Safety Organized Practice
Foundational Institute

Classroom and supplemental materials available before, during and after class at http://bit.ly/SOPFoundation

INTRODUCING
SAFETY ORGANIZED PRACTICE

WELCOME

• INTRODUCTIONS
• HOUSEKEEPING
OVERVIEW OF THE TRAINING

<table>
<thead>
<tr>
<th>Day</th>
<th>Main Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Orientation, introducing safety organized practice, strategic conversations about danger and safety, talking with children, introduction to mapping</td>
</tr>
<tr>
<td>Day 2</td>
<td>Safety mapping, harm and danger statements, safety goals, networks, orienting parents, collaborative planning, next steps</td>
</tr>
</tbody>
</table>

PREPARATION FOR MAPPING

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

Think of a case that is not too complicated, that you have been working on. It is important that you can provide rich detail about your selected case (please speak to the instructors at break or lunch today).

YOUR LEARNING GOALS

Given the overview: Table Talk

What would you like to learn?

– What would make this training worth your time?
– What elements of SOP would you like us to focus on?
– What questions do you have?
AGREEMENTS

Refer to Handout #1: Dialogue Structure for Facilitating a Family Mtg.

Discuss how we can best work together (Agreements)

– What do you need from each other, the trainers, yourself?
– What has worked in other trainings that has been successful for you.

CULTURAL HUMILITY

Hu-mil-i-ty, noun.
1. The quality or condition of being humble; lack of pride; modesty.
2. The act of modesty or self-abasement; submission.

The American Heritage Dictionary of the English Language (1973; p. 441)

Cultural Humility

A cultural humility perspective challenges us to learn from the people with whom we interact, reserve judgment, and bridge the cultural divide between our perspectives in order to facilitate well-being and promote improved quality of life. Such a perspective frees the observer from having to possess expert knowledge in order to maintain knowledge-based power, control, and authority over matters about which diverse populations are far more knowledgeable.


ACTIVITY: THE MULTICULTURAL PROCESS OF CHANGE – TABLE TALK

Refer to Handout #2: Multicultural Guidelines

Cultural differences and similarities affect all relationships and decisions.

1. Review Multicultural Guidelines for Communicating Across Differences handout as a group

2. Consider for yourself:
   – Which one am I best at?
   – Which one can I work on?

3. Based on your conversations do we want to add anything to our agreements?
### PLAN FOR THE DAY

**Morning**
- Introductions
- Group agreements
- Two-day Overview
- Background
- A rigorous, balanced assessment
- Solution-focused conversations

**Afternoon**
- Interviewing Children
- An introduction to Safety Mapping

### INTEGRATED PRACTICE CONTRIBUTIONS

**BIRTH OF SOP**

- Steve de Shazer
- Insoo Kim Berg
- Andrew Tunnell
- Sonja Parker
- Steve Edwards

- CRC Staff
- Valerie Batts
- Nicki Weld

- Child welfare professionals, families, and children across California

### OBJECTIVES: WHY SOP?

- **ENGAGEMENT:** Create a shared focus to guide casework among all stakeholders (child, family, worker, supervisor, etc.)
- **CRITICAL THINKING:** Help these stakeholders consider complicated and ambiguous case information together and sort it into meaningful CW categories
- **ENHANCING SAFETY:** Clear the way for stakeholders to engage in "rigorous, sustainable, on the ground child safety" efforts
SAFETY ORGANIZED PRACTICE TOOLS AND STRATEGIES

Social work (SOP) practice
This is how we work with families:
- Cultural Humility
- Solution focused approach
  - Strength based belief system
- Trauma informed practice
- Collaborative Practice
- Appreciative inquiry

SOP Tools
- Solution focused questions
  - 3 questions, Scaling, Miracle, Exception, Position, Coping 7s
- Structured Decision Making
- Safety Mapping Tools
  - Three Column, Quad
  - Consultation & Information Sharing Framework
- Eco-map
- Genogram
  - Facilitated Dialogue Structure
- Harm; Risk/Danger Statements
- Safety Goals / Safety Planning
- Safety Circles / Networks
- Three Houses / Safety House

ACTIVITY

Refer to handout #3: SOP Practice Definitions
1. At each table, please look at the definition of the Practice Component provided to you.
2. At your table, discuss how you have seen or how you can imagine this practice component being utilized in Child Welfare.
3. Chart on flip chart paper.
4. Each group share their favorite idea with the larger group.

SAFETY ORGANIZED PRACTICE
GOOD WORKING RELATIONSHIPS
- Solution-focused conversations
- Strategies for talking with children
- Appreciative inquiry
- Cultural humility
- Trauma informed practice

CRITICAL THINKING
- Mapping / Consultation and Information Sharing Framework
- Structured Decision Making® (SDM) assessments

ENHANCING SAFETY
- Harm and risk / danger statements
- Well-formed goals
- Building safety networks
- Partnership-based collaborative planning
**Why SDM® and Safety-Organized Practice?**

**STRUCTURED DECISION MAKING®**
- Developed by Children's Research Center (CRC) in mid-1980s
- Now used in United States, Canada, Australia, and Bermuda
- Refers to a suite of assessments and related case-management decisions
- Objectives of the SDM® system are to:
  - Identify crucial decision points
  - Increase consistency
  - Increase accuracy
  - Target resources to families with greatest need.

**SHARED VALUES**
- Decisions: Research-aided, Consistent, Equitable, Collaborative
- Children and Families: Are full partners in the work, Have the potential to change
- Practice: Safety-centered, Behaviorally based, Child welfare as change agent

*Our goal is behavioral change, not service compliance.*
STRATEGIC CONVERSATIONS ABOUT SAFETY AND RISK/DANGER:
A BALANCED ASSESSMENT

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

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

What is the impact of the caregiver's actions on the child?
Suicide attempt by gas in the kitchen while the children were home.

Her father: physically abusive, dangerous.

Poverty.

STRATEGIC CONVERSATIONS ABOUT SAFETY AND RISK / DANGER
What will Cheryl's future probably look like?
What do we know about risk / danger?
What do we know about safety?

Past Present Future

STRATEGIC CONVERSATIONS ABOUT SAFETY AND RISK / DANGER

Suicide attempt by gas in the kitchen while the children were home

“I took the girls and put them in the next room.”

“My mom and aunt made sure I got an education.”

Proper care of girls through school, doctor, therapy

“I took the girls and put them in the next room.”

“I’m getting up at 4:00 a.m. to meet them and get them to school.”

“My mom gave custody of me to my aunt.”
STRATEGIC CONVERSATIONS ABOUT SAFETY AND RISK/DANGER

What will Cheryl’s future probably look like?
What do we know about danger?
What do we know about safety?

"NAÏVE" PRACTICE

"PROBLEM-SATURATED" PRACTICE
A FULL ASSESSMENT

Past  Present  Future

THE THREE QUESTIONS

What are we worried about?
What is working well?
What needs to happen next?

THREE QUESTIONS THAT ORGANIZE THE CONVERSATION
"WHAT ARE WE WORRIED ABOUT?"

Ask questions that...

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

"WHAT ARE WE WORRIED ABOUT?"

Ask questions that reveal …

- Caregiver
- Behavior
- Impact on the child

GENERALIZATIONS VERSUS BEHAVIORAL DESCRIPTIONS AND IMPACT

"She is mentally ill."

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

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

"WHAT IS WORKING WELL?"

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

LISTENING FOR THE EMPTY SPACES

Her father: physically abusive, dangerous
- Foster care
- Suicide attempt by gas in the kitchen while the children were home
- Poverty
- Present
- Past
- Future
LISTENING FOR THE EMPTY SPACES

Her father: physically abusive, dangerous

Foster care

Past

DEPRESSION

Suicide attempt by gas in the kitchen while the children were home

POVERTY

Present

Future

What is the history of protection?

"WHAT IS WORKING WELL?"

Ask questions that reveal ...

Caregiver

Behavior

Impact on the child

GENERALIZATIONS VERSUS BEHAVIORAL DESCRIPTIONS AND IMPACT

"She is stable."

– Stable meaning what?
– Stable from what?
– What caregiver behaviors are associated with stability?
– When do those behaviors show themselves?
– How do those behaviors impact the child?
– How do you know?
– How do you find out?
ACTIVITY: SURFACING THE GENERALIZATIONS WE LIVE BY EVERY DAY!

At your tables:

Make an exhaustive list of ALL the generalizations, labels and generally IMPRECISE descriptions we use every day to describe families!

1. Start by taking a piece of paper and dividing it into half: The "working well" and the "worries".
2. Then come up with a list of all the common phrases, descriptions, we use everyday about families that do not give us real information.

Keep it real!
Three minutes on the clock

ACTIVITY

At your table choose one person to present a case (this case will be used throughout the two days for various activities)- please change names etc. to protect confidentiality.

• Choose a case with an SDM safety threat
• Choose a scribe and a facilitator
• Facilitator asks the person presenting the case the first two questions..
  • What’s working well?
  • What are you worried about?
  – Scribe-write down responses on flip chart paper
  – Group-work together to make sure there is no Jargon

REMEMBER: Be Behaviorally Specific!!

Solution-Focused Conversations

THE CONVERSATION IS THE RELATIONSHIP
WHY SOLUTION-FOCUSED CONVERSATIONS?

From multiple research studies:

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

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

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SOLUTION-FOCUSED INQUIRY: AT THE HEART

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

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ALL WRAPPED IN: CULTURAL HUMILITY

- **Cultural Humility**
  - Exception Questions: Past history of protection
  - Scaling: Danger/safety, Progress
  - Position Questions: Seeing through other people’s eyes
  - Coping: Skill at finding solutions to difficulty
  - Preferred Future: Future goals
EXCEPTION QUESTIONS

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

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

SCALING QUESTIONS (CONVERSATIONS)

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

Follow-Up Questions

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

WHAT CAN YOU RATE?

You can use these to assess and have conversations about ...

Danger/Safety  Willingness  Confidence
Capacity  Progress
RELATIONSHIP OR POSITION QUESTIONS

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

“If your son was here right now and heard everything we have talked about, what do you think he would be most worried about?”

“When your daughter is older and dating, what would you tell her if she was dating someone who was doing to her what your boyfriend has been doing to you?”

COPING AND PREFERRED FUTURE QUESTIONS

Coping
“The things you have been going through are not easy. How do you think you have been able to do as well as you have?”

Preferred Future
“You are pretty clear that this is not how you want things to be. How would you like things to be instead? What needs to happen for things to be like that?”

“Ten years from now when your child is older, what story do you hope he/she has of this time?”

WHY SOLUTION-FOCUSED INQUIRY?
AN EXAMPLE FROM SAN DIEGO COUNTY

• https://www.youtube.com/watch?v=a4pz_ymwFj8
ACTIVITY: APPLYING SOLUTION-FOCUSED QUESTIONS

1. In same groups... Pick one idea (worry or what is working) from your list. How would you apply some of these solution-focused questions to this statement?

2. Write two Solution-Focused questions you could use with your family? Try and ask questions that focus on the impact to the child or behavioral detail.

Interviewing Children

INTERVIEWING AT OUR BEST

• Think about a time when you interviewed a child and felt really good about it—a time it really made a difference. Tell your partner this story.

• What in particular in your stories do you think each of you did that made the biggest difference?
INTERVIEWING AT OUR BEST

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

WHAT CAN CHILDREN TELL US ABOUT ...

- Safety Threats/Danger
- Protective Capacities
- Immediate Safety Planning

- Child Factors
- Parent Factors
- Household Factors

- Caregiver Characteristics
- Child Characteristics
- Continuing Safety Planning

- Progress on Family Service Plan

DOMAINS OF AN INTERVIEW WITH A CHILD

- Discipline
- Health
- Family Strengths and Needs Assessment
- Risk Assessment
- Basic Needs
- Morning/Evening Routines
- Social/Peer Relationships
- School
- Culture and Community
STAGES OF AN INTERVIEW WITH A CHILD

Orientation
- Explain purpose of interview

Engagement
- Connecting with the child
  - Can be playful
  - Tolerant of child ways of being

Information Exchange
- What is going well?
- What are the worries?

Wrap Up
- What next steps will occur?

ENGAGING CHILDREN

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

TWO TOOLS FOR WORKING WITH CHILDREN

Three Houses
Engage child in danger statement and safety assessment

Safety House
Engage child in safety planning
BEFORE THE CHILD INTERVIEW

Obtain permission from parents
- IF safe
- IF forensic considerations are not compromised

Select a conducive location

Have paper and drawing tools with you

Decision: With parents or without?

Decision: One sibling or more?

I wish

I wish my dad would stop yelling and threatening me and my brother when he is mad.

I wish to live with grandma.

I wish we

living in the house. When dad gets drunk, I wish we

are living in the house. When my dad gets drunk.

Have paper and drawing tools with you.

Decision: With parents or without?

Decision: One sibling or more?
INTRODUCING THE THREE HOUSES

Explain to the child:
• "In the first house, we will include the things that you like in your life. That is the house of good things."

• "In the second house, we will write or draw your worries. That is the house of worries."

• "In the third house, we will write or draw how things would be if they got better. That is the house of dreams."

DURING THE DRAWING

Clarification, details
“And then what happened?”

Awareness of child’s process
“Do you want to take a break?”

Developmental awareness
“Tell me what the word ‘hurt’ means.”

Non-leading
“What else do you think I should know about?”

Above all: It is a conversation!

TALKING TO CAREGIVERS

How to share it with parent?
– Show whole drawings?
– Summarize?
– Hold some information that could be incendiary until child safety is secure?

If sharing ...
• Start with house of good things
• Worries presented as things child is worried about (vs. “truth”)

Become partners in thinking through the implications
– “CPS must act as if until proven otherwise.”
– “How do you think I should react if I see this as true?”
– “What do you imagine I will need to see happen next?”

Parent reaction IS information
ACTIVITY: REFLECTING ON THESE NEW PRACTICES

• In Pairs: Think about working with children in different roles:
  • Investigation/Assessment
  • Family Reunification
  • Family Maintenance
  • Permanency Planning
  • Adoptions
  • Community Partners

• Discuss how you might use the Three Houses tool in one of these roles

• Report out to group

SAFETY MAPPING

COLLABORATION IS NOT JUST A NOUN; IT IS A SERIES OF PRACTICES.

Developing understanding whereby everyone is clear about why we are here, what we are trying to accomplish, and how we are going to do it

Participation which allows everyone's voices to be heard and allows people to feel a sense of ownership and presence in the process

Creating shared commitments for action and the outcomes
COLLABORATION IS NOT JUST A NOUN; IT IS A SERIES OF PRACTICES.

Assessment of families

Assessment with families

SAFETY MAPPING

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

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

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

FOUNDATIONAL VALUES AND BELIEFS OF SAFETY MAPPING

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

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

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

The more that information is effectively organized among all the key people involved, the more likely it is that effective decisions can be made.
Refer to Handout #1: Dialogue Structure for Facilitating a Family Mtg.

Dialogue Structure for Facilitating a Family Meeting

<table>
<thead>
<tr>
<th>Meeting Stage</th>
<th>Key questions to guide each stage of the meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose / Desired Outcome</td>
<td>Overall, why are we meeting today? What do we want to take about? What do we want to walk away with today, in this meeting? (A plan, list, decision, etc.)</td>
</tr>
<tr>
<td>Context</td>
<td>Is there anything that might pull our attention away from our focus today?</td>
</tr>
<tr>
<td>Group Agreements</td>
<td>How do we want to work with each other?</td>
</tr>
<tr>
<td>Network/Stakeholders (People and Community)</td>
<td>Is everyone here that should be here? If not, what should we do to get them here? (Genogram, Eco-map, Safety Circles, Cultural considerations)</td>
</tr>
<tr>
<td>Content</td>
<td>What's working well? What are we worried about? What's the impact on the child? Gray Area? (Safety mapping)</td>
</tr>
<tr>
<td>Next Steps</td>
<td>What steps do we need to take from here? Who does what? By when? Next meeting date?</td>
</tr>
<tr>
<td>+/- Feedback</td>
<td>What worked? What should we do differently next time?</td>
</tr>
</tbody>
</table>

SAFETY MAPPING CONTENT STARTS WITH THE THREE QUESTIONS

What are we worried about?

What is working well?

What needs to happen next?

Safety Mapping Key Terms

What are we worried about?
- Harm
- Risk/Danger
- Risk Level
- Complicating Factors

What is working well?
- Safety
- Strengths
MAPPING: KEY TERMS TO KNOW

Refer to Handout #4: SOP Definitions

Harm
Past actions by a caregiver that have hurt the child physically, developmentally, or emotionally. HARM IS ABOUT THE PAST

Risk/Danger
Credible worries/concerns child welfare and others in the community have about actions the caregiver may take in the future that will harm that child. DANGER IS ABOUT THE FUTURE

Risk Level
The resulting likelihood of repeated future harm. RISK GIVES US AN IDEA OF HOW WORRIED WE SHOULD BE ABOUT SOME DANGER ACTUALLY OCCURRING

Complicating Factors
Anything that complicates our work with the family. Anything that presents a challenge or difficulty for the family but does not pose danger.

Safety
Acts of Protection taken by the caregiver that mitigate the danger and are demonstrated over time.

Strengths
Coping skills, qualities in an individual or in a family that contribute in positive ways to family life but do not, in and of themselves, directly enhance protection of children from the danger over time.

Safety and services are not the same thing

IMPORTANT FORMULA FOR HARM AND SAFETY

Caregiver | Behavior | Impact on the child
### Three-Column Mapping

<table>
<thead>
<tr>
<th>What Are We Worried About?</th>
<th>What Is Working Well?</th>
<th>What Needs to Happen Next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm, danger, and complicating factors: SDM safety threats described here</td>
<td>Safety, protective capacities, and strengths: SDM protective actions described here</td>
<td>Creating and sharing a danger statement, enhancing a safety network, planning: SDM risk level: use results to help determine next steps</td>
</tr>
</tbody>
</table>

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### SAFETY MAPPING: ASSESSMENT AND PLANNING

**CONTEXT:** Purpose of the Consult; Group agreements; Family/System; Cultural Considerations

**WHAT ARE WE WORRIED ABOUT?**

Harm and Danger:
(SDM safety threats described here)

Complicating Factors:
(Individual risk factors described here)

**WHAT IS WORKING WELL?**

Safety:

Strengths/Protective Capacity:
(Most SDM protective actions described here)

**WHAT NEEDS TO HAPPEN NEXT?**

Creating and sharing danger statements, safety goals enhancing the safety network, and planning
(SDM risk level—use results to help determine next steps)

1. Danger
2. Safety

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### Consultation and Information Sharing Framework

**Purpose/Focus of Consultation:**
What is the worker/team looking for in this consult? Purpose of meeting?

**Genogram/Rezoom**

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What needs to happen next?</th>
<th>What is working well?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm or danger: factors needing exploration</td>
<td>Developing a plan of intervention</td>
<td>Enabling protective factors</td>
</tr>
<tr>
<td>Risk factors: factors affecting the family’s ability to protect the child</td>
<td>Next steps</td>
<td>Preventing violence</td>
</tr>
<tr>
<td>Complicating factors: other factors affecting the family</td>
<td>Current ranking (immediate concern)</td>
<td>Patting out risk factors</td>
</tr>
<tr>
<td>Risk assessment: factors that contribute to greater risk for the family</td>
<td>Choosing 1 through 10</td>
<td>Asset assessment: factors that contribute to greater protective factors</td>
</tr>
<tr>
<td>Risk factors: factors that contribute to greater risk for the family</td>
<td>Partnering: Action with family in their position</td>
<td>Process of research based protective factors</td>
</tr>
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*Consultation and Information Sharing Framework © Sue Lohrbach, 1999 - adapted with permission by the Northern California Training Academy*
### What Are We Worried About?

- Cheryl tuned on the gas stove with her children at home, causing the house to be filled with toxic fumes. Both she and the children passed out.
- Cheryl got a job and cannot pay her bills.
- Cheryl has been diagnosed with clinical depression.
- Cheryl stopped taking her medication three months ago.
- Cheryl says her ex-husband hit her a number of years ago.
- Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents' care.
- Cheryl is proud of her high school diploma.
- Cheryl stopped taking her medication three months ago.
- Cheryl lost her job and cannot pay her bills.
- Cheryl has been diagnosed with clinical depression.
- Cheryl's mother made sure she was protected from violence and able to get an education living at Cheryl's aunt's house.

### Complicating Factors:

- Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents' care.
- Cheryl says her ex-husband hit her a number of years ago.
- Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents' care.
- Cheryl has been diagnosed with clinical depression.
- Cheryl's mother made sure she was protected from violence and able to get an education living at Cheryl's aunt's house.

### What Needs to Happen Next?

- Danger statements:
  - Safety goals:
  - Expanding the safety network
  - Risk level is moderate by score—upgraded to high by policy: There also is an unresolved safety threat.

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### Consultation and Information Sharing Framework

**Purpose/Focus of Consultation:**

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

**Genogram/ECMOAP**

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<td>Safety Goals:</td>
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<td>- Cheryl tuned on the gas</td>
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<td>stove with her children</td>
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<td>at home, causing the</td>
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<td>toxic fumes. Both she</td>
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<td>- Cheryl stopped</td>
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<td>taking her medication</td>
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<td>three months ago.</td>
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<td>- Cheryl says her ex-</td>
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<td>husband hit her a</td>
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<td>number of years ago.</td>
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<td>- Cheryl's father was</td>
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<td>physically dangerous</td>
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<td>to both her and her</td>
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<td>mom when she was a</td>
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<td>child, and she had to</td>
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<td>grow up outside of her</td>
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<td>Strengths/Protective</td>
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<td>Capacity:</td>
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<tr>
<td>- Cheryl took out a</td>
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<td>restraining order after</td>
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<td>her husband hit her</td>
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<tr>
<td>- Cheryl is proud of her</td>
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<td>high school diploma.</td>
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<td>- Cheryl's mother made</td>
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<td>sure she was protected</td>
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<td>from violence and able</td>
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<td>to get an education</td>
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<td>aunt's house.</td>
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</tbody>
</table>

**Reasons to Retain**

- Cheryl tuned on the gas stove with her children at home, causing the house to be filled with toxic fumes. Both she and the children passed out.
- Cheryl got a job and cannot pay her bills.
- Cheryl has been diagnosed with clinical depression.
- Cheryl stopped taking her medication three months ago.
- Cheryl says her ex-husband hit her a number of years ago.
- Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents' care.

**Risk Statement**

- Complicating Factors:
  - Cheryl has been diagnosed with clinical depression.
  - Cheryl stopped taking her medication three months ago.
  - Cheryl says her ex-husband hit her a number of years ago.
  - Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents' care.

**Current Rating**

- Immediate Safety

**Next Steps**

- Choose 1 through 10
  - 1= not protective (required)
  - 10= enough safety to close

**Partnering/Action with family in**

- these processes; willingness, confidence, capacity
WHY A MAP AND AN ASSESSMENT?

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

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

REFLECTING ON THE DAY

- What do you think might work well about this approach?
- What do you worry about?
- What questions do you have?
- What is important for you to hold in your heart and thoughts as we continue training?
REFERENCES


A WORD FROM ANDREW TURNELL

The term “safety-organized practice” was first used by Andrew Turnell (2004) to organize and frame day-to-day child welfare casework. It is designed to help all the key stakeholders involved with a child—parents, extended family, the child welfare worker, supervisors, managers, lawyers, judges, other court officials, and most especially the child himself/herself—to focus on assessing and enhancing child safety at all points in the case process.

Safety-organized practice is grounded in the working relationships between all of these stakeholders, and those relationships need to focus through a risk assessment and planning framework completely understandable to family and professionals. In many U.S. states, counties, and jurisdictions, safety-organized practice is a broader “umbrella term” that integrates elements of Turnell’s Signs of Safety approach to child welfare casework with other child welfare innovations.

To learn more about Turnell’s work and the Signs of Safety approach, visit www.signsofsafety.net. To read his most recent briefing paper (2012 and always updated), visit http://www.signsofsafety.net/briefing-paper.
INTRODUCING SAFETY ORGANIZED PRACTICE: DAY 2

PLAN FOR THE DAY

Morning
- A look back at yesterday
- Mapping/consultation demonstration
- Overview of "what needs to happen next" and new approaches to safety mapping
- Harm and risk/danger Statements
- Safety goals

Afternoon
- Safety networks
- Action steps in safety plans / case plans
- Implementation
- Next Steps

Purpose/Focus of Consultation:
- What is the worker/team looking for in this consult? Purpose of meeting?
- Genogram/Ecomap
  - What are we worried about?
  - What needs to happen next?
  - What's working well?
  - Reasons for Referral
    - Detail re: incidents(s) bringing the family to the attention of the agency; impact on the child(ren).
    - Pattern/history
  - Risk Statements
    - Risk to children
    - Context of risk
  - Complicating Factors
    - Conditions/behaviors that contribute to greater difficulty for the family
    - Presence of current-based risk factors
  - Safety/Belonging
    - Strengths demonstrated as protection/connection over time.
    - Pattern/history of exceptions
  - Strengths/Protective Factors
    - Asset, resources, capacities within family, individual/community
    - Presence of research-based protective factors

GIVE IT A TRY!

Consultation and Information Sharing Framework

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What needs to happen next?</th>
<th>What's working well?</th>
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<tbody>
<tr>
<td>Study Field</td>
<td>Next Steps</td>
<td>Safety Planning</td>
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<td>Risk Statements</td>
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<tr>
<td>Genogram/Ecomap</td>
<td></td>
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</tr>
</tbody>
</table>

Consultation and Information Sharing Framework ® Sue Lohrbach, 1999 - adapted with permission by the Northern California Training Academy
MAPPING "ROLES"

Each table will be assigned one of the following roles during the mapping activity. The facilitator will check in with each table throughout the activity.

- Voice of SDM (Refer to Handout #8: Voice of SDM)
- Trauma informed practice
- Cultural humility
- "Jargon" police
- Solution focused questions
- Collaborative practice
  - Inclusion of child, parent, network, service provider, agency voices

THE THIRD QUESTION

A NEW APPROACH TO COLLABORATIVE (SAFETY) PLANNING?
Suicide attempt by gas in the kitchen while the children were home

Her father: physically abusive, dangerous

Poverty

Past

Foster care

"My mom gave custody of me to my aunt."
"My mom and aunt made sure I got an education."

Present

Proper care of girls through school, doctor, therapy

Future

"I took the girls and put them in the next room."
"I'm getting up at 4:00 a.m. to meet them and get them to school."

WHAT IS THE DIFFERENCE BETWEEN THESE PLANS?

Plan #1 (Refer to Handout #9: Comparing two plans)

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

Plan #2: Cheryl agrees to present the following to her children and her safety network.

- Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy agree to be part of Cheryl’s safety network.
- Cheryl will ask for help with the children if she is feeling higher than a 7 on a 10-point depression scale.
- Cheryl will not be alone if she is thinking about hurting herself again; she will ask for help from someone in the network if this happens.
- Cheryl agrees to keep a log of her work in resisting the worst of her depression. She will rate the impact of her depression in the book daily and detail everything that is helping her reduce that impact.
Plan #2 (Continued): Cheryl agrees to present the following to her children and her safety network.

- Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening). They will talk to Cheryl, ask how she is doing, and rate her depression's impact on her. They will talk to the kids and ask them how they are. When the network visits, they will also write in the log and ensure that the children have their phone numbers.

- Betsy will visit the home two to three times a week. Either she or other team members will be available 24 hours a day if Cheryl wants to call. During her visits, Betsy will rate depression's impact on Cheryl and write in the log. Betsy will work with Cheryl to make sure she goes to the doctor.

- Cheryl, the safety network, and CPS will review this plan again in 3 weeks.

ALL OF OUR PLANS SHOULD BE...

- Comprised of DETAILED action steps made in response to SPECIFIC, identified dangers (safety-organized plans)
- A process, not an event
- Family, network, and child-friendly
- A method for keeping children safe and a change strategy
- An aspiration, not a guarantee – and contain plans for monitoring success

Good safety plans and case plans focus on creating guidelines that make contact between the children and the potential danger safe at all times.

GUIDED BY A KEY IDEA

Safety and services are not the same thing.
A PARADIGM SHIFT?

• The best predictor of future maltreatment is past maltreatment.
• The best predictor of future acts of protection are past acts of protection.
• The sooner caregivers start demonstrating new protective actions that respond to the danger/worry, the better.

GUIDED BY A CRITICAL QUESTION

If a danger exists, what are the family and network willing and able to do to show us the children will be safe?
INTEGRATED SAFETY-ORGANIZED PRACTICE ASSESSMENT AND PLANNING PROCESS

- Safety Mapping/SDM Decision Support
- Harm and Risk/Danger Statements
- Safety Goals
- Enhancing Safety Network
- Plan Action Steps

HARM STATEMENTS

Harm statements are clear and specific statements about the harm or maltreatment experienced by the child.

Details, not judgment!

Hard Conversations Within Working Relationships:

Harm and Risk/Danger Statements
HARM STATEMENTS

It was reported that Adam’s dad, Matt, hit Adam last night on the face and back, leaving multiple bruises on both parts of his body and requiring Adam to get medical care at the local emergency room.

HARM STATEMENTS

Police and doctors at Mercy Hospital reported that Cheryl turned on the gas in her kitchen while her children were home, flooding the home with toxic fumes, causing both herself and the children to pass out.

RISK/DANGER STATEMENTS

Simple behavioral statements of the specific worry we have concerning the child now and in the future.

Details, not judgment!
RISK/DANGER STATEMENTS

CPS, the police, and Adam’s mom, Tonya, are worried that Adam’s dad, Matt, may hit Adam again, leaving him with [more] bruises and even more serious injuries.

Who is worried: CPS, the police, and Tonya.
What potential caregiver actions/inactions: Matt hitting Adam.
Potential future impact on child: More bruising and serious injuries.

RISK/DANGER STATEMENTS

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

Who is worried: CPS and the doctors at the hospital.
About what potential caregiver actions/inactions: Cheryl attempting to hurt herself again.
Potential future impact on child: Serious injury or death of Cheryl, and fear and injury to the children.

RISK/DANGER STATEMENTS: HONORING GOOD INTENTIONS

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

Who is worried: CPS.
About what potential caregiver actions/inactions: Elena bringing Tomas Jr. to meet with Tomas Sr. alone.
Potential future impact on child: Serious injury to Elena, Tomas Jr., and Tomas Sr.
RISK/DANGER STATEMENTS: "DENIAL"

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

Who is worried

About what potential caregiver actions/inactions

Potential future impact on child

ANOTHER FORMAT: ADDING CONTEXT IN WHICH THE DANGER COULD TAKE PLACE

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

Child

Could be impacted how?

In what context?

RISK/DANGER STATEMENTS: FAMILY REUNIFICATION

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

Who is worried

About what potential caregiver actions/inactions

Potential future impact on child
RISK/DANGER STATEMENTS: YOUTH IN PERMANENT PLAN

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

SAFETY ASSESSMENT CAN HELP CONSTRUCT RISK/DANGER STATEMENTS

Facts
- What facts lead you to consider marking an item on the SDM safety assessment?

Definition
- Check the definition. Does it meet the criteria?

Risk/Danger Statement
- Use the facts that led you to the item and the definition to start constructing your danger statement.

SAFETY ASSESSMENT CAN HELP CONSTRUCT RISK/DANGER STATEMENTS

Facts
- Father gets drunk to the point of passing out three nights in a row when he is the sole caretaker of his 4-year-old child.

Definition
- Caregiver does not meet the child’s immediate needs for supervision, food, clothing and/or medical or mental health care

Risk/Danger Statement
- CPS is worried that Jim might get drunk again when he is the only one watching Sam, that Jim might black out, and that Sam could become scared or get hurt.
SAFETY ASSESSMENT CAN HELP CONSTRUCT RISK/DANGER STATEMENTS

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

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

Risk/Danger Statement
• CPS is worried that Susan and Bob will continue to physically fight with each other and that Fred, Mike, and Jan will see this and could become very scared or get hurt.

HARM AND RISK/DANGER STATEMENT PRACTICE

Harm Statements
Who reported
About what caregiver actions/inactions
With what impact on the child

Risk/Danger Statements
Who is worried
About what potential caregiver actions/inactions
Potential future impact on child

SAFETY GOALS
The "What" of Enhancing Safety

- Every case needs clear, well-formed goals that allow CPS to believe safety is sufficient to leave a child at home during future work or to close the case.
- Too often we do not define these goals, yet we ask clients to engage in services. Even if follow-through is achieved with the services, we might be no more reassured that the dangers have been addressed.
- Safety goals could be a part of the family case plan. Be specific with each family.

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

______ will work with CPS and their safety network to develop a safety plan that will show everyone that:

(Descriptions of behaviors to address concerns)

CPS will need to see this safety plan in place and working continuously for at least _____ months so that everyone is confident the safety plan will keep working once CPS withdraws.
SAFETY GOALS – COURT INVOLVED

Cheryl will work with CPS and a network of family, friends, and providers to show everyone that she will always ask for help if sadness or depression start to get in the way of taking care of the girls or if she starts to think about hurting herself again. CPS will need to see this plan working continuously from now (date) OR until the next court review (date) to begin to (take next steps).

Who is a part of the plan?
What action has to be taken to address the danger?
For how long?

SAFETY GOALS AND SAFETY PLANS

There will be some overlap between “vision” and “plan.”

Safety Goal

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

Safety Plan

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

Neither is a list of services!

SAFETY GOALS PRACTICE

____ will work with CPS and their safety network to develop a safety plan that will show everyone that:

(Descriptions of behaviors to address concerns)

CPS will need to see this safety plan in place and working continuously for at least ____ months so that everyone is confident that the safety plan will keep working once CPS withdraws.

Who is a part of the plan?
What action has to be taken to address the danger?
For how long?
ENHANCING THE SAFETY NETWORK

• It is easy to believe that people lack extended networks and are unwilling to tell more people about what is happening in their home.
• At the same time, if a family is asked about formal and informal networks, extended family and community can become members of an expanded safety network to help enhance safety for children.
• Cases with more danger and more risk can benefit from larger networks and greater network involvement, but adding even one person can make a huge difference!

SAFETY NETWORK VIDEO EXAMPLE (CARVER COUNTY)

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

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

[Video Link](https://www.youtube.com/watch?v=koq7LZA8y5k&feature=youtu.be)
ENHANCING THE SAFETY NETWORK:
SAFETY CIRCLES

A visual tool to help families identify people for the child's safety network. Draw it with the family and place between you on the table to facilitate conversation.

- **Initial question:** “Who in your life and your child’s life already knows what happened?”
- **Compliments:** “How did you manage/find the strength to be open with those people about that?”
- **Middle circle:** “Who in your life and your child’s life knows a little bit about what happened -- maybe knows that something happened -- but does not know the details?”
- **Outer circle:** “Who knows nothing about what happened?”

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**Susie Essex**
Sonja Parker
Example from Nicole Kelsay, San Diego County Child Welfare Supervisor

CULTURAL CONSIDERATIONS IN FORMING A NETWORK

Questions to ask:

To whom in their community does the family already reach out?

When others in their community faced similar problems, how did they get support?

Do they prefer to open up to people within their culture? Outside their culture?

Opening up to others in some way may be a bottom line, but with whom and how can be tailored to individual families and cultural groups.

SAFETY NETWORK: PRACTICE
Bringing It All Together: Developing Plans and Action Steps

PLAN ACTION STEPS

Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy agree to be part of Cheryl’s safety network.

- Cheryl will ask for help with the children if she feels higher than a 7 on a 10-point depression scale.
- Cheryl will not be alone if she is thinking about hurting herself again; she will ask for help from someone in the network if this happens.
- Cheryl agrees to keep a log of her work in resisting the worst of her depression. She will rate the impact of her depression daily in the book and detail everything that is helping her reduce that impact.

PLAN ACTION STEPS (CONTINUED)

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

**Safety Plans (immediate)**
- How can we work together to ensure the child will be safe during a short period of time?

**Case Plans (ongoing)**
- How can family life be organized so that ongoing safety can be demonstrated over time?

**Aftercare Plans**
- How will safety continue to be provided once CPS is no longer working with the family?

HOW DO YOU TAKE THESE ACTION STEPS?

On a scale from 0-10 where 0 is "if the children were in their parent's care the danger statement would be happening all the time," and 10 is "if the children were if their parent's care the safety goal would be happening all the time," where are we?

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

CREATING MEANINGFUL, ACHIEVABLE ACTION STEPS

In pairs: Think about the case we have been mapping. Name one to three critical action steps you would like to see the family and network take that would make small, but measureable, progress toward addressing the risk/danger statement and reaching the safety goal.

(Okay to make some reasonable presumptions about the network.)
ALL PLANS SHOULD CONTAIN:

- A network who the parents and the child can access if needed and plans for how that can happen.
- Agreement on people/events/situations the family/parents needs to avoid.
- Agreement on signs that the parents/caregivers are struggling and what the network will do in those instances.
- If professionals/service providers are involved, what exactly their role will be in enhancing and promoting safety.

SOME CAUTIONS

- All of our plans are only words on paper.
- Real work comes in creating, implementing, monitoring, and adjusting them over time.
- It is important to expect them to develop and change over time.
- “Care and courage.”

SAFETY HOUSE
THE SAFETY HOUSE

A method for including the child’s voice in safety planning

Overview: This is your house in the future, when you always feel safe.

Inner circle: Who lives with you in this house?

Outer circle around the house: Who can come visit?

Red circle to the side: Who should not be allowed in?

The roof: What kind of rules does a house like this need to make sure you always feel safe?

The path: If the beginning of the path is where everyone is worried and (known danger is happening) and the end of the path is where this Safety House exists and no one is worried, where are you now? What do adults need to do so you can be one step closer to this house?
EXAMPLE

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

EXAMPLE: WHO LIVES IN THE HOUSE?

EXAMPLE: RULES
EXAMPLE: WHO CAN VISIT?

EXAMPLE: WHO CANNOT COME IN?

ACTIVITY: REFLECTING ON THESE NEW PRACTICES

- In Pairs: Think about working with children in different roles:
  - Investigation/assessment
  - Family reunification
  - Family maintenance
  - Permanency planning
  - Adoptions
  - Community partners

- Discuss how you might use the Safety House in one of these roles

- Report out to group
THE ROLLING AGENDA

It could take three to five meetings, or more, to get through the entire process, depending on the family. Get as far as you can in each meeting and pick up where you left off next time.

- **The three questions and safety mapping:** To get everyone on the same page regarding worries and what has worked well.
  - INCLUDE THE VOICE of SDM - Why a map and an assessment.
- **The Three Houses:** To include the child’s voice on Three questions in the safety map.
- **Danger Statements/safety Goal:** To reach shared understanding/agreement about why we are involved and what the situation needs to look like to end our involvement.
- **Safety Circles:** To build a network of support (informal).
- **Safety planning with network:** To co-create a detailed safety plan with day-to-day activities and to find a network of people to monitor plan implementation and success.
- **+/− Feedback:** To reflect on what we did well and what we would like to upgrade.

THE INDIVIDUALS INVOLVED

**Innovators**
- Venturous
- Risk tolerant
- Novelty
- Leave the village to learn
- Maybe a little disconnected locally

**Early adopters**
- Opinion leaders
- Well connected locally
- Do not search as widely as innovators
- Connect with innovators
- Self-conscious experimenters
- Watched

**Early majority**
- Local in perspective
- Learn from people they know well
- Rely more on relationships than science and theory
- More risk averse
- More interested in why change is valuable and good idea generally

**Early Implementers**

**Later Implementers**

Implementation
**THE INDIVIDUALS INVOLVED**

![Diagram showing the distribution of individuals across innovation periods.](image)

- Innovators: 0.1%
- Early Adopters: 2.1%
- Early Majority: 13.8%
- Late Majority: 34.3%
- Traditionalists: 34.1%

"Changes appear to acquire their own momentum, often between 15% and 20% adoption."

---

**TRAINING AND COACHING**

<table>
<thead>
<tr>
<th>Training</th>
<th>Coaching</th>
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</thead>
<tbody>
<tr>
<td>• Introduces core ideas to large groups of people.</td>
<td>• Allows for practice close to the work.</td>
</tr>
<tr>
<td>• Good for ensuring fidelity.</td>
<td>• Supports ongoing transfer of learning.</td>
</tr>
<tr>
<td>• A beginning.</td>
<td>• Supports unique uptake dilemmas.</td>
</tr>
<tr>
<td>• Based in idea of expertise and content delivery.</td>
<td>• Based on ideas of appreciative inquiry, facilitation, and dialogue.</td>
</tr>
</tbody>
</table>
PROFESSIONAL DEVELOPMENT OUTCOMES  
(JOYCE AND SHOWERS, 2002)

<table>
<thead>
<tr>
<th>Professional Development Elements</th>
<th>Knowledge Level (Estimated percentage of participants understanding content)</th>
<th>Skill Level (Estimated percentage of participants demonstrating proficiency in the instructional practice)</th>
<th>Transfer to Practice (Estimated percentage of participants implementing instructional practices in the classroom)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory (e.g., presenter explains content: what it is, why it is important, and how to teach it)</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Demonstration (e.g., presenter models instructional practice)</td>
<td>30%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Practice (e.g., participants implement instructional practices during the session)</td>
<td>60%</td>
<td>60%</td>
<td>5%</td>
</tr>
<tr>
<td>Coaching (e.g., participants receive ongoing support and guidance when they return to the classroom)</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

SOP ADVANCED MODULES

- Family Safety Networks
- Safety Planning
- Safety Mapping with Families
- Helping People Change: The Art of Asking Questions
- Integrating the Child’s Perspective: Three Houses & Safety House Tools
- Family Meeting Facilitation Parts I & II
- Harm & Danger Statements; Safety Goals
- SOP Case Plans and Court Reports
- Visitation: Keys to Permanency
- Group Supervision
- RED Teams

SOP THROUGHOUT THE LIFE OF A CASE

**Refer to handout #10: SOP Practice across CW Continuum**

Each table will be assigned a role (from the list below)

- Intake/Investigation/Assessment
- Family Reunification
- Family Maintenance
- Permanency Planning
- Adoptions
- Supervisor/Manager
- Community Partners

Consider what we have discussed in this training so far

- How would you or could you apply this knowledge in your assigned role?
- Group discussion
MAKING A PLAN: WHAT NEEDS TO HAPPEN NEXT?

**Refer to handout #11: My Action Plan**

**Purpose**

Make a plan to go from these training days to your action steps back in the office

**Individually (take a piece of paper and answer):**

- What have you heard in the last few days that you really value?
- What two to four practices/tools do you wish you could implement right now?
- What kind of help would you need to begin this journey?
- What will be your very first step?

**Share with a partner**

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ADDITIONAL RESOURCES

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SOP EVALUATION: PRACTICE PROFILES

The Practice Profiles handbook is an SOP Evaluation tool that assesses the following key elements of SOP:

- Engagement
- Critical Thinking
- Increased Safety

The tool uses the following ratings to evaluate SOP practice:

- Emergent practice- There is evidence in the case files that the worker has begun to use the practice or tool; that “it’s there”.
- Accomplished practice- There is evidence that the worker has begun to use the element to communicate with others involved with the case and to build shared understanding and agreement among the parties; “it’s shared”.
- Distinguished practice- There is evidence that the element is integrated into the worker’s practice as a way of doing business; “it’s integrated”.

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COMMUNITY OF PRACTICE

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

THE FINAL WORD ON IMPLEMENTATION
……..From the “Dancing Guy”

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REFERENCES