmed Sharon feels.
- Sharon to discuss and create a detailed plan with her family and friends that shows everyone she won't use drugs or drink or if Sharon does drink or use, everyone knows what the plan is to make sure the kids are with someone that is drug/alcohol free until Sharon is sober and clean.

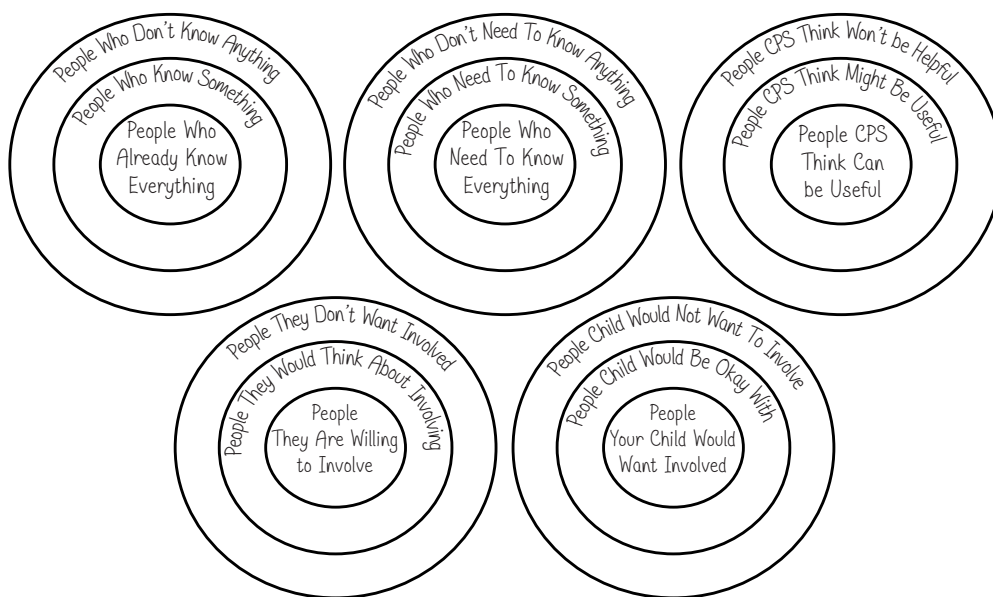
When social services intervene in cases like this one, they tend to use their authority to prescribe professional services so it would be typical in this case that Sharon would be sent to drug and alcohol rehabilitation, counselling and/or mental health treatment for depression and possibly a parenting evaluation and subsequent course. In the approach, we are proposing we are focused on the statutory agency using its authority to prioritise involving the kin and friendship network alongside Sharon to get them involved to think through together the problems and what action is needed. The aim is to place responsibility back with the people that have primary and lasting connection to the children and for professionals to use their statutory authority and skilfulness to act as facilitators in this endeavour.

Family Safety Circles tool

With social services requiring the involvement of a family and friendship network around the parents and children, it is important to explore not only who may be possible to involve but also to explore the issues that involving each person might bring into play. Professionals can tend to view dynamics like problems family members have with one another as a hindrance or even a complete road block to involving kin and friends. Our view is that since these are likely the very dynamics that have got in the way of the family and friendship network working together for the

benefit of the children, children's services involvement provides a perfect opportunity to explore and unravel these dynamics and tensions. The sorts of questions and foci we have described in using the Signs of Safety and My Three Houses assessment and planning processes should already have begun to build this picture. To take this further, many children's services workers find it very useful to use a simple tool Susie created called Family Safety Circles that assists them to explore with parents and children who they can involve and the issues that might be involved around those people.

To begin this process, it is often useful to brainstorm and list with the parents everyone they know, friends, extended family, workmates, neighbours, people they know from religious communities, clubs and activities they participate in, people that are involved with their children's lives including teachers, carers and coaches. To use the Family Safety Circles process, the practitioner then draws three concentric circles on a whiteboard or flipchart and invites the parents to think about a key question and put these people's names in the concentric circle that fits best. Here are five typical questions we use the circles process to address:



Professionals often fall into the trap of pre-judging and seeking to exclude certain friends and extended family members around parents. We are looking for professionals to restrain their own judgment process and use something like the circles method to ask the parents to think through who can be most helpful and what issues might crop up with the people that are naturally connected to the parents and children. The purpose again is not to deliver expert answers but to use professional expertise to question and make the adults around the children think through who and how they can best work together to demonstrate the children will be safe and well cared for.

Words and Pictures explanation for the children (and everyone else!)

Child psychiatrist Tilman Furniss saw that, 'child abuse is a syndrome of secrecy'. All family and friendship networks can create dynamics where difficult issues are avoided to keep the peace and because it is very difficult to find words to talk about embarrassing issues. When the issues are circumstances where children could be, or are hurt, the difficulties typically compound. Extended family members are often very concerned but not knowing how to speak openly anxiety builds. The way these matters often do get an airing is when someone in the family 'confronts' the parent(s), exactly as Sharon's mother does in the case we are following or when family members find themselves in a fight. These sorts of 'discussions' however well-intentioned are usually counter-productive feeding more shame, recrimination, silence and isolation. While it is easy for professionals to pathologise these sorts of family dynamics, we think it is vital instead to bring compassion, recognising that almost all families struggle to be open about difficult issues.

We also know from a considerable body of research that children caught up in child protection matters and those who have come into care consistently don't understand why social services intervened in their lives (Farmer and Moyers 2008; Rose and Philpot 2005).

For family members to work together to make sure the children are safe, everyone must understand the child protection concerns and be able to consider and discuss them in a constructive manner. Our way of breaking the secrecy Furniss speaks of and to create openness involves enlisting the parents and extended family in creating an explanation for the children about the concerns. The method we have created for doing this is called the 'Words and Pictures' explanation. While the professionals facilitate the process, the most critical aspect of the Words and Pictures explanation is that it is created together with the parents and extended family. Since it is their story, they must own and be happy with before the children are given the explanation. This distinguishes the Words and Pictures process from Life Story Book work (Rose and Philpot, 2005; Ryan and Walker, 2007).

Creating a Words and Pictures explanation in cases like that of Sharon, Dennis and the extended family usually takes three or four carefully focused sessions. Professionals wishing to utilise this method can find the detail of the process elsewhere (Devlin, 2012; Hiles, Essex, Luger and Fox 2008; Turnell and Essex 2006). In summary, we always begin by showing family members an example of a Words and Picture explanation used in a similar situation. With all the family members, we then explore with questions like:

- What do the children already know about why they can't stay with Sharon?
- What questions are they asking?
- What explanations have they overheard?
- What do they need to know?

The professionals then draft an explanation for the family members to consider and over several sessions refine the story with the parents and network. As the story is refined with the family, it is also important to make sure the story captures the professional perspective about the seriousness of the concerns. Finally, as the explanation evolves in discussion with all parties, simple age appropriate drawings are prepared to accompany each aspect of the explanation. With this method, it is easy to become 'product-focused' concentrating exclusively on producing the explanation for the children. While creating an explanation is the shared purpose, it is the process of working with the parents and extended family over an extended period focused on what to tell the children that builds the family's capacity for constructive openness. The explanation is definitely important, but the main prize is to help everyone in the extended family to think more deeply, intelligently, compassionately and openly about the problems since this is what will create lasting safety for the children.

Once the explanation has been created and everyone agrees with it, all members of the extended family are invited to a meeting where the explanation is presented to the children. It is important to go slowly with the children through the explanation so they and everyone present can process the significance of the story. To assist in this, the children are invited to contribute to the drawings. Here is the sort of Words and Pictures explanation we would expect for Kestie and Germaine:

Words and Pictures Storyboard for Germaine and Kestie so that they know why they are staying with Granny Leonie and Grandad Barry

1. There was a big meeting called a Child Protection Case Conference.



2. They were worried because the Police found Germaine and Kestie on their own, on the road, late at night. Everyone said they are too young to be on their own in the road.



3. The Police went to Mummy Sharon's house. They don't know what had happened at Mummy's house before they arrived. Mummy seemed confused and there were a lot of empty bottles everywhere. They were worried.



4. The Social Workers said to Mummy that they realise she has lots of problems at the moment, and they were worried she has a big problem with alcohol. Mummy says she has had problems but that she doesn't agree with all the Social Workers concerns.

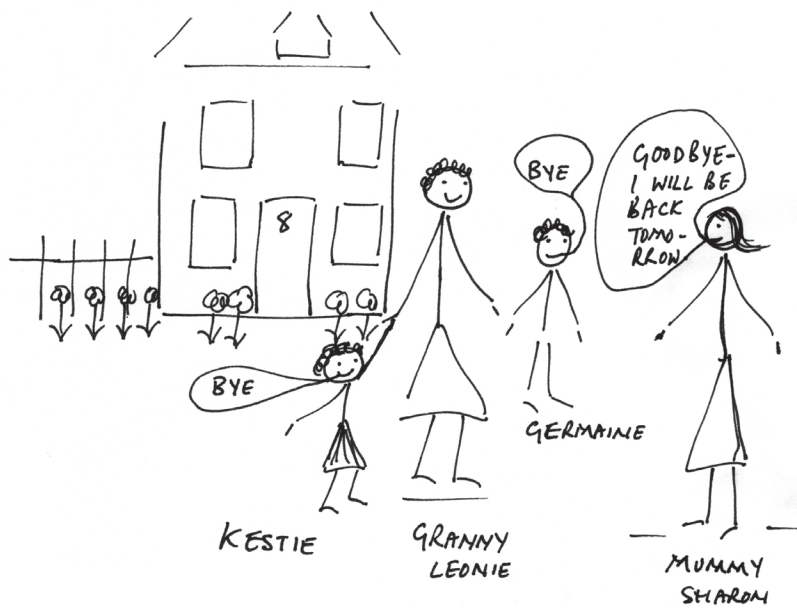


MUMMY SHARON.

TOM BIGGS, SOCIAL WORKER.

The Social Workers have told Mummy that she mustn't look after children whilst she has a big problem with alcohol.

5. Whilst Mummy is sorting all this out, she has said to the Social Workers that she will agree that you (Germaine and Kestie) should stay with Granny Lorraine and Granddad Barry. Mummy wants you both home as soon as she can show people things are okay.



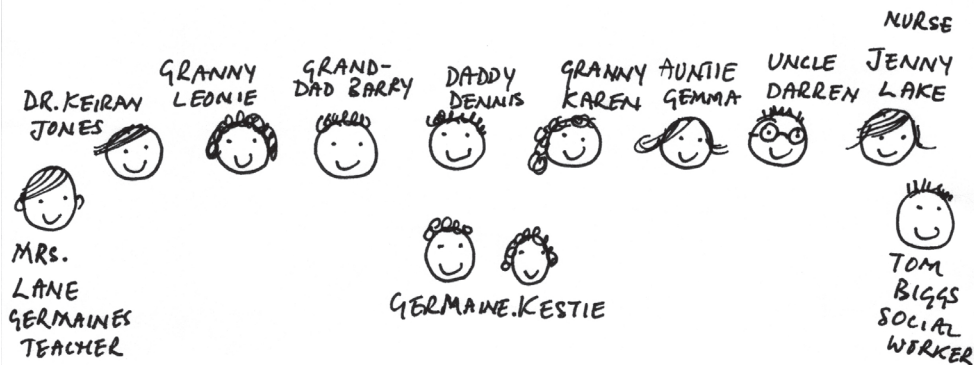
KESTIE

GRANNY
LEONIE

GERMAINE

MUMMY
SHARON

6. Mummy has said she will work with Tom (her Social Worker) and a doctor called Dr. Kieran Jones to sort out some of the problems.



Everyone has said, "We all want to help to make things safe for Germaine and Kestie".

Signed

Date

In leading many Words and Pictures explanations with many extended families, we are continually struck by the power of this process. Many aunts, uncles and grandparents have expressed the sentiment one grandmother stated, 'I have listened to social services complaints about my daughter for many years but it wasn't until we created this story that I really understood what they were on about'.

Safety Plan

Possibly the most difficult question for any children's services professional to answer in any given case is: *'what do you need to see to satisfy you the children will be safe and you can close the case?'* This is confirmed by the fact that when parents who have been involved with child protection services are studied, they consistently say they didn't know what professionals wanted them to do (Dale 2004; Dumbrill 2006; Teoh et.al. 2003). Child protection professionals and courts tend to send parents and families to services, therapy, treatment and educative programmes as a proxy for child safety. In reality, children are made safe through specific behaviours and actions taken by adults in their everyday interactions with the children, most particularly at moments of difficulty and danger. In our experience, when professionals can focus their work on building safety as everyday lived actions and behaviour, this creates a more straightforward and understandable context making working together with and within extended families much easier.

In this way, a safety plan ceases to be confused with a service plan and instead can be seen as the specific arrangements the immediate and extended family will put in place so that the children will always be safe and well cared for, paying particular attention to past circumstances that have put the children in harm's way. The exploration of the problems in straightforward manner undertaken through the Signs of Safety assessment (the adults thinking about the situation), the My Three Houses assessment (the children's experience of situation for the adults) and the Words and Pictures explanation (the adults' description of the problems for the children) are all designed to bring everyone to a place where they have the understanding and acuity to actively participate in creating a specific, everyday safety plan. Since the safety plan is all about the children and will directly affect their interactions with their parents and their extended family, the safety plan should be expressed into straightforward rules that the children can understand.

The most important aspect of safety planning is that the plan is co-created with the family and an informed safety network. Since it is a plan that the family must live out, it must be completely owned by them. As with the Words and Pictures work, while it is easy to focus on the final product of the written plan, the most important part is the process of getting everyone in the family network to think and plan together how they can make sure the children are safe and looked after no matter what happens. The key role for the professionals is not to deliver answers, but to ask sharper and sharper questions that raise the hard issues the family needs to consider to make all the family and friendship network members think through and find answers that will work in their situation. The sorts of questions that we would expect to be addressed in Kestie and Germaine's situation include:

- When has Sharon been sad/felt alone and was still able to do what she needed to do for the children?
- Who helps Sharon when she is struggling?
- What are the first signs that Sharon is not coping and might need help?
- What's the best way to offer help for Sharon and the kids? Who should do this and how?
- What if these things happen would most worry Kestie and Germaine?

In a process that mirrors the creation and presentation of the Words and Pictures explanation, we are looking for the parents and the safety network to create of a Words and Pictures-style safety plan that is then presented to the children with all the adults present.

In this way, the parents, extended family members and friends involved in the safety network are thinking through and making commitments to each other and to the children that have far more significance than commitments made to professionals.

In the case of Kestie and Germaine, we would anticipate a safety plan that looks something like this:

Family Safety Plan for Germaine and Kestie, and all their Family

PLEASE KEEP SOMEWHERE SAFE.

Family Safety Plan for Germaine and Kestie and all their family

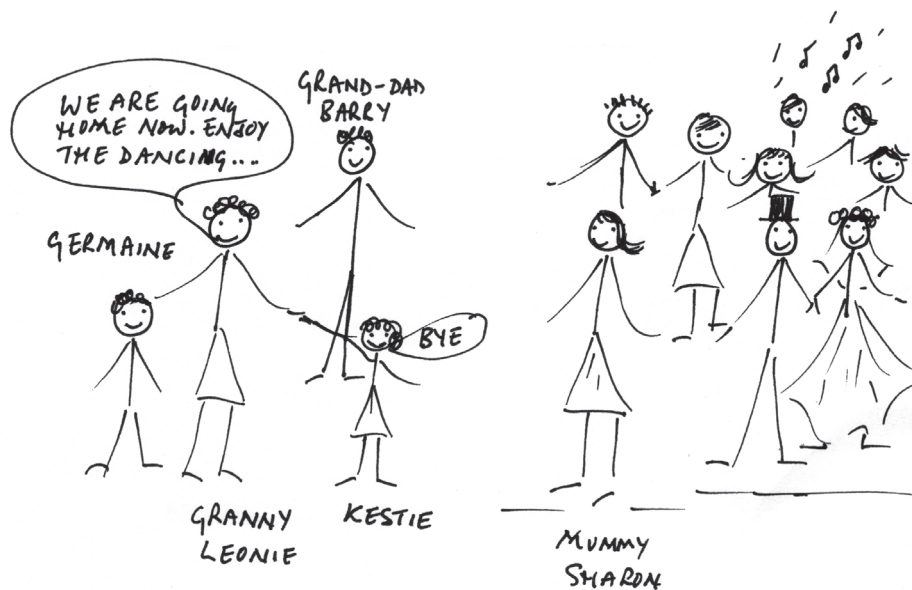
1. This is a plan for Germaine and Kestie to return home to live with Mummy Sharon. And to show the Social Workers that everyone will work together to make sure Germaine and Kestie are safe.



2. Mummy Sharon has told the Social Workers and everyone she will not drink alcohol when Kestie and Germaine are in the house, and she will not have other people drinking alcohol in her house.



3. If Mummy drinks alcohol, e.g. a family wedding, she will want a network person there to help look after Kestie and Germaine.



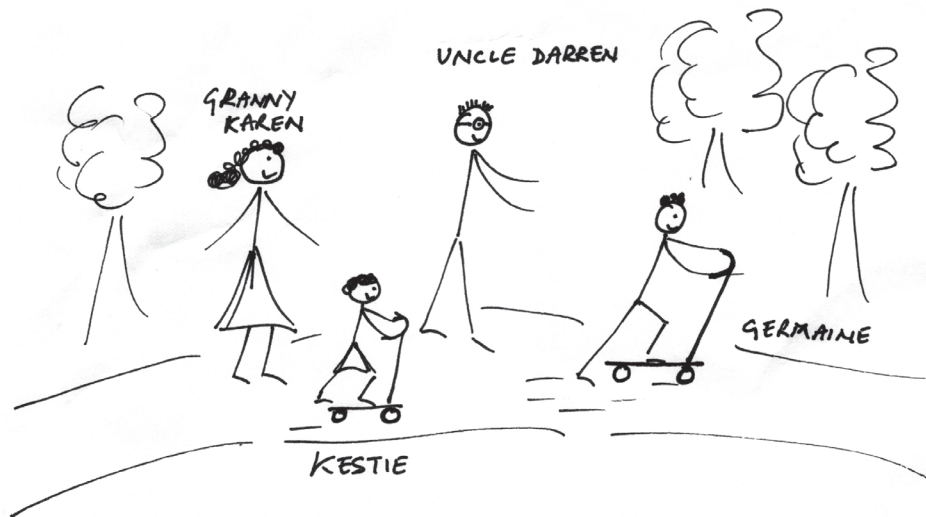
4. Mummy Sharon will get Germaine and Kestie ready for school. Granddad Barry has said he will help Mummy, and come to take Germaine and Kestie to school and nursery.



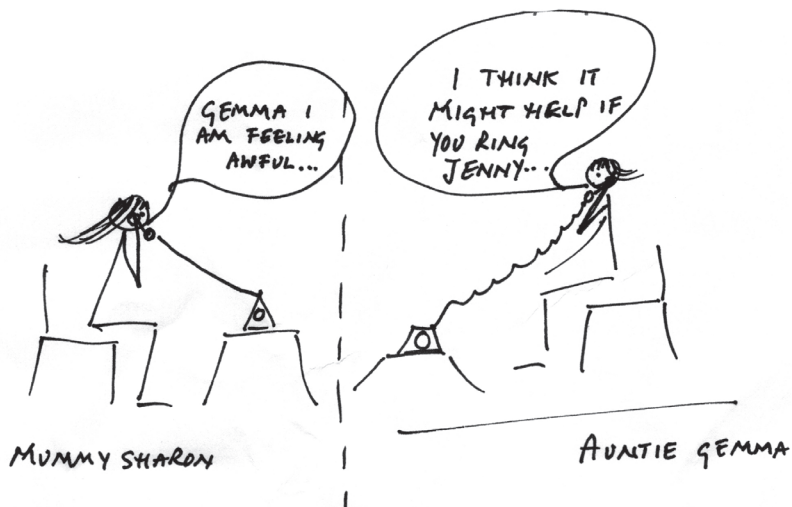
5. Mummy will collect Germaine and Kestie from school and nursery on Tuesday and Thursday. Granny Leonie will collect them on Wednesday, when they will see Daddy Dennis for tea. On Friday and Monday they will still go to after school club as Mummy goes to College now Monday, Wednesday and Friday.



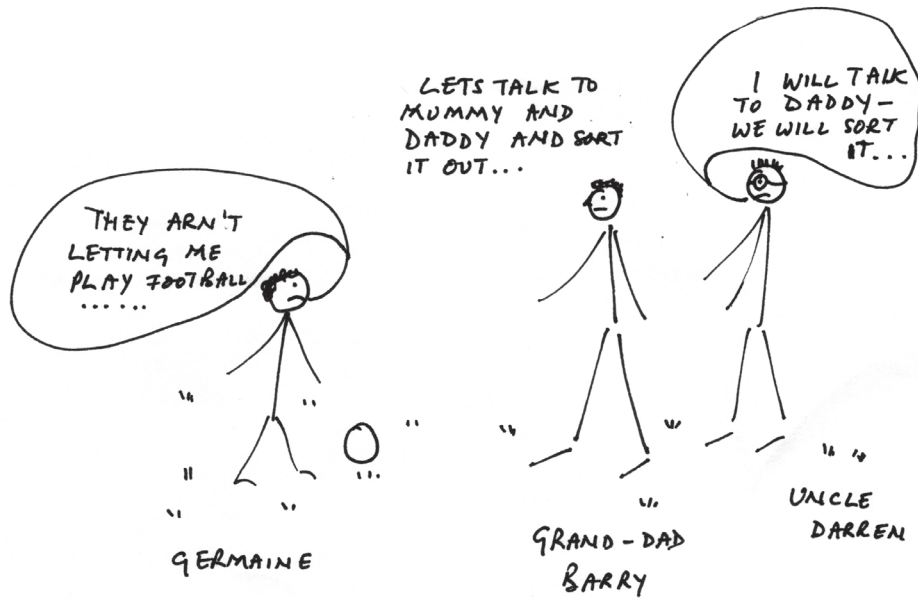
6. Mummy will need some time at the weekends to do some college work. Granny Karen, Auntie Jemma and Uncle Darren will have Germaine and Kestie for the days on Saturday, to take them out on their scooters and to Soft Play at the Community Centre.



7. If Mummy is having a difficult time, or has a big worry (like a big gas bill), she will ring Auntie Gemma or her key worker Jenny from the “Emile Blanch Unit” (the Hospital where they help people who have had problems with alcohol).



8. If Germaine or Kestie are worried about school, friends or anything they can talk to Mummy, Granny Leonie, Granny Karen, Granddad Barry, Auntie Gemma, their teacher.



9. Mummy, Granny Leonie, Granny Karen and everyone will all check at least once a week, to make sure Germaine and Kestie are not worried. Germaine has a stone whale (family safety object), which he will move off the drawers in the bathroom if he wants to talk to someone. His teacher will also ask him how the whale is from time to time



These drawings connected to the plan are important as they enable a ‘picture-tells-a-thousand-words’ engagement with the commitments that goes beyond the written words. The professionals and the family members think through and create the drawings together before the presentation to the children and this deepens family members’ thinking. When the plan is presented to the children, the drawings both deepen their understanding and provide the opportunity for their active participation. For example, children can be asked if they think the drawings are good likenesses of their kin and can be encouraged to add details to the drawings. We also often use two drawings in relation to a particular rule such as the first set of drawings connected to rule two. With the two different drawings, the children are asked to tick the drawing that corresponds to the rule and place a cross on (or through) the picture that breaks the rule.

Reunification

While the safety plan presented here is the sort of final plan that we would expect to see that would provide confidence for everyone that the children will be safe in reunifying with Sharon, for the plan to be meaningful and effective it must evolve over time. Reunification is a purposive journey that needs to start on the first day of removal and is best accomplished when professionals create a clear, timetabled trajectory with Sharon and the extended family. A clear, timetabled trajectory makes a huge difference for parents and family members since it gives them hope through clear steps and goals but is usually very challenging for professionals who are worried about whether parents and kin will succeed and what should happen if there are setbacks. While we do not have space to go in detail here we would expect the reunification process to involve creating shared assessment with the family members through the Signs of Safety and My Three Houses frameworks, involving extended family quickly and placing the children in a kinship placement as quickly as possible. Moving on from here promptly and purposively into creating a Words and Pictures explanation for the children and then flowing into safety planning. We would expect the whole process in a case like this to take four to six months with successively increasing contact between Sharon and the children following the completion of the Words and Pictures explanation. Once the immediate family is reunified we would hope that social service would continue to monitor the case for three or four months fully handing over the monitoring and support to the friendship and kinship network at closure.

Conclusion

While most professionals would fully endorse the sentiment ‘it takes a village to raise a child’, the reality within western children’s services since Freud is that we have built a professional-centric culture where the business of raising a child seems to be located with a mother and a therapist. Placing extended family back in the centre of childcare for vulnerable children caught up in child

protection concerns is a significant culture shift for children's social services. In the end, this culture shift must be enacted by practitioners, and for them to deliver on the promise of kinship care and active kin participation in safeguarding matters requires equipping practitioners with specific ideas, tools and methods to achieve this aim. In this chapter, we have sought to offer a range of practical methods and an overarching trajectory that we have seen work well in many social services cases in many countries, that maximises the chance for the naturally occurring network to step forward around vulnerable children and their parents.

Example: Safety Plan in an Injured Infant Case

by Susie Essex

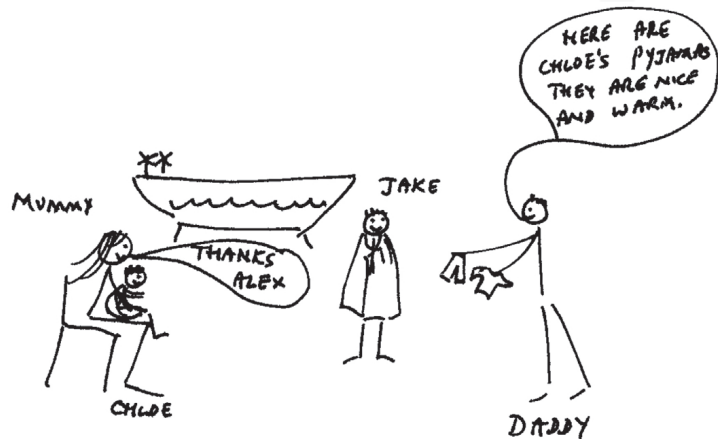
1. This is a plan for Jake and Chloe to return home to live with Mummy Kate and Daddy Alex to show the Social Workers that everyone will work together to make sure Jake and Chloe are safe.



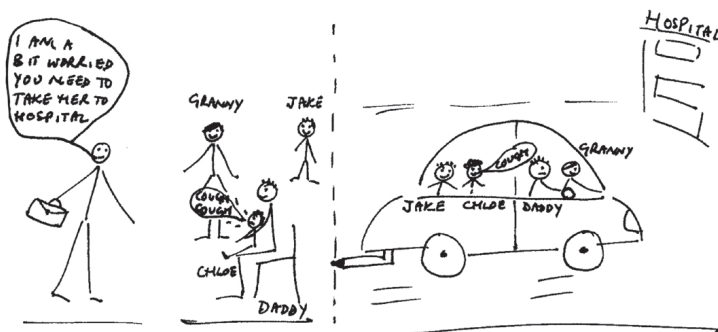
2. Daddy has told the social workers that he will always ask a helpful person to be there when he is looking after children. If Mummy is poorly, Daddy will ring Granny Sarah or Grandad Norman to come to help. There is a rota of helpful people so Daddy will always be able to ring someone.



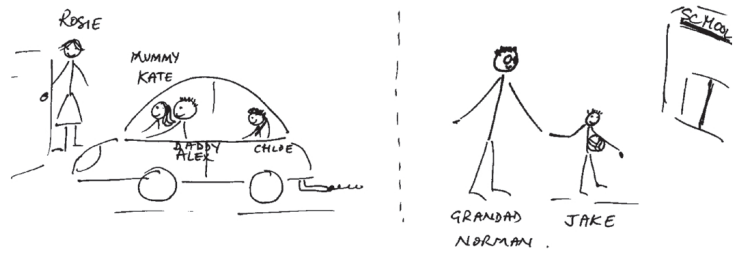
3. When Jake and Chloe need looking after, like bathing Chloe or helping Jake in the bath, Mummy will be the main person doing the bathing and care of the children if they need help with washing dressing etc. Daddy will help Mummy.



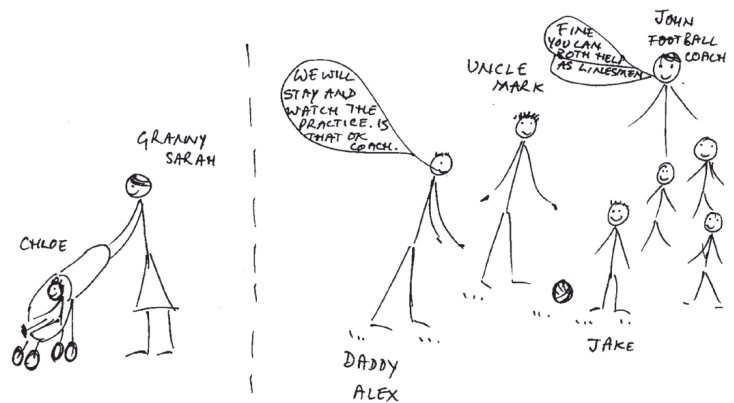
4. If Jake or Chloe is ill and the doctor says they need to go to hospital, Mummy and Daddy will go together or Daddy would take the person who is helping him if Mummy was at work.



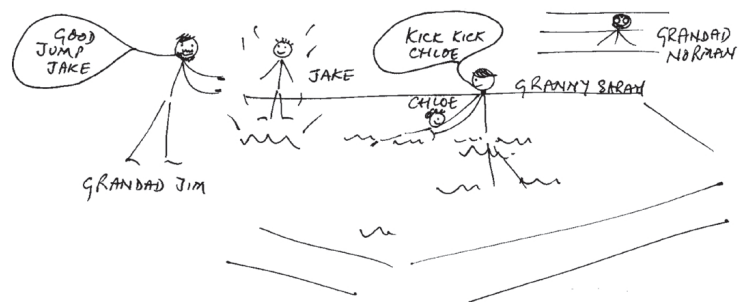
5. Mummy and Daddy will get Jake and Chloe ready for school, and the childminder Rosie. Grandad Norman has said he will help Mummy and Daddy, and come to take Jake to school, whilst Daddy and Mummy take Chloe to Rosie on the way to work.



6. Mummy will collect Jake and Chloe from School and Rosie on Tuesday and Thursday, Granny Sarah will collect them on Wednesday and Chloe on Friday. On Friday and Monday, Daddy and Uncle Mark will take Jake to football after school.



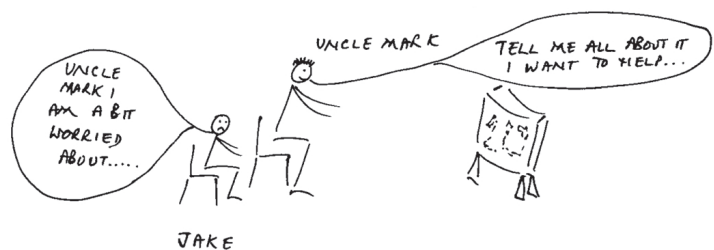
7. Mummy will need some time at the week-ends to do school preparation work. Daddy also needs to do work some weekends, so Granny Sarah, Grandad Jim, or Uncle Mark will have Jake and Chloe for the day on Saturday, to take them out to the Soft Play at the Sports Hall or to Swimming at the Leisure centre.



8. If Mummy and Daddy are having a difficult time, or have big worries (like a lot of big bills), they will ring Grandad Jim or Grandad Norman, to ask them to come to babysit so they can go out and talk about how to sort out the worry.



9. If Jake (or Chloe later on) are worried about school, friends, or anything they can talk to Mummy, Daddy, Granny Sarah, Grandad Jim, Grandad Norman, Uncle Mark, their teacher (check with Kate and Alex who else)



Safety Planning Workbook

10. Mummy, Daddy, Granny Sarah, Grandad Norman and everyone will all check at least once a week, to make sure Jake and Chloe are not worried. (Chloe might show she is worried by her behaviour, being grizzly etc.) Jake has a footballer (family safety object), which he will move off his shelf, if he wants to talk to someone. Jakes teacher will also ask him how his footballer is from time to time.



This is a first draft to add to, edit etc.

Signed

Dated

Example: Sexual Abuse Safety Plan

by Susie Essex

1. The most important rule

Daddy will never be alone with Milly or Brendan or any other children.
Someone else will always be with them.



Two pictures are prepared for this rule. The first picture shows Daddy with Milly and Brendan on their own in the house. A second picture shows Daddy, Milly and Brendan together but this time with Mummy present. Milly and Brendan will be asked which drawing is right and to place a big tick beside it, and which drawing doesn't follow the rule and place a big cross beside or through that drawing.

2. Milly and Brendan's Personal Needs

Mummy is in charge of taking care of Milly and Brendan, so if either of them is sick or needs help with private things like washing or dressing, Mummy is the one that they should go to and Mummy will help them.

The picture for this rule will show Milly sick in bed having just vomited by the bed. Mummy is looking after Milly and Daddy has brought a bucket and mop to clean up the vomit.

3. Pools and Beach

Daddy will not go in the water with Milly and Brendan when they go swimming.

This picture will show Milly and Brendan in a swimming pool with Mummy and Daddy watching on the side of the pool.

4. Rooms

Milly and Brendan will always sleep in their own rooms.

This picture will show one of Milly and Brendan in their own bed in their own bedroom.

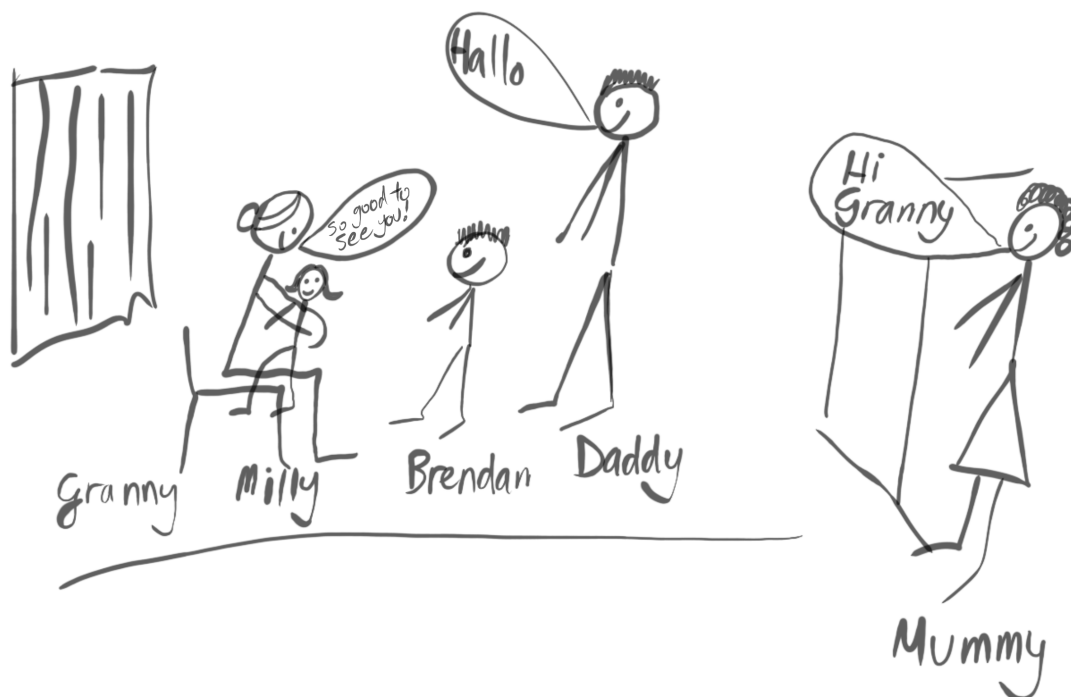
5. Bedtimes

At bedtimes, Daddy will read Milly and Brendan a bedtime story in the living room then Mummy will put Milly and Brendan to bed.

This picture will show Daddy reading a story to Milly and Brendan on the couch in the living room with Mummy watching.

6. Cuddles and Kissing

Mummy and Daddy have agreed how people will kiss and cuddle Milly and Brendan. If people are going to cuddle Milly or Brendan they will sit beside them or Milly and Brendan will sit sideways on the adult's lap. If people are going to kiss Milly or Brendan they can kiss them on the cheek or forehead. Mummy and Daddy will tell their friends and everyone in their families that this is what they've decided.



The picture shows Granny cuddling Milly or Brendan with the child sitting sideways on her lap.

7. Waking up at Night

If Milly and Brendan wake up at night, they won't go into Mummy's and Daddy's room, they will call out for Mummy who will hear them on her 'monitor' and come to see Milly or Brendan.

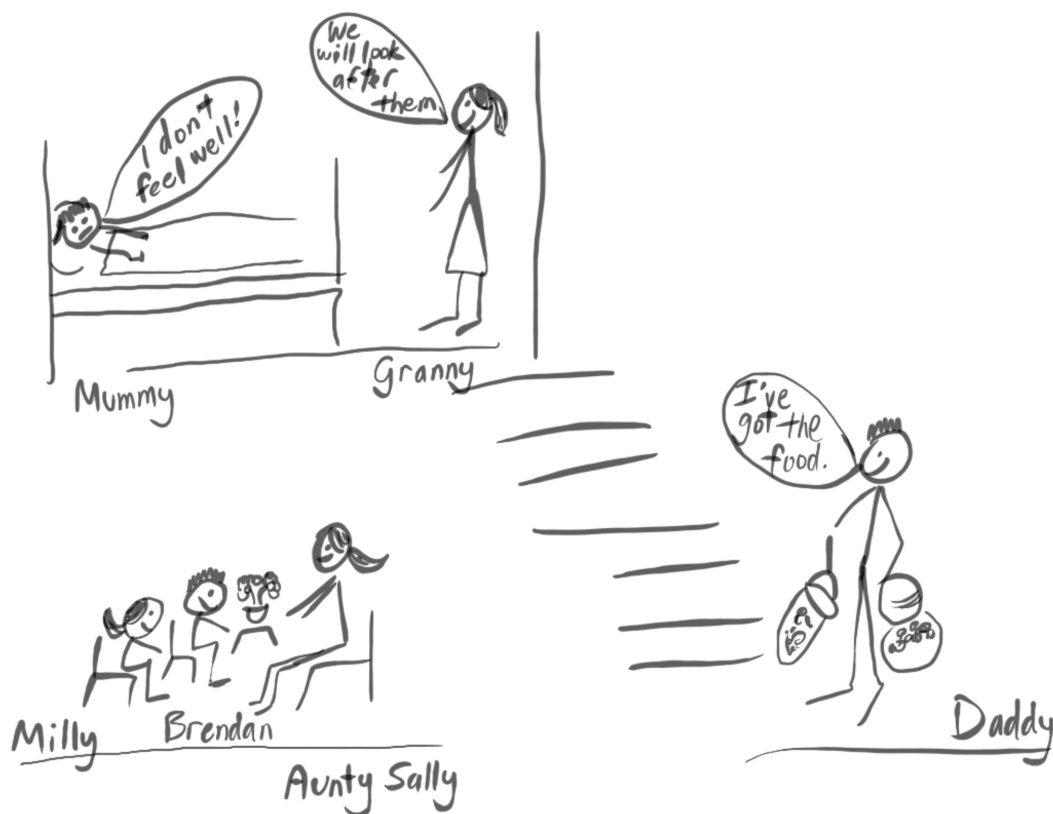
This picture will show one of Milly and Brendan in their own bed sitting up and Mummy coming in to see if they are okay.

8. Sex Education

Mummy will be responsible to talk to Milly and Brendan about sex and how babies are created.

This picture will show Mummy in the kitchen with Daddy reading a Christmas book to Milly on the couch. Milly is asking Daddy 'How did the baby Jesus get inside Mary's tummy?' Daddy replies 'That's a good question, Milly, let's get Mum so we can all talk about it'.

9. If Mummy is Sick



If Mummy is sick and can't get out of bed, Auntie Sally or Granny will come and stay and do Mummy's jobs until Mummy is well.

This picture will show Mummy sick in bed and either Auntie Sally or Granny helping out in the home.

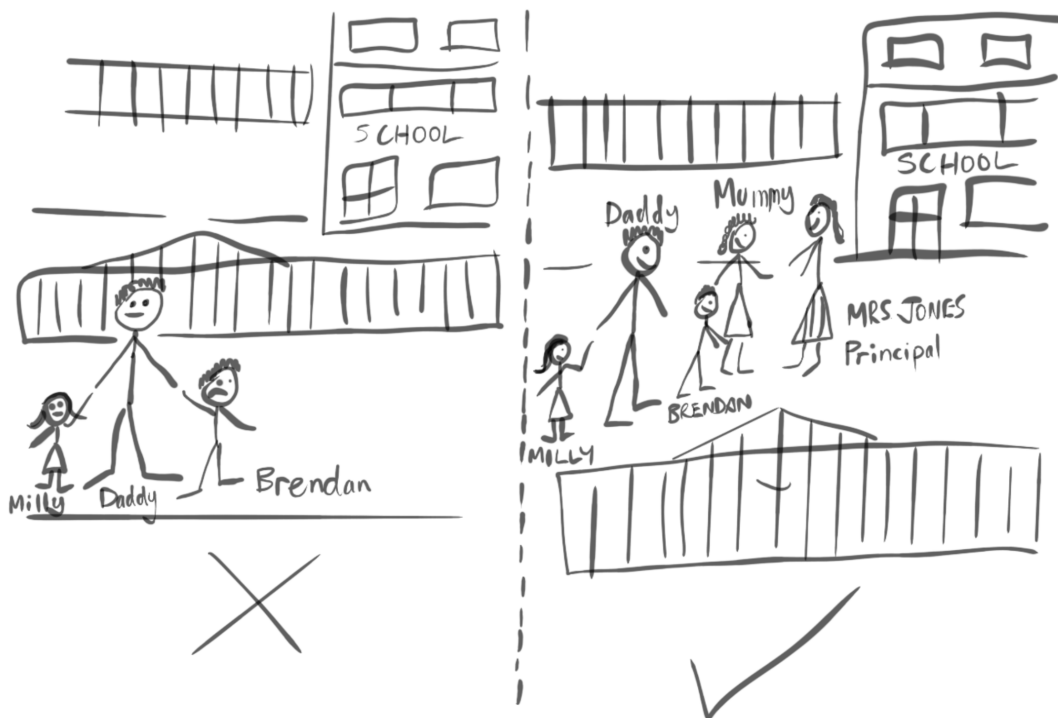
10. Milly and Brendan Will Always Have Someone to Talk To

If there are things that upset or worry Milly and Brendan they can talk to Nan, Grandpa and Mummy and Auntie Sally. Milly and Brendan each have a mobile phone with phone numbers of those people in the memory. Nan, Grandpa and Mummy and Auntie Sally will listen very carefully to whatever Milly or Brendan say. They will talk about the problem themselves and decide what to do and then tell Milly and Brendan what is going to happen.

This picture will show Milly and Brendan calling one of the safety people on the phone.

11. School

Daddy will not go into Milly and Brendan's school alone. The school principal will always know when and where Daddy is at the school and who he's with.



Two pictures for this rule: the first picture shows Milly and Brendan going to school with Daddy on their own. The second shows Daddy, Milly and Brendan at the school with Mummy and Mrs Jones, the Principal. Milly and Brendan will be asked which drawing is the right one and to place a big tick beside it, and which drawing doesn't follow the rule and place a big cross beside or through that drawing.

12. Family Safety Object

Milly and Brendan have chosen a big smooth black beach rock that they really like. They have put the rock on the coffee table where everybody can easily see it. If the rock is ever moved in any way, Mummy, Granny, Eileen, Aunt Sally or Uncle Bob have to immediately talk to Milly and Brendan and ask them if there is anything they are worried about.

This picture will show a picture of the black sea rock.

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Media Resources mentioned throughout this book are online and available to download at <https://sofs-products.s3.us-east-1.amazonaws.com/Safety%20Planning%20Workbook%20Media%20Resources.zip>



SIGNS OF SAFETY

Knowledge Bank

The Signs of Safety Knowledge Bank is an ever growing, community driven, quality assured, online library that provides child protection practitioners, trainers and implementing agencies access to a wide range of practical and tested resources.

These resources are designed to assist and support users to undertake direct practice, deliver training, aid supervision and coaching, and lead organisation-wide implementation of the approach.

The Signs of Safety is an evolving approach and the Knowledge Bank is continually being updated and revised with new examples and resources.

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