Signs of Safety Practitioner's Guide

December 2019

Version/Date	Authors	Date Of the Next Review	Lead
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* A focus group to inform the March review of this document was due to take place in early 2020, but had to be cancelled due to the COVID-19 outbreak. Feedback is now being collected remotely instead. The first scheduled review of this document has consequently been postponed, and is now not expected until September 2020.
(01.07.20)

Please note that the links in the practice guide to other supporting documents will only be active if the guide is accessed via Tri-X

https://www.proceduresonline.com/wokingham/childcare/local_resources.html

Message from the Director:

I am delighted to introduce our Signs of Safety Practitioner's Guide. It provides a comprehensive description of our chosen practice model, with practical guidance on how to apply Signs of Safety concepts to your work with children, young people and families in Wokingham.

Wokingham was one of the original 10 authorities, working with Eileen Munro, Terry Murphy and Andrew Turnell (MTM), to pilot and embed Signs of Safety (SOS) as its practice framework, and its use in Wokingham is going from strength to strength. It is a framework I fully support, and which has helped us work with many children, young people and families to achieve the right outcomes for them.

Whilst we know that this is an evidence-based methodology which works, we will not lose our focus on continuous learning, and we will use what we discover to fine-tune our practice with the support of our Signs of Safety Steering Group which oversees practice development.

My hope is that both new and experienced staff will find this guide useful, and I look forward to hearing more examples of your impressive work making a real difference to the lives of children, young people and families in the Borough.

Carol Cammiss

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Wokingham's Practice Model for Children's Services

Our vision

Wokingham is a borough where all children and young people feel and are safe, are well cared for, emotionally healthy, resilient and achieving their potential, regardless of background.

Practice Model
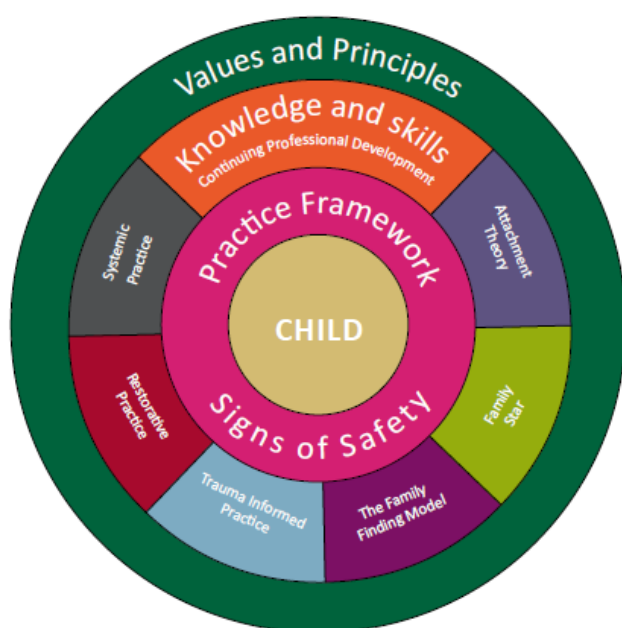
Signs of Safety is the overarching practice framework used within Wokingham Children's Services. Signs of Safety is a strengths based model which provides a way of making sure that everyone involved in a child's life has the same understanding of the strengths and the worries, and agrees the safety goals that need to be reached to make sure that the child is safe and well now and in the future, no matter what.

The Practice Model includes the essential knowledge and skill base that underpins Signs of Safety practice. This include Systemic Practice, Attachment Theory, Family Star, The Family Finding Model of Kevin Campbell, Trauma Informed Practice and Restorative Practice. All practitioners are responsible for continually updating their knowledge and skills by accessing the training and development opportunities that are provided. The need to keep up to date with and understand the significance of new research is integral to good social work practice. Individual development needs can be identified via supervision and appraisals as well as quality assurance activities such as thematic audits. The Practice Model provides scope for social workers to evidence their learning and development within the Knowledge and Skills Statement which provides the national assessment and accreditation criteria for social workers supporting vulnerable children and families.

Signs of Safety Practice Principles

Respect service users as people worth working with: Building effective relationships is essential for effecting sustained change in a family. Maintaining the position that the family is capable of change can create a sense of hope and possibility.

Recognising that cooperation and partnership is possible even differences exist:

We can build a relationship with the parents and family members without condoning the abuse in any way. In child protection work we will almost always have to use some amount of coercion and we often have to exercise statutory power to prevent situations of continuing danger, but this should not prevent us from aspiring to build a cooperative partnership with the parents and the family. Avoid alienating the family with unnecessary coercion. Instead offer choices about as many aspects of the casework as possible. This involves family members in the process and builds cooperation.
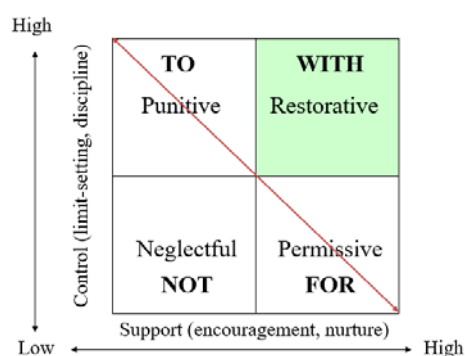
Recognise that all people have capacities and strengths:
All families have competencies and strengths. They keep their children safe, at least some, and usually most of the time. Ensure that careful attention is given to these signs of safety. Honouring the family and acknowledging their successes and strengths will help build the working relationship.

Maintain a focus on competency and cast a vision for excellence:
The focus of child protection work is always to increase safety. Maintain this orientation in thinking about the agency and the worker's role as well as the specific details and activities of the case work. Safety planning is all about helping people to make the shifts that are required in a change process: Helping families to understand the need for change and visioning a different future are fundamental in our work with families. Real change requires changes in their own thoughts, attitudes and behaviours.

Learn what the other person needs and strives for:
Acknowledge the family's concerns and desires. Use the family's goals in creating the plan for action and encourage family members to change. Whenever possible, bring their goals together with the professionals' goals. Ask the right questions and involve the family – work out what motivates the family!

Remain curious and don't confuse case details with judgements:
Reserve judgement until as much information as possible has been gathered. Don't confuse these conclusions with the details of the case. Remember that others, particularly the family, will judge the details differently. Always elicit specific, detailed information, whether exploring negative or positive aspects of the situation. Solutions arise out of details, not generalisations.

Focus on creating small change:
Think about, discuss, and work toward small changes. Don't become frustrated when big goals are not immediately achieved. Focus on small, attainable goals, acknowledge and celebrate when they have been achieved. This will foster hope and build confidence.

> *"Even the smallest steps move you forward"*
> Oprah Winfrey

Practice from a stance of humility:

> *"The major source of error in child protection is not being prepared to admit you may have it wrong"*
> Eileen Munro

Child protection investigations need to take a questioning approach and remain open minded, they cannot be the formulation of a hypothesis and fitting the evidence to support that hypothesis.

Treat every engagement, call or meeting as an intervention and opportunity for growth: The interaction between us and the family / child is the key vehicle for change and an opportunity from growth. Adopt a questioning rather than definitive approach around issues and solutions; this builds conversations which in return grows the capacity of parents and their support people to take greater ownership of the issues and solutions.

Treat the practice principles as aspirations, not assumptions: Continually aspire to implement the practice principles, but have the humility to recognise that even the most experienced worker will have to think and act carefully to implement them. Recognise that no one gets it right all the time in child protection work.

Adapting Signs of Safety

Signs of Wellbeing

In Early Help cases and Child In Need Section 17 cases that involve lower levels of risk the approach is adapted as Signs of Wellbeing since wellbeing is the goal. Signs of Wellbeing can be used to support parents with lower level, or less enduring problems. Along with Children In Need it can help to support parents at children's centres, in managing their children's behaviour and for disabled children to access support, such as respite care.

Signs of Success

In assessing and planning for Children in Care the approach is called the Signs of Success. The Signs of Success is used to focus on placement success and the extent to which the young person's life is on track so they can grow up successfully, for example making progress with their schooling and gaining independence skills or considering whether the child is benefiting from and happy with 'good contact' with their family of origin.

The table below shows how the language can be adapted in the case of Signs of Wellbeing and Signs of Success:

	What Are We Worried About?			*What's Working Well*		*What Needs To Happen*	
	Past	**Future**	**Complicating Factors**	**Existing Strengths**	**Existing Solutions**	**Goals**	**Next Steps**
Signs of Safety	Harm	Danger	Complicating Factors	Existing Strengths	Existing Safety	Safety Goals	Next Steps
Signs of Wellbeing	Wellbeing Concerns (Past)	Critical Worries (Future)	Complicating Factors	Existing Strengths	Existing Wellbeing	Wellbeing Goals	Next Steps
Signs of Success	Worrying Behaviour (Past)	Critical Worries (Future)	Complicating Factors	Existing Strengths	Existing Success	Success Goals	Next Steps

Preparing for child protection conferences

The process around child protection case conferences has been aligned with the Signs of Safety approach and is referred to as Participatory Conferences. The aim of introducing participatory conferences was to provide an effective child protection framework which protect children but are far more outcome focussed, less process driven and encourage family participation.

The social worker must work together with the family and the multi-agency partners during

the 15 working days between the initial strategy discussion and the conference to identify a family network, develop and agree the danger statements, safety goal and outline safety plan.

Preparation for the conference is key. It is the Social Worker's task to prepare the family network for the meeting, conference reports must be completed, shared and signed off by managers in good time, so that the social worker and the conference chair can meet beforehand to agree the scaling questions relevant to the case, consider the trajectory and questions to be asked of the plan.

The Signs of Safety meeting style

There are a number of common elements to all meetings with families and it is important that we all conduct meetings in this way to ensure that families' experience of how meetings are conducted is consistent regardless of the type of meeting or which practitioner is facilitating the process. This will be particularly helpful for families where cases transfer between teams or when there is a change in the allocated worker. Ensuring that we adhere to the style will also help families where there is a step-up or step-down process. All meetings should be seen as a family network meeting. All meetings should include these 4 key questions.

1. What are we worried about in relation to the child and the family?
2. What is working well in the family?
3. What needs to happen to make sure the child is safe in the future?
4. How safe is the child, from zero (very worrying for the child) to ten (the child is safe and well)?

Group supervisions

The Signs of Safety group supervision process revolves around the **Caseworker** who brings forward the case (sometimes of course there are a number of people bringing forward the case). The **Facilitator** leads the group process assisted by an **Advisor**. Other group members are involved as **Observer/Participants**. The roles of each are described in the following diagram:

Observer/Participants
Listen carefully
Support group process
Write their ideas with best thinking

Advisor
helps the Facilitator and DOES NOT talk Caseworker.

Facilitator
Asks Questions leads process draws on Advisor for assistance

Caseworker
(Person wanting case reviewed)
Brings their best intelligence and thinking
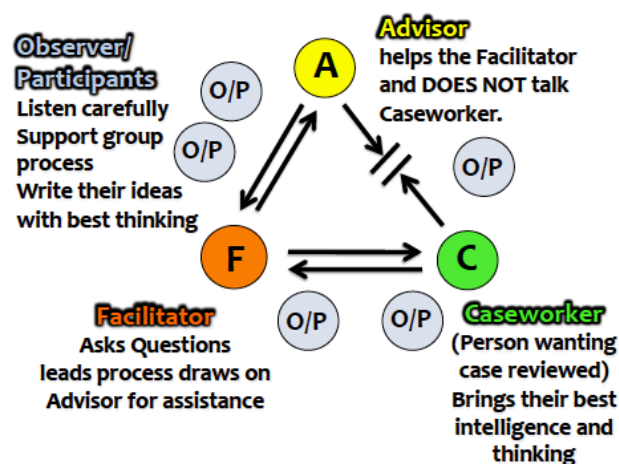
Group supervisions are not used as a decision-making process but rather to progress cases where workers may feel 'stuck' or wish for a particular issue to be thrashed out. There are a number of different guidance templates that have been provided by Andrew Turnell which can support us with working through the process to achieve more generic goals, for example to

create a trajectory, to explore safety planning or building networks. **The guidance templates can be found here:**

[Appreciative Inquiry](#)
[Building a Network](#)
[Creating a Safety Planning Trajectory](#)
[Harm Analysis Matrix](#)
[Mapping](#)
[Safety Planning](#)
[Words and Pictures](#)

Steps in the group supervision process:

1) Introduction (2 – 3 minutes) – explain the purpose and process of group supervision and description of each person's role
2) Genogram (3 – 5 minutes)
3) Background information ((3 – 5 minutes): What makes this an open case?' or 'Where are things currently at?' 'What is happening with this family that has prompted you to bring this case forward?' The worker should be allowed to talk without interruption.
4) Worker's focus / goal (3 – 5 minutes)
5) Mapping / best questions / next steps
6) Summary / feedback and learning from the case worker

Appreciative inquiry

Undertaking appreciative inquiries is one of the key learning methods in the Signs of Safety framework. Appreciative inquiry is based on the acceptance that our practice grows in the direction of what we repeatedly ask questions about and focus our attention on. Appreciative Inquiry uses the approach that focuses on identifying what is working well, analysing why it is working well and then doing more of it.

Elicit	Thinking about the last month or two... what is a piece of work you've done using the signs of safety approach in your learning leader role that you are really proud of or that makes you happy for giving it a go?
Amplify	• Who else was involved in this work? • What did you do that was most helpful for the practitioners? • What did you need to do that was most important to get yourself ready to lead the practitioners in this way? • What happened either when you were working with them or perhaps later (with the family or with others) that made you realise what you did was useful? • What would the practitioners say was most important about what you did to help them use Signs of Safety in their work? • In working with the practitioners in this way as their learning leader how do you think that improved the practice with the parents/children/family? • What do you think the parents/children/family would say was better?
Reflect	When you think about this piece of work what's the most important learning about how to lead practitioners in growing in their ability to use the Signs of Safety?
Start over	New First Question

Follow this link for further question examples that can be used for case mapping: EARS question examples

A questioning approach

The roots of the Signs of Safety framework can be traced back to strength based interview techniques and Solution Focused Brief Therapies. The solution focused approach is a 'questioning' approach or interviewing practice based on a simple idea (with profound ramifications) that 'the areas people pay attention to grow'.

This approach focuses on the use of carefully crafted questions that get people to reflect on their situation and think through solutions to their problems. It implies that the formulation of questions **is the intervention** rather than just a means of gathering information. The approach provides strategies for workers to efficiently and effectively **facilitate a change process** by using questions to deepen the understanding of the problems and elicit a vision for change.

The development of a constructive working relationship with families is absolutely key to be able to facilitate the change process and require us to focus on 'actions of protection' and strengths in just as rigorous a way as we focus on the 'risk' or 'danger'.

Solution focused questions
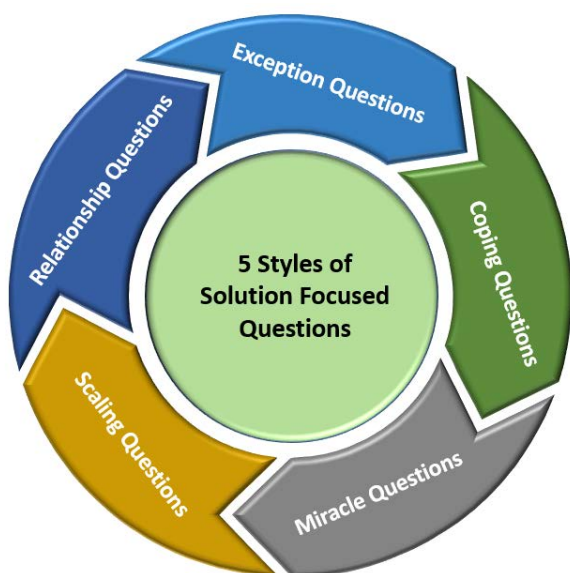
Exception / past success questions uncover instances when the problem could have occurred but did not, and help obtain a balanced picture of the family, creating a vision that change is possible.
Examples: *"Can you tell me about a time when this problem was not happening? When was that? How did you make that happen? What kind of difference did that make for your child? Who helped you at the time? When have you noticed moments when you are at your best as a parent?"* Ask further questions to get the behavioural specific details, these are the building blocks of an effective safety plan.

Coping questions acknowledge difficulty and help people discover skills they possess and supports that helped them survive challenges and difficult times. Coping questions convey compassion and empathy and are very helpful in building relationships. **Examples:** *"I imagine that raising five children under the age of six on your own must be hard and keep you very busy. How do you manage day after day? What gives you the strength to keep going? Who helps you to keep going? What is it about you that gives you the strength and determination to fight to keep your baby? Tell me about another time when you have shown this level of strength and determination?"*

Miracle / future focused questions are used to help children, young people and families develop goals and brings in a vision that future change is possible. Future focused questions can bring an element of hope into the situation allowing someone to move forward or visualise what their future could look like. **Examples:** *"Let us imagine it is six months in the future from now and all the problems that brought us into your life are totally resolved. What would it look like? What steps would you have had to take to get there?"*

Scaling questions help create discussion and understanding of danger and safety. Scaling questions change abstract concepts (e.g. how worried you are) into something that is tangible and measureable. It is not the number that is important, but the conversation that follows the scaling process. Scaling questions can also help elicit 'next steps' to change. **Example:** *"On a scale of zero to 10, where zero being your child is not safe and will be immediately hurt, and 10 being your child is now completely safe, where would you say things are? What are you already doing or what is already in place that has you this high on the scale? What would need to happen to move you up the scale by one?"*

Position/relationship questions help to see a situation through the eyes of other people, and can be very enlightening when imagining how other people, such as their child, are seeing

or experiencing things. Position questions can help parents to develop insight into the harm the child has suffered. **Examples:** *"I notice you scale yourself as a nine on a scale of 10, indicating you are solidly in recovery from using drugs. If your baby could talk, where do you think she would rate you? What do you think would get her to that number? What would her worries be, if any? What would your child say they are most pleased that you are doing?"*

Click on the link below to access a comprehensive resource of best questions to use.

Best questions - Indexed

Signs of Safety assessment

The aim of Signs of Safety is to develop a comprehensive and balanced assessment of risk in which the practitioner consider risks or dangers as well as the existing strengths and safety in the family. At the same time we need to ensure that the family's knowledge of their culture, strengths, safety and their experience of family life is explored and balanced with the worker's professional experience and knowledge.

Signs of Safety practice does not mean that you do not use child protection processes or legal processes. In fact, these can be used skillfully to show the family that the worries are serious but also to plan for permanence. The additional checks and balances that these processes provide are important and useful. **Permanence needs to be considered from day one, including parallel planning.** The first step in assessment and safety planning is to map out what is working well and what we are worried about in a family situation.

Signs of Safety Mapping

The Signs of Safety three column mapping tool is used to gather and organise the assessment information using a three column table which **contains seven analysis categories.** The three column format was not intended as a tool to be used by practitioners to order their own thoughts about risks and protective factors, instead it is designed **to be used with families to elicit the information through the use of carefully crafted questions** aimed at the analysis categories.

Analysis Categories explained

What Are We Worried About?	What's Working Well?	What Needs To Happen
Past Harm What have the adults done that has hurt or scared the child/ren? Or What has/is the child doing that has hurt or scared them or people around them? *Be behaviourally specific: Who did what to whom?* **Danger** What are you worried will happen to the child if nothing in this family/situation changes? *Be specific, don't use broad terms, don't use jargon. Use the words of the child/family if you can* **Complicating Factors** What are the things that make this more tricky? *You may not have anything in here; don't fill it in for the sake of it!*	**Existing Strengths** What are the good things, people, plans in and around the family? *Amplify...a lot! "They love the kids" is not enough. Make this meaningful and connected to the danger* **Existing Safety** What things, people, plans do we know have kept the children safe (from the danger) in the past? *Get detail* *Use exception questions* *Make sure the child is in the questions you ask* This is the starting point for Safety Planning. Hang out here a lot!	**Safety Goal** What do we need to see to know the child is safe enough and we can close the case? *This is the "what", not the "how"* *This is not a list of services* *This (wherever it can be) uses 'presence of', not 'absence of'* **Next Steps (Signs of Safety next steps...)** What are the things we/they need to do now/next to move up on the safety scale? And what else? And what else? *Such as:* *Complete the Harm Analysis Matrix* *Complete My Three Houses* *Finalise DS, SG and SQ set* *Create questions for Existing Strengths and Existing Safety Map with the family* *Talk to the family about bringing a network*

0 ⟵————————————————————⟶ 10

On a scale of 0-10 where 0 is the concerns in the danger statement are happening constantly and badly and 10 is even if the danger is present, people are making sure the children are always safe, where would you rate the safety for this child today?

(Adapted from handout by Pene Turnell, Wokingham Practice Intensive, April 2019)

Using the Harm Analysis Matrix

The Harm Matrix is a very helpful tool to think through the harm a child has suffered and is used to amplify the information we gather and consider under the Past Harm analysis category on the three column map.

"The illusion that we understand the past fosters overconfidence in our ability to predict the future."
Daniel Kahneman

Research shows that past harm is our best predictor of future harm and the Harm Matrix helps us to be specific about the **severity of and impact of the harmful adult behaviour** on the child/children. The tool helps us to be specific about the harmful behaviours and forms the basis of the danger statement in which we explain to the parents what we are worried about. The Harm Matrix assists professionals to carefully think through and articulate the impact on the child. Analysing cumulative harm is typically the most difficult assessment in child protection work. The Harm Matrix is particularly useful in analysing cumulative and chronic harm such as the harm caused to children from ongoing neglect, substance misuse, mental illness or domestic abuse.

Steps for using the matrix

Step 1: The worker unpacks the information they have in relation to the adults' behaviours, the chronicity (frequency), severity and the impact on the child into the dimensions of a blank matrix. The worker focusses on the first known incident, the worst incident and the most recent incident that has caused concern. **This step generally reveals more about what isn't known that is which leads to step 2.**

Step 2: The worker then creates questions to ask professionals and the family in each of the dimensions to explore in detail the adults' behaviours and the harm to the child. Once the worker has gathered sufficient information to have a clear picture for themselves of the harm to the child/ren the worker then uses this information to articulate in the danger statement what they worry will happen to the child if nothing changes.

Important to remember

In using the harm matrix be mindful that child protection professionals often open cases for assessment and intervention focussed solely on danger (future risk of harm) where no past harm has occurred for example working with a vulnerable pregnant teenager who grew up in care. In this situation the teenager has likely not harmed the child but for many reasons professionals will have serious concerns for the safety and wellbeing of the expected baby.

Harm Analysis Matrix with question prompts

Actions and Experience	Timespan	First Incident	Worst Incident	Last Incident
Harmful Behaviour (The dangerous or harm causing adult behaviour. This can also be the child / young person's dangerous behaviour)	What is the worrying adult behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span?	When and what was the first time the agency heard about the worrying adult behaviour?	When, and what was the worst event of worrying adult behaviour the agency knows about?	When, and what is the most recent event of worrying adult behaviour the agency knows about?
Severity (Describes how bad the harmful adult behaviour is)	Over the whole timespan the adult behaviour has been happening, how bad has the adult behaviour been?	How bad was the first event of worrying adult behaviour?	How bad was the worst event of worrying adult behaviour?	How bad was the most recent event of worrying adult behaviour?
Impact on Children (Describes the physical and emotional impact of the adult behaviours on the child)	Over the whole timespan the adult behaviour has been happening, what has been the overall impact on the child/ren?	What was the impact of the first incident on the child/ren?	What was the impact of the worst incident on the child/ren?	What was the impact of the most recent incident on the child/ren?

Follow this link to download a blank Harm Matrix template: Harm Matrix blank template

Helpful tools for Duty Workers

Initial referral Three Column mapping guide

The mapping guide and prompts was developed by Pene Turnell as a tool duty workers can use when taking initial referrals but it can also be used when we receive new concerns on an open case.

What Are We Worried About?	What's Working Well?	What Needs To Happen
Past Harm "What are the behaviours of the adults who care for this child that make you worry?" "What has happened to the child as a result of the described adult behavior?" **Future Danger** "Based on what you know, what are you most worried will happen to the child/ren if nothing in this family/situation changes?" **Complicating Factors** "Are there things happening in and around the family that make the problems more complicated to deal with?"	**Existing Strengths** "What are the best aspects of these parents' care for this child?" **Existing Safety** "When the adults' worrying behaviours are happening what have they, others around the family or the children themselves done to protect the children from the behavior?"	**Safety Goal** At the screening stage articulating a safety goal is not required however it might be helpful to ask the referrer what they need to see to feel less concerned.

0 ⟵————————————————————⟶ 10

On a scale of 0-10 where 10 is there are some worries for the family but perhaps no more than any other family in the community and 0 is things are really bad for the children I am calling about and I think if something does not happen to change straight away or very soon something really serious will happen to them. Where would you rate this situation today from that 0 to that 10?

(Source: handout by Pene Turnell, Wokingham Practice Intensive, April 2019)

Scaling questions for taking duty calls / screening duty cases

Context
Considering what you know about this situation and the information you have told me today, on a scale of 0 to 10 where 10 means there are some worries for this family and these children but no more so than for anyone else in the community/ school/ neighbourhood and 0 is this is the worst case of children being hit/ neglected/ abused that I have seen where would you rate the situation for these children today?

Or

On a scale of 0–10 thinking about what you know and have seen about these parents and their care of the children where 10 is this family has some struggles but really, all things considered no more struggles and problems than most other families face in looking after children and 0 is this family is really dealing with some hard issues and concerns and they need supporting and help sorting things out so that these children aren't hurt, scared or going without, where would you scale where things are today?

Likelihood
On a scale of 0–10 where 10 is the likelihood that something serious will happen to these children is low, even though there are some concerning things happening in the family and 0 is given everything I have seen and heard and know about the family I think the chance that something serious will happen to these children soon is very likely, where would you rate this between 0 and 10 for these children?

Vulnerability
On a scale of 0–10 when you think about the child is in this situation, how old s/he is, what they can and can't do for themselves and what their environment and the people around them are like, where 10 means I don't think they are particularly vulnerable and 0 means I think the child is really vulnerable and exposed to being hurt where would you rate the situation?

Immediate Safety
Thinking about how safe these children are right now – on a scale of 0–10 where 10 is while I do have some worries about them, I don't think they will be seriously hurt today or in the immediate future and 0 means I am really worried, that those children will be seriously hurt or could die in the coming days or weeks where would you rate the current safety of the child/ren between that 0 and that 10?

When asking scaling questions, it is important to also ask the referrer where they think other people including the children themselves might rate the situation.

Signs of Safety Referral Prioritising System

The referral prioritising system (RPS) presented here uses Signs of Safety logics and analysis processes to quickly assess written referrals, whether unallocated or new. The RPS provides a clear, defensible prioritisation of cases, enabling duty workers to confidently direct cases to the relevant response pathway and to appropriately close cases where possible.

There are eight key steps enabling the duty worker / manager to analyse and prioritise referral information by answering key questions in relation to each step. Each answer should be as behaviourally specific as possible, use everyday language, identify the individual who has observed/judged the behaviour and avoid the use of jargon.

Step 1 Genogram and Family Information
Create a genogram involving the immediate and extended family of the children and include where each of the children are living and any family connections that are considered important in the case.

Who would the family say are the most important members of their family to include in the genogram?
Where are the children living now?

Step 2 Age and Developmental Stage of the Child
The vulnerability of a child is always connected to their age and development thus children under the age of two are recognised of being at significantly higher risk of harm that older children who are more visible in the community through child care, school etc. Children who have a developmental delay are also at higher risk than their peers. Development and maturity of young people is also an important consideration in assessing referrals involving teenagers.
Based on what you know about the child, is there anything important about the child's development that makes you worry about them more or less?
If the referral involves a teenager or young adult, what can you tell me about their maturity or ability to make decisions and their level of independence? What are the things you've seen or known of the young person that leads you to believe this of them?

Step 3 Harm Causing Behaviour
Child protection referrals usually arise because of parents' or other adults' behaviour that is deemed to have caused or be likely to cause harm to a child. Sometimes referrals arise because a child's own behaviour is harmful/likely to be harmful to themselves or other children. Finally, occasionally referrals arise because a child's behaviour seems to indicate that they have been abused (for example a child displaying sexualised behaviours).
If the referral involves adult behaviour that is causing or considered likely to cause harm to a child, based on what you know what is the harm causing adult behaviour?
If the referral involves a child or teenager's behaviour that is causing or considered likely to cause themselves or other children harm what you know what is the harm causing child or teenager's behaviour?
If the referral involves a child or teenager's behaviour that seems to indicate the child may have been harmed what is the child or teenager's behaviour?
Based on the child or teen's behaviour what do you consider might be the adult behaviour that might cause a child to act in this way?

Step 4 Impact of that Behaviour on the Child
Based on what you know from the referral information what is the impact on the child of the harm causing behaviour?
Workers can make use of harm matrix to assist them in thinking about impact.

Step 5 Access of Likely Perpetrator
The access the likely or possible perpetrator has to the child/ children impacts significantly on the immediate safety of the child and therefore the response priority.
Thinking about the person whose behaviour is or may be harmful for the child, on a scale of 0–10 where 10 means their contact and access with the child/ren is controlled and safe in relation to the danger they pose and 0 is there is no safety or limits around this person's contact with the child when their behaviour is or could be dangerous where would you rate this person's access to the child?
For those cases where domestic violence is a factor, workers need also to consider the access the likely perpetrator of the violence has to the primary carer of the child, most generally the mother. Creating safety for the mother of the children by default creates higher safety for the children and the mother's safety is dependent on the access the violent perpetrator has to her along with the risk assessment around seriousness of his violence.

Step 6 Existing Strengths and/or Safety

Based on what you know from the referral information what is positive in the child's life and child's family? (Consider positive aspects of the child behaviour and life, the parent's behaviour and care of the children and people who support the child, parents and family)

Based on what you know from the referral information are there any times when the harm causing behaviour did happen or could have happened but someone did something to stop or lessen the behaviour and its impact on the child?

Step 7 Judgement

The final step in the prioritising process is to make a judgement based on the known information and detail the rationale for the judgement. There are two key judgment scales that support the threshold and response decisions within the RPS. One focuses on immediate safety within the case being assessed the other looks at seriousness of the current case in the context of all other open cases.

Immediate Safety Scale

"When you consider the information the RPS has asked you to gather, on a scale of 0 to 10 where 10 means even though there have been behaviours that could be or were harmful for the child I am confident the child is currently safe and 0 means I believe the child is being harmed or will be in the coming days or weeks, where would you rate this situation for this child(ren) today?"

Context Scale

"Considering your experience and knowledge of child protection work, on a scale of 0 to 10 where 10 is this is one of the least serious referrals we receive in Wokingham and there is nothing that stands out as urgent and 0 means this is one of the most serious referrals of child abuse we would see in Wokingham where would you rate this situation?"

Safety Planning

Safety Planning Basics

- Safety planning involves facilitating a change process - Safety planning is all about helping people to make the shifts that are required in a change process: Understanding the need for change, visioning a different future and acknowledging that real change requires changes in their own thoughts, attitudes and behaviours.
- Agreement about future safety is a bottom line, not agreement about the past
- Involve the children in every part of the safety planning process
- Safety Planning is a journey not a product - An effective safety plan requires time to be developed, refined and demonstrated
- Commit to the idea parents/extended family and networks can come up with plans and contribute to monitoring and evidencing the effectiveness of the plan
- Regular review and planning meetings on a clear schedule are essential (remember the definition: safety is strengths demonstrated as protection over time)
- All meetings and work with family starts with a rigorous focus on what's working well, particularly when things have been most vulnerable/risky
- Lead the process through carefully prepared questions to challenge and help the parents and network think through the issues and come up with solutions
- Safety Plans always focus on actual behaviour with and for children focused on who will do what when things get stressful and danger might or does happen

There are three stages in the safety planning process: Immediate, Interim and Final Working Plans.

Immediate	Interim	Final working (Adult & Child)
How safe is this child right now? 0 ◄────► 10 1 2 3 4 5 6 7 8 9 Where 10 is: there are some worries but nothing that needs an immediate CP response; And 0 is: if we don't do something immediately, the child could be seriously harmed What needs to happen to increase this child's immediate safety? What is keeping this child safe tonight? Who is helping? How is this recorded?	What needs to be in place so we know the child is being kept safe while we complete our workflow process? (Screening, Duty, Intake, Initial Assessment, Child Protection/Child Welfare) Who is helping? What are specific details about what people are doing now? What more does everyone think needs to happen? Who will do what when? What might they see that would mean they would be worried? What will they do if they are worried? How is this recorded?	Addresses ALL key issues in relation to the danger: • Scale (particular issue) • Existing Strengths and Safety (explore in detail)? • Triggers and Stressors (identify and discuss openly) • Red Flags (what will we see?) • Specific details about who will do what in everyday life to keep the child safe from the danger articulated in the danger statement **Adult Version** (signed — has a custodian/boss) **Child's version** (Top rules) — explained to children Who needs a copy?

At each stage of the safety planning process, you need to make sure there is immediate safety for the children. Arrangements need to be put into place to make sure that the children are safe in the short and medium term (for example: tonight, this weekend, for the next few weeks, for the next few months) while everyone is working together to develop a safety plan that will ensure the long-term safety of the children.

Developing family owned safety plans – The Safety Planning Roadmap

Safety Planning Principles

- *"Nothing about us, without us"*
- *It takes a village to raise a child*
- *Safety planning involves facilitating a change process*
- *The journey needs direction!*
- *Agreement about future safety is a bottom line, not agreement about the past*
- *Involve the children in every part of the safety planning process*
- *Safety Planning is a journey not a product*
- *Ensure immediate safety for the children at each stage of the process*
- *Long-term safety and wellbeing may require trauma healing*

There are 12 elements or steps in the Safety Planning Roadmap. Some of the processes described in the Safety Planning Roadmap diagram below are sequential whilst some such as identifying everything that is working well and involving the child in every aspect of the casework are continuous throughout our involvement.

SAFETY PLANNING ROADMAP

WHAT	HOW (STEPS)	TOOLS (METHODS)

DANGER STATEMENTS
What Children's Services is worried will happen to the child if nothing changes (the problem that has to be solved)

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.

This is the **how** of safety planning; the trajectory that creates the final safety plan.

SAFETY GOALS
What Children's Services needs to see to know the child is safe and they can close the case (not services)

1. Preparations with professionals

2. Develop paired Danger Statements & Safety Goals with matched Safety Scale

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.

4. Develop professional bottom-line requirements

5. Develop professional trajectory including timeline

6. Build vision of process for family

7. Build informed network with family

8. Create explanation for children (and everyone else)

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.

10. Involve child throughout

11. Monitoring that builds success and responsibility

12. Create final child-centred Safety Plan

Ongoing Processes

Authority
Honouring
Vision
Questioning
Compassion

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Harm Matrix
Signs of Safety Mapping
My Three Houses or equivalent

Signs of Safety Trajectory & Timeline

Family Safety Circles, Network-finding Matrix

Words and Pictures explanation

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.

Safety Journal, Safety Object
Practice Rehearsals of Rules

Child-focused Safety Plan

Preparations with professionals

It is vital to ensure that all involved key professionals fully understand and agree with offering the parents and network an opportunity to develop their own safety plan before proposing a safety planning process to the parents. Figuring out and agreeing what constitutes enough safety in any child protection case provokes anxiety for professionals and it is important that professionals meet and discuss their worries throughout the safety planning process so that everyone stays on the same page throughout. With professional agreement in place and roles clarified the foundation is laid to explain the safety planning / reunification process to the family. Once the process is explained seek commitment from the family.

Develop compassionate, straightforward paired Danger Statements and Safety Goals with matched safety scales

The danger statement, safety goal and matching safety scale are the cornerstones of safety planning. It is crucial to get these right and as clear as possible as the rest of the work in safety planning is based on these. The danger statement/s must explain clearly to the family what the professionals are worried about and it is the professionals' justification of their need to be involved. Parents don't necessarily have to agree the content but must be able to **understand** what the professional concerns are.

Safety goals are short, simple, **behaviour** based statements you can use to help family members and their support people become clear about the actions parents need to take to

show the children will be safe. Safety goals focus on what professionals need to see to be persuaded that the child will be safe now and in the future. Always develop a matching safety goal for each danger statement.
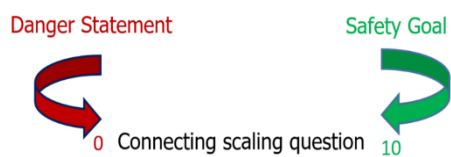
Danger Statement   **Safety Goal**

0 Connecting scaling question 10

The 0 and 10 end points of the scale need to be clearly defined in line with the danger statement (0) and the safety goal (10) so the scale clearly measures the current safety of the child/ren in relation to the danger expressed in the danger statement. The same safety scales should be used throughout the assessment and casework. In this way everyone has a clear way of understanding, measuring and discussing the seriousness and what progress has been made.

In order to move forward with meaningful safety planning it is essential for families involved in child protection cases to understand clearly what they need to do to satisfy and **persuade** the professionals that they can meet their children's needs and keep them safe so they can get on with their lives without professional involvement. As statutory authorities hold the major say in what constitutes enough safety to close the case and for safety planning to be effective it is essential to articulate simply and clearly what is expected of a family.

Danger statement, safety goal and scaling checklist:

- Does the danger statement clearly describe the HARM caused by the adult and is the statement behaviour specific?
- Is the danger statement grounded in evidence of past harm? (like the time when...)
- Does the danger statement highlight the likely concerning future impact on the child if nothing changes?
- Is the danger statement compassionate / not blaming but captures the seriousness of the concerns?
- Are the danger statements, safety goals and scaling questions jargon free and understood by the parents even if they disagree?
- Does the safety goal clearly articulate **WHAT** professionals need to **see** to be persuaded that the child will be safe and well **now and in the future**, no matter what happens?
- Apart from a minimal set of bottom line requirements the safety goal should avoid saying **HOW** safety will be created leaving working out the details of the safety plan to the family and safety network
- Is there a **matching** safety scale for each of danger statement and safety goal pair?
- Does the 10 end of the scale describe the desired behaviour and the 0 end the concerning behaviour since the most common way of understanding a rating scale is that the higher rating is the better rating
- Does the safety scale distill the details of the danger statement and safety goal it is paired with and does it add depth and detail to engage the parents in thinking about the issues more carefully?

Identify everything that is working well

Meaningful strengths and safety are actions that naturally connected adults around the child take to provide and ensure care, attention, support and love to the children. Considering the danger statements and safety goals, think of the best questions you could ask the parents, network and children to explore and uncover every possible constructive intention or action of the parents and the family network. Acknowledge and 'honour' the things the parents do well; this strengthens the working relationship between you and the family and will contribute to the parents' engagement in the safety planning process.

See Best Questions best questions examples for mapping strengths and existing safety

Develop the professional bottom line requirements

Within safety planning work the bottom line expectations focus on **processes that sustain safety** rather than particular rules of the plan. The "bottom lines" are the things which must be adhered to, if they aren't adhered to then you cannot agree the safety plan and you will need to be honest about this with the family.

Bottom lines should be kept to an absolute minimum. Avoid prescribing services wherever possible (e.g. alcohol drug support services, domestic abuse perpetrator programmes etc.), services should only be used where parents demonstrate a willingness and clarity about the changes a service will make for them in their family life and care of the children.

We usually have only three bottom lines:

- Parents must involve a number of **support people in the safety network** who have a full knowledge and understanding of the problems and will make sure the children are always safe, particularly when things get difficult. This includes a specific safety person identified for each child.

- Parents and their support people to work together with social workers **to create a clear simple plan** with rules that address the critical issues and that the children can understand now and as they grow older.

- Parents and the support people work with us to **prepare an explanation for the children**, usually in the form of a Words and Pictures story

In rare cases where we are managing high risks associated with a particular person who poses risks to children e.g. perpetrator of violence or suspected / convicted of sexual offences against children we would set bottom lines requirements around that individual's access to or contact with the children. We might also have to stipulate whether or not such a person is allowed to reside in the home.

Develop the timeframe / trajectory for the work to be completed

Parents involved with Children's Services can feel that they are operating in the dark not only about what the Local Authority wants from them but also how long they have to have

Children's Services in their lives. Providing a clear, time-tabled trajectory or timeline about the requirements they have and how long it will take makes a huge difference for parents and family members. Knowing what they need to do to satisfy the Local Authority that they can keep the children safe and **knowing how long the involvement is likely to be gives families hope and encourages engagement**.

Thinking about what you as a professional want to see the parents and network doing to be satisfied the child is safe enough and thinking about the steps to achieve this, decide how long you think it should take to get this done. The timeline require a commitment from both professionals and family members to progress the work and this keeps everyone focused on the process and pathway to future safety. It is important to agree a timeframe with the other involved professionals. The trajectory should include a period where the safety plan can be effectively monitored and tested by the professionals as well as the family. **Ownership of the safety plan should be gradually transferred from the professionals to the family network** allowing enough time for the network to show everyone that they are able and confident to sustain the plan beyond the period of professional involvement. The timeline is a very important element of the complete safety plan and it is the timeline that ensures our plans are SMART.

Key aspects / tasks and direct work to include in the timeline

- A trajectory must have a projected date for case closure with the caveat that the case will close if all work progresses as planned and the safety goal has been met
- Finalising the Danger Statement, Safety Goal and Safety Scale with the input of the professional group and agreeing these as far as possible with the parents and network
- Developing the immediate safety plan with the safety network and introducing the arrangements for monitoring to include the introduction of the family's safety journal / log
- Creating and continually updating the child's version (usually Words and Pictures) of the safety plan at every stage of the safety planning process
- Undertaking direct work with children focusing on mapping using my three houses / similar tools and getting the child's views around safety plan rules using the Safety House Tool. Introducing a safety object to children and identifying a named safety person from the naturally connected network for each child
- Preparation work with the parents for the child's explanation
- Drafting the child's (usually Words and Pictures) explanation and agreeing the content with the parents
- Include dates of network/review/core group meetings
- The timeframe and arrangements for stepping down / case closure and transferring ownership of the plan to the network.
- Identifying a network leader who will take over from the practitioner when the case closes / steps down who has demonstrated a commitment to sustain the plan beyond professional involvement
- Updating the final child's version of the safety plan (Words and Pictures for younger children)
- Case closure marked with a celebration of success / appreciative inquiry with family whenever possible

Please following the link for an example of a completed trajectory: [Safety Plan and Trajectory](#)
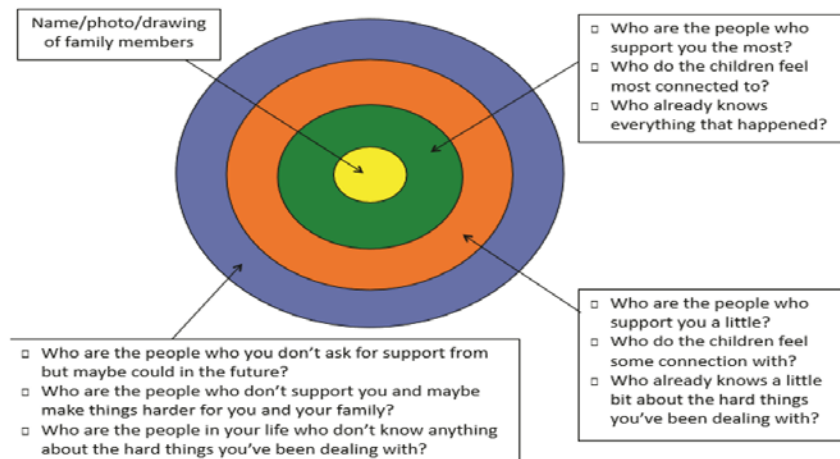
Building an **informed** safety network

Involving a fully informed, active safety network is essential in ensuring the children's safety and wellbeing beyond the period of professional involvement and is key to the parents' ability to sustain change over the longer term. Identifying and bringing a network of naturally connected people together to develop, monitor and refine the safety plan alongside the professional group is a bottom line requirement we must set for families. The parents should be asked to invite their naturally connected safety people to all meetings to help them demonstrate the child will be safe now and in the future. One of the important aspects of getting parents to involve naturally connected people in a safety network to help them address the child protection concerns is that this breaks the secrecy which is often therapeutic for parents and children and lifts the burden of shame around the problems. It is not uncommon for family and parents to be reluctant to involve their wider family network in their problems with child protection for a number of reasons and involving a network will usually require skillful use of authority and persistence on the part of the professionals.

How can we help and support families to identify network people?

The most straight forward and accessible tool to use is the genogram. By completing a genogram with the family during our first visit we can already start the conversation around the need to involve a network and obtain the details of the immediate wider family.

There are many variations of the Safety Circles tool developed by Susie Essex. The tool is designed around key questions we can use to initiate conversations with families around their networks and who could be involved

Circles of safety and support tool

Name/photo/drawing of family members

- Who are the people who support you the most?
- Who do the children feel most connected to?
- Who already knows everything that happened?

- Who are the people who support you a little?
- Who do the children feel some connection with?
- Who already knows a little bit about the hard things you've been dealing with?

- Who are the people who you don't ask for support from but maybe could in the future?
- Who are the people who don't support you and maybe make things harder for you and your family?
- Who are the people in your life who don't know anything about the hard things you've been dealing with?

Source: Partnering for safety: www.partneringforsafety.com.au

Follow this link for more information on the use of safety circles and to see a practice example: Safety Circles Guide - Sonja Parker

What roles and activities are we looking for safety network members to undertake?

- Involved in all safety planning sessions alongside parents helping them to think through the issues and create the details of the plan
- Actively involved in enacting the safety plan in the family alongside the parents
- Some will be involved as (specifically identified and named in the plan) safety people for the children

How do we ensure safety network members understand the concerns for the child?

- Reading of danger statements and safety goals and everyone scaling at each meeting
- Involving the parents and network in drafting and sharing the child's explanation (usually Words and Pictures)
- Explaining to the parents that them involving an informed safety network around them and the children is a professional bottom line requirement and making it their responsibility to support this

How do we as professionals work with parents, children and the support people so they feel supported and the safety network members are motivated to take up these roles?

- This is challenging work so always be conscious parents and network members are anxious, often feeling close to or in their 'terror zone'. It's important therefore to constantly recognise and praise people for participating, for considering the hard questions, for the commitment they demonstrate to the family and child and for thinking about how Wokingham might see the issues (even if they don't agree)
- Lead meetings with questions and use lots of indirect (implied) as well as direct compliments
- Begin all sessions focusing on what's working well.
- Welcome challenges and objections from the parents and network. Always approach this as an opportunity to deepen the conversation about the safety planning

How do we manage cases where children have been removed and reunification is the plan?

- As quickly as possible have network people take responsibility for supervising contact
- All reporting/reviews of contact MUST involve documenting what's working well as well as any concerns (this is particularly vital in professional reports of supervised contact as well as with family and their network)
- As the parents and network complete the tasks outlined in the trajectory progressively, increase the level contact. The point where contact will increase must also be set out clearly in the trajectory.
- As a rule of thumb, increase contact when:

  - Parents agree to the timeline and trajectory
  - As they find and involve support people
  - Once the (words and pictures) explanation has been created and presented (this is often the moment network only contact begins)
  - Reunification usually follows once the child's words and picture safety plan has been presented to the children

How can I manage the typical objections / barriers we encounter in getting a network?

- Finding and involving networks is always challenging. Parents will often be wary of involving others for a range of reasons.
- The Signs of Safety network finding matrix provides workers with a practice tool to enable them to respond proactively and positively when parents raise challenges.
- The tool helps workers to think through and come up with questions they could ask the parents to engage in a meaningful conversation around their objections and the barriers they see.
- We need to be open with parents that we as child protection workers need to be satisfied / persuaded that their children will always be safe and well in future and having a strong, fully informed network around the children would go a long way to persuade the professionals involved that there are enough safety people around to ensure the children's future safety no matter what happens.

Using the Signs of Safety Network Matrix

Creating the Network Finding Matrix

Use the matrix to come up with your best questions to ask parents in order to engage them in a conversation about the objection / difficulty they have raised eg:

We have no-one / no network...

I don't want to burden my family / friends...

I don't want anyone in my network to know...

15 year old Pakistani: I can't tell anyone in my family I'm pregnant . . .

Objection/Difficulty:	
Negative	**Positive**
Past	Past
Present	Present
Future	Future

Follow this link to access a helpful list of best questions to assist workers in finding networks. [Family network questions](#)

Signs of Safety Network Matrix Examples

15 year old Pakistani: I can't tell anyone in my family I'm pregnant . . .

Negative	*Positive*
Past	**Past**
What's the worst thing that's happened to you in your family when you or one of your siblings did something your parents weren't happy with?	When something embarrassing has happened that no one wanted to talk about in your family, who helped get it sorted out?
What's the worst thing you know of that's happened to a pregnant single young woman in your community?	Who has been the best person for you to talk to about secrets and big problems in the past?
Present	**Present**
Does anyone know you are pregnant and what's the worst reaction you've had so far from anyone?	The person who's closest to you, what would they say about how they want to find out you're going to have a baby?
Who would be the absolutely worst person to tell in your community or your family? What do they do that makes them the worst person?	What's the best reaction you've had so far from anyone who knows you're pregnant?
The person who knows you best what would they say is the worst way your family could find out?	Who would be the best person in your community to talk to? What do they do that makes them the best person? What do you like about your relationship with them?
Future	**Future**
Suppose your family and others find out you're pregnant and the worst happens what would be the worst thing that could happen? What would be the absolute worst way for them to find out? Who are you most afraid will have the worst reaction? If they react in the absolute worst way what will they do/say? What would be the worst thing that someone else in your community might do?	Suppose when your family and others find out after a few days you're surprised to find it goes really well, what would happen that would make you feel actually that went okay? How would people be supporting you if it went well? If this did go well how would you be different? What would be the absolute best way for your family to find out? Who's most likely to have the best reaction? What's the best way for the worst person to find out?

Mum would say 'I don't have anyone'

Negative

Past

- Who would Mum say has been the people that have been close or know her in the past but they were really bad to and for her. What would mum say are the worst things that person did?

Present

- Who are the people you know here, on Facebook somewhere else you would never talk to and you keep away from? What is it about who they are and what they do that makes you think that?

- Who are the people Connor thinks are really bad for you that you know?

Future

- If you asked somebody to help you what's your worst fear about they might do that would make you feel embarrassed/bad?

- Who would be the worst person to get to help you solve these problems

Positive

Past

- In the past who have been the people that have most helped you? Who would Connor say are the people that most helped you mum? Who, who when where and what? Who else and who else and who else would Connor say?

- What would your mum say she was trying to do to help you (even though you think what she did was appalling)

Present

- Who are the people you know here, on Facebook somewhere else that you like even if you don't have much to do with them? What do you like about them?

- Who do you know who has a lot of people to support them – what do you think is good about that?

- Who are the people Connor thinks would be good for you that you know?

Future

- Who would be the best people/type of people to get to help your family solve these problems? What would they do?

- Suppose you had the exact people you wanted in your life supporting you who would they be, what would they say and do? What would they say they'd be doing for you?

## Parent who says: I don't want people I know, to know about the problems

Negative	Positive
Past	**Past**
What's the worst reaction you have had from someone you think is a good person when they've found out about problems you have had? What's the worst thing that's happened for you when you have told someone/or they have found out about problems you were having?	In your whole life who are the people who have helped you most? How did you get to know them and how did they help you? When have you told others about problems you were having and its helped? Who did you tell? How did that help? When have you helped someone else with their problems? How did you find out about their problems? What would they say you did that helped them most?
Present	**Present**
Who is the worst person for you in your life right now? What's the worst thing they have done to you or do that makes you think that? Who would (child) say shouldn't know about the problems? Who would be the absolute worst person (you know/in your family/in your community) to tell/or find out about your problems? What makes them the worst person to know about your problems?	Who are ALL the positive people you and child know? Who would child say helps you in your life? Who is the most positive person you know? Even though they know you hate other people knowing about your problems who would (child) say would be someone that could help with the problems? If you absolutely had to do it who would be the best person among the people you know/in your family/community/work to talk to?? The most positive person/the person you are closest to, what would they say is important about being able to tell people about your problems?
Future	**Future**
What would be the worst possible way to ask the positive people in your life to help you? Suppose the most positive person you know reacted in the worst possible way what would they do? Suppose the worst possible person came into your life and heard about your problems what would they do?	Suppose you had exactly the people around you that you would want what sort of people would they be? How would they be involved in your and child's life? Suppose these people found out about your problems or you told them about the problems and they responded in the best possible way, what would they do that would show you they were fine about your problems? What would they do to help? How would you be different if this happened?

Involving Support People: Strategies for giving ourselves the best chance

Don't get invested in finding people – be invested in asking parents to think about support people every way possible

Be patient and go on a journey with parents around involving people – the fears they have need exploring

Respond to every difficulty from the parents and network bring up as a FANTASTIC opportunity to deepen your thinking with them and the safety planning

Approach the first day of removal as first day of return – it is usually much easier to involve support people earlier in the life of the case

Always search and involve the (absent) father's side

Approach finding and involving networks with the spirit of 'family is family whether they are next door or on the other side of the globe'

Require support people as bottom line requirement. Make it the parents' problem to find people. This resolves confidentiality problems and puts the responsibility where it should be with the parents rather than the worker feeling they have to find and involve support people

Create an explanation for the children (usually Words and Pictures)
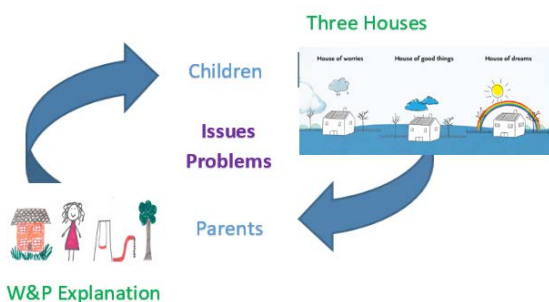
It can be helpful to think of the Words and Pictures explanation as the bridge between the Signs of Safety assessment and safety planning. It provides a way of informing the child/ren and the safety network about the concerns and what we are planning to do about them.

The words and pictures process is designed to deal with the silencing, secrecy, mixed messages and confusions that surround child abuse 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.

For any safety plan to make sense to the children they must have an explanation of the past issues and problems that led to the need for a safety plan. The child should be at the centre of all safety planning and if a child is old enough they should be involved in their own plan. The Words and Pictures is undertaken with the parents and the family network to create a version of events that occurred when abuse or harm happened, and the safety plan which has been created, that the children can understand, usually in the form of a kind of story board or comic strip. It does not matter how basic this looks; in fact, it needs to contain the simplest words and the most basic pictures drawn with or by the parents. Involving parents in developing the explanation for the children breaks down the secrecy around the abuse and helps them to develop insight and to see the situation from the children's perspective and this work forms an essential part of the intervention and should be a bottom line requirement.

For children and young people who have been in care for some significant period of time there is inevitably a mix of explanations they have heard about why they were removed from their parents

What are the reasons for and benefits of developing the child's explanation?

Why do we need to develop and explanation for the child?

- Helps parents, carers, network and professionals to find the 'right' words for children
- Helps families talk about and communicate difficult information
- It helps foster carers / kinship carers to explain to children in their care why they are now living apart from their birth parents.
- Without an explanation from adults, the children often make up their own version of events, becoming muddled, anxious and frightened in the process.
- 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.
- Break open the secrecy/silence/shame/trauma around the child abuse/neglect and what caused it; creating openness that becomes the foundation for safety planning and/or a safer future where these problems don't recur.

Benefits for children:

- Time to digest the information and ask questions
- Context around professional involvement and parents' distress
- They know that Mum, Dad and their wider family network also know about this and that it is ok to talk to them
- Access to a range of safe adults

Benefits for parents / carers:

- The child can understand something of their parents' struggles and difficulties
- Parents develop insight into the harm
- Help parents communicate the worries to their children
- Therapeutic value for parents
- Reduce the sense of shame around abuse & neglect

Parents and the case worker develop the words together using the family's own words as far as possible. The storyboard is created around the following key question areas:

• Who's worried?
• What are we worried about?
• What happened because of the worries
• What's happening now?
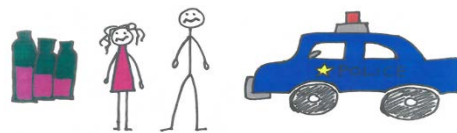
Think particularly about:

- What does child most need to know?
- What have they been asking questions about?
- What might they have overheard?
- What questions has the child been asking?
- What are the questions that keep them awake at night?
- What might the child have decided about why all this has happened?
- What has the child been told about what's happened?
- Who are the people that know the child best that we need to ask?

Words and Pictures Example

Peter, Lucy and Harry all used to live together in a house with Mum and Philip. Daddy Dennis visited a lot and everybody had fun playing, drawing and watching TV

Things were not always fun at home for Peter, Lucy and Harry. Sometimes Mum and Dad Dennis would shout and argue so much that the Police would be called. Sometimes Mum would say that Dad Dennis had been hitting her and sometimes Dad Dennis would say that Mum had hit him. Sometimes Mum had been drinking alcohol and shouted at the Police.

Due to the arguments at home between Mum and Dad Dennis the Police were very worried. The teachers at Philip's school were also very worried that things were not okay at home. The Police and the teachers asked some Social Workers help them. A Social Worker is a person whose job it is to help families when things are difficult. Social Workers try very hard to keep children safe. Peter, Lucy and Harry have had a few Social Workers, right now they have Louisa

The Social Workers put Peter, Lucy and Harry on something called a child protection plan. This is a plan that social workers, police and teachers make together with Mums and Dads to keep their children safe. The plan was made as there were worries that Mum and Dad Dennis sometimes hit Peter, Lucy and Harry when they were told off and that sometimes the children were left at home alone.

In 2015 Mum and dad Dennis decided not to be boyfriend and girlfriend anymore. Although they both love Peter, Lucy and Harry very much they are not in love with each other anymore and this is okay. They decided that Peter, Lucy and Harry will stay living with Mum and Philip and that Dad Dennis will visit weekends

The Social Workers, teachers at school and the Police became very worried about Peter, Lucy and Harry. Mum and Dad Dennis were still arguing a lot and could not get along as friends. Mum was still drinking alcohol and sometimes picked up Peter, Lucy and Harry from school after she had drunk alcohol. Mum would sometimes shout at teachers and other parents and this was scary and frightening.

On the 1st March 2019, the Police were called to the house. This was because Mum had been on the phone to the night time social work team and they were worried that Mum sounded drunk. The Police went round to check as it is not okay for adults to look after children when they have been drinking alcohol. Mum slapped Philip and shouted at the Police. The Police arrested Mum and took Peter, Lucy and Harry to stay with Dad Dennis so they were in a safe place for the night.

The Police, the social workers and the school teachers were very worried that Mum cannot always look after Peter, Lucy and Harry properly due to her drinking alcohol. When Peter, Lucy and Harry lived with Mum they did not always go to school. The arguments and shouting in the house could be scary and they made everyone feel sad.

Due to all the worries, the social workers applied to a Court to help them make a decision about where would be the safest place for Peter, Lucy and Harry to live. Whilst they were waiting for a Court date Peter, Lucy and Harry continued to live with Dad Dennis to make sure they had everything they needed.

On the 20th June 2019 the judge decided that it would be best for Peter, Lucy and Harry to live with Dad Dennis. Philip stayed living with Mum because he is older. A judge is someone who makes decisions in a Court. They listen to what everybody has to say including social workers, police, teachers, Mum and Dad Dennis. The judge also listens to what Peter, Lucy and Harry thinks, the Children's Guardian helps with this. The judge's decision is about keeping Peter, Lucy and Harry safe.

The judge's decision means that Peter, Lucy and Harry live with Dad Dennis on a Care Order. This means that Social Workers still help Dad Dennis with looking after Peter, Lucy and Harry. The Social Workers are here for Peter, Lucy and Harry to talk to if they have any worries. Peter, Lucy and Harry will now live with Dad Dennis at least until they are 18. They may also have social workers for a long time but we are not sure how long.
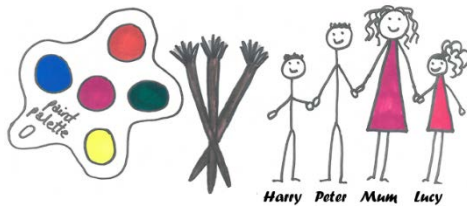
Everybody agrees that it is very important for Peter, Lucy and Harry to see Mum. The judge said this could happen twice a week at the supervised contact centre. During contact Peter, Lucy and Harry play games, do drawings and painting and have lots of fun with Mum.

Everybody knows that Peter, Lucy and Harry would like to spend more time with Mum. In the future Peter, Lucy and Harry may be able to have contact with Mum that is not supervised and they may be able to go out to places or even to Mum's house. We cannot promise that this will happen or say when. For now it is important to enjoy the contact sessions and have fun.

Philip doesn't live with Mum anymore. He has his own flat. This is called Supported Lodgings. Sometimes Philip joins the visits at the contact centre and sometimes Philip takes Peter, Lucy and Harry out to places like the cinema. This is really good fun!

Now, Peter, Lucy and Harry are living in a new home with Dad Dennis and Rebecca. This is where Peter, Lucy and Harry will live from now on. It is a nice house with lots of room. Lucy has her own bedroom and there is space outside for football and bike riding! Rebecca cooks good meals that everyone enjoys. Every day Peter, Lucy and Harry go to school with their friends and at the weekends they go out and have fun with Dad Dennis.

Further reading / information

[Words and Pictures Process - Steps](#)
[The Words-and-pictures-storyboard](#)

Developing the details of the safety plan

For a safety plan to last and be effective safety planning must be approached as a successive learning journey not a product or one off event

Immediate	Interim	Final working (Adult & Child)
How safe is this child right now? 0 ⟵ 1 2 3 4 5 6 7 8 9 ⟶ 10 Where 10 is: there are some worries but nothing that needs an immediate CP response; And 0 is: if we don't do something immediately, the child could be seriously harmed What needs to happen to increase this child's immediate safety? What is keeping this child safe tonight? Who is helping? How is this recorded?	What needs to be in place so we know the child is being kept safe while we complete our workflow process? (Screening, Duty, Intake, Initial Assessment, Child Protection/Child Welfare) Who is helping? What are specific details about what people are doing now? What more does everyone think needs to happen? Who will do what when? What might they see that would mean they would be worried? What will they do if they are worried? How is this recorded?	Addresses ALL key issues in relation to the danger: • Scale (particular issue) • Existing Strengths and Safety (explore in detail)? • Triggers and Stressors (identify and discuss openly) • Red Flags (what will we see?) • Specific details about who will do what in everyday life to keep the child safe from the danger articulated in the danger statement **Adult Version** (signed — has a custodian/boss) **Child's version** (Top rules) — explained to children Who needs a copy?

> "TELL ME & I'LL FORGET
> SHOW ME & I MIGHT REMEMBER
> INVOLVE ME & I'LL UNDERSTAND"

The safety plan will be created by the professionals asking the parents and network as many questions as possible to think through the issues and to come up with their best ideas and plans about how they can ensure and show the children will be safe and looked after, no matter how difficult things get in the future. Explore what will be happening when things are going well, what are the behavioural signs and red flag behaviours that would indicate things are going badly and what would be happening if the situation has gotten out of control.

The safety planning process is designed to be a progressive action learning process where we work with the parents and support people to build their capacity to think through the issues and come up with and use and demonstrate their ideas to keep their children safe and well, now and in the future. The role of the case worker and professionals are to constantly deepen the parents' thinking and to ask all the difficult questions of the parents and the network, to pressure test them in advance about challenges they are likely to face. Create as many questions as you can to help the parents and the network to think this through and to **think about who needs to do what to make sure the children are always safe and okay whatever happens.**

Components of the safety plan:

1 **Signs things are going well:**
What will everyone notice / what are the signs that things are going well in relation to the danger?

2 **Triggers and stressors:**
What will we notice and what will tell us that everyone in the network must be on high alert? What are the stressors / life events / circumstances that brings about the danger

3 **Prevention plan:**
Explore and establish the commitments made by the parents and safety people to **PREVENT** the danger / worry from happening. Who are the safety people the children can approach and confide in?

4 **Red flags and warning signs:**
What will we notice that would tell everyone the danger is happening and the response plan must be activated?

5 **Response plan rules:**
Who will do what when the danger is present to ensure the children are safe? Establish the commitments made by the parents and safety people to **RESPOND** to the danger / worries

The plan should also stipulate the arrangements in relation to the following aspects:

- Safety Journal
- Safety Object for the child
- Child's version of the safety plan
- Designated safety person in the network for each child
- Professional services plan

Professional Services

Never make attending a professional service such as parenting support, drug or alcohol treatment, domestic abuse perpetrator programmes, anger management, therapy, counselling etc. **a bottom line requirement** for families. These services are unlikely to be beneficial for the family if they are coerced into attending. Services can be helpful and instrumental in the change process and should not be ruled out, however attending professional services or counselling does not equate to increased safety for the children. We should fully support parents to access professional support if they express a willingness to attend and are motivated to engage. Include the details of involved services e.g. frequency of appointments and reviews in the trajectory. When services are involved it is important to get the parents and network to think about the impact this has on the day-today care of the children and what difference this make in the everyday lives of the children.

Quality assuring the safety plan

Is it clear from the plan how the safety network will help to monitor the plan from the outset and how they will evidence their enactment of the plan rules through a Safety Journal (also closed Facebook/WhatsApp group)?
Have you identified a specific safety person in the network for each child who they can call/contact if they have worries?
Have we identified the safety objects for children to communicate their worry simply?
What are the plans for fire-drill/pretend testing the plan rules?
Have you prepared and presented the child's version of the safety plan with all support people present?

Are all of the aspects below clear from the safety plan:

- Red flags – what would people notice if harmful / worrying behaviours surface again?
- Triggers – what are the triggers / circumstances associated with the harmful behaviours?
- What would be the first signs indicating that the children are being abused?
- What would the plan be when safety people notice the red flags, triggers, first signs? Who will do what?
- What differences will people notice when the harmful behaviour / worry is not present?
- Who are the safety people the children can approach and confide in?
- Does the child's version of the safety plan clearly explain / identify safety people, plan rules, safety object?

A safety plan is a journey and NOT a product. The most important aspect of the safety planning is that the plan is co-created with the family and sits within an informed safety network. It is put in practice, 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, wider family and friends.

Monitoring progress

Safety can be defined as 'strengths demonstrated as a protection over time.' 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. The effectiveness of the safety plan is monitored through reviewing the evidence at regular network meetings. Using a **safety diary / journal** in which the network people and parents record what went well as well as challenges they faced is an invaluable resource to the monitoring process. A rule should also be created in the safety plan about what the safety network people will do if they see problems emerging. Children should also be encouraged to choose a safety object

which they can move to notify people in the network that they are feeling worried or concerned about something. Monitoring and control should be handed over gradually to the support network when the case approach closure to children's services in order to test whether or not the network will be able to continue to function independently from the professionals / social worker in maintaining and updating the safety plan post case closure.

Safety Journal example

Record of the Safety Plan for (Child's Name) being followed:

Who did what?	Where?	When? (Day/Date/Time)	How do we know?	Other comments	Name/Signature
Sami (Mum) felt unwell and needed to lie down. Sami called Joanne (Friend) who came to the house and looked after Evie (Child) because she knew Jack (Dad) would be coming home for lunch.	At home.	Monday 16 November, 2015 9:45am	Joanne can verify that Sami called her. The date and time of the phone call Sami made to Joanne is in her mobile phone. Leila (Adult Sister) arrived home and saw Joanne looking after Evie whilst Sami was lying down.	Jack came home for lunch at 12:30pm and left again at 1:10pm.	

Safety Object example

Safety objects can be useful in cases where there is not a lot of confidence in the child reporting their worries to a safety network member due to fear, guilt, shame, so on. The purpose of a safety object is for a child to let safe adults around them know something is not right. Approaching an adult to talk about worries or initiate a discussion can be very difficult for children, so instead of relying on the child saying something to someone, the child instead moves an object which then triggers adults around them to check in with the child. Safety objects can be used in any type of case, from sexual abuse to neglect with children of all ages, but are probably most successful with children ages 4-12.

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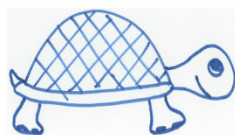
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Luke will keep his second stone turtle in his room. If he is worried about things at home he can also take the second Turtle and give it to Ms Pettit at kindergarten. Ms Pettit will talk to Luke and find out what he is worried about and will talk to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

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Follow this link for detailed guidance on the use of a safety object: How To Use A Safety Object

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 is important to involve the children in the safety planning and make the process understandable to them. Using the Three Houses tool or an adaptation 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. Bringing the 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 deeply about what needs to be done to make the children both feel and be safe.

Once children have been involved in discussing the problems, they can be asked what they would want to feel safe. The Safety House tool extends the Three Houses process and is designed to directly engage children in exploring what they need to see to feel safe living with their parents. The children's ideas can then be drawn into the safety planning work the parents and network are undertaking with the professionals.

For further information / guidance on the use of the safety house and three houses tools follow the links below:

Safety House booklet
Three Houses booklet

Child's version of the safety plan

A key mechanism for deepening the engagement of the parent and network with the safety plan is to work towards a final safety plan with simple, straightforward, age-appropriate rules the children can understand. Pictures to accompany the rules are prepared by the family, professionals and / or together with the children to make the plan more understandable, engaging and relevant to them. The final safety plan is normally presented to the children at a big meeting attended by the parents, all of 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 the children and people from their everyday life. This is far more powerful process than having the parents make commitments to professionals alone. Once the final safety plan has been 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. Follow the link to see a practice example: Child's Plan example

Facilitating the family network meeting to develop, deepen and monitor the safety plan

Elements that a good Safety Plan should include
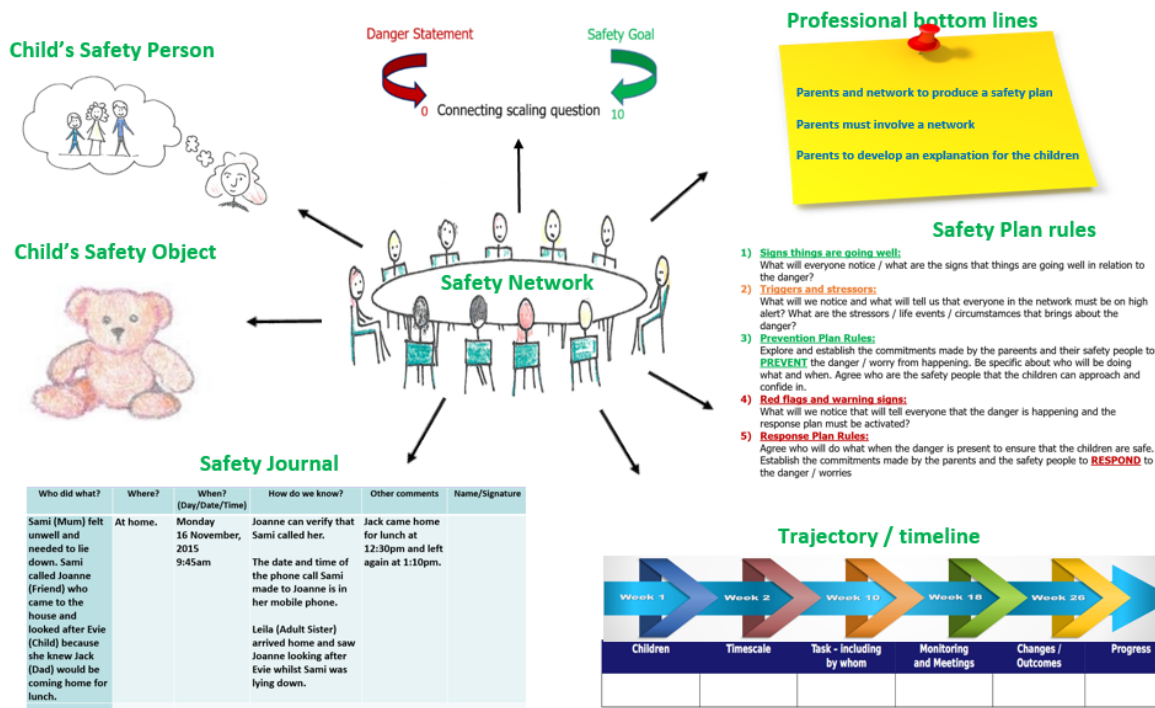
At every meeting

- Mapping strengths, existing safety, harm, danger and complicating factors with everyone contributing
- For meetings after the completion of the assessment or where mapping has previously been completed then just look at what's working well / what's worrying **in relation to the progress of the plan** rather than a complete re-mapping
- Share the danger statement and safety goal if already in draft form

First Network Meeting

Step 1: Introduce and explain the process for the family

- Danger statement, safety goal and scaling, and how these will be used at every meeting
- Introduce how the network will contribute to developing and monitoring the plan via the safety journal / WhatsApp group
- Introduce the professional bottom lines: Ongoing network involvement, the network to produce a safety plan that shows everyone the children are safe and well now and in the future and the need to develop an explanation for the children and a child's version of the plan

Immediate safety is always the priority!

Step 2: Scaling danger and safety

Get everyone present to scale danger and safety based on the scaling questions matched to each danger statement and safety goal.
If the initial network meeting happens on the first day or two after the referral and the danger statements, safety goals and matching safety scales have not yet been completed then consider using this generic scaling question at the meeting:

Thinking about how safe these children are right now – on a scale of 0–10 where 10 is while I do have some worries about them, I don't think they will be seriously hurt today or in the immediate future and 0 means I am really worried, that those children will be seriously hurt or could die in the coming days or weeks where would you rate the current safety of the child/ren between that 0 and that 10?

Make sure everyone commits to the process by writing their scale point down. Then ask everyone present in turn to say where they scaled the question and why they have scaled it **AS HIGH AS** that number. (Add these responses to the flipchart for what's working well) Don't allow people to raise negative points at this point e.g. why they scaled low, insist on the reasons they scaled it **as high as** even if they have chosen a very low number on the scale. It is helpful for families to hear that even when the scaling points are low there are still positives and often these responses highlight existing safety and protective behaviours. Avoid placing emphasis on the actual scaling numbers as this draws attention away from the reasons underpinning the scaling.

Next ask everyone in turn to say **what they need to see the family DO or what needs to happen or change to get them 1 point higher up the scale.** If there are only a few people present there should not be a need to limit the number of aspects each person raises. However this will become very time consuming in larger meetings and as a result it would be more effective to ask everyone to name 1 or 2 aspects that they see as most important or urgent. The facilitator should ask questions / clarify points raised to ensure that the suggested actions or tasks are described as behavioural specific as possible and in plain language. Write these responses on the flip chart with the **Next Steps** heading.

Step 3: Prioritise the critical issues to address in the meeting

It is unlikely that there will be enough time in any one meeting to address all of the suggested next steps in any detail. Ask everyone present to consider the list of next steps in the meeting with a view to prioritising and identifying the **most critical issues that must be addressed now** to ensure the children's immediate safety. Get this down to 1 or 2 most critical issues to work on for the rest of the meeting.

Step 4: Develop the details of the safety plan

Once the critical issues have been decided (professionals must be in agreement that addressing these would address the immediate safety concerns) start breaking each of these down using the safety plan development tool below:

Safety Plan Development Tool

1) **Signs things are going well:**
   What will everyone notice / what are the signs that things are going well in relation to the danger?

2) **Triggers and stressors:**
   What will we notice and what will tell us that everyone in the network must be on high alert? What are the stressors / life events / circumstamces that brings about the danger?

3) **Prevention Plan Rules:**
   Explore and establish the commitments made by the pareents and their safety people to **PREVENT** the danger / worry from happening. Be specific about who will be doing what and when. Agree who are the safety people that the children can approach and confide in.

4) **Red flags and warning signs:**
   What will we notice that will tell everyone that the danger is happening and the response plan must be activated?

5) **Response Plan Rules:**
   Agree who will do what when the danger is present to ensure that the children are safe. Establish the commitments made by the parents and the safety people to **RESPOND** to the danger / worries

Step 5: Updating the trajectory

During the initial meeting a small amount of time should be allocated to prioritise the remaining next steps / actions and these should be included into the trajectory as far as possible to ensure that these are addressed in future meetings. Also agree dates for as many of the future network meetings as possible.

Step 6: Monitoring the plan

Agree how the parents and the naturally connected network members are going to be involved in monitoring and testing the plan. Always make sure that you take a blank copy of the Safety Journal to meetings so that you can explain this to the family and agree how the arrangements / commitments captured in the rules of the plan will be recorded by the family and the safety network. Alternatively the family may wish to make use of a closed Facebook or WhatsApp group to communicate and record the evidence of the enactment of the plan. It is an expectation for the parents and network to bring the safety journal / WhatsApp log to every meeting.

Safety Person: It can be helpful to identify a specific safety person for each child. This person will take a specific interest in ensuring that child is safe and should check in with that child on a regular basis.

Safety Object: The network should consider whether each child would benefit from a safety object. The idea with this is that the child identify a toy or object that they will keep in a specific place. Only the child is allowed to move the safety object and when the child does this it will signal to parents and safety people that the child needs/wants to talk about something. There must be a rule in the safety plan to explain the use of the safety object and to identify who will talk to the child and check that the child is okay.

Subsequent meetings

Step 1 – Review the progress of the safety plan and update the mapping as appropriate

- Review the safety journal - It is important to honour the parents and safety people for successes. Ask best questions around aspects of the plan that haven't worked so well to change this into an opportunity to further deepen and strengthen the plan.
- What have the safety persons noticed?
- Has the child used the safety object? What was the response?
- What are the child's views for this review?
- Feedback from professionals / services – If services are involved, ask questions to elicit **how these are making a difference in the day-to-day life of the child**: What have parents been doing differently? What have professionals and network people noticed with regards to the parents' behaviour? What differences are the children reporting?
- Scale the danger statement and safety goal – ask why you have scaled it as high as…. (what's working well) and what do you need to see to go up the scale (next steps)
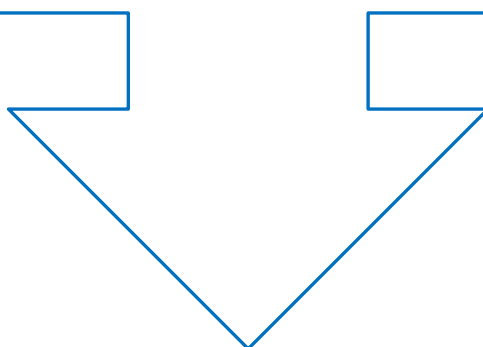
What's working well in relation to the plan?	What are we worried about / what hasn't worked well in relation to the plan	Next steps

Step 2
Revisit the next steps from the previous meeting that had not yet been included into the detailed plan. Are these steps still relevant today? Get the network to prioritise and focus on the most urgent / important next steps to address in today's meeting

Step 3
Use the safety plan development tool to develop the details of the safety plan for the key next steps identified today
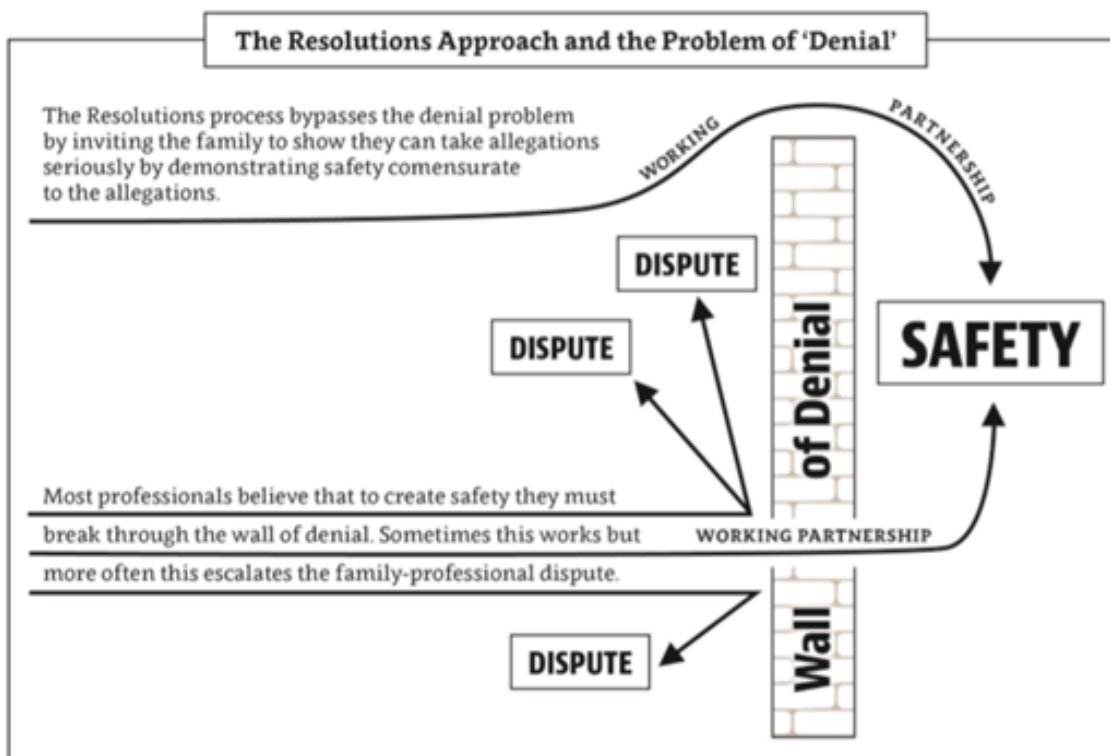
Step 4
Review the trajectory and ensure that everyone is clear around the timeline of the work to be completed up to the projected date for case closure.

Dealing with denial issues

In many 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. This can lead to a situation where professionals are trying to assert that their views are correct and if family members do not accept the professional perspective the family members are talked about as being 'in denial'. These cases tend to become stuck and research by Susie Essex suggested an alternative approach where professionals ask the parents to acknowledge the seriousness of the situation as the professionals see it even if they don't agree with that perspective and invite 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.

A robust understanding of the distinction between content and process is needed - there is little or no progress if the focus is on the *content. It keeps you locked into the detail of the argument, locked into your position and trying to convince the other. What is real is that you have a dispute about certain facts between certain people.*

Focus on process and wellbeing / success / safety planning instead that would show everyone that the alleged failure / concerns cannot happen in the future.

The Resolutions Approach and the Problem of 'Denial'

The Resolutions process bypasses the denial problem by inviting the family to show they can take allegations seriously by demonstrating safety comensurate to the allegations.

Most professionals believe that to create safety they must break through the wall of denial. Sometimes this works but more often this escalates the family-professional dispute.

Glossary of terms

Appreciative inquiry - A questioning approach that uses the EARS (Elicit, Amplify, Reflect, Start over) technique to look for strengths.

Bottom line and contingency plans - Explains what we need to see and what will happen if the safety plan doesn't work or doesn't keep the child safe.

Complicating factors - What else is going on in the family that will make the problems more difficult to deal with.

Danger statement - A danger statements is a statement formulated by the case worker to outline the worries for the child, the impact this is likely to have if nothing changes. The harm or hurt that is believed likely to happen in the future to the child if nothing in the family's situation changes. Why we need to STAY involved

Who is worried	About what potential caregiver actions/inaction	Possible impact on the child
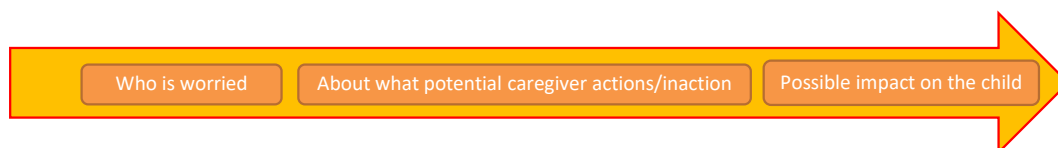
Existing Safety refers to the things already in place that show how the key issue been managed for the benefit of the child. **Actions** of protection taken by the caregiver that mitigate the danger demonstrated **over time**.

Existing strengths - People, behaviour and actions that positively contribute to a child's wellbeing, health and development and plans parents/carers/young person commit to about how the critical worries for the child will be addressed. Strengths are the things that are working well in the family and could possibly be translated to safety. For example, "mum has a strong and supportive relationship with maternal nana" would be a "strength", but not necessarily something that has kept the children safe although, with planning, it could do so in the future.

Family star – Assessment tool used to help a family to identify issues that they are stuck and where they might need additional help and support. The tool helps establish a baseline at the beginning of intervention and can be used to measure change over time.

Genograms and safety networks - Depicts the family tree and all those involved with the child, including extended family, friends and workers. It's the first thing you do when you start working with a family, to understand what the family looks like.

Harm matrix – Tool designed to help the case worker to come up with best questions to explore past harm covering. This tool is handy in helping workers and managers to consider threshold and provide a clear analysis of cumulative harm.

Harm statement - This is what has already happened; what harm has the child suffered already and what is the impact on the child? It is important to remember that not every case will have a harm statement. Why we GOT involved

Who says (or it was reported)	What caregiver actions/inaction	Impact on the child
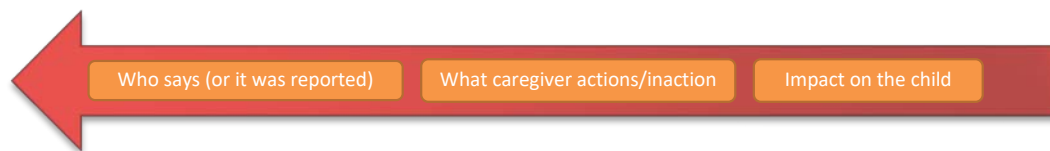
Mapping: Mapping is an assessment tool which focuses on strengths and identifying the key concerns and risks. Mapping describes in plain language what is working well, what we are worried about and what the next steps are. The tool arrange information in three columns focusing on the questions: What are we worried about, What's working well and What needs to happen.

MTM - Munro Turnell and Murphy Consulting is a partnership of Professor Eileen Munro, Dr Andrew Turnell and Terry Murphy. MTM provides whole-of-system child protection consultancy services to enable child protection and family services agencies to implement lasting reforms that deliver better outcomes for vulnerable children and their families. MTM was successful in their bid for innovation funding from the DfES for the implementation of EIP 2 and will be closely involved with Wokingham and 9 other local authorities with the implementation of the Signs of Safety approach over the next two years (September 2017 – September 2019)

Network, see also safety network - Network refers to a Safety Network, Support Network or other helpful people that have natural connections to the family that parents and children have brought together to help them accomplish their goals.

Network meeting – Regular meetings held with all the support people / safety people around the child and include the naturally connected people and professional network. In statutory process, this would include Child In Need Meetings and Core Group Meetings. The purpose of the meetings is to build and monitor the safety plan.

Next steps: The things that need to happen to improve the safety and wellbeing for the child.

Plan Rules - The Plan Rules will address each concerning behaviour in turn; moving from 'green flags' and what is working well on to stressors, and triggers for 'red flag' or emergency event and consider who will do what when problems arise?

Rapid network meeting - Bringing together a family in order to make an interim and immediate plan to keep the child safe. It involves all those, or as many as possible, in the family network.
Red flags are the indicators that the danger may be emerging or is present.

Restorative practice – Restorative practice is a term used to describe behaviours, interactions and approaches which help to build and maintain positive, healthy relationships, resolve difficulties and repair harm where there had been conflict.

Safety circles - A tool to help understand what information can be shared with who in the wider family and friend network.

Safety goals - What we need to see happen for the child in order to close the case. The behaviours and actions children's services needs to see in the day to day life of the child to be satisfied the child will be safe enough to close the case. What will tell us we can STOP our involvement

| Who is a part of the network/plan | What will caregiver DO differently | For how long? |
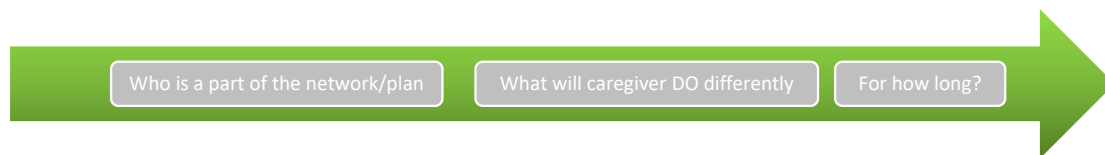
Safety journal / diary - The progress journal (can be called a safety, wellbeing or success journal depending on the case) is a diary or workbook to be created and kept by the parents, carers, child/young person, support people and professionals to record successes, worries and ideas as they go about their tasks to put the plan into action. A parent, carer or a key support person takes responsibility to get everyone involved to write **what they see** in the journal – the majority of the journal should focus on positive times, successes and how people have dealt with difficulties. Children should be encouraged to draw pictures write comments and contribute to the journal. The journal should be reviewed at every planning and review meeting.

Safety network / naturally connected network - The Safety Network is the people parents and children have brought around their family to help them keep and accomplish goals, especially those that keep identified dangers from happening.

Safety objects - In cases where the safety of children is at stake or where children young people become anxious and may well feel unable to tell anyone a safety object should be used so the child/young person can communicate their anxiety by something they do rather than by speaking. The child/young person should choose at least one safety object – this is a small object such as a toy, a rock, something that has significance to them. The child, parents and or carers together with the social worker should decide where the object will be put in the house. The only person who can move the object is the child and if the object is moved in any way or is taken away this is a signal the child is worried about something and someone who everyone knows the child will talk to has to spend time with the child find out what they are worried about and make sure the problem is sorted out. As well as a safety object in the home sometimes children and families choose for the child to have a second safety object that they can take to someone outside the home such as a neighbour or teacher.

Safety people – Relatives, friends and other helpful people that have natural connections to the family that parents and children have brought together to help them accomplish the safety or wellbeing goal.

Safety plan – Actions / steps to be taken by the family and their support network to change the everyday living arrangements of the child so that everybody knowns the child is safe when things gets difficult

Safety & wellbeing goals - What you need to see happening that shows the vulnerable child's needs are being met / they are safe.

Scaling questions – A question formulated in a way that allows everyone to place their response to the question on a scale from 0 to 10. Used to capture how people feel at any

one time and create further conversation / leading to analysis and judgement. Creates space for people to think about what needs to happen to make things better or safer for the child and helps to understand how individuals view the risk. Makes families and partners share the responsibility and take ownership of planning.

Safety Scale - A safety scale should be created matched with each danger statement and safety goal. The 0 and 10 end points of the scale need to be clearly defined in line with the danger statement (0) and the safety goal (10) so the scale clearly measures the current safety of the child/ren in relation to the danger expressed in the danger statement. The same safety scales should be used throughout the assessment and casework. In this way everyone has a clear way of understanding, measuring and discussing the seriousness and what progress has been made.

Stressors and triggers are the things that can and do happen, in the everyday lives of families that increase the likelihood of the danger.

Three houses (and any variations) / Fairies & wizards / Safety house –
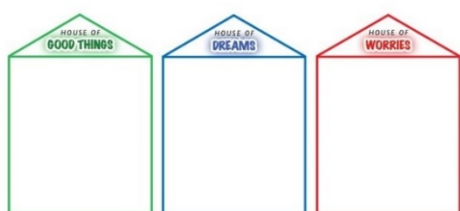
Tools to elicit the child's wishes and feelings and to understand the child's lived experience. It allows the child to explore what they need to see to feel safe living with their parents. This is the child's equivalent of the 3 column Signs of Safety mapping document and helps the practitioner to elicit the child's views to ensure that children feel able to contribute to the mapping and safety planning.

Vania Da Paz, a child protection worker from Rockingham, Western Australia, developed a very similar tool that serves the same purpose as the three houses tool but with different graphic representation.   Rather than three houses, Vania explores the same three questions using the drawing of a fairy with a magic wand or a wizard figure.

Trajectories - A timeline of intervention, showing where we are going and when we will get there, stating the week by week detail of who will do what and when.
This is a crucial aspect of safety planning as it map out the work to completed from the point of referral to case closure. Knowing how long it will take to get the case to close gives families hope and focus the work to prevent drift.

Words and pictures - A creative way to communicate to a child or parent, in a way they will understand. It allows parents and partners to share the same simplified narrative to explain to a child what has happened and what is going to keep them safe.

Resource Library

Located on the Children's Services Network drive is a resource library which holds examples of harm statements, danger statements, safety goals, trajectories, safety plans, best questions etc. This is continually added to and can be accessed by workers at any time. In addition to the practice examples there are also many other helpful documents such research papers, training material, guidance documents and practice guides and books. G:\Children's Services\Signs of Safety

All staff in Children's Services has access to the Signs of safety Knowledge Bank