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CHILDREN FIRST NORTHAMPTONSHIRE

# INTRODUCTION TO SIGNS OF SAFETY

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GUIDANCE FOR STAFF

July 2020

This guide is an introduction to Signs of Safety methodology and tools intended particularly for new employees as part of their induction.

Compiled by June Kusogbo

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## AN INTRODUCTION TO SIGNS OF SAFETY/ WELLBEING/ STABILITY

### INDUCTION FOR NEW EMPLOYEES

Children First Northamptonshire (CFN) introduced Signs of Safety in 2017 and although other social work models and theories inform our practice, Signs of Safety is the overarching practice framework for all of our work with children and families.

It is the expectation therefore that the application of Signs of Safety approach reflects in processes through which our work is undertaken with families and children. Hence, the framework must be evidenced in our planning, assessments, engaging children and families and decision-making including the range of tools we use to achieve these.

The Signs of Safety approach is adaptable to different goals and must be embedded in practice from across all our service areas.

SERVICES	ASSESSMENT TYPE	GOALS
<b>Child Protection/CIN</b> (MASH, DAAT, Support and Safeguarding Teams, Disabled Children Team)	<b>Signs of Safety</b> (Danger statements)	<b>Safety Goals</b>
<b>Early Help/Targeted Services</b>	<b>Signs of Well-being</b> (Worry Statements)	<b>Well-being Goals</b>
<b>Children in Care, UASC</b>	<b>Signs of Stability</b> (Worry Statements)	<b>Stability Goals</b>
<b>Fostering and Permanency Team</b>	<b>Signs of Stability</b>	<b>Stability Goals</b>
<b>Care Leavers</b>	<b>Signs of Success</b>	<b>Success Goals</b>

## SIGNS OF SAFETY



Signs of Safety was developed in Western Australia by Andrew Turnell and Steve Edwards in the 1990s and has been implemented in the UK, Canada, Sweden, The Netherlands, New Zealand, Japan and the USA.

Signs of Safety is a strength and evidence based questioning approach which keeps the child at the center of the work we do with children and their families. The aim is to work in partnership with families to increase safety and reduce risk by focusing on the family's strengths, resources and support networks. Alongside partnership working with the family, the approach also includes the contribution of involved professionals in exploring danger/harm alongside indicators of strengths and safety to make an overall judgement of safety using a safety scale.

#### SIGNS OF SAFETY PRACTICE DISCIPLINES:

1. Make a clear and rigorous understanding of the distinction between past harm, future danger and complicating factors.
2. Make a clear and rigorous distinction between strengths and safety.
3. Present all statements in simple straightforward language that can be understood by children and families, rather than professionalised language.
4. All statements should focus on specific, observable behaviours (**e.g. 'Ruby's school uniform always has dirty stains on it and she has an unpleasant smell when she is in school. When Ruby's Mother has appointments with teachers, she tends to disagree with the teacher, she gets upset and begins to raise her voice and she would leave the meeting abruptly**). Avoid interpretations or judgment-loaded terms (**e.g. she is 'aggressive', 'she is in denial'**).
5. Demonstrate skilful use of your authority by working in partnership with families and also remember to honour families.

#### SIGNS OF SAFETY ASSESSMENT AND PLANNING FRAMEWORK:

The SOS framework consists of seven categories of analysis that are presented in a three column table with a scaling question at the end (see page 7). The process is called "**mapping**" the case whereby we build a joint understanding of the situation

causing harm and what needs to happen to build child safety. Mapping can be used at any time and at any point.

It can be used with the family during home visits or meetings, within 1:1 and group supervision and professional meetings.

Signs of Safety is a strengths-based approach, so practitioners must ask very important questions such as:

#### **What's working well?**

- What would the child/young person say is the best thing about their family?
- What are the family or friends already doing that is keeping the child safe?
- What are the strengths in the family that might help to keep the child safe in the future?
- When are your proudest moments as a Parent/Caregiver?

#### **What are we worried about?**

- What have you seen or heard that makes you worried about the child?
- Is the worry based on past or on-going harm that is impacting the child?
- What is the worst incident that caused you to worry about the child?
- When was the most recent incident that has affected the child or young person?

#### **What needs to happen next?**

- These are the steps that the family and the people working with them will take to work towards the safety goal.
- To develop a safety goal which outlines the best hopes for safety in the future.

**Next steps is not about services the family need to engage with! It is more about their behaviours.**

#### **HARM ANALYSIS MATRIX:**

This is used to organise the details of past harm that have been gathered and that needs further exploration.

When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm. This involves clearly identifying the harmful behaviour, its severity and frequency and impact on the child. The matrix below is designed to assist professionals to develop questions to gather detailed information from referrers and families.

Chronicity Action/Impact	Timespan	First incident	Worst Incident	Last Incident
<b>Behaviour</b> <i>The dangerous or harm causing adult behaviour. Can also be a young person's dangerous behaviour</i>	<i>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?</i>	<i>When and what was the first time the agency heard about the worrying adult behaviour?</i>	<i>When, and what was the worst event of worrying adult behaviour the agency knows about?</i>	<i>When, and what is the most recent event of worrying adult behaviour the agency knows about?</i>
<b>Severity</b> <i>Describes how bad the harmful adult behaviour is</i>	<i>Over the whole timespan the adult behaviour has been happening, how bad has the adult behaviour been?</i>	<i>How bad was the first event of adult worrying behaviour?</i>	<i>How bad was the worst event of worrying adult behaviour?</i>	<i>How bad was the most recent event of worrying adult behaviour?</i>
<b>Impact</b> <i>Describes the physical and emotional impact of the adult behaviours on the child</i>	<i>Over the whole timespan the adult behaviour has been happening what has been the overall impact on the children?</i>	<i>Over the whole timespan the adult behaviour has been happening what has been the overall impact on the children?</i>	<i>What was the impact of the worst incident on the child(ren)?</i>	<i>What was the impact of the most recent incident on the child(ren)?</i>

© 2017 Resolutions Consultancy **Signs of Safety Harm Analysis Matrix** by Pene and Andrew Turnell

### 3 COLUMNS MAPPING:

As a strengths based approach, it is advisable to start with the middle column and move between the danger (worries) and safety (working well) columns. However, this process may not be effective to all scenarios. Hence, evaluate the parents'

presentation and also ask them where they want to start. Some parents want to start with the worries rather than strengths. If you are to start with 'what's working well', you need to ensure that the reason for the meeting is clear before this. This will create the context for the meeting and inform everyone why the meeting is required. This information goes straight into the 'worries' column.

What are we worried about? (Harm and Future Danger)	What's working Well (Strengths and Demonstrated Safety)	What Needs to Happen? (Safety goals and next steps in working towards Safety)
<p><b>Past Harm</b> 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? <i>Be behaviourally specific: who did what to whom?</i></p> <p><b>Danger:</b> What are you worried will happen to the children if mothering in this family/situation changes?  <i>Be specific, don't use broad terms, don't use jargon. Use the words of the child/family if you can.</i></p> <p><b>Complicating Factors</b> What are the things that make the situation more tricky? Such as housing, financial difficulties or mental health difficulties.  <i>You may not have anything here; don't fill it for the sake of it!</i></p>	<p><b>Existing Strengths</b> What are the good things, people, plans in the and around the family?  <i>'They love the kids' is not enough Make this meaningful and connected to the danger.</i></p> <p><b>Existing safety</b> What things, people, plans do we know that have kept the children safe (from danger) in the past  <i>Get details, make sure the child is in the questions that you ask</i></p>	<p><b>Safety Goal</b> What do we need to see the parent/Caregiver doing over what time period to be confident there is enough safety to close the case? <i>This is the 'what' not the 'how'. This is not a list of services</i></p> <p><b>Next Steps</b> What are the things we/they need to do now/next to move up on the safety scale? Such as:</p>

**Safety Scale: (How worried are we?)**



On a scale of 0-10, where 10 means everyone is confident that the children are safe enough for children services to close the case and 0 means that there is not enough safety for the children to live at home, where do we rate the situation (place people's assessment on the scale).

**SCALING:**

Scaling is the process of seeking views regarding the ***current impact of a situation on a child/ young person***. Scaling is usually done after completing the three columns.



The person mapping the case will then ask each professional and/ or family member to state a number on the scale where they view the situation of the child at the time of the meeting and why. Next, each person is asked what needs to change to go higher up the scale towards achieving the safety goal.

When scaling, make sure you define what 0 and 10 mean, and always present 10 (what we are working towards) first. The scale would usually be based on the worry/danger statement.

### **Examples of scaling questions**

Where 10 means that Jonny is safe and happy at home because his Father and the family network are working together to maintain a clean and safe home environment; he is eating well; he is attending school everyday and on time and he is attending all his epilepsy appointments and professional involvement is no longer needed and 0 is that the home environment is not clean and safe; Jonny attends school once a week on the average and he is not taken to his epilepsy appointments – where do you place risk on the scale today and why.

- What needs to change to move one point up the scale?

### **POINTS TO REMEMBER:**

- ❖ Scaling is a measurement process in any situation where you want to seek a view regarding level of worry or progress. Therefore, it can be used in different scenarios such as on home visits, during direct work with children, family meetings, professional meetings, supervision etc.
- ❖ There is no right and wrong risk number since people will differ in their opinions based on their own assessment of the situation from information they know or have heard.

- ❖ What is important is that judgements are shared and the action or safety plan is formulated and followed in order to improve the child or young person's circumstances.

#### DANGER STATEMENT AND SAFETY GOAL:

**A danger statement** must identify why professionals are working with the family. The statements are written in simple language and specify who is worried, what we are worried about and what the likely impact on the child is if nothing changes.

**A safety goal** clearly explains what the family and its networks need to do so that everyone knows the children will be safe and what the child protection professionals need to see in order to close the case or step the case down to another service.

Develop a safety goal and safety scale matched to each danger statement within a Signs of Safety assessment.

DANGER STATEMENT	SAFETY GOAL
<p><b>There should be one danger statement for each issue but try not to have more than 5 danger statements in total.</b></p> <p>Danger Statements <b>must</b> be written with the family.</p> <p>Start by naming everyone <b>who</b> is worried</p> <p>Next state <b>what we are worried about.</b> Describe what has happened in the past to cause this worry. Be factual, give examples</p> <p>Describe any <b>impact</b> the child is experiencing – if any – state what we are worried may happen to the child/young person if nothing changes.</p>	<p><b>There should be a corresponding safety goal for each danger statement</b></p> <p>The safety goal needs to state <b>what professionals will see to show them that the situation has improved</b> and the child/young person is safe in their parent/caregiver's care.</p> <p>Improvements must be in the form of <b>change in behaviours. It is not about services</b> that parent/caregiver's should attend</p> <p>The safety goal should say <b>how long professionals need to see the changes being sustained</b> to be satisfied that this will continue in the long term.</p>

## Example of Danger Statement and corresponding Safety Goal:

### CASE SYNOPSIS:

*15yr old girl, placed in foster 4 weeks previously due to threats of assault to mother; arguing, school absence.*

**DANGER STATEMENT:** Rashma and Brandy from Children services are worried about Kay and her mother's relationship. Things have not been good for a long time, about a year, mother started to notice a change in Kay's behaviour, like spending more time in her room and being by herself. The relationship with Kay and mother got more difficult about 6 months ago, when they started to have lots of arguments about Kay not always going to school and course work not being done.

Things got so bad between them, that Kay and her mother got into an argument. Kay scratched her mother on her face, hands and arms. Mother called the police because Kay had threatened to kill her. The police came and were so worried that it wouldn't be safe for Kay to stay at home and because there were no relatives who could take Kay, the police used their powers of protection and Kay was placed in foster care.

Rashma and Brandy are worried that when Kay goes home, if mother and Kay haven't sorted out things properly another big argument could happen and Kay could hurt her mother quite badly which may mean mother ends up in hospital and Kay is charged with a serious assault which could mean court and perhaps ending up in youth custody.

**SAFETY GOAL:** Rashma and Brandy want Kay to return home to her mother as soon as possible, but only if it is safe for this to happen. Rashma knows mother loves Kay very much and has looked after her really well for all of Kay's entire life.

For Kay to return home, Rashma needs:

1. Mother, some people she trusts, and Kay to come up with a plan that shows everyone that whenever there are issues that Kay and Mother don't agree upon, that these are dealt with in a way where everyone stays calm and respectful to each other and doesn't cause a big argument, fighting or threats.
2. Rashma also wants in the plan for Kay to have the option of a support person with whom she can talk things through if at any time she feels the need to, that will also help to keep Kay and Mother's relationship safe and intact.
3. Mother and her support people need to come up with a words and pictures explanation for Kay so that this can help Kay to understand the family's journey and what is being done to sort out the worries that Rashma and Brandy have.

Rashma needs to see this plan in place before Kay returns home and then working consistently for 4 months before she will consider closing the case. (Kay Bell – SOS consultant, UK)

### FAMILY NETWORK MEETINGS:

An essential part of helping to keep a child safe is to identify and involve family or support network in order to put together a safety plan. This will usually involve families calling on the wider family and their social network to provide active support, being the people who are likely to play a more substantial and enduring part in the family's life than professional interventions that tend to be of short duration and short term.

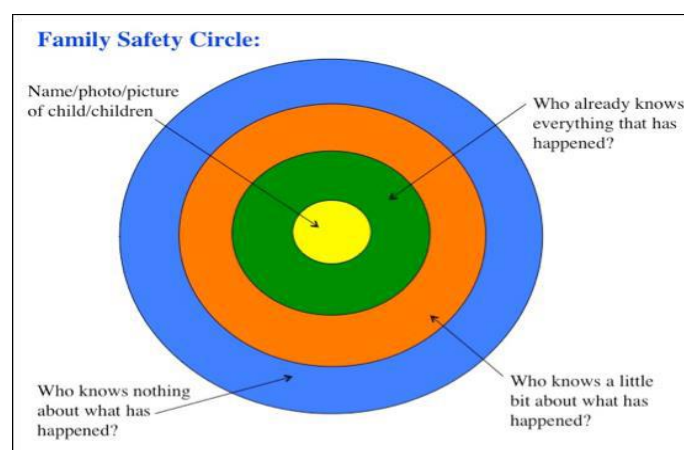
This is a specific set of rules and arrangements that describe how the family will go about and live its everyday life that shows everyone, the professionals, and the family's own support people how the children will be safe in the future.

### SAFETY NETWORKS:

A 'safety network' is a network made up of family, friends and sometimes, professionals who care about the children and family. This are people who are available and willing to work with the family and with professionals to develop, implement and monitor an ongoing safety plan.

### CIRCLE OF SAFETY AND SUPPORT TOOL:

The 'Circles of Safety and Support' was designed by Sonja Parker from Western Australia to help family members identify people for the family's safety and support network. This tool also helps child protection professionals to have conversations with family members about why a safety and support network is necessary, about the role of the safety and support network and the process of assessing who would be the most appropriate people to participate in this network.



### THE SAFETY PLANNING TOOL:

This is a tool to assist in the development of a collaborative, detailed safety plan completed with the family. When developing safety planning, always start with and reference the danger statement and safety goals. They are the context that underpins the rationale for creating safety plans. There are templates and examples of safety plans on the Signs of Safety Intranet page.

### THE SAFETY PLAN:

This is a specific set of rules and arrangements that describe how the family will go about and live its everyday life that shows everyone, the professionals, and the family's own support people how the children will be safe in the future.

**WHAT:** Safety planning is a process that involves all the significant people in a child's



life working together to develop a detailed safety plan. This family safety plan is one that will describe the day-to-day arrangements that a family and their safety network have agreed to put into place to ensure that the child will be safe in the future in relation to the identified dangers or worries.

**HOW:** The process involves monitoring and reviewing the safety plan over time, so that everyone is satisfied that the plan is working and will continue to work even once child protection withdraws. Developing safety plans usually involves multiple meetings - first with the parents/caregivers, then with the children (if they are old enough to contribute to the plan) and the safety network.

### BOTTOMLINES:

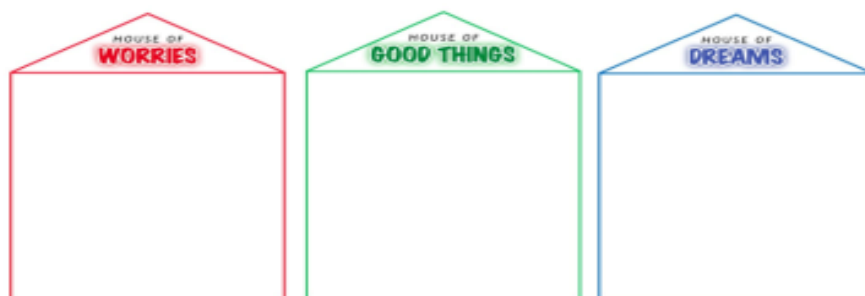
These are a minimum set of conditions set by the social worker and their manager about how the safety goal and or safety plan should be achieved. For example:

- a. Identifying a particularly parent or person, usually an alleged or convicted perpetrator, who will be required to never be alone with a child or children.
- b. The safety plan must have rules that address particular stressors, triggers or issues for example:
  - how a couple will deal with conflict to avoid violence;
  - how a parent/caregiver will deal with depression or high level anxiety or other mental health problems and still make sure the children are well cared for, whatever their mental state.
- c. How the parent/caregiver will deal safely with the children when they display the worst of their behaviour. This is particularly important if children have behavioural difficulties, mental health problems, and/or developmental delay that create management challenges.

#### INVOLVING CHILDREN – SIGNS OF SAFETY TOOLS:

Always remember that Article 12 of the United Nations Convention on the Rights of the Child stipulates children's rights to express their views freely, to be heard and to participate in planning and decision-making about issues that affect them (taking into account their age and maturity). Direct work is a way of ensuring that this right is fulfilled.

The Signs of Safety Toolkit has lots of useful tools and resources for children and young people such as the Three Houses, Wizard and Fairy Tool; Safety House and Words and Pictures.



**The 'Three Houses' tool** is designed to help children and young people participate in the assessment and planning process. It is used to help workers learn from children what they think are the most important things that are happening in their family and in their world.

Be creative and use any ideas that interests the child, such as three football nets, three castles, three animals. For teenagers, you may want to focus on the concept of good things and of hopes and dreams as just focusing on these is often enough to understand the key issues from their point of view.

Do not forget to discuss the reason for the direct work with the child or young person. Explain what will happen next and obtain their permission to share their work with relevant others. Where there are safety issues, ensure any concerns are addressed before sharing the child's work to ensure that they are not placed at further risk.

Always, place a copy of any direct work in the child's file.

#### PARENTAL CONSENT:

Wherever possible, inform parents/caregivers and obtain permission to interview the child. Parents/caregivers are often anxious when social workers want to speak to their children. Therefore, it is good to show the parents/caregivers and explain the Three Houses tool so they know how the interview will be conducted. This demonstrates to the parent/caregiver that the worker will not only look at problems but will also focus on good things and hopes for the future. This creates transparency and sets the context for the worker to be able to come back to the parent/caregiver with the information from the child.

Sometimes social workers need to insist that they speak with the child without a parent/caregiver present. When this happens, all efforts should be made to provide an explanation to the parent/caregiver as to why it was considered necessary to speak to the child on their own.

### 'THE SAFETY HOUSE':

The 'Safety House' is designed to include children in the safety planning process and specifically to obtain their views on what would need to happen within their family to ensure that they are safe.



### THE FAIRY/ WIZARD TOOL:

Instead of 'My Three Houses', the same questioning process for using the Three Houses tool applies in using the drawing of a fairy with a magic wand or a wizard figure. This tool is aimed at very young children.





## WORDS AND PICTURES:

'Words and Pictures' was developed in the UK by Susie Essex, John Gumbleton and Colin Luger. It provides a developmentally appropriate explanation to help children (and others) to understand what has happened in their family that has led to the current situation.

**WHY:** Often, Children who are placed outside of their home or involved with the child protection system have little or no understanding as to why they are in care or even why child protection professionals are involved with their family. The story board gives parents, carers, the wider family network a tool to help find the 'right' words for children.

**WHEN:** Necessary BEFORE the process of defining the long-term safety plan can begin. Sometimes it's important that the child(ren) gets this explanation earlier in the case, even within the first few weeks of an investigation/assessment, especially if they have been taken into care.

**HOW:** The process takes the form of **a storyboard** to describe what has happened in a family's life and what the family is now trying to do to respond to the situation. It is **co-created** by the professional together **with** the parent/caregiver or family members, written in the family's own language that the child understands.

You can create a short version of up to 4 quadrats in response to an immediate situation. You can also create a detailed version storyboard of up to 12 story boxes.

## KEY POINTS:

- A 'Words and Pictures' storyboard **never opens with a traumatic event**.
- State **who is worried** and be clear about what the worries are.
- State who is trying **to help and move things forward**.
- **End with a Positive** and future focussed picture - with everyone working together.

## Words and Pictures Story in an Injured Infant Case

### Who's Worried?



### What Are They Worried About?



Sharon was sick and very badly hurt and had to go to hospital. Sharon had very big hurts all over her body. The doctors were very worried, they said Sharon had been hurt while Mummy and Daddy were looking after her. Mummy and Daddy said they didn't hurt Sharon but the doctors and the social worker were still worried and said they had to make sure Sharon would be safe before she could come home.

### What Happened Then?



After this the social worker said Sharon couldn't live with Mummy and Daddy. Nan and Pop wanted to help so Sharon went to live with them after she got out of hospital. Sharon has lived with Nan and Pop for more than two years since then.

### What Are We Doing?



Mummy and Daddy are working very hard with Andrew and Karen (the social worker) to show everyone that Sharon will be safe when she comes home.

Artwork by Dan Giamorgan

The Signs of Safety Child Protection Practice Framework (Sept 2011)

### TRAJECTORY:

A clear, agreed timeline of events that shows steps of what will happen between 'now' and case closure. This process offers the family a clear timeline of **who is doing what, by when, and what will happen** when this work is completed. It also holds both family members and professionals to account. Families are often more motivated to work towards an end goal and avoid drift and delay in the process.

### APPRECIATIVE INQUIRY:

Appreciative Inquiry is grounded in Solution Focussed Brief Therapy. As a model of change it is designed to help practitioners and families to focus on what works and how it was achieved.

It is a reflective approach that helps to think about what is already working; what we are getting good results from; what we are proud of; and what motivates the individual, rather than what went wrong.

#### WHEN TO USE APPRECIATIVE INQUIRY:

Appreciative inquiry can be used where you would like to see things improve as it guides your questioning to focus on how to construct better outcomes. It is useful in conversations with families, professionals, individual and/or in group supervision and in team meetings.

Using the E.A.R.S approach with families provides opportunity for the family to think creatively about how to progress towards their goals of safety for themselves and their children.

#### HOW TO USE THE E.A.R.S APPROACH:

**Elicit:** First question - Use broad focus questions that reflects something positive.

**Amplify:** Ask for behavioural details that contributed to the achievement, focussing on 'best' times and strongest examples of the behaviour. Questions should focus on success from perspective of others. Always try to explore the child's perspective and where the safety has increased.

**Reflect:** Explore the meaning and significance of the work.

**Start over:** Return to Amplify and reflect further on meaningful details leading to improvement or start with a new question.

#### FINAL KEY POINTS TO REMEMBER:

- The child should be at the centre of all safety planning and if a child is old enough they should be involved in creating their own plan.
- Words and Pictures needs to contain the simplest words and the most basic pictures drawn with or by the parent/caregiver.
- You can use Signs of Safety mapping to thoroughly interrogate what you know and don't know before you meet with the family.

- Use plain and simple language to tell the family what you are worried about (including admitting what you don't know) and what you would need to see in order not to be worried. You tell the family what you want, and it is their task to show you how they will do it.
- Prepare "bottom lines", which are things which must be adhered to, and stick to those – if they aren't adhered to then you cannot agree the safety plan.
- Signs of Safety is a 'collaborative' process and should always be used 'with' the family to improve working relationships, transparency and agree shared goals.
- **Always record your work with a family in the child's file.**

## Basic Signs of Safety Workflow

SCREENING	ASSESSMENT/INVESTIGATION	ONGOING
Genogram	Genogram (updates)	
3 Columns Mapping	3 Columns Mapping	
Harm Analysis Matrix	Harm Analysis Matrix	
	3 Houses	
	Initial Network Meeting	Initial Network Meeting
	Immediate Safety Plan	Immediate Safety Plan
	Safety Planning Trajectory	Safety Planning Trajectory
	Family Safety Circles/ Network Finding Matrix	Family Safety Circles/ Network Finding Matrix
	Words & Pictures Explanation (Short version)	Words & Pictures Explanation
		Building the Long-Term Safety Plan
		Columns Mapping/ Three Houses
		Safety House
		Regular Network Meetings
		Safety Journal
		Safety Object
		Practicing/Testing/Rehearsing the safety Plan
		Final Family Safety Plan
		Final Words & Pictures Safety Plan

Elia International Ltd – Signs of Safety Workflow

## RESOURCES:

Additional resources are available in this section on iLearn and the **Signs of Safety** intranet page including:

- Templates for working with children
- Mapping prompts
- Words and pictures
- Mapping and harm analysis templates
- Safety planning

Also refer to the Signs of Safety Workbooks for more information. Other resources for working with children can be found on:

- Social work toolbox <http://www.socialworkerstoolbox.com/>

Additionally, you can speak to or email Samantha Dunkerley -

[SaDunkerley@childrenfirstnorthamptonshire.co.uk](mailto:SaDunkerley@childrenfirstnorthamptonshire.co.uk) who is the Signs of Safety

Advanced Practitioner or one of the Practice Champions in your service area for support. The full list of names is on the **Signs of Safety** pages. They have access to the knowledge bank where there are a wide range of other resources.

