SAFETY ORGANIZED PRACTICE TWO-DAY FOUNDATIONAL INSTITUTE TRAINER’S GUIDE

INTRODUCING SAFETY-ORGANIZED PRACTICE: TWO-DAY TRAINING OVERVIEW

Safety-organized practice (SOP) is an approach to child welfare that integrates a number of promising practices into a clear and consistent framework for social workers, supervisors, and managers.

This foundational two-day institute introduces SOP practice which includes and draws from approaches such as solution-focused brief therapy, Signs of Safety, the Structured Decision Making® system (SDM), trauma-informed practice, appreciative inquiry, and cultural humility, paying particular attention to the use of effective facilitation skills to link them together.

TABLE OF CONTENTS

Introduction........................................................................................................................................Page 1
Learning Objectives............................................................................................................................Page 2
Two-day trainer overview....................................................................................................................Page 4
Logistics............................................................................................................................................Page 4
Sample training agenda.....................................................................................................................Page 8
Day 1 PowerPoint slides and trainer’s notes.....................................................................................Page 16
Day 2 PowerPoint slides and trainer’s notes.....................................................................................Page 63
Safety-Organized Practice Two-Day Foundational Institute Learning Objectives

Overall, participants will:

Have basic knowledge of the goals, objectives, and values of SOP;

Be exposed to specific practices in this approach and how they will assist workers in more accurate completion of SDM® assessments; and

Reflect on their own best practices and consider how to explore these ideas within that work.

Knowledge

- Introduction to the components of SOP that together improve outcomes in direct child welfare work, including the SDM system, Signs of Safety, cultural humility, and trauma-informed practice.

- Learn about solution-focused interviewing and how it directly helps workers strengthen their interviews of all stakeholders involved with the family, which leads to better joint critical thinking and decision making throughout the case.

- Learn the definitions of the terms used in the safety mapping framework, three kinds of maps, and how to walk through the process for consultation in the office and use with a family.

- Introduce the practice of making effective harm and risk/danger statements and safety goals.

- Increase understanding of how harm and risk/danger statements are linked to risk of future maltreatment.

- Receive a step-by-step guide to family safety network development using the family safety circles practice.

- Learn or re-learn the purpose of interviewing children in a child-welfare context.

- Receive the step-by-step guides for using the Three Houses and Safety House practices with a child.

- Learn how uptake of innovations works in practice.

- Learn new ideas and strategies for implementation and further knowledge / skill development.
Skill

- Practice using the Three Questions to elicit the most relevant information and how to avoid labeling and making generalizations of families.
- Practice Safety Mapping in conjunction with the SDM assessments on a current case with a group of peers.
- Practice developing harm and risk/danger statements in the office and with families in the field.
- Practice development of effective and realistic safety goals.
- Learn how to facilitate the development of a family safety network that will last long after the agency is no longer involved.
- Learn how to use the Three Houses and Safety House activities with a child.
- Participate in planning personal next steps for implementation and further skill development.

Values

- Think of social workers as change agents rather than as case managers.
- Value the notion of “safety” as a verb.
- Adopt a common language for discussing the work with one another and with families.
- Value the distinction between insight and action.
- Value the collaborative process of creating risk/danger statements and safety goals with families.
- Reflect on the importance of the child participation in the family’s assessment of danger/safety and in safety planning.
- Appreciate that it is best practice to help a family build up their informal support network to minimize risk and enhance future safety when the agency is no longer involved.
- Value the need for short- and long-term training and coaching plans to create SOP sustainability.
INTRODUCING SAFETY-ORGANIZED PRACTICE TWO-DAY TRAINING
TRAINER OVERVIEW

INTRODUCTION

Welcome! The Northern California Training Academy (NCTA), a division of UC Davis Extension Center for Human Services is pleased to provide this Safety Organized Practice (SOP) two-day foundational institute trainers guide for trainers. This version of the trainers guide has been updated from the original guide created by the Children’s Research Center (CRC), a division of the National Council on Crime and Delinquency.

Purpose of This Document: To provide an overview of the curriculum, materials, and logistics needed to successfully facilitate and train the SOP foundational institute.

Two-Day Overview

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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<tbody>
<tr>
<td>Introductions and Orientation</td>
<td>Intro and reflection on previous day</td>
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<tr>
<td>Foundational Ideas</td>
<td>Case consult / mapping activity**</td>
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<tr>
<td>Interviewing for Safety as Well as Danger</td>
<td>Collaborative Approaches to Planning</td>
</tr>
<tr>
<td>Three Questions</td>
<td>Harm Statements</td>
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<tr>
<td>Solution-Focused Questions</td>
<td>Danger Statements</td>
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<tr>
<td>Interviewing Children**</td>
<td>Safety Goals</td>
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<tr>
<td>• Three Houses</td>
<td>Safety Networks</td>
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<tr>
<td>Mapping Concepts and Categories</td>
<td>Collaborative (Safety) Planning</td>
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<tr>
<td>Introduce case consult / mapping activity</td>
<td>Safety House</td>
</tr>
<tr>
<td>Wrap-up</td>
<td>Personal Action plans</td>
</tr>
</tbody>
</table>

** PLEASE NOTE (Optional): If you finish the Day 1 material early (by 3:00pm at the latest), you may decide to do the large group mapping activity in the afternoon if you have an appropriate CWS case selected. If you decide to do the mapping activity at the end of Day 1, you may cover “Interviewing Children: The Three Houses” at the beginning of Day 2.

LOGISTICS

Handouts and Materials: Handouts, PowerPoint slides, and Workbooks will be provided to participants via e-mail. Participants will be asked to print the “Participant Workbook” that
includes handouts for activities to be used during the training and PowerPoint slides if they choose.

The **“Participant Guide”** includes supplemental reading materials and resources and does not need to be printed. The Participant Guide includes the following documents:

1. Intro to SOP
2. SOP in brief
3. SOP Learning Objectives
4. SOP Contributors
5. Safety Organized Facilitated Process
6. Assessment with families
7. Bringing a trauma lens to child welfare
8. Cultural Humility Practice Principles
9. Cultural Humility Article
10. The Three Houses Tool
11. Safety House Tool
12. Zoe’s Safety House
13. 3 column map template
14. Framework blank
15. Framework full
16. Framework PowerPoint Slides
17. Voice of SDM Assessment
18. Research Based Protective Factors
19. Ecomap activity
20. Ecomap example
21. Genograms
22. Family Team Meetings Article
23. Comparing two plans
24. Harm and Danger Statements – Safety Goals
25. Collaborative planning and action steps
26. Family Safety Circles
27. Family Safety Networks Article
28. SOP Documentation Chart
29. Three Houses – Safety House kit
30. Mapping w families cards
31. References

The **“Participant Workbook”** includes handouts for activities to be used during the training. Participants are asked to print these materials and bring them to class. The Participant Workbook includes the following:
1. Facilitated Dialogue Structure
2. Multicultural Guidelines for communicating across differences
3. Social Work Practice (SOP) Definitions
4. SOP Definitions
5. Cheryl three column map – handout
6. Framework Full
7. Framework Worksheet
8. Voice of SDM Assessment
9. Comparing two plans
10. SOP Practice across CW Continuum
11. My action plan

**Trainer Materials and Supplies:**

1. **Activities:**
   - SOP Practice Cards (2 laminated cards for each topic)
     - For Activity during the morning of Day 1 “Social Work (SOP) Practice Definitions”
     - **5 topics total:** Appreciative Inquiry, Collaborative Practice, Cultural Humility, Solution Focused Approach, Trauma Informed Practice
   - Framework Cards (2 laminated cards for each Framework Heading)
     - For use during the morning of Day 2 “Large group mapping activity”
     - **15 framework headings:** Consultation and Information Sharing Framework, Reason for Referral, Risk Statements, Complicating Factors, Genogram/Ecomap, Gray Area, Next Steps, What, Who, When, Current Ranking 1-9, 10=Enough Safety to Close, Safety/Belonging, Strengths/Protective Factors, Purpose of consultation
   - Mapping Role Cards (2 laminated cards for each topic)
     - For use during the morning of Day 2 “Large group mapping activity”
     - **6 topics total:** Collaborative Practice, Cultural Humility, Jargon Police, Solution Focused Questions, Trauma Informed Practice, Voice of SDM
   - Poster: Consultation and Information Sharing Framework
     - Post on the wall as a reference throughout the training

2. **SDM Manuals:** There should be one California SDM manual per table.
3. Computer / laptop to run the PowerPoint, a projector, a screen, speakers for the video
4. Large Post-It flip chart paper and markers. It is optimal to conduct the case consultation on a dry-erase board, although it can be done on large Post-It paper as well.
6. Instructor name tag or name tent
7. Name tents for participants
9. Tables should have the following:
   - Participant workbooks w/registration and evaluation forms.
- Markers, post-its, extra paper, pens, name tents, and at least one SDM manual per table.
- **Optional:** small hand-toys on the tables and candy.

**Optimal Number of Trainers:** This is a complicated curriculum and is best delivered by two trainers.

**Optimal Group Size:** This is an experiential workshop with many discussions and experiential exercises. No more than 40 people should be in the group.

**Time for Workshop:** The following outline allows for a seven-and-a-half-hour day (9:00am – 4:30pm). Breaks are encouraged at the trainer's discretion. The training may conclude early once all topics are covered (at the trainer's discretion).
## SUGGESTED OUTLINE AND EXPECTED TIMES

### Training Agenda - Day One

<table>
<thead>
<tr>
<th>Time</th>
<th>What</th>
<th>Who/materials</th>
<th>Suggestions for curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:30</td>
<td>Introductions&lt;br&gt;Warm up, agenda for two days, learning objectives, learning goals</td>
<td>Trainer Name&lt;br&gt;Slides 1-6</td>
<td>Start the day with the “Walk and Dot” Activity: Begin by introducing the Tools of SOP. Once each tool is defined/described, ask participants to Walk and Dot where they think they were on the scale 0-1 (beginner) to 10 (super star). The Walk and Dot exercise helps both the trainers and the participants in that there is clear information on current level of practice and areas for further training/skill development. This also facilitates the conversation about “diving deeper” at the end of day two (personal next steps). Do brief introductions. Recognize everyone present (CWS and community) and the range of experience and SOP knowledge, including language and tool recognition. This approach supported the different levels of skill and experience. Give overview of training topics. Review Learning Objectives (see Trainers Guide) Go over preparation for mapping. Have people think about a CWS case with a clear safety threat that they would be willing to have used for the larger group mapping at the beginning of Day 3 (they can let facilitators know at break) Table Talk (5 minutes): Learning Goals Have groups report out.....Chart on flip chart paper</td>
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<tr>
<td>9:30-9:50</td>
<td>Group Agreements&lt;br&gt;Cultural guidelines</td>
<td>Trainer name&lt;br&gt;Slides 7-10</td>
<td>Create Group Agreements. Use facilitated dialogue structure to introduce this concept (<a href="#">Refer to Handout#1: Dialogue Structure for facilitating family meetings</a>). We are modeling the facilitation</td>
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<tr>
<td>Time</td>
<td>Activity Description</td>
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<td>Then, Revisit Agreements Plan for the day</td>
<td>process for meetings using the facilitated dialogue structure.</td>
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<td></td>
<td>Go over Cultural Humility</td>
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<td>Table Talk (10 minutes): Multicultural Process of Change (Refer to handout#2)</td>
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<td>Revisit Agreements...given what we discussed, do we need to add anything to our agreements?</td>
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<td>Go over plan for the day</td>
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<td>9:50-10:15</td>
<td>SOP Contributors Foundational thoughts/what is SOP</td>
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<td>Trainer Name Slides 11-18</td>
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<td>Review history / “Story” of SOP, gives context to the practice.</td>
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<td>Give overview of SOP objectives, tools, and strategies</td>
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<td></td>
<td>Activity using SOP Practice Cards (10-15 minutes). <strong>(Refer to handout #3: SOP Practice Definitions)</strong></td>
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<td>Give each table a laminated practice card (each table gets a different topic area to discuss.</td>
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<td>Review what SOP tools correlate with the objectives.</td>
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<td>Review SDM and shared values</td>
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<tr>
<td>10:15-10:30</td>
<td>Break</td>
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<tr>
<td>10:30 -10:50</td>
<td>Strategic questions about safety and risk/danger</td>
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<td>Trainer Name Slides 19-31</td>
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<td></td>
<td>Introduce topic and give overview of Cheryl's story</td>
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<td>Discuss importance of a balanced assessment</td>
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<td>10:50-11:30</td>
<td>Three Questions Generalization Activity, Then chart case – make sure we have mix of people - every group has a person with a case.</td>
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<td>Trainer Name Slides 32-44</td>
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<td></td>
<td>Go over three questions</td>
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<td>Review generalizations / jargon vs. behavioral descriptions and impact on child(ren)</td>
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<td>Activity: Generalizations (3 minutes)</td>
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<td>Give prize for whoever has the longest list</td>
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<td>Activity: Each table charts a case (10-15 minutes)</td>
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<tr>
<td>Time</td>
<td>Topic</td>
<td>Trainer Name Slides</td>
<td>Activities</td>
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| 11:30-12:00 | Solution focused conversations, An example from San Diego (video), Activity | 45-55               | Review Solution Focused Questions  
Play video: An example from San Diego  
Activity: Applying Solution Focused Questions (5-10 minutes) |
| 12:00-1:00 | Lunch                                                                 |                     |                                                                             |
| 1:00-2:00  | Interviewing children: Three Houses                                    | 56-76               | Provide overview of best practices for interviewing children  
*Slide 63:* Please note, Safety Houses will be covered on Day 2 after we cover Safety Planning.  
Go over three houses and examples  
Activity: Applying these practices (10 minutes) |
| 2:00-2:30  | Safety Mapping Introduction                                            | 77-81               | Introduce Safety Mapping and the benefits of collaborative practice         |
| 2:30-2:45  | Break                                                                  |                     |                                                                             |
| 2:45-3:15  | Facilitated Dialogue Structure; key terms for mapping                  | 82-87               | Revisit Facilitated Dialogue Structure  
Review key terms for mapping and the formula for harm and safety (*Refer to handout #4: “SOP Definitions” in participant workbook*) |
| 3:15-4:00  | 3 types of maps                                                        | 88-94               | Go over different types of maps and how Cheryl’s story may look in each different type of map (*Refer to handout #5: Cheryl’s 3 column map*)  
Give overview of the Consultation and Information Sharing Framework...its multiple uses and what it adds in comparison to the other maps. Refer to the “Framework Workbook” for additional information in their Participant Guide. |
Prepare for the mapping exercise that will occur beginning of Day 2. Give overview of the activity to participants.

**PLEASE NOTE (Optional):** If you finish the Day 1 material early (by 3:00pm at the latest), you may decide to do the large group mapping activity in the afternoon if you have an appropriate CWS case selected. If you decide to do the mapping activity at the end of Day 1, you may cover “Interviewing Children: The Three Houses” at the beginning of Day 2.

<table>
<thead>
<tr>
<th>Time</th>
<th>What</th>
<th>Who/materials</th>
<th>Suggestions</th>
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</thead>
<tbody>
<tr>
<td>4:00-4:30</td>
<td>Reflection on the day</td>
<td>Trainer Name Slides 95-98</td>
<td>Reflection exercise: May be done in larger group or in pairs</td>
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<td>Plus / Delta</td>
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<td>Do plus / delta to gain feedback</td>
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<td>Any upgrades for tomorrow?</td>
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</table>

### Training Agenda - Day Two

<table>
<thead>
<tr>
<th>Time</th>
<th>What</th>
<th>Who/materials</th>
<th>Suggestions</th>
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<tbody>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Notes</td>
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<td>10:45-11:00</td>
<td>Break</td>
<td>Do mapping activity and check in with roles at each table either during or after the activity, whatever works best for the particular case being mapped. Debrief the activity and answer questions. <em>During break:</em> Trainers can start working on harm/danger statements and safety goal(s) for the case that was mapped with the larger group.</td>
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<tr>
<td>11:00-11:30</td>
<td>Collaborative Safety Planning Activity – Cheryl’s Plan – Worries? Working well?</td>
<td>Review the third question...what happens next? Revisit Cheryl’s story (brief reminder) Activity: What is the difference between the two plans for Cheryl? <em>(Refer to handout #9: Comparing two plans)</em></td>
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<tr>
<td>11:30-12:00</td>
<td>Hard conversations – harm and risk/danger statements <strong>Activity</strong> – Harm and Risk/Danger Statement practice on cases they worked on earlier at their tables.</td>
<td>Review harm statements and risk/danger statements. Explain the shift from “danger” statements to “risk/danger” statements with our shift to using the “Consultation and Information Sharing Framework.” Risk and danger are essentially the same and are used interchangeably (i.e. SDM uses “risk”, SOP has traditionally used “danger statement”, Framework uses “risk statement,” etc. Activity: Have tables sort their cases for harm and risk/danger, then have them develop an initial harm and risk/danger statement. Trainers should walk around to answer questions and provide guidance. <strong>Please note:</strong> At some point during this activity, one or both trainers should work with the worker who mapped the case on the harm and risk/danger statements that trainers initially developed during break. Debrief activity with larger group.</td>
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<tr>
<td>12:00-1:00</td>
<td>Lunch</td>
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<tr>
<td>Time</td>
<td>Activity</td>
<td>Trainer Name Slides</td>
<td>Review/Practice</td>
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| 1:00-2:00 | Finish Risk/Danger Statements Safety Goals  
**Activity** – Safety Goal practice on cases they worked on earlier at their tables. | 33-42               | Finish Risk/Danger Statement practice (if additional time is needed)  
Review Safety Goals  
Activity: Safety Goal Practice.  
**Please note:** At some point during this activity, one or both trainers should work with the worker who mapped the case on the safety goal(s) that trainers initially developed during break.  
Debrief activity with larger group. |
| 2:00-2:30 | Safety Networks  
**Video:** Julie from Carver County  
**Activity:** Safety Circles Practice | 43-51               | Review Safety Networks  
Video (Optional if there is time): Julie from Carver County. Go over background story of Julie. After video, debrief with group. See **Trainers Guide** for more information. **Please note:** The video and debrief discussion can take at least 20 minutes to complete. This video is optional if you are running on schedule at this point. There is still a lot to cover before the end of the day.  
Activity: Safety Circles Practice.  
Have tables develop a Safety Circle for the cases they are working on (based on information they know about the case). Trainers should walk around to answer questions and provide guidance.  
Debrief activity with larger group. |
<p>| 2:30-2:45 | Break                                                                  |                     |                                                                 |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Trainer Name Slides</th>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
</table>
| 2:45-3:15 | Bringing it together - Developing Plans  
**Activity (in pairs):** Where do these action steps go?  
**Activity (in pairs):** Creating meaningful, achievable action steps | Slides 52-59        | Review Cheryl’s safety plan  
In pairs...have participants look at the three types of safety plans (safety plan, case plan, and aftercare plan) and discuss the following questions: What do you notice? How different is this from what you do now? What comes to mind when you think of planning this way?  
Debrief with group  
In pairs...have participants think about the case that was mapped for the group this morning....what are two or three achievable action steps that you would like to see the family and network take that would make small, but measureable, progress toward addressing the danger statement and reaching the safety goal.  
Review cautions in safety planning |       |
| 3:15 – 3:45 | Safety House  
Rolling Agenda | Slides 60-70        | Go over the Safety House as a tool for safety planning with children.  
Activity: Applying these practices (5 min.)  
Review the “Rolling Agenda” |       |
| 3:45-4:15 | Implementation and your plans for the future  
Training/Coaching  
Advanced SOP Training  
**Activity:** SOP throughout the life of a case (10-15 minutes) | Slides 71-79        | Review implementation science slides  
Go over training vs. coaching and the importance of SOP Advanced Modules.....this 2-day foundational training is only the beginning!  
Activity: SOP throughout the life of a case (*Refer to handout #10: “SOP Practice across CW Continuum”*)  
This handout gives suggestions on how to use SOP in Child Welfare functions as well as ideas for documentation. There is also an excellent SOP documentation chart in the participant guide. |       |
Personal Action Plans  
(5 minutes)

<table>
<thead>
<tr>
<th>4:15-4:30</th>
<th>Additional Resources</th>
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<tbody>
<tr>
<td></td>
<td>Video “Dancing Guy”</td>
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<td>Plus Delta Evaluations</td>
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- Be mindful of time and energy level of the group at this point. Ideally you’d want to give them 10-15 min to discuss their role. If short on time, just have them turn to the person next to them to discuss.

- **Activity:** *(Refer to handout #11: “My Action Plan”)*
  - Give participants 5 minutes to complete their personal action plans, have them share with a partner if there is time.

- **4:15-4:30**
  - **Additional Resources**
    - Video “Dancing Guy”
    - Plus Delta Evaluations
  - **Trainer Name Slides 80-85**
  - **Review additional resources**
    - SOP Practice profiles can be used as a self-assessment tool, provides behavioral detail (tool is included in the Participant Guide)
  - **Play Video: Dancing Guy**
  - **Plus / Delta (Chart on flip chart paper) Evaluations**
POWERPOINT SLIDES AND TRAINER’S NOTES

DAY 1 SLIDES

- **Slide 1**
- Room preparation PRIOR to beginning of training:
  1. Set out attendance sheet at sign-in table
  2. Set up **5-6 “Walkabouts”** (one flip chart sheet per topic, **examples provided below**):
     a. On a scale from 1 to 10 with “1” being a beginner and “10” being a super star, where would you rate yourself in using:
        i. Solution Focused Questions
        ii. Safety Mapping
        iii. Harm & Risk/Danger Statements
        iv. Safety Goals
        v. Safety Planning
        vi. Three Houses
        vii. Safety House
        viii. Safety Networks
        ix. Safety Circles Tool
        x. Consultation and Information Sharing Framework
  3. List name of training, names of instructors, and course # on flip chart paper
  4. Make sure tables have post it notes, markers, name tents, and table toys (optional)

- **Before introductions, briefly review walkabouts with the group:** Instruct participants to walkabouts posted around the room to get an idea of what people know in the room. If they know a lot about SOP we are going to try and fine tune your skills. Listen for what you do not know as well as what you know. Pocket what you know and add the new information. This will help you know what questions to ask us for the next level of training. The hard thing in adult learning is to be able to go to the next level of learning when you already do the practice. People do not know what they do not know – so we are looking for what they do not know. Same as with a family when you get a referral or a case. I know something but I am constantly looking for what I do not know so I have a better and clearer understanding.
Welcome the participants to the training and introduce yourself.

Welcome to the Safety Organized Practice (SOP) 2-day Foundational Institute hosted by UC Davis Northern California Training Academy (NCTA). This training was originally presented as a 3-day training and was revised by NCTA for the Northern Counties in January, 2016 and changed to a 2-day training. The original version was developed in partnership between Children’s Research Center (CRC / the developers of Structured Decision Making), California Department of Social Services (CDSS), and the Regional Training Academies (RTAs).

Note: The original version included additional information about how to apply SOP concepts to Family Reunification and Visitation practices in child welfare as well as a more in-depth look at Implementation strategies. FR and Visitation topics are now included in an SOP Advanced Module.

This training is a mandatory pre-requisite to all SOP Advanced Trainings. We will review the SOP Advanced Modules at the end of day two.

Introductions (Time: 10-15 minutes)

Introduce yourselves as trainers and go over logistics (lunch, breaks, attendance sheets, Scan Tron registration forms, etc.) There are many ways to do introductions:

In a large group, it may be better to read descriptions aloud and ask people to raise their hands if the description fits them (“Who would describe themselves as a worker? Who would describe themselves as a supervisor? Who is from X county?”). It is helpful to ask the group to raise their hands for experience in the field (“Who has worked with kids and families for five years or less? Ten years or less? Fifteen?”). Acknowledge the wisdom and experience in the room.

Another option is to form pairs and do two rounds of introductions—a traditional “name, where do you work, what do you do” followed immediately by a second round of “name, what your name means, and how you got your name.” After this quick debriefing, ask the group if the two introductions felt similar and what difference a small amount of
relationship building (as likely occurred in the second introduction) can make.

- **Slide 4**
  - Provide an overview of training topics that will be covered over the two-day training.

- **Slide 5**
  - Before continuing with foundational concepts, prepare participants for the mapping activity that will occur the beginning of day two.
  - Ask them to think of a child welfare case that may be appropriate for the larger group mapping practice (not too complicated with a clear safety threat).
  - Ensure that each table has an SDM manual.

- **Slide 6**
  - Table talk: 5 minutes
  - Trainer charts answers on a flip chart. Remind people that we will be focusing on foundational concepts and there will be opportunities for them to delve deeper in the advanced trainings. Refer back to chart throughout the two day training to make sure questions are answered.
  - Note: If the participants share topics that are not covered in the foundational training, mention what advanced trainings may be available for the topics they are interested in.
Slide 7

Refer to handout #1: Dialogue structure for facilitating family meetings

Develop group agreements. How do we want to work together over these three days?

Introduce the Dialogue structure for facilitating meetings. We are modeling this dialogue structure throughout this two – day training as we would use it during a family team meeting or any other type of meeting. Group Agreements are key to building rapport with families, creating shared language, expectations and staying focused on the purpose of the meeting.

Organically develop a list of agreements that everyone can live with and ensure last agreements is for group to hold everyone accountable to their agreements throughout the 2 days.

If they get stuck pose questions like, should there be a disagreement, should we have an agreement about how we’ll deal with it?

- Offer suggestions from below if needed:
  - "Try on"
  - We will respect all requests for confidentiality/anonymity.
  - Everyone always has the right to pass.
  - Silence is a contribution.
  - We agree to share airtime and stick to time limits.
  - We agree to speak personally, for ourselves as individuals.
  - Step up, step back (if you usually participate consider stepping back so others can step up, if you haven’t shared much, consider stepping up)
  - It’s ok to be clumsy – don’t have to be expert.
  - We agree to be aware of the differences between intent and impact.

This acknowledges that I may have the best of intentions when I speak...but that my intentions don’t guarantee that the impact will be benign. We want this to be a place of dialogue and group learning – and we need to be aware that we can say things that are hard for someone else without realizing it. That’s what this agreement is about – that we recognize this can happen and be on the lookout for it.

- We agree to disagree and avoid making assumptions/generalizations.
• We agree to allow others to finish speaking before we speak to avoid interruptions and side conversations.
• We will work together to hold to these agreements and authorize the trainers to hold us to them.

**NOTE:** It is good to go over the other agreements briefly, then ask the group: “Are folks OK with proceeding with these agreements? Does anyone want to offer a tweak or change to any of these?” A willingness to incorporate change can help signal to your group that this is truly a participatory and collaborative process.

**Slide 8**

**Introduce Cultural Humility**

Humility means teachable.....For a lot of years we have discussed cultural competency and we have been trained on this topic ... do you feel competent at other people’s cultures? What does this title mean?

The shift to cultural humility is coming from the idea that we cannot and do not need to be experts at someone else’s culture. We do need to be in a space of inquiry so that we can allow each person we encounter to be the expert on their own culture. We do need to use questions and a genuine sense of curiosity about others to invite them to tell their story.

If we remain teachable, we will be able to accomplish these goals. If we practice this type of cultural humility with others – both with our colleagues and with the families we serve ... what would be different? How could it support the work we are doing with families?

If we are not practicing this way, what barriers are created?

**Slide 9**

**Refer to handout #1: Multicultural Process of Change**

**Before introducing the activity,** give a brief introduction to the Multicultural process of change.

**Introduction:** A very complimentary approach to Cultural Humility is the Multicultural Process of Change developed by Valerie Batts and the VISIONS, Inc. group. At its heart, what this approach reminds us that working with and across differences first begins with recognizing and naming those differences; then understanding the impact of those differences and appreciating and deepening our capacity to talk...
and work with them. We will talk about this more in a moment, but perhaps the important thing to understand is this:

- Many of the practices we are going to cover over these next three days are really practices for building effective working relationships across the gaps of difference – whether from a worker to a parent; a worker to a child; a person from one race or ethnicity to a person of a different race and ethnicity.

- One thing you might want to think about as we go through these two days – Do these practices I am learning at this training help me work more effectively across the differences I encounter in my daily work? If at the end of these three days the answer is ‘yes’ we will have accomplished one of the big goals of SOP.

**Move into activity:** Refer to handout: Multicultural guidelines for Communicating across Differences. Have participants review handout individually, then have a table talk and share your thoughts. Debrief with group, then revisit Group Agreements. Is there anything we need to add? Update agreements as needed.

- **Slide 10**
  - Introduce the plan for the day.
  - We are going to move forward keeping our agreements in mind and placing emphasis on the learning goals you shared with us. Please let us know how we are doing as we move through the day.
  - **NOTE:** This is modeling the importance of engagement with families, developing agreements, and finding out what they want to gain from our work together. Balancing our agenda with that of the families. It is tempting to jump right into content (what we need to cover) without paying attention to process (relationships). If we don’t take the time to do this foundational work, progress through out work with families or in training rooms can be slower or more difficult.

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**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
Slide 11

Review the history and “story of SOP”, this will give some context to the practice and how it has evolved over time. We will briefly discuss some of the building blocks and works of others that led to SOP.

Many people have influenced the work around safety organized practice. We hope that you will see that this practice draws on the best from many areas and the hope is that you will continue to influence and shape this work.

- Insoo Kim Berg and Steve deShazer are the founders of solution-focused brief therapy
- Andrew Turnell and Steve Edwards created the Signs of Safety (SOS) approach and wrote the book *Signs of Safety*
  - SOS was developed in the 1990’s. Steve Edwards, a social work supervisor who worked primarily in the back-country of Western Australia, approached Andrew Turnell who was a family therapist trained in the Solution-Focused approach. He was looking for a model that would do three things:
    - Help engage families, providers and community members and bring them to the table
    - Once at the table, help all of these people “critically think” together – making assessment a collaborative process, not just a professional activity that we do “to” clients.
    - Help make all of our planning about enhancing safety, and find ways to make sure that planning is also a joint or collaborative process.
- Sonja Parker created the Safety House and has done a lot of work with Safety Networks and Safety Planning
- Susie Essex wrote *Working with Denied Child Abuse* with Andrew Turnell
- Nicki Weld created the Three Houses for interviewing children
- Rob Sawyer and Sue Lohrbach brought Signs of Safety and SDM to
Olmstead County, Minnesota. Sue Lohrbach created Harm & Risk/Danger Statements and took mapping and family engagement to a new level with the creation of the Consultation and Information Sharing Framework

- CRC staff bring Structured Decision Making to the table
- Valerie Batts: helped to create the VISIONS, Inc. model of Multicultural Change
- John Vogel, Sophia Chin & Heather Meitner brought SDM and Signs of Safety to Massachusetts and they created the 4 quadrant map
- National Child Traumatic Stress Network brings research about trauma-informed child welfare practice
- California child welfare professionals, families, and children have been testing and adapting this work.

In California:
- The Northern California Training Academy (NCTA) had the vision to bring Safety Organized Practice to California and invited people from Children’s Research Center (CRC), the State of Massachusetts and others doing Signs of Safety
- NCTA invited counties in the north to try SOP and offered coaching
- San Diego County started to implement it and coach
- NCTA called all of the pilot counties back to hear their experiences
- NCTA in partnership with CRC and Casey Family Programs took what they learned, invited more practice experts and expanded upon components that were working. Training curriculum was developed based on lessons learned.
- Curriculum and implementation continues to evolve based on work in California and others in the field.

Slide 12

Review the objectives of SOP
- Engagement
- Critical Thinking
- Enhancing Safety

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
**Slide 13**

- SOP is comprised of what has been found to be important in Child welfare social work practice. We see it as two main buckets. The how of the work. How do you practice as a social worker? How do you use social work skills to enhance the skills of those around you? What are your values as a social worker and how do you work with families in a respectful and ethical way?

- SOP involves taking a humble approach to the work and demonstrating a belief that families have their own answers and that it is our job to help them discover and build on those answers. It involves understanding the impact of trauma and that most everyone involved with child welfare is impacted by trauma. Further, it involves an awareness of the trauma the CW system itself creates for families and children and learning to practice in ways that acknowledge and try to reduce this impact. It involves taking a team approach and using skills to assist and encourage others to build their own supportive network and taking the time to instill hope and focus on what's good and right in people lives.

- WHAT: Using these social work values and ethics to work with families when I utilize tools. A tool is only as good as the delivery. When utilizing the tools they have to be used with the HOW........It’s the How that makes the tools work!!

**Slide 14**

- Refer to handout #2: Social Work Practice (SOP) Definitions

- Activity instructions:
  - Each table given a definition and asked to brainstorm for 5 minutes ways that they have seen or could imagine this SW practice happening in child welfare
  - Chart them and put them on the wall
  - Have each group share their favorite one
  - Refer participants to Advanced SOP trainings to delve deeper

**If there are a lot of new Social Workers in the room, make sure you have a couple of examples available for each practice area to share with the group. **
Slide 15

These are the objectives / desired outcomes of SOP and the tools and practices that are used to achieve each of the three objectives (Good working relationships, Critical thinking, Enhancing Safety).

Slide 16

SDM and SOP complement each other to help us develop a rigorous, comprehensive, balanced assessment of the family.

Slide 17

The Structured Decision-Making system was designed to identify the key decisions in child welfare practice and then create evidence based assessment tools that could help make those decisions accurately and consistently across even large counties and states. The SDM system is set up to bring the best of research to the important decisions of child welfare.

California has been working with SDM for more than 10 years. And while many good things have come of it – there has definitely been a sense in some places that these assessment tools are just “forms” that need to be filled out. The bringing together of SDM with the partnership based work of SOS and some of the other parts of the SOP practice has really helped bring them both alive in new ways.

What we want to look at is the right amount of SDM to inform our practice/what is SDM’s role and at what level/to use SDM as it lines up with your decision or that you didn’t miss anything-how and when can it be useful.
You will see here that there are a number of overlapping values that SDM and SOP share.

Both approaches believe that:
- Decisions should be aided by research and should be collaborative;
- Children and families are full partners in the work and that the work should ultimately really be centered on enhancing safety for children in the places they live, learn and play.
- Child welfare professionals can be more than “case managers” — that we can really reclaim our role as change agents. The final point on the slide – that the goal is behavioral change, not service compliance.....is one we will come back to a number of times in this training.

Transition to new topic

So we will begin by looking at an idea that is central to Safety-Organized Practice: that when we interview families, children and members of the community, we are not just interviewing for history of the risk/danger but also for a history of the safety that has occurred as well.
Slide 21

This is the focus of SOP practice.

Slide 22

- Take a look at this image....What do you see?
- Notice how some say two faces looking at each other, others say a vase.

Slide 23

- How about this image?
- Some will say pillars others will say people standing facing each other.
- **Key point:** Two people can look at the same situation and see two different things.

Slide 24

- The next series of slides demonstrates several aspects of what we will be learning, including the importance of a balanced assessment. This story is a compelling ‘hook’ to invite interest in learning how to develop a complete assessment.
- **Review Cheryl’s Story:**
  
  Cheryl is an African-American woman in her late 30s with two children (ages 4 and 6). She made a significant suicide attempt by turning on the gas in her oven while both children were home.
All three of them passed out and it was only through a neighbor smelling the gas and breaking down the door that more serious injuries were averted. The children were placed together in foster care; mother went to a psychiatric facility and was released 10 days later.

Cheryl is currently not suicidal and is expressing a lot of regret. You meet with her to do a standard assessment and this is what you learn:

- Her father was abusive to her and her mother. He drank and smashed things around the home.
- Things got so bad that Cheryl went into foster care herself.
- As she got older, Cheryl engaged in relationships with men who were violent, including the father of the girls.
- This finally led to Cheryl being diagnosed with depression.
- More recently, she has gone off her medication.
- Even more recently, Cheryl lost her job as a clerk at a store, leaving the family dangerously close to poverty and not having enough food to eat or money to keep the heat on.

**Slide 25**

Normally when we hear a story like this we begin to ‘connect the dots’ to make sense of the story. We construct a narrative of events so we can make sense of it and compare it with other experiences, stories, and training.

Given what we know, what would you say about Cheryl’s future?

- Are we in a position to make even a good educated guess?
- What do we know about risk/danger? Probably a good deal. Where is your ‘worry meter’ based on what you know so far?
- What do we know about safety? Not really anything at all.
- Does that get in our way of making a good guess about what Cheryl is likely able to do next to keep her kids safe in the future?
- We need to become EQUALLY as rigorous at tracking the history of the parent’s ‘acts of protection’ as we are at the history of the risk/danger.

**TAKE ANOTHER LOOK AT CHERYL’S PAST. HOW MUCH TRAUMA IS PRESENT? HOW MUCH DO YOU THINK THAT IMPACTS HER ABILITY TO PARENT?**
Slide 26

We need to be equally rigorous in searching for the 'history of protection' as well as the ‘history of the harm’.

When Cheryl tells us about this moment, we can ask for lots of details.

- We learn that before turning on the gas, she took the girls to the next room and opened a window.
- Was that a sufficient act of protection? No. Would it be enough to return her children and/or close the case? No.
- But might it be important for Cheryl to know and remember? It may help her as she deals with her sadness, grief and guilt about this event.

Is it important for us as child welfare to know? As part of a longer story of her acts of protection, perhaps. We can use this to ask other questions like, 'Were there times you were protected by your parents, or things you have done to keep the girls safe’?

And we might learn....

Slide 27

As we hear more about the history of strengths, safety and protection we can begin to hear even more that might have gone unnoticed.

....That the foster care arrangement was a familial one. No CPS involvement.

- And that Cheryl's mom always stayed in her life, and worked with her aunt—Cheryl’s foster parent—to make sure she got a high school diploma.
- That Cheryl reached the point of leaving her husband and took out a restraining order when she saw how violent he could be with the girls watching, saying, ‘I won’t have my girls go through what I did’.
- That there are many examples of appropriate care Cheryl has shown the girls. Pediatrician says she has been terrific, kids all up to date; school says kids come to school dressed appropriately, on time, with work done. Both are very surprised about what happened. And finally we learn...
- That Cheryl knows the foster mother who is taking care of her kids (‘we went to high school together’). Cheryl has been getting up at 4 a.m., walking more than two miles from her home to the foster mom’s home to get the girls up and off to school every morning since she got out of the psychiatric hospital.
Take a look at Cheryl’s strengths. How do you think relationships helped to minimize the impact of her past trauma? How can we build on that?

- **Slide 28**
  - Do we know a little more about safety now?
  - We would say ‘yes, we do’. Is this important for our work? Why?
  - Where is your ‘worry meter’ now that you know more? Has it decreased?
  - **Key Point**: We can’t know how worried to be if we don’t know both patterns of harm and protection.

- **Slide 29**
  - **Key point**: we cannot lose sight of the risk/danger.
  - If this was all we looked at, would it be enough?
  - If we did, we think it would be fair to call this ‘naïve practice’

- **Slide 30**
  - Looking only at problems is an incomplete assessment.
  - But if this was all we looked at, would it be enough? Family therapist Michael White used to call this a ‘problem-saturated story’, a story that only takes into account the problem and the danger. In its own way, this would be another kind naïve practice.

- **Slide 31**
  - We are talking about doing a full assessment, where the history of ‘safety’ and ‘strengths’ is searched for as rigorously as the history of ‘risk/danger’ and ‘harm’.
  - In this training, we will focus on ways to do rigorous and thorough balanced assessments.
  - We will explore ways to engage with families in order to surface important behavioral detail about both worries and safety.
  - We will learn:
- Very specific styles of questions that help families think about things in new ways.
- How to use assessment tools and their definitions to shape the most important information to seek at different key decision points.
- Ways to gather information from multiple perspectives.
- How to use an assessment with a family to create rigorous plans that leads to safety.

**NOTE:** This is a good place for a discussion. Ask people to get into pairs and answer these questions:
1. How is this example like the current practice in your organization?
2. What is similar?
3. What is different?

**Then debrief with group**

**Slide 32**
- Let’s take a look at some practices for conducting a rigorous balanced assessment.
- The first practice that will help with that is the Three Questions.

**Slide 33**
- In thinking about doing a rigorous, balanced assessment there are three basic questions as guides for helping us with our work. At their most basic, both SOP and SDM assessments can be boiled down to these three questions.
- Every interview and every stage in the life of a case (ER, FM, FR, PP, etc.) needs to cover these three main issues.
- And while they are very simple questions, sometimes in the heat of the moment—in the middle of a complicated assessment or home visit—it can be helpful to have simple maps or guides to remind us where we want to go.
- The details of how we ask these questions and what content to focus on will change, but these are the three most central questions. They are...
valuable at every stage in the life of a child welfare case from screening to adoption.

- These can also serve as a way of preparing the caregivers, family members, collaterals, and even the children for the interview. When we tell them, “I’m going to be asking you a lot of questions, but they all boil down to these three...” we help prepare the interviewee for what we are looking for. It starts us off on the right foot for collaboration and better helps them prepare to participate.

**Slide 34**

- It is easy to get in the middle of an interview and get carried on waves of information. You may follow up on things that have already been said, latch onto things that seem important at the time, then return to the office with the realization that you have a lot of information, but it may not all be relevant, and you may not have what you need. These prompts can help us plan in advance and create important questions “on the fly” when needed.

- First, in all of the vital areas, we need questions that surface behavioral descriptions, not just headlines, jargon, and vague statements full of implications and innuendo. If a topic has been introduced and you realize you are unclear of the who, what, when, where, and how of it, you will need more questions. (More on this in a moment).

- Next, remember that any bit of information from one person’s view is only that—one person’s view. For critical areas, we need to know the views of all family members. This includes the very important views of the children, and we will spend almost all of the next module on strategies for doing that. When parents are telling you about their own lives, it is important to bring the conversation around to the impact on the child. Parent information is important to child protection to the extent that it reveals the impact on the child.

- Clearly, the points above have a way of expanding the interview. Getting more detail, more points of view, and extending conversation about parent behavior to understand impact on the child can substantially increase the scope of the interview. It’s important to stay focused so that we do not collect all of this rich detail on every area of family life.

- Know where you are in terms of the key decision at hand, and rely on the relevant SDM assessment to help narrow your interview in useful
ways. Determine the right tool to use before you go out and use the items on that assessment to create a frame through which you will look and ask questions. You do not need to limit yourself to the items on the tool—it’s not an interview guide—but it can be an aid in helping to prioritize information.

**Slide 35**

- When we are seeking out answers to “What are we worried about?” we need to make sure we don’t have our focus open too wide.
- We can worry about a lot of things in families. But we want to use this framework as a way to focus our inquiry where it should be for child protective services.
- The key elements should be:
  - **Caregiver.** In child protection, if a stranger on the street, a teacher, or even an uncaring family member who doesn’t live with the child hurts the child, we may be saddened by it, but it may not require action by a child protection service.
  - **Behavior.** The caregiver has done something or failed to do something. It is a specific behavior. Can we get good at naming what that is?
  - **Impact.** There must be some significant impact on the child. What is it? Can we describe it? How can we see it? Who can we talk to?

All of our work around figuring out the worries should be organized around this and we should be able to articulate this about any case we have open.

What was the caregiver action?
What was the impact on the child?

**Slide 36**

- We often do not use words or language that have anything to do with “impact on the child.”

To go a bit deeper, we will start with the notion of surfacing behavioral detail. We often rely on headline terms to convey information about a family. “Mom is mentally ill” is one example. It is natural for us to create time-saving devices when certain terms, like “mentally ill,” stand for a fairly rich and detailed set of facts in our heads. The problem is that we each have different, though accurate, notions of this detail. Unfortunately, the standard set of details that come to mind when hearing the term “mentally ill” may not accurately reflect what is going on with this caregiver.
Think: Do we open a case on every parent in our area who has a mental illness? (Actually get them to answer.)

Why not? (See if they begin to say that the vast majority of parents with mental illness adequately protect their child. Minimal or no harmful impact.)

Yet we include terms like this all the time in reports and discussions with supervisors, teams, and the courts, and we nod our heads as if we now know something important about this mom. We think we all agree on the meaning.

To avoid falling into traps of headline terms, here are some ideas for questions to ask: Go over these questions on slide as examples. Ask for other ideas

**Slide 37**

Here is another example: Do we open a case on every parent in our area who is an alcoholic? Why not? What helps us to distinguish? Rather than simply stopping with “He’s an alcoholic,” we need to inquire about specific behavioral detail about impact on the child.

Brief discussion: Ask the group:

- “What do you think about this?
- Do we use language like this?
- What is the danger for us as an organization if we use words like this in our supervision, in our court reports, in our conversations with parents?

**Slide 38**

This is the second question and we really want to start thinking about that rigorous, balanced assessment.

Remember, if we ask only about the history of the harm and not about the history of protection, we don’t know how worried we should be. If we inquire deeply about the history of protection—times the parent was able to respond to danger and safety threats.....

......and we find he/she has not done very much in response that is really important for us to know. And if we inquire deeply about times the parent was able to protect his/her child, and we learn there have been many times, that also is really good for us to know.
It is important to seek out what is working well through “listening for the empty spaces.”

When we think about Cheryl’s story we can fall into the practice of only asking about and listening for the history of the harm and danger. It is understandable that we do this—we are listening to “scary” things and we were trained to track those items in our listening. But we can begin to do more.

It is important to look for what is working WELL

There are lots of moments in Cheryl’s story where there are serious concerns but there also lots of these “empty spaces” – where time has passed, and we don’t know what has happened in between. Those spaces could be filled with more of the concerns…but they may also be filled with moments of strength and safety. Even just in the list above of the worries there is evidence of things that might have worked well for a while.

NOTE: Ask the group if they see the “empty spaces” where there may be evidence and openings for asking Cheryl about her strengths and safety.

- She lost her job means she once held a job
- She stopped taking medication means she once was on medication, how did that happen? Cheryl sought out therapy and medication herself; she had no prior CPS referrals despite the challenges she faced.

Just like with the “worries,” we are likely to hear many answers to this question. All of it may be important, but only some of it is relevant to child welfare work. Are we most interested that a child is good at basketball? That a parent is good at crossword puzzles? My personal favorite is: Mom got new curtains. [Fill in the blank here w/ your own].

Those may be things that are “working well” but they are not our focus. We should begin sorting and listening through the “working well” for
what the parents are doing that has a positive or protective impact on the child?

- **NOTE:** Depending on time, rather than giving the above examples, you could try to surface examples from the group. “Can you tell me about a ‘working well’ in one of your families that is really making a difference, that you can tell is making an ‘impact on the child’? Can you tell me a ‘working well’ that isn’t having much impact?”

- **Slide 42**

  - Just like in the “worries,” we need to be rigorous about getting behavioral detail regarding what is working well.
  - In this example, what does “stable” mean?
  - How is it impacting the child?
  - Is it protecting the child? Does it have anything to do with the child?

- **Slide 43**

  - Quick -3 minutes- Prize for the longest list.
  - Have participants them count how many they have-give prize-have each table name a few.
  - So how are you doing with this? It’s hard, right?
  - Let’s try it in the next activity.....

- **Slide 44**

  - Have the group work at their tables, make sure to tell them to keep the lists as we will be going back to these lists throughout the two days.
  - Trainers walk around the room and help the group eliminate jargon and be behaviorally specific and to keep the focus on the safety/permanency/well-being of the child.
### Slide 45

- **Introduce Solution Focused Interviewing**

Solution-Focused Inquiry is a different kind of practice than many of us were socialized in when we went to school. Developed by Steven DeShazer and Insoo Kim Berg in the 1980’s and 90’s, Solution-focused questions are a shift away from just looking for problems to a search for what works and helps keep their children safe.

- It’s important to be clear that **we are not talking about only using these kinds of questions**, but they can be a huge help for people moving out of the problem and into their own best solution building. **NOTE:** For counties already using Motivational Interviewing please note the alignment here.

- These questions also help us move away from being the expert and into a place of shared inquiry, openness and collaboration with family.

### Slide 46

- **Child welfare is still in many ways a young field.**
  - Nursing, for example, has been around since the 1850s.
  - We are still just beginning to learn what really works in child welfare, what helps and what does not.
  - One thing that becomes clear in research and common sense is that a good working relationship between family and worker is always one of the biggest predictors of success.
  - By a good working relationship we do not mean one where workers simply do everything families tell them.
  - It is one of mutuality, of honesty, of transparency, where we say what we mean, and do what we say we will. When we can do that, we are taking steps toward a good working relationship, and solution-focused questions are a tool to help us get there.
  - They help us have a different kind of conversation with families.
If we had to pick one way to summarize how solution-focused questions can help or why they are useful, it might be this:

*People will not change if they do not feel a sense that change is possible. They need hope.*

These kinds of questions, and the good working relationships you will make, will help families find that hope.

These are the five types of Solution-focused questions we are going to cover today.

But before we do, we will add a sixth category here....

While Cultural Humility is not a Solution-focused practice, we can make sure that our inquiry stays in that humble place, especially when working across difference, that we can make sure to make our questions account for people’s own unique cultural heritage, background and stories.

Exception questions are the basic building block of all solution-focused practice. They have at their core a single idea: that no problem is absolute; that if the child is alive there are always some signs of safety—always some history of protection—that we can find and seek to grow with the parent. This is the basic form of an exception question.

While the job of the interviewer is to tailor it to the specific moment and content you are asking about, this gives you a sense of the shape it takes and what you are looking for: times the problem could have happened, maybe almost did happen, but did not.

If time allows, it can be useful to ask the group about the benefits of asking questions like this.

- Do you ask these kinds of questions already?
- What is the benefit for us as CPS?
- What is the benefit for the family?
- For relationship building?
- For beginning to move toward change?
Slide 50

Introduce scaling questions

Have you ever visited a doctor who asks you to describe your pain level where 10 = the worst pain you can imagine, and 0 = no pain at all? That is a scaling question. Pediatricians use the same scale with children who may not understand numbers very well by showing them an array of faces from a happy smile to a frown to a crying face.

One thing scaling questions do for us is take an abstract or emotionally-charged idea (like how much pain, or how safe someone feels) and give it a concrete anchor.

- They also help us think along a continuum rather than on/off thinking. They turn light switches into dimmer switches.
- Have any of you tried these kinds of questions? How does it work for you? How do you think these can be helpful in our work?
- Scaling questions are typically framed using a scale of 0 to 10, where 0 is the least of something and 10 is the most of something.
- Traditionally, the 10 is the good thing and the 0 is the not-good thing. Using this pattern helps avoid confusion, i.e., was 10 the good thing or was 0 the good thing?
- The numbers on the scale have no 'real' meaning.
- Scaling questions answers are not evidence and are not based in research.

TRAINERS: Allow discussion. Look for ideas such as:

- We see families as being on a continuum versus all good or all bad;
- It creates a way to get incremental change, which is more achievable than moving all the way from on to off.

Slide 51

Scaling questions can be used in many ways. Five big categories are shown here.

What’s working well?

- Risk/Danger and safety questions
- Progress questions

What are we worried about?

- Risk/Danger and safety questions
- Progress questions

WHAT CAN YOU RATE?

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

- Danger/Safety
- Willingness
- Confidence
- Capacity
- Progress
What should happen next?

- Willingness, capacity and confidence questions
- Progress questions
- The risk/danger and safety questions, in many ways, are the most important scaling questions we can ask ourselves, our supervisors, managers and most especially, the family. We want them to be thinking this through with us.

- Slide 52
- We have covered two kinds of solution-focused questions in some detail. We are going to look at the next three briefly.
- The next kind of solution-focused question we are going to cover is the relationship or position question.
- Position questions can be very powerful in helping people begin to see their own situations through other people’s eyes.
- Has anyone tried anything like this before?

- Slide 53
- The next kind of solution-focused question we will look at is the coping questions and preferred future questions. People are often familiar with these questions. Ask the group or make the following points:
  - When dealing with difficult behaviors or situations, you can ask questions in a way that demonstrates empathy and compassion.
  - These questions acknowledge your understanding of the pain, fear or frustration that the family member may be experiencing.
  - It also helps to point the way toward behaviors they may be engaged in that are helping but have not actually been recognized yet.
  - Have people tried questions like this? Have you been able to get these kinds of details from the follow-up questions? How does it affect your work when you ask this?
  - Notice the position question thrown on the bottom of the slide. Are you beginning to see how these might all work together?

The last solution-focused question we are going to cover today is the preferred future question.
Think about it this way: When things are bad, when you are stuck in a really bad place, it is really important to have a vision of where you want to go instead.

In fact, it is going to be really hard to move anywhere if you do not have a sense of where you are going.

These questions are a vehicle or tool for beginning to imagine where that place would be—where you want to go.

Slide 54

VIDEO: Why Solution-Focused Inquiry? Luck Pecas Luckey from San Diego County

Introduction: We are going to play a 10-minute video of social worker Luck Luckey. Luck is a senior social worker from San Diego County who has been learning about SOP for about a year. In the video, Luck talks about interviewing a mother after an infant has been injured in a car crash following a violent episode between the parents. Luck narrates the story and describes the use of solution-focused questions very well.

Prior to the video, introduce the group to Luck and tell them they will see work Luck did for an emergency referral. Ask them to watch for three things.

1. Where do they see Luck interviewing for safety as well as risk/danger?
2. Where do they see the Three Questions?
3. Where do they see solution-focused questions?

PLAY VIDEO

Afterward, have them respond to the above questions and answer the following.

1. What do they think worked well?
2. What concerns do they have?
3. What difference do they think the approach made for this case?

It is useful to emphasize that this case is so serious, the child will likely be removed no matter what Luck discovers. One might legitimately ask, “Why bother?” Luck’s approach lays groundwork for a better working relationship between the mother and CPS that could significantly speed up reunification.

For an advanced group, point out that about nine minutes in, Luck makes a risk/danger statement with the mother just through asking questions.
**Slide 55**

**Activity:** Have groups get back together and look at the list they created using the two questions “what’s working” “what are you worried about” and create two solutions focused questions they could use to elicit information from the family.

**Slide 56**

Transition to new topic: Interviewing children

We have spoken a lot already about the need to think through ‘impact on the child’. What’s the best way to get this information? One of the most important ways is to actually talk to the child and get their perspective. This section of the training talks about some practices that have been developed for doing that.

**Slide 57**

Group discussion (5 – 10 minutes)

Engage the group in a discussion where they begin to name all the reasons it is important to talk with children in all aspects of the work.

In pairs, allow five to 10 minutes for discussion, then ask for examples. If you want, one person can ask the group for ideas while another person writes down what they say.

Feel free to ask questions to help make their points more concise (You had to slow yourself down to listen. How did you do that?).

Discussion point: Why is it important to interview children? Look for ideas that include the following:

- Children have important information. They know what is happening in the family.
- Children are affected by what is happening.
- Children deserve to have information from us about what is happening to them.
- Parents often think that adult problems are hidden from the children, i.e., “The children don’t know that we fight/smoke pot...”

Additional points:
- It can be easy to forget that the reason we are involved with a family is because of a child—a child who can offer a lot of information.
- Often interviews with children end up focusing on just the incident, or include certain routine questions about disciplinary practices. But if we do that we can miss an opportunity to gain rich and important information from the children’s perspectives.
- While there are appropriate boundaries around information, children are part of the process of our intervention, and it will help them to feel less victimized if they are included as much as is developmentally appropriate in conversations about them.

**NOTE:** Some workers may react against making children responsible for their own safety, or “parentifying” them. We can agree that going that far would be inappropriate. What we are talking about is listening to children about what makes them feel unsafe, what would make them feel safe, and finding ways they can act to contribute to their safety. The techniques we are going to review in this section can help facilitate these conversations with children.

**Slide 58**
- Cover key points on the slide.

**Slide 59**
- We may not always think about it, but the conversations we have with children can really help ensure we get the most out of our SDM tools.
- Remember, the SDM tools are only as good as the information we get—children can help enhance and verify our information.
Slide 60
- What else can the child tell us about? Anything and everything!
- Trainers: give examples when possible.

Slide 61
- If you were to think about all our work with children, you could break it down into four phases: Orientation, engagement, information exchange, and wrap-up.
  1. The orientation phase is our good-faith contract with the child. We are probably a stranger, and possibly someone he/she has been told not to talk to. We need to honestly, and in developmentally appropriate ways, explain who we are and why we are here. You probably have ways you have found that work for you. Anyone want to share what you use?
  2. The engagement phase gives space for the child to become comfortable with you, and also gives you an opportunity to get familiar with the child’s style and abilities. You have to “read” the child. If he/she is prepped for this interview and is anxious about it, spending too long on engagement can impair his/her willingness to stay with you. Rushing can get into information exchange before the child is ready. There may be some specific tasks during this stage.
  3. The information exchange can transition fairly gently, but make a clear transition to learning about what is happening in the child’s family. The three questions we covered last Time form the focus in child interviews just as they do in adult interviews. Information exchange is about learning what is going well for the child and what worries he/she has, and you want to be sure you are talking about the family.
  4. The last stage is to thank the child for spending time with you and explore with the child what will happen next. Children do best when they know what to expect. We will come back to this at the end.
When we talked about your best practices earlier, what are some strategies you talked about that really made a difference?

Are there other ideas you can think of for engaging with children?

Trainer may want to chart some of the shared ideas on a flip chart paper (Click the mouse and the ideas on the slide will fly in).

Now, let’s compare....are there additional ideas on the list that the group did not share?

Please note: The Safety House will be covered on Day 2 when we discuss Safety Planning. The Safety House is exceptional for including the child in safety planning, but you will learn that it can also provide good information about safety and danger.

Three Houses is exceptionally good for learning about risk/danger and safety from the child’s perspective, though you will see that it also has value in beginning safety planning.

Has anyone been trained on this tool before? If so, ask if anyone can share an example of when they have used them.

Now, on to Three Houses. This practice was developed by Nikki Weld and Maggie Greening, two child protection social workers in New Zealand, as they searched for ways to do assessment and planning.

And while today we are primarily teaching it as a method for engaging children, I hope you will see that there is relevance for lots of populations, including adults.

NOTE: Make connection between Three Houses and Three Questions. Also remind people there is handout and prompt sheets on this material in their packets.
**Slide 65**
- This example comes from San Diego County. A single father of 8 and 10 year old boys meets a woman in a bar. They start seeing each other, their relationship gets serious and she moves in with the family.
- Initially things go well, but one night she pulls a knife on the dad. The children are home, see this and are terrified. No injuries, but the police are called, CPS responds and dad is told that his girlfriend has to move out. He does this, but 6 months later she moves her back in.
- The boys go to school the next day in tears, scared she's back. There is close relationship between school and CPS, they call, and CPS goes right back out. San Diego worker Holly Kohlerich responds, and she was just trained in 3 houses. She does this with the boys, and this is what they draw.

**Slide 66**
- This first set of slides is the 8 year old and this is his House of Good Things.
- Video games, lunch, TV, dad cooking, etc. The rifle represents shooting/hunting with dad...... A time that they bond.
- **NOTE:** Check in with group on anxiety re fire arms in the home. In this case, social worker Holly explored gun safety upon first visit with family and was not worried b/c they reported adherence to gun safety practices.

**Slide 67**
- This is his House of Worries. Girlfriend tries to stab dad, I watch them through the crack of their bedroom.
- **Slide 68**
  - This is his House of Wishes and Dreams – the boy wants to own a quad four wheel motor bike but also says he wishes dad would stop yelling.
  - This was not something that had come up in the assessment process before, and having it come up here allowed the worker to really have a conversation that she would not have been able to have otherwise.

- **Slide 69**
  - These are the Three Houses of the ten-year old. This is his House of Good Things.

- **Slide 70**
  - This is his house of worries.

- **Slide 71**
  - This is his House of Wishes and Dreams.
  - The worker took these houses to the father to show him. We will talk about this in a moment, but that is one of the powerful possibilities of this practice – having parents see their children’s own houses. **NOTE:** Can ask what kind of difference we think this makes.
  - When the father saw the drawing he cried, and this time HE kicked his girlfriend. The team soon had a TDM to plan next steps, and dad was able to get members of his network to attend including a local school bus driver. It is a small town, she knows the girl friend’s car, and vouched to call CPS if she spots the car anywhere near dad’s house. [TRAINERS can point out safety network]. The case closed successfully a few
months later as dad was addressing his yelling, his drinking and, most importantly, was keeping the girlfriend away from the house.

- **NOTE:** It is potentially useful here to have a discussion about what kind of difference having a tool like this makes, if the CPS team from San Diego would have had this same amount of information otherwise, etc.

<table>
<thead>
<tr>
<th>Slide 72</th>
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<tbody>
<tr>
<td>The Three Houses tool is pretty simple, and does not take a lot of preparation. A little planning and consideration is helpful when possible.</td>
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<tr>
<td>First, before interviewing a child, it is good practice to get parent permission.</td>
</tr>
<tr>
<td>However, there are times you will interview the child prior to parent involvement: if involving the parent in advance would compromise child safety, if there is worry that the parent will attempt to alter child’s story prior to your interview, or you have to protect against the possibility or perception of interference. (These concerns are likely present when addressing allegations of serious abuse or neglect, or sexual abuse.)</td>
</tr>
<tr>
<td>It is a good idea to equip your interview space with paper and crayons, and to carry blank paper and a few crayons or markers with you at all times. Then you are always ready. Find a good space for the interview—as good as is available. Privacy is important, child comfort is important, reducing distractions is important—all the usual considerations.</td>
</tr>
<tr>
<td>It is best to interview the child alone whenever possible, but if the child cannot feel comfortable without a parent—as long as the parent is not suspected of sexual abuse or of intimidating the child— it can work with a parent in the room. Provide the parent with clear instructions about not answering for the child or responding to what the child says. It is generally best to interview one child at a time, especially in the early sessions. But again, if a child feels most comfortable with a sibling, you might need to do that. In some instances, interviewing with siblings on occasion can give new perspectives on how the children are doing.</td>
</tr>
<tr>
<td><strong>NOTE:</strong> If no one in the room can share examples of how they have handled these dilemmas, be prepared with your own examples to share or pose hypotheticals, e.g., How would someone handle a parent who refuses to allow you to do the Three Houses with the children alone? If no one comes up with it, share “ear shot” idea where parent is offered...</td>
</tr>
</tbody>
</table>
option of being around the corner within earshot, but not in the same room so the child has the sense the conversation is private.

- **Slide 73**
- Read through key points. Point out that they should use a fresh piece of paper for each house whenever possible.
- EXAMPLE: We are now in an interview. You have finished orientation and engagement. You may use Three Houses to transition to information gathering, or you can start with verbal questions and introduce Three Houses later. There is no rule about that. Whenever it happens, these are the ways the developers suggest introducing Three Houses to the child.
- After explaining all Three Houses to the child, you can ask the child which one he/she would like to start with, the House of Worries or the House of Good Things. (Leave off the House of Dreams from this choice—that will be the last one.) Most of the time it’s best to start with House of Good Things (what’s working well) if the child has no preference.
- Give the child choices about crayon-marker/pen/pencil. You can even ask if the child wants to draw or wants you to draw. Whichever the child selects, ask him/her to draw a house, and then put in the house all the things that are good about the house in which they live (or that they worry about in their house). Let them know they can use words or pictures to show. Either way ensure that either the child or your writes notes to describe drawings.
- It is also appropriate to inform the child in advance of what will happen with this drawing in simple, age-appropriate ways. Until the drawing begins, you do not know what you will do with it, but it is only fair to make child aware of some basic things and then talk a little more later. The key here is to be honest, but not make a big deal of things that will create needless anxiety.
- For example, ask the child to make these drawings for you so that child does not expect that he/she can take them when child leaves. (If appropriate, you can offer to make a copy.) Mention that you may need to share the drawings with other people who are working hard to ensure they stay safe.

<table>
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<tr>
<th><strong>INTRODUCING THE THREE HOUSES</strong></th>
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<tbody>
<tr>
<td>Explain to the child:</td>
</tr>
<tr>
<td><em>In the first house, we will include the things that you like in your life. That is the house of good things.</em></td>
</tr>
<tr>
<td><em>In the second house, we will write or draw your worries. That is the house of worries.</em></td>
</tr>
<tr>
<td><em>In the third house, we will write or draw how things would be if they got better. That is the house of dreams.</em></td>
</tr>
</tbody>
</table>

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**Slide 74**

- As the child draws, you can (and should!) use classic conversational prompts to help bring additional detail to the surface.

- As with any child interview, be aware of terms that may carry different meanings for children than we think. For example, if the child draws mom’s boyfriend in the house of worries and says, “He hurt me,” and you happen to be investigating physical abuse, we may assume she has just confirmed physical abuse. But asking what the word hurt means, or how he hurt her, could just as easily reveal that he was combing her very snarled hair and it hurt, or that he hurt her feelings.

- As with any child interview, use non-leading questions that are as broad as possible. If you have to increase the amount of information embedded in the question, step down, giving as much option in the answer as possible, and as soon as the conversation has advanced, go back up to the highest—level question possible. Just because you are drawing Three Houses with the child does not mean that any of the good techniques for child interviewing do not apply.

- Be mindful of how the child is doing. If he/she needs a bathroom break, a drink of water, or just a rest from the conversation, take a break!

- In the end, this is no different from any other interview with a child. It just includes a particularly helpful technique called Three Houses.

**Slide 75**

- If you do share the child’s drawing with the parent, it is usually good to let the parent see the good things first. It reduces defensiveness, helps the parent trust that you see the good things too, and adds credibility to the child’s worries.

- When you show the House of Worries, describe it in that way. It is things the child worries about. Avoid saying, “Here are the facts I now know about you from what [child] said.”

- The reality is that we do not know the truth and even if we did, it may be too charged to go in with truth blazing. Talk about things the child is worried about from his/her perspective and see if this can provide a way to get on a mutually agreeable page about what needs to happen in the future to help the child feel safe without going into power struggles over what has already happened.
However, we cannot let a parent dismiss child’s worries. Unless you are dealing with a demonstrable factual lie (which raises other questions about how the child is doing), you can let the parent know that you will need to act as if this is true until proven otherwise. Ask the parent what reasonable actions would be if this was true—what he/she thinks needs to happen next.

You can get a range of reactions. Some parents are going to be very moved by seeing their children’s Three Houses, and new opportunities for partnership and working together are going to occur as a result.

However, these are not all “Hallmark movie moments” where every parent, when confronted by their child’s Three Houses drawing, breaks down, confesses, turns over a new leaf, and becomes parent of the year. Some parents will deny any facts presented, no matter how compelling. As frustrating as that can be, in terms of assessment, it is very useful.

**NOTE:** Again, elicit examples of times they shared Three Houses with a parent from group and be prepared to share your own.

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**Slide 76**

**Activity:** Reflecting on These New Practices (5 minutes)

**Purpose:** Allows reflection on how trainees could use the Three Houses tool in one of these roles (ER, FR, FM, PP, Adoptions, Community Partners).

Have the group form pairs. Ask them to discuss how they may use the Three Houses tool in one of these functions.

Ask them to think about a child with whom they are working now or with whom they worked in the past who they believe would have benefited from the Three Houses tool. Partners should answer these questions.

- What worked well about what you did with the child?
- What were the challenges in working with the child?
- How would the child have benefited from one of these strategies?
- What would you need to be cautious or careful about?

**DEBRIEF:** What thoughts do they have about applying these new practices?

**TRAINERS:** take examples from the group and be prepared to give at least one example each for IR/ER, Ongoing, PP, Adoptions.
Slide 77

Introduce the Safety Mapping Assessment and Planning process.

This section introduces the concept of mapping and its connection to the SDM system.

At its core, mapping is a process for bringing people together – it could be a worker and a family, a supervisor and a worker, a case consult or a complex case review – with a process to help organize collective thinking and the information that is known, all in an attempt to move to greater and greater agreement about next steps.

- While there are a few different versions of mapping that come out of Signs of Safety practice, you should know that mapping is about the process of coming together to try to reach group agreement.

- While this module introduces mapping as something that would aid an individual worker, a case consult or supervision, where this really takes off is in using it with a family.

Slide 78

So what is mapping?

- Mapping is not a form
- It’s a facilitated process that helps a group gather information, organize that information, then try to move to group agreements.
- It helps institutionalize critical thinking
- It allows us to ask three questions and learn the position, or perspective, of all the parties.
- Mapping contains a framework that helps us organize the information we receive into some useful categories for anyone participating in a child welfare work to make sense of.
- Once that information is organized it may be a little easier – not easy, but just a little easier – to reach group agreement with the people who matter most in the case: the child, his/her family and the personal and professional network around them.
**Key point:** Assessment is a collaborative process.

Traditionally in social work and in child welfare we have seen assessment as a fully professional activity. We put something – or someone – under our study, we gather information and analyze that information. It’s a powerful tool and it can still serve us well.

But it is incomplete if we are truly thinking about partnership-based work. In this approach, the people we are working with are no different than us.

Think about the activity we just did. If you were all of a sudden working with a child welfare professional (or any other helper) would you want the assessment to be something totally done “to” you? You might want the helper’s expertise, but you would also, likely, want to be included, want your best critical thinking and ideas brought into the conversation. We could call this “assessment with” instead of just “assessment on”. That’s what this mapping process tries to do.

**Slide 80**

Review key points. Make additional point that mapping is a collaborative assessment and planning process that can be used at many points in case work:

- Individual Supervision
- Group Supervision
- Family team meetings
- At the kitchen table
- Case consultation
- Guides discussions at home visits

**Slide 81**

Introduce foundational beliefs and values of Safety Mapping

There are some core assumptions or values that underlie this mapping process. Read key points.
Refer to Handout #3: Dialogue Structure for Facilitating a Family Meeting

Mapping begins by setting the context for the mapping and engaging the family.

Purpose / Desired Outcome: You start by asking about purpose. What does the person seeking the consult or the group attending the consult want to get out of it? Is it a decision, a plan, something else? If it involves a decision of some kind, which SDM assessment can help with that decision?

Context: Check for any distractions that may pull attention away from the focus of the meeting. Does anyone have time constraints?

Group Agreements: How do we want to work with each other? Facilitator charts group agreements on flip chart paper or dry erase board. Please refer to page 14 in the trainers guide for more information and examples of group agreements.

Network / Stakeholders / People and Community: Next move to these questions: Who is in the family? Who cares about the child? Who do we wish could be in this room if at all possible for this conversation? What can we do to get everyone here that should be here? Tools: Genogram, Eco-map, Safety Circles.

Cultural Considerations: What is the race, gender, ethnicity, sexual orientation, etc. of the family and the people who care about the child? What role, if any, do these important parts of identity play in ability to enhance safety for the child?

Content: This is the safety mapping portion of the meeting using the three questions as a guideline: What’s working well? What are we worried about? What’s the impact on the child? Gray Area?

Next Steps: What steps do we need to take from here? This is the time to define the roles of all participants and the timelines for each action step. How will this plan be monitored? Then, schedule a follow-up meeting.

Plus/Delta: What worked well during this meeting? What should we do differently next time?
Mapping begins with the three questions, what are we worried about, what is working well and what needs to happen, and then moves into much more detail.

Please note that the word “worry” is by design. Ask what the difference is for them when you ask what they are worried about vs. telling them that the agency is “concerned” about them. Someone usually says it feels more respectful and human. That’s the point – it is more likely to build engagement.

As we go through this I would like to ask you to think, what parts of this framework feel like it would be helpful in your work? What parts are “value added” to your practice? And what worries might you have? Think about it as we move forward.

Next we look at two of the three questions and see that they divide up into smaller categories.

When we talk about “what are we worried about” we are talking about harm, risk/danger and complicating factors. When we talk about ‘what is working well’ we are talking about strengths and safety.

Refer to handout #4: SOP Definitions

Xx

Xx Trainer Note: Due to language changes in the new SDM 3.0 manual (effective November 1, 2015), it is strongly encouraged that trainers have participants open up the new SDM 3.0 manual and take a look at the revised Safety Assessment tool while you are going over key terms for mapping.

Notable change: Household Strengths and Protective Actions (NEW section)

The words we use matter and different people often say the same words but mean different things. This is the common language SOP helps us to develop so that the agency and the family can always be on the same page.

What you can see is that harm is always about the past. It is something has happened and has already impacted the child.
**Risk/Danger** is about the future. It is what we are worried about. As some of you may remember from the first module, one of the core concepts of Signs of Safety is being able to distinguish “what has gone on in the past” with “what we are worried about happening in the future.” Knowing about the past is particularly helpful in informing “what we are worried about in the future.” Remember, the best predictor of future maltreatment is past maltreatment.

**Risk Level** here is the same definition of risk we use when we think of SDM. Risk is about likelihood or probability. Think about a high risk pregnancy – when someone has been classified as having a high risk pregnancy it doesn’t mean something bad will happen, it means that based on the characteristics of the mother or unborn baby, they “look like” other mothers/children that have tough times during birth. That’s how SDM used Risk and what mean when we are using the word here.

Statistically, the best predictor of future harm is past/current harm. It is thankfully not a guarantee but our ability to know what we are worried about happening in the future (the danger) and how worried we should be (the risk) rest on understanding of what has gone on in the past (the harm). An important thing here thought is going to be our ability to distinguish what is real harm vs. what are things that are “less than optimal” but may not be harm.

One key is distinguishing harm and risk/danger from other things that may not be impacting the child.

- **Ask yourself:** what questions do I need to ask to understand the impact of the caregiver’s actions on the child? Difficult things that are not harm can happen to and within families.

**Trainer’s Note:** It is important to explain the shift from “danger” statements to “risk/danger” statements that went along with the shift to using the “Consultation and Information Sharing Framework” in the SOP Foundational Institute as a mapping framework for Family Team Meetings and Case Consultation / Group Supervision. This “shift” is an attempt to incorporate both terms into the work to eliminate confusion, although it may cause confusion for some workers who have been doing SOP for a long time using the 3 column and Quad maps.

“Risk” and “danger” are essentially the same and are used interchangeably in child welfare work (i.e. SDM uses “risk”, SOP has traditionally used “danger statement”, Framework uses “risk statement,” etc.).
Complicating factors are different. They are things that are worrisome and concerning, but in and of themselves are not caregiver actions that are impacting the child. In general, child welfare agencies are good at opening cases because of harm and danger, but cases often can stay open for years because of complicating factors.

**NOTE:** You can have brief discussion here about what people think about these definitions but keep moving through material.

| Slide 86 |
| Xx |

**Xx All families have some signs of safety.** The best predictor of future protection is past protection.

> Without searching for examples of protection, it is difficult to know the extent of the signs of danger or to determine how protection could be enhanced and measured in the present and future.

**Safety:** This definition of safety helps hold the model together – the model is ‘safety organized’ because the work is organized around safety. Notice that safety is a VERB. **It is more than the absence of danger.**

The key is to consider the definition: are these actions of protection demonstrated over time? Or are these things good and helpful ... but maybe not safety?

**DISCUSSION:** If this was the CPS definition of safety...and we shared it with families, providers, the courts...and this became ‘north’ on the compass and what we looked for in our work...what, if anything, would change about CPS? What would change about your work?

**Supporting strengths:** Strengths are good, positive things in families, but until they become acts of protection demonstrated over time, they are not the same as safety. This includes skills of living, coping skills, and/or cultural/familial histories of recovery or support that are important but do not directly support the provision of protection.
Just as with harm/danger, what distinguishes safety and strengths is also that a caregiver has taken an action that has protected the child or mitigated the danger.

If it is an action that has done this, it is safety. If not, it is a good thing, but it is a strength or a protective capacity, not safety.

Just like the best predictor of future maltreatment is past maltreatment, the best predictor of future “acts of protection” is past actions of protection. All families have some history of being able to keep their children safe, all families have some ‘signs of safety’. If we don’t look for them though we are missing ½ of our “balanced assessment.

- **Slide 87**
  - When it comes to harm and safety the key is to identify and name the impact on the child,
  - For something to be ‘harm’ in this framework it has to have: Caregiver, behavior, impact on the child.

- **Slide 88**
  - This is what is called “three-column” mapping. As you can see, it starts with the three questions as the primary way of organizing the map.
  - While it may seem very simple, this can be a powerful way to begin organizing your thinking. But it would be even more powerful to do this with a family.
    - Take a piece of paper with you to a home visit, put it on its side, and put the three questions on the top.
    - Let the family see what you are doing – it helps them understand what our work is about.
  - You will also notice there is a **scale** on each of these maps. Just as we heard in Luck’s story, the scale helps with two things – it can help assess really “where does everyone think things are” when it comes to risk/danger and safety. And once we have a number it can help us think through ‘small steps’ when we ask ourselves and our clients “what would things have to look like for the scale to improve by one number”?

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And this where the SDM sections would go: Safety threats are worries, protective capacities are things that are working well. The risk level helps us to determine next steps.

Slide 89

Trainer Note: The four quad map is illustrated in this training because it has historically been used as the primary Safety Mapping document in Northern California since the initial implementation of SOS / SOP.

Please note that this training will focus on using the “Consultation and Information Sharing Framework” illustrated during the remainder of the training and demonstrated during the larger group mapping activity.

A variation on this is the four-quadrant map. First you see the context: the purpose of the mapping, the questions about ‘who is in the family’ and the cultural considerations. You will see the familiar three questions, but here, you actually begin to sort as you think about the family and what has been going on.

- As you think about what you are worried about, you decide whether it is harm and risk/danger (something which is having impact on the child which goes in the upper left box) or a complicating factor (which goes in the lower left box).
- As you think about what is working well, you sort that into safety and strengths. Remember for it to be “safety” it also has to be an action of the caregiver’s that is impacting the child only this time in a protective way, protecting the child from the risk/danger.
- You may prefer the four-quadrant format if you like to get clarity as you go. Some people like to use the three-column format as the way to start with the family, where sorting “worries” and “well” may be a good start.
- Safety is where we are aiming. When a family can demonstrate safety, its cause for celebration, and it’s a time to re-assess CPS’s continued involvement.

NOTE: Try to give simple examples that illustrate the differences here.

- Tell one story that distinguishes harm from complicating factors (for example: is a diagnosis harm? A firearm?)
- Tell one story that distinguishes safety from strengths (if a father who hits his wife and son goes to a batterers group, is it safety?)
- Tell one story that shows how the safety needs to match the harm and danger (If there is a “dirty house” what would safety look like? Therapy? No – a clean house. But if we had more significant abuse, say a sexual
abuse report and that parent also “cleaned their house” that would not be safety. Make the point: What safety looks like changes based on what the harm and risk/danger is).

Slide 90

Introduce the “Consultation and Information Sharing Framework.”

Give a brief history of the “Framework” (developed by Sue Lohrbach in 1999 to help institutionalize critical thinking). Refer participants to handout in their Participant Guide “Framework PPT Slides” for more detailed information. For further training on the “Framework,” please refer to SOP Advanced Modules: “RED Teams” and “Group Supervision” Trainings.

And here is how SDM would line up here. SDM safety threats are almost always going to be either harm or risk/danger.

Most of the protective capacities are going to be supporting strengths. Individual items from the risk assessment may be complicating factors, but their totality, that risk score is going to help us inform next steps and the ‘what needs to happen’ question.

Let’s look and see how this plays out with Cheryl’s story:

Slide 91

Refer to handout #5: Cheryl’s 3 column map

If we were to lay out a basic version of a three-column map with Cheryl’s information, here is what it would look like. There is not a lot of detail here yet, but you can see how a basic sorting of the information starts to look like.

NOTE: Trainers could use this moment to ask a discussion question:

- Any thoughts about what it would be like for Cheryl to do this with a worker?
- What would you be worried about, if anything, in doing this with Cheryl? Why?
- What do you think might be helpful in doing this with Cheryl? Why?
Slide 92

- The blue circle comes up over the item ‘Cheryl moves the kids to another room’ once you click 1x.
- Attempt to surface that there was really just one thing that constituted harm/danger. The rest are complicating factors. What this means is that we are clear that our child protection responsibility is NOT to cure mom’s depression, get her out of poverty, be sure she never gets involved in DV again, or get her a job.
- Our focus must be on making sure the children are never again put in a dangerous situation like being in the house with the gas on. That doesn’t mean we are not going to help her to address the depression or other factors. But we are going to be clear about what our priorities are.
- The act of putting the children in the next room, while it temporarily mitigated the risk/danger, was a one-time thing, was not demonstrated over time, and was not even ultimately effective, since the kids passed out as well (Click now: The blue circle comes up over the item ‘Cheryl moves the kids to another room’ once you click 1x.)
- Once in a while someone asks why the DV is not “harm or danger” and her “leaving her husband after DV” not safety. Truth is it could be, but it is not related to the current worry. So if someone wanted to make a case to put the violence by her husband as “past harm” and her leaving her husband as “past safety” that would be fine. It might also be nice to point out that she has a history of being able to protect the kids in the past, although that is a very different kind of risk/danger.

Slide 93

- Here is how Cheryl’s story might look on the Consultation and Information Sharing Framework.
  - What do you notice?
  - What might we add to the Gray Area?
  - What information are we missing?
Slide 94

Make the connection between SDM Assessment and the Mapping Framework

- Maps are very helpful when organizing information and creating a document the family can see and understand.
- But alone, each worker may have different ideas about whether or not something constitutes risk/danger.
- The SDM assessments aren’t usually helpful to have on the kitchen table with the family.
- The map can be helpful in that situation.
- The SDM assessments also allow information about individual families to be aggregated so the agency has good information about the families served.
- Maps can’t provide aggregate data

So you might be asking, why do we need a map and an assessment? How do they work together?

One example is to use the Assessment tools to get clear – what is the critical information we need to acquire to make the decision we are at right now? Then use the map to help gather and organize that information. Together it produces a process that contains both collaboration and a consistent result.

Another example might look like this: I start safety mapping with the family to help build a relationship and gather the information I need. I bring that to the risk assessment which helps me understand that likelihood that this family may maltreat their child again. Together – the relationship I have made with the family and the information I now know about the likelihood of future maltreatment – helps the family and I to make good decisions and good plans.

Slide 95

Reflection on the day, ask questions on slide.

If your group has energy, put them into pairs or small groups and have them answer these questions.
Slide 96
Do a plus / delta to gain feedback about Day one.
- Are there any upgrades for tomorrow?

Slide 97
References

Slide 98
A word from Andrew Turnell

DAY 2 SLIDES
Slide 1
Welcome back! We hope the material we went over yesterday provided plenty of “food for thought” for you. Ask the group if they have comments, questions or reflections that have come up for them since yesterday.
Today we will be starting with a quick look back at yesterday, then moving on look at what we think may be some new approaches to Safety Planning, the creation of short behaviorally based statements to share what we are worried about and what we think needs to happen, strategies for developing networks around the families and the enhancement of action steps within Safety plans and Case plans.

One thing that is good for you to know at the outset is that today is a day we are going to ask you to do a good deal of work! There are a number of exercises related to the case we mapped yesterday we will be doing to help you understand and gain experience with the skills we are going to go over today.

**Slide 3**

**LARGE GROUP MAPPING ACTIVITY / DEMONSTRATION (Allow at least 1 hour, 30 minutes for this exercise)**

 Refer to instructions below: “Steps to mapping a case / group demonstration” following slide 4 in Trainer’s Guide.

Refer to the following handouts:

**Applicable Handouts for trainers:**
1. Framework poster (for reference)
2. Laminated Framework title cards (to tape up on the dry erase board to set up the Framework for the large group mapping. Cards / sections can easily be moved around the board as needed)
3. Laminated Mapping Role cards (hand out mapping role cards to each table...trainers will check in with participants throughout the mapping activity, or at the end...at trainer’s discretion)

**Applicable Handouts for participants:**
1. Handout # Facilitated Dialogue Structure (for reference)
2. Handout # SOP Definitions (for reference)
3. Handout # 5: Framework Full handout (for reference)
4. Handout #6: Framework Worksheet (for participants to take notes / jot down questions during the mapping)
5. Handout #7: Voice of SDM Assessment handout (to provide more information about the importance of using SDM in the mapping process).
Provide an overview of the larger group mapping activity that is about to begin. Please refer to next slide for “Mapping Roles” that will be assigned to each table during the activity.

- This is a live demonstration of a consultation utilizing Sue Lohrbach’s “Consultation and Information Sharing Framework”.

Move to next slide to review and assign mapping roles for participants during the activity.

Slide 4

Assign mapping roles for each table as outlined on the slide. Place mapping role signs on each table.

Explain each role so that participants know what to listen for during the activity. Encourage them to write down questions and thoughts during the mapping activity.

Please note: There are different options for trainers to consider when checking in with participants in regards to their specific mapping “roles”.

**Option 1:** You can check in with the various roles throughout the mapping activity as it comes up, although this may take more time.

**Option 2:** You can go through the entire mapping activity then check in with each table to solicit their thoughts, questions, and feedback regarding their specific role.

- Exception: Voice of SDM table will likely be asked to weigh in on what the SDM definitions are during the mapping in regards to the specific case being mapped.

**Definitions of roles and things to look for during the mapping:**

- **Voice of SDM:** The voice of the SDM assessment. If the worker giving the consult is at a key decision point with which an SDM assessment would help, the facilitator will check in with the “voice of the SDM assessment.” This person looks at the SDM assessment to keep the group on track to gather all the information needed for the assessment. For more information, see “The Voice of the SDM Assessment” in the “Introducing Safety-Organized Practice” packet.

- **Trauma Informed Practice:** Listen for any evidence of trauma informed practice in the case consultation. Is the trauma of child welfare involvement considered? Is there a history of trauma for parent or child that may be impacting the current family situation?
- **Cultural humility:** Ask about race, culture, religion, ethnicity, etc., and the role it has played in the work so far. How have any differences between the worker and the family played out in their relationship?

- **“Jargon” police:** Listen for any jargon, he’s an “alcoholic,” she’s “stable,” etc.

- **Solution Focused Questions:**
  - Where any Solution Focused Questions used with the family?
  - What Solution Focused would you have for the family? Any suggestions for SF questions the worker can use with the family being mapped?

- **Collaborative Practice:**
  - Inclusion of child, parent, network, service provider, agency voices

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**Steps to “mapping” a case / group demonstration:**

**Step 1: Selecting a Case**

It is important to choose the case for this exercise wisely. Early in the day, tell the group that you will be doing a case consult and ask if anyone is willing to talk about a case that the group can learn from.

Always have at least two examples to choose from before deciding. Look for a case that you can use as an example throughout Day 2 to make harm statements, danger statements, and safety goals. Try to select a case with a clear incident of past harm from which danger statements and safety goals can easily be created. At a minimum, choose a case that will lead to a clear danger statement.

**Cases to Avoid**

Cases with lengthy histories that will take a long time to write up.

Cases based solely on a child’s actions and the risk/danger in which his/her actions are putting him/herself or others. Mapping will work for those cases, but they are not great training examples.

Cases in which there appears to be no harm or risk/danger, but strong measures have been taken with the family already. These cases put facilitators in the position of displaying poor work and deciding how much or little to comment on it.

**Trainer’s Note: Important point to cover prior to mapping activity!**
**Orienting Parents:** Today’s activity involves a case consultation with a social worker. If we are doing this mapping process with families, it is very important that we prepare the family for the Family Team Meeting. Imagine you are parent and your child was brought into care or custody. What would you need to understand? Think about how to orient the parent: Explaining the process, clear purpose for the meeting, clarifying the risk/danger statement and safety goals, and other SOP language that will be used in the meeting. Some counties give families the SOP definitions handout to build a shared understanding of language that is used by the department. Also, who should be at the meeting? Exploring support network, etc.

**Refer participants to the “Parent Orientation” course materials on the UC Davis NCTA website (SOP Resource Page) for additional information about orienting parents. Also, the Advanced SOP Training “Family Meeting Facilitation” provides more in-depth information and skill building for facilitating meetings.**

**Step 2: Board Set Up and Handouts**

Set up board with the “Consultation and Information Sharing Framework”

Suggestion for participants: refer to Facilitated Dialogue Structure handout during the mapping activity.

**Step 3: Agreements**

Create agreements with the group about the consult.

Information. This demonstration is designed to show how the framework helps to organize information. You may not learn everything you wish you could know about the family.

“I don’t know” is okay. Because the worker talking about his/her work has just today agreed to do this, he/she has not reviewed the record and may not be able to answer each question the facilitator asks. It is okay to say “I don’t know.”

The facilitator asks the questions. This is to avoid the phenomenon in case consults where the worker giving information is asked many questions by many people. The facilitator promises to check in with the group at several points for questions he/she is not asking that should be asked, but those questions should be directed at the facilitator, not at the worker.

Watch out for judgments. If anyone finds him/herself in a place of judgment about the worker, either positive (“Wow, what good work”) or negative (“Wow, what terrible work”), recognize that the whole story is not clear. Remember that we do not know everything about the case rather than using judgments or assumptions.
**Step 4: Purpose**

Ask the worker what he/she would from the consult. “If the next hour were to go really well, what would you leave the consultation with?” Listen for whether an SDM assessment is relevant for the decision.

**Step 5: Genogram**

Ask who is in the family and who cares about the child. Try to put at least three generations on the genogram if possible. Be sure to ask about fathers.

**Step 6: Beginning**

Ask the worker if he/she would like to start with what is working well, worries, or if they just want three minutes to talk about the case. Write while he/she talks.

**Step 7: Ask Good Detail Questions**

Use good examples of solution-focused questions to elicit behavioral details (“If I was a fly on the wall, what would I have seen …”), impact on the child (“What did that do to the child? How do you know?”), and multiple perspectives (“If the grandmother were here…”).

**Step 8: Sort Information with the Group**

Ask the worker, “Do you think this is harm or a complicating factor?” Ask the group in general, “Do you think this is a strength or safety”? Use the consult to demonstrate the framework’s categories.

**Step 9: Check with the Group and the Voice of the SDM Assessment (and/or other roles)**

Pause the consult and ask the group for questions that might have been missed. The worker should listen to the questions but not reply automatically. After collecting a few, ask the worker if he/she wants to answer any.

Check with the voice of the SDM assessment. Is there a decision that needs to be made? Which tool might help? What information should the facilitator be sure the group covers in the discussion?

**Step 10: Scaling Questions for Safety and Danger**
On a scale from 0 to 10, with 10 being the child would be totally safe if he/she was with the parent tonight and 0 being the child would be in great danger if he/she was with the parent tonight, where are things now? Where do important people in the network think things are?

**Step 11: Give the Group Some Work**

Ask the group to consider: if the person talking about their work came back a month from now and said their number had gone up by one (but only one) what would have happened and how? Try to help surface one to three actions steps to give back to the person who talked about their work.

**Step 12: An Appreciation of the Worker**

Ask the group what they have come to appreciate about the person who talked about his/her work. Thank him/her and let him/her know you will continue to work with the case on Day 2 and hope to provide him/her with more risk/danger statements, safety goals, and next steps.

**Step 13: Plus/Delta on the Process**

If possible, leave the mapping on the board for making harm and risk/danger statements, or take a picture of the board and put the image in the Day 2 PowerPoint before the harm- and danger-statement exercise.

**Step 14: Follow-up with the Social Worker who mapped the case**

The trainers may choose to complete a fillable “Consultation and Information Sharing Framework” after the mapping activity (later that evening) and e-mail to the Social Worker for their use. This may also be done by taking a picture of the mapping on the board and e-mailing it to the worker, or allow the worker to take pictures.

Later on during Day 2, Harm and Risk/Danger statements and Safety goals will also be developed for the case. Please ensure the worker gets a copy of these statements as well. This information may be very useful for the worker in their future work with the family.

- **Slide 5**
  - You will remember yesterday we began looking at the first two questions – ‘what are we worried about?’ and ‘what is working well?’
  - Today we move to the third question: ‘What needs to happen next?’ We will consider Mapping and SDM Decision support, Harm and Risk/Danger Statements, the development of a Safety Networks, Safety Goals and how this all relates to Safety Planning and Case Planning.
**Slide 6**

As a way to get started we will start with looking at what might be a new approach to Safety Planning.

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**Slide 7**

A reminder of Cheryl’s story. (Brief review before we look at Cheryl’s case plan). From our initial assessment we learn.....

Cheryl is an African-American woman in her late 30s with two children (ages 4 and 6).

- She made a significant suicide attempt by turning on the gas in her oven while both children were home.
- All three of them passed out and it was only through a neighbor smelling the gas and breaking down the door that more serious injuries were averted. Children were placed together in foster care; mother went to a psychiatric facility and was released 10 days later; she is currently not suicidal and is expressing a lot of regret.

You meet with her to do a standard assessment and this is what you learn:

- Her father was abusive to her and her mother. He drank and smashed things around the home.
- Things got so bad that Cheryl went into foster care herself.
- As she got older, Cheryl engaged in relationships with men who were violent, including the father of the girls.
- This finally led to Cheryl being diagnosed with depression.
- More recently, she has gone off her medication.
- Even more recently, Cheryl lost her job as a clerk at a store, leaving the family dangerously close to poverty and not having enough food to eat or money to keep the heat on.

As you ask more about her childhood and earlier history, you learn:

- Her father was abusive to her and her mother. He drank and smashed things around the home.
- That the foster care arrangement was a familial one. No CPS involvement.
That Cheryl’s mom always stayed in her life, and worked with her aunt—Cheryl’s foster parent—to make sure she got a high school diploma.

That Cheryl reached the point of leaving her husband and took out a restraining order when she saw how violent he could be with the girls watching, saying, “I won’t have my girls go through what I did”.

That there are many examples of appropriate care Cheryl has shown the girls. Pediatrician says she has been terrific, kids all up to date; school says kids come to school dressed appropriately, on time, with work done.

Both are very surprised about what happened. And finally we learn...

That Cheryl knows the foster mother who is taking care of her kids (‘we went to high school together’).

Cheryl has been getting up at 4 a.m., walking more than two miles from her home to the foster mom’s home to get the girls up and off to school every morning since she got out of the psychiatric hospital.

Given all of this, let’s look at a couple of different kinds of plans CPS could make with Cheryl.

- Slide 8
- Refer to handout #9: Comparing two plans
- Review plan #1

- Slide 9
- Review plan #2

### 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 if 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 attend a job training course.
- Cheryl needs to attend parenting classes.

**Plan #2:** Cheryl agrees to present the following to her children and their 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.
Slide 10

Review plan #2 (continued)

- Show both plans and flip back and forth between them. Ask the group the following.
  - What do you notice about each?
  - What works well in each?
  - What do you worry about in each?
  - How is Cheryl talked about in each? How is the “philosophy” different in each?

CRITICAL POINTS: We are not going to eliminate services as a part of plans. Sometimes, services are essential stepping stones and the only way for a family to reach their goal. What we do hope to accomplish is to never mistake a list of services for a safety plan.

Also point out the detailed guidelines in Plan 2 and how it does not attempt to “get the depression out” of the family—we cannot do that. It helps create a path to safety, even with depression. The point is not to replace Plan 1 with Plan 2, but to incorporate them together, being sure not to make plans on people but with people.

Slide 11

A few other things we’ll say about plans that may challenge our thinking:

- Plans need to be made collaboratively with the family, child, and network. We can come up with the best plans, but if the family doesn’t "own it," all the plan becomes is an act of CYA. (NOTE: It’s a provocative statement but may be worth saying and discussing.)

- Plans are a process not an event. A plan isn’t something you can set and then set sail—you will need to keep coming back to it time and again.

- Plans are a roadmap not a guarantee. The plan provides direction, but we should not fall into naive practice: We are always assessing safety and danger at whatever point in the process we are at.

- Finally, these are not just a method of keeping children safe—these are an intervention themselves, a way to help people begin to make change.
**Slide 12**

- Remember this "bumper-sticker" phrase from Safety-Organized Practice? If safety and services are not the same thing, then what will our plans be composed of? Action-steps.
- And by the way – there is still a role for services for sure – but it supports this movement toward action and safety, not the other way around. Services are ‘stepping stones’ to actions that can create safety.

**Slide 13**

- When we think about the kinds of plans we have we can think about our beliefs or orientation to change. Most of us got trained or socialized in this kind of orientation: That individuals, families, children – really anyone – has to have insight before they will take action. That people have to “see” they have a problem before they will be willing to take serious steps to address the problem.
- Ask “Is this a familiar idea to people?” and have a brief discussion, then advance slide.

**Slide 14**

- What if we thought about it another way though – that sometimes it is the act of taking a step, taking some kind of action that actually is what produces the insight and desire to maintain the change?
- What if we created plans that called for ACTIONS to begin immediately, with the notion that once the actions begin, often, insight will follow?
- Many year of research into cognitive behavioral therapy would support this notion, sometimes I need to take action to see the benefit of the change.
- NOTE: Read bottom bullet points. Ask the group: What possibilities would this paradigm shift open up in working with people? How might it help us in moving forward with people who may not see the problem in the same way as CWS? What concerns would people have?
**Slide 15**

- What if our bottom line for the plans we made was not about “insight” the parents had or didn’t have (very hard to measure!) and instead was this question: What is the family willing and able to do to show us that their children will be safe?
- If the family and the network are not willing to do anything about the risk/danger, that is very important information. However, families and networks are not always asked this question directly when we focus more on services and insight-related ideas.

**Slide 16**

- This is one way to look at the SOP assessment and planning process as a whole. We started yesterday with organizing and trying to make sense of information through the mapping and applying the information to the SDM tools to gain some research based decision support.
- Harm and risk/danger statements and safety goals flow from that earlier work. These are simple, clear, concise statements that define our concerns and our hoped-for-outcomes in ways we can share with the family. These don’t appear out of thin air; they will be crafted from the information you already gathered in the map. You also have SDM assessments and their definitions that may be helpful in constructing these statements as well.
- Enhancing safety networks is something that can begin on day one and will last throughout our work with families – it is a way to make sure that we are always working with the people who can help create safety, permanency and wellbeing into the long-term. It’s illustrated as if it were a discrete step, but it’s really a “throughout the course” activity. Finally we will create action steps that flow from the goal.

**Slide 17**

- Once we have organized the information in the mapping and received the guidance the tools can give us we can begin to think of how we can arrive at clear statements of those concerns and then share our concerns with the family.
- That’s what is at the heart of Harm and Risk/Danger Statements.
Slide 18

If you remember yesterday, we defined harm as something that has happened in the past that has impacted the child physically, developmentally or emotionally. Harm statements are “clear and specific statements about the harm or maltreatment that has happened to the child.” This may be the easiest statement in many ways, because it is based on things that already happened. One easy formula for writing a good harm statement is to think of it in three parts:

1. Begin with a brief phrase about who is saying that these things happened. Early on, all we may have is that someone called to report. You may not be able to say who is reporting, so you may have to say, “It was reported...” After you’ve gathered some information, you may be able to add some names to this because one or more people you interview may tell you things about what happened and may give you permission to share that with the family.

2. Next, describe the facts about what the caregiver did, to the best of your knowledge. (We’ll talk about disputes later.)

3. Finally, describe the impact on the child.

NOTE: Many times it is not possible to say “who reported.” Many times in the training trainees take great pleasure in reminding the trainer of this! It’s OK just to let people know they can say “it was reported” but do also push back saying there are many times when we can share “who reported” because they have already told the parent they made the report or shared this information.

Slide 19

Read example and then discuss:

- What do people think of this statement?
- Is this clear? Concise?
- How could you make use of a statement like this?
- A good, clear mapping is the pre-work that will make it much easier to craft specific, behaviorally detailed harm statements.
- It’s surprising how hard it can be to locate a simple statement of harm in a case record, or get to a clear statement of harm in a court report or court testimony.
- When you can do this, putting it front and center during conversations with the family, the court, and the safety network (as well as the next worker to be assigned to the family’s case), it can make a huge contribution to staying focused.

### Slide 20

- **Read example and discuss:**
  - What do people think of this statement?
  - What do people appreciate about it?
  - What are people concerned about?
  - What would it be like for Cheryl to see this?
  - Do people have ideas of any ways of making it even better?

**NOTE:** If people have suggestions take a couple and offer your reflections. Often in these trainings group members do make good upgrades to these examples, but don’t endorse a statement that gets too far away from the formula at this stage.

### Slide 21

- **Introduce Risk/Danger Statements (READ DEFINITION)**

**TRAINER’S NOTE:** It is important to explain the shift from “danger” statements to **“risk/danger” statements** that went along with the shift to using the “Consultation and Information Sharing Framework” in the SOP Foundational Institute as a mapping framework for Family Team Meetings and Case Consultation / Group Supervision. This “shift” is an attempt to incorporate both terms into the work to eliminate confusion, although it may cause confusion for some workers who have been doing SOP for a long time using the 3 column and Quad maps.

- “Risk” and “danger” are essentially the same and are used interchangeably in child welfare work (i.e. SDM uses “risk”, SOP has traditionally used “danger statement”, Framework uses “risk statement,” etc.).
 REVIEW THESE POINTS:

- The easiest place to begin crafting a risk/danger statement is with a harm statement, because we will be most worried that the thing that ALREADY happened will happen AGAIN.

- What do you notice about the formula? (The last two elements are the same, except for the word “potential.” The first box is also a “who” but instead of who reported, it is who is worried)

- The risk/danger statement bears a strong resemblance to the harm statement, but instead of what already HAS HAPPENED, we convert the information to what we are worried MIGHT HAPPEN if nothing changes.

- By anchoring the risk/danger statement in harm, we avoid getting worried about everything! And we build on the notion that the best predictor of future risk/danger is past harm.

- There WILL be times when we do not have a harm statement but still have a risk/danger statement. ASK THE GROUP: Can you think of situations like this? (Examples: Hazardous living environment where there has been no impact on the child to date, a violent incident in the home where the child was sleeping, etc.).

- The key here is to ensure that if there is no harm to make sure not all the “complicating factors” creep back into “risk/danger.” Historically, that is what has happened in child welfare. Find some way of prioritizing. Usually the SDM safety assessment is the best way to help this out. Items on the SDM safety assessment include both “harm” and “likely danger.” If you have something that is not “harm” but you are thinking it may be “risk/danger” check it against the SDM safety assessment.

 Slide 22

- Read statement and discuss:
  - What do you think about this statement?
  - What do people appreciate and what are people concerned about?
  - What do you notice? (It lists a lot of people who are worried and it raises the stakes by saying “even more serious injuries.”)
- What happens when a family hears that a lot of people are worried about this? Who could you include in the “people who are worried” section? (Safety network members, the parents, the children, the department, the judge, etc.)

- The potential caregiver actions should resemble the actions of the caregiver included in the Harm Statement.

- The impact on the child section could include a repeat or continuation of what has already happened, and could raise the stakes by stating worry about things that will cause more harm.

- It’s OK to have more than one danger statement per family, but be careful not to make too many. At some point it just becomes noise for the family and the professionals involved.

- While we think it is a good idea to try to start with the formula these risk/danger statements have both a piece of ‘art’ as well as ‘science’. What you are trying to do it to things – keep one foot firmly planted in the notion ‘what is the agency most worried could happen if nothing else changes’ and another foot firmly planted in ‘how can we best communicate this clearly to the family’?

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**Slide 23**

- Read example and discuss:
  - What do people think of this statement?
  - What do people appreciate about it? What are people concerned about?
  - What would it be like for Cheryl to see this?
  - Do people have ideas of any ways of making it even better?

**NOTE:** If people have suggestions take a couple and offer your reflections. Often in these trainings group members do make good upgrades to these examples, but don’t endorse a statement that gets too far away from the formula at this stage.
Consider cultural considerations……..Let’s take a look at some different examples and adaptations of risk/danger statements.

In this example, a Latina woman (Elena, not her real name) who held a deep belief that her son should have a relationship with his father (despite the fact that he was regularly violent with both her and her son) took her son to see his father against a stay-away order she had agreed to. Both she and her son were hit and hurt.

While the agency made danger statements related to the father they also felt like it was important to make one for Elena, but did not want to make it “blaming” as it was very clear that she was following strong cultural convictions we could respect.

Read example and discuss:

- What do people think of this statement?
- What do people appreciate about it? What are people concerned about?
- Does it get too “soft” or does it still hold the bottom like?
- What would it be like for Elena to see it?
- Do people have ideas of any ways of making it even better?

In this example we have a situation that may be familiar to many of you – where there has been an injury to an infant and there is no clear acceptance of responsibility.

These “denial” cases can be the most challenging a child welfare practitioner runs into.

While we won’t be able to spend lots of time talking about how to respond, the first step is clearly being able to communicate the agency’s worry without falling into a circular “denial dispute.”

NOTE: You can playfully act out a denial dispute (“Just tell me you did it!” “I didn’t do it!” “I know you did!”), then discuss:

- What do people think of this statement?
- What do people appreciate about it? What are people concerned about?
How would a statement like this help set us for forward work with the family? (It circumvent the denial dispute and puts the onus on future safety in situations where parents may never accept responsibility).

**Slide 26**

Finally we can take the context into account and land that in the statement as well when it is relevant.

- What do people think of this statement?
- What do people appreciate about it?
- What are people concerned about?
- How would a statement like this help set us for forward work with the family? (It helps make the context where the safety needs to be grown clear).

**NOTE:** Sometimes with these kinds of statements trainees worry that the responsibility is being shifted to the drinking. It is not – this would be a situation where the abuse has only happened when Matt is drinking (something that would have to be clarified first in the mapping) and so it could help us get clear what the context is where the safety needs to be created.

**Slide 27**

Here’s an example of a statement for a Family Reunification case.

**Slide 28**

Here’s an example of a statement for a Permanency Planning case.
Slide 29

The SDM Safety Assessment is a terrific tool at helping to construct a Risk/Danger Statement. Any time you find a situation meets a criteria for a safety threat on the SDM safety assessment you should consider using that to make a risk/danger statement.

Start with the facts (what led me to even think about selecting a safety threat on the safety assessment), move to the definition in the manual (does it meet criteria?) and then use the facts and that definition to construct a Risk/Danger Statement the family can understand and make sense of. Let’s look at some examples.

Slide 30

Read example and then discuss:

- What do people think of this statement and the process for getting there?

Slide 31

Read example and then discuss:

- What do people think of this statement and the process for getting there?

- Could people imagine using the SDM Safety Assessment to help them do this?

Slide 32

Harm and Risk/Danger Statements Practice

Ask participants to form small groups (four to six people). Give them large Post-It paper.

Ask them to thin about the case they have been working on in their small groups OR they can use the case from the large group mapping activity.

Ask them to sort the harm and risk / danger.....THEN....
Ask them to construct harm and risk/danger statements based on the case, write them down, and post them around the room. Examples can be found in the participant guide / supplemental materials.

Once completed, have them walk around the room and put stickers or checkmarks next to the statements or parts of statements they most appreciate or think are most effective. Then ask the following.

- What parts of these statements do you think work the best? Why?
- What would it be like to share these with the family?

Ask the worker who gave the consult yesterday which statements, if any, would help start a different kind of conversation with the family.

When people share their examples, be on alert for:

- Labels, jargon, over-professional language;
- Whether the person used the general formula;
- Whether potential impact to the child is clearly described; and
- Whether the events listed in the risk/danger statement make sense or flow reasonably based on real actions the caregiver has taken.

Trainers: offer your feedback as you look around the room. Find parts of a few statements that you appreciate and offer “notes of caution” for those that appear problematic.

Note #1: If the case you mapped did not have any past harm, do not try to force it in this exercise. Have the group just make risk/danger statements based on the risk/danger that is most likely to occur. If there is more than one pertinent risk/danger, you can split up the group. Each group should work on one risk/danger.

*Slide 33*

Now we will work on Safety Goals. These will take us from the future we worry about to the future we want to create.
Slide 34

- In many ways the risk/danger statement and the safety goal are opposites, or mirror images.
- You can’t make a safety goal until you have a risk/danger statement.
- Once you have a risk/danger statement, though, you can begin to build—optimally with the family—a vision of what future safety for the child(ren) will look like.

Slide 35

- Safety Goals are the “what” of enhancing safety
  - What would things look like if the risk/danger statement was addressed?
  - What would tell us that we could close the case?
  - What would parents be doing differently in their care of their children?
- With a safety goal you stay away from a list of services and actually think: What would have to be going on in this family for me to feel like the risk/danger had been addressed?
- It can be hard! Sometimes it may feel like you are having to exercise a muscle you haven’t used as much before. We are much more used to thinking about “what services does the family have to complete” then “what actions of protection do I need to see demonstrated?”

Slide 36

- Tips for safety goals may sound pretty familiar now. The concepts apply from Harm Statements to Risk/Danger Statements, AND to Safety Goals:
- These three statements should work together to tell a coherent story. The harm is what has already happened. The risk/danger is that we worry the harm, or something worse, will happen again. The goal is to replace the worrisome caregiver actions with new behavior that (because we’ve woven the thread throughout) will increase safety.
  - Be specific. While the details of actions will follow later in the plans and actions steps, it’s important to give enough of a view here of what it will LOOK like when there is safety to ensure that everyone is clear about what we’ll need to see to close the case.
To the greatest extent possible, **make these goals with the parent and safety network.**

Whenever you can, **use family language.** When we say “measurable,” we don’t mean, “The mother will love her child 37% more,” but that something people could agree on is or is not there.

**Slide 37**

The last part of the safety goal is “how long.” This is tricky. In essence we are asking, “For how long does a parent need to demonstrate the specific actions of protection before we are comfortable walking away with enough confidence that harm will not recur?”

There is no simple formula for this. And there are specific things worth considering:

- **SDM risk level.** A higher risk level simply means there is a greater chance that some harm will occur in the future. The higher the risk, the longer we’ll want to see acts of protection demonstrated before being persuaded that the harm won’t occur again.

- **Quality of the safety network.** A strong network will have a lot of ongoing contact with the family AND will “blow the whistle” by intervening or even reporting if things start to go badly. A limited or less reliable safety network might mean we need the parent to demonstrate the acts of protection longer so we are more confident they will continue.

- Have the **changes the parent made “stuck?”** Is there a history of the parent making changes and sticking to them? Or do they start and stop?

- **Vulnerability of the child,** or in other words, the ability of the child to participate in his/her own safety plan. A child with some self-protection capability (including telling another adult, calling police, emotional resilience, having a safe place to go, etc.) may lead me to see enough safety over a shorter demonstration of change by the parent. But for an infant or young child, i.e., a child emotionally unable to self-protect, perhaps as a result of trauma, or a child who is more isolated, I need to see a longer demonstration of acts of protection before I’m convinced these will continue after the authority walks away.
- It's also important to balance the certainty of these statements as you talk about them with the family and network. **They are guides, not rules.**

**Slide 38**

- Another way we help determine ‘how long’ is by not doing it all by ourselves.
- We ask the people who know and care about the child – how long do you think we should see these new “actions of protection” being demonstrated to know it is enough?
- There is likely no easy answer but here is a way you can poll the collective group wisdom.
- **NOTE:** This may continue to be hard for the group and it is OK to harken back to the “agree to disagree” agreement made at the beginning of the training. The other thing to ask the group to think about – how do we handle decisions about time now? It is often very randomly. Is this any worse?

**Slide 39**

- Show a simple way to begin crafting safety goals
- First, the “who” We began with “who said” and then went to “who is worried.” Now we will use names of the people who are part of the safety network.
- In essence, this establishes that there are people who care about the child’s safety and are committed to helping and watching that the caregiver is doing what needs to be done.
- The safety network is the “jury” that must be persuaded that the child is safe.
- Next, a safety goal describes **what the parent will DO differently.** Note that the goal is not expressed as going to services, or even completing services, gaining insight, or having clean drug screens. It’s not expressed as what a parent STOPS doing. **It’s extremely important to craft this part of the safety goal in terms of actions the parent will demonstrate.** Anchor what the caregiver needs to do differently in the caregiver’s behaviors that had everyone worried. What could the caregiver do instead? This ties the safety goal to the danger statement.
OPTION: Tell this in an exaggerated way. This is the traditional way of thinking about safety: Take the case (take a big step), wait a few months (take another big step). If NOTHING BAD HAPPENS, the child is safe! Close the case! Ask if this is a good measure of child safety? Why not?

The last part is tough. Who remembers the definition of safety? (Make sure the “demonstrated over time” part is mentioned.) For example, with Cheryl’s case, the issue is her depression and everyone is worried that Cheryl could try to kill herself again and her daughters could die with her or find her dead. How long would we need to see that Cheryl is managing her depression? When will we feel safe returning her children to her care?

Slide 40

In the example, the dates are connected to court, and “NEXT STEPS” here would be whatever next steps make sense – moving from no visitation to supervised visitation; supervised visitation to unsupervised visitation; etc.

- What stands out for you?
- How does making the connection to court help or hurt?
- What works well? What worries you about this? (Worries may include that it doesn’t lay out a plan. That’s okay—this is just the goal. We’ll get into the connection to plans in a moment).
- How do you think Cheryl would respond to this? What would she appreciate? What would concern her?
- What do people think about putting a timeline on our work?
- What would be the benefit for us?
- For families?
- How do we make these decisions now?

Slide 41

Safety goals and safety plans are not the same thing. Sometimes people can get confused between the safety goal and the safety plan, and there is some inevitable overlap between them.

One way to think about it: The Safety Goal is a statement, a vision of what the caregiver will be doing differently to show they are addressing the risk/danger statement. It can change over time, but only if the danger statement changes.

The Safety Plan is a series of steps or guidelines. It is the “how”—how will the caregiver get to the goal? Plans can change more frequently than goals do as they get tested and different network members come in and out of the family’s life.
You can think about it like this: When you get into a car and use a GPS what is the first thing you need to do? [Put in your destination] What does the GPS then give you? [Turn\by\turn directions]

The Safety Goal is the destination. The plans and action steps we will talk about shortly are turn-by-turn directions.

**Slide 42**

**Safety Goals practice**

Just as with the risk/danger statement exercise above, divide the participants into groups of four to six people and give them large Post-It paper.

Ask the group to create safety goals for the risk/danger statements they developed earlier.

They will first sort what’s working well into safety and strengths to help develop the safety goal.

Once completed, have them walk around the room and look at the safety goals. If the group has the energy, have them again put stickers or checkmarks next to the goals or parts of goals they most appreciate or think are most effective.

Ask the following questions.

- What parts of these safety goals do you think work best? Why?
- What would it be like to share these with the family?
- Ask the worker who gave the consult yesterday which statements, if any, would help start a different kind of conversation with the family.
- When people share their examples, be on alert for:
  - Labels, jargon, over-professional language;
  - Whether the person used the general formula; and
  - If the safety goal was achieved, would it respond to the risk/danger statement?

Also offer your feedback as you look around the room. Find parts of a few statements that you appreciate and offer “notes of caution” for those that appear problematic.

**NOTE:** Depending on time and energy, this activity can be done in pairs and the safety goals can be shared as “shout outs.” If you do this, either write them all on large paper or enter them into the computer so people can see the statements and make distinctions between them.
- **Slide 43**
  - So what exactly is a safety network? (Take responses from the group)

- **Slide 44**
  - It is easy to believe people don’t have anyone else in their lives to help them. We start believing that for good reasons.
  - Sometimes that’s what parents tell us because they want to maintain their privacy.
  - A child welfare intervention is frequently experienced by families as intrusive and embarrassing.
  - When we start talking about “who else is in your life,” parents can be understandably reluctant to want to include anyone else.
  - Sometimes, though, parents tell us “I don’t have anyone” because they really believe it. And while it certainly is true that there are times and situations where parents really have “no one” they can turn to, often there are more people in and around a child’s life that would step up if asked than a parent realizes. Our work can be an aid in helping parents begin to see and utilize those people well.

- **Slide 45**
  - **VIDEO:** Introduce Julie from Carver County (seven-minute video). Note, this video is optional based on how much time you have at this point in the day. There is still a lot to cover before the end of the day. You may choose to cover the highlights of Julie’s story and how important it was for her to seek out a support network and the role her network had on her successful completion of her child welfare case plan.
  - It is important to “set up” this video well so participants understand what they are looking at and to have a group debriefing conversation so participants can think and learn about what they have heard.
  - **VIDEO INTRODUCTION EXAMPLE**
- I will show you a seven-minute video about networks and what it is like to be in one—from the perspective of someone who was in one. This video shows Julie, a mother who worked with Carver County CPS. Carver County is a small county in Minnesota with one of the longest running and strongest Signs of Safety implementations in the United States. Julie and Carver County CPS have graciously allowed us to see a little of their work together.

- As background, it is important for you to know that Julie came to Carver, Minnesota from Texas with her children and long-term boyfriend. In Texas, Julie struggled with a significant drinking problem and lost custody of her oldest son, who now lives with his father. In Carver, Julie’s drinking has not decreased. She drinks regularly while she is the sole caretaker of the children and has passed out on occasion while caring for the kids.

- When Julie starts working with CPS workers in Carver County, they try to help her identify a network to help her and her partner ensure the children will be safe. While the CPS workers would like her to be sober, the focus is not on immediate sobriety; it is on finding a network that ensures her children are safe no matter what. Julie, quite understandably, says, “I just moved here from Texas—I don’t know anyone!” And Sarah, her CPS worker, says, “We know, but none of us like where this is headed. You could lose custody of your children. What you are going to need to do is find some people. It’s non-negotiable.”

- This video is of Julie, a year after her Carver County CPS work was completed, being honest and direct with them as she remembers this part of their work together: building a network.

- Listen for what she says about the network—how she felt when she was first asked to find a network and what, if anything, has changed over time.

- PLAY VIDEO

- VIDEO DEBRIEF

- Trainers can ask about the following areas during the post-video conversation. They might want to pick three or four areas.

  - What did you notice about Julie’s attitude at the start of the effort to build a network? Did it change? What helped it change? How does she talk about it at the beginning and at the end?
Teaching Point: Clients may start with one opinion about a network and shift over time.

“I had to make myself do things at first; I wasn’t very good at it. There was no beer there; what are we going to do?” What did you think of this line?
  Teaching Point: Clients who have used alcohol for many years may have very diminished sober-social skills. By asking them to build a network, we are asking them to do something that can be quite hard, but also very helpful.

“They would make sure that I talked to somebody. ‘If you don’t hear from Julie, you need to call her.’” And then later: “I had people who would just narc me off. If you can get an insider, someone on the inside ...
  Teaching Point: You can see the beginnings of the safety plan they had in place. There was more than just “if you don’t see her, call her,” but you can see the network was not just about support—it was about safety as well.

Dan from Carver: “What was it like for you to ask these people to be in your network?” Julie: “I hated every minute of it. I didn’t want to do it. My thought at first, ‘I’m not going to stay here ... I’m just playing to get along.’”
  Teaching Point: She was not really embracing a change at the beginning, and, in fact, she was actually out to scam them in some ways (“I’m just playing to get along”). That did not stop her from making a change. Sometimes people start in a “pre-contemplative” place, where they have no insight into a needed change. That does not mean he/she will not take action, gain some insight eventually, or decide he/she wants to make a bigger change in the future. (We will come back to this point about insight in the next module.)

Dan from Carver: “It didn’t seem like Karl always narked you off.” Julie: “Most of the time he narked me off. He would sneak off and go call her. There maybe were times he didn’t, but he was just done. ‘You have to put the kids first. The babies have to come first.’”
  Teaching Point: It is hard to know without hearing from Karl, but Karl saying “You have to put the kids first” likely demonstrates
that he was beginning to understand the importance of child safety, which is what we hope for in our work with families—that they begin to understand safety has to come first.

- Ask for other comments/questions as well.

**OTHER AREAS TO CONSIDER**

- Trainers can ask the group what they know about asking someone who has been drinking for years to be sober and using that as a case plan goal. Does that make sense? When would it be the right thing to do? Is sobriety the same thing as safety?
- Some workshop participants make the point that this occurred in a rural county, and the situation would be different elsewhere. While all jurisdictions and areas are different, it is likely the county’s rural nature was not the biggest reason for the case’s success—it was the worker’s insistence that a network be formed and Julie’s courage to try new things.

**Slide 46**

- We are going to introduce a tool that, like genograms and ecomaps, is a way to help workers and families begin to identify members of networks.
- The family safety circles is a tool developed by Susie Essex in England for holding a conversation with a family specifically about building networks.
- This is a dynamic process and is supported by inquiry and questions.
  - Who from the middle circle would you most want to move to the inner circle? Why?
  - What would tell you someone in your life was ready to move to the inner circle?
  - If I said you had to move someone to that inner circle for us to take the next step in this case, who would you pick?

**Slide 47**

- Read key ideas on slide related to using the safety circles.
- Refer to Participant Guide where there is a step by step guide developed by Sonja Parker.
This example is based on a real case from Massachusetts that the Safety Circles was used in. Names have been changed and the case has been de-identified.

This is what their safety circles looked like – with the child Paul at the center, and all the people circled who the parent, Kim, decided were safe.

You can then see arrows that show who Kim is suggesting should move to the inner circle.

One of the components of trauma-informed practice is to offer people choices. Allowing families to circle who they feel best about being in the network is an example of trauma-informed practice.

This is another example, this time from San Diego County where before a family team meeting there was both a genogram and a Safety Circles completed.

The genogram helped the family identify family members to the department, but the family reported that the safety circles helped them remember and think about people they would not have considered for a family team meeting.

Culture is integral to the work of creating networks. Some families from some cultures may have an easier time asking for help – others may be more reluctant or embarrassed to let anyone from their own culture and background know that something is amiss. It’s important to stay open to both possibilities (be in that “culturally humble” place when talking to families.

Having a network may be a “bottom line” – something we tell a family is critical to us feeling like their children are safe. Who is in that network is something we can have some flexibility on – we can ask families if they would want someone from their own cultural background to be in the network, someone different any why.

NOTE: You may want to do some kind of short transition activity here. You can ask participants to get into pairs and think about one family they are
working with now or in the recent past they thing could benefit from the safety circles conversation and why.

- **Slide 51**
  - Take the same case you have been working on and create a Safety Network Circle for the family......it can be based on what you already know, who you as the SW would like to see in the different levels (this would need to be taken back to the family) but this exercise will give you a good idea of what you know about the network of support this family has.
  - Questions:
    - How much did you know, were you surprised by the amount of or lack of network support you know about?
    - What could you do next?
    - Make the point “we can’t plan only with the people we are worried about!”

- **Slide 52**
  - There is no doubt that you are already doing planning in many forms in your work: Case plans, safety plans, etc.
  - What we hope to be able to show in how these SOP practices can help you make plans are even more rigorous, even more collaborative, and even more focused on action steps.

- **Slide 53**
  - An example: Cheryl’s Plan Action Steps (Slide 1 of 2)
Slide 54

Cheryl’s Plan Action Steps (Slide 2 of 2)

Remember this from this morning? We showed it to you then so you could get a taste of what this practice could look like.

- Does anything different stand out to you now?
- Do people remember what the Danger Statement was for Cheryl? [That she may try to hurt herself again in the future, that she might be very badly injured, and that the children could be very frightened, seriously injured and might have to grow up without their mom if she were to die.]
- Do people remember what the Safety Goals was for Cheryl? [That she would always ask for help if sadness or depression starts to get in the way of keeping the kids safe].

These action steps are what goes in between – it is the vehicle that takes the family from the Risk/Danger Statement to the Safety Goal.

Slide 55

Take a look at the safety plans and discuss-Small group activity/look at all three in sequence...

With a partner, answer the following questions……

- What do you notice?
- How different is this from what you do know.
- What comes to mind when you think of planning this way?
- You may be asking where do action steps and plans like Cheryl’s go – are they case plans? Safety plans? Something else?
- Do you have any thoughts about that?

These practices and these kinds of actions steps can be incorporated in any and all of our planning work:

- Whether it is safety plans related to immediate safety for children, case plans and for more ongoing work or the informal aftercare plans some agencies make when closing a case, we can think about adding risk/danger statements, safety goals and the action steps the family and the network has agreed to take as well.
For example:
- Some counties and agencies make sure they put danger statements and these kinds of behavioral action steps on all of their safety plans. It helps ensure the parents know what the immediate worry is we are trying to respond to.
- Some counties and agencies make sure they put risk/danger statements and safety goals on all of their case plans, and make sure that every case plan has an item related to “growing the network”.
- Some counties and agency make informal aftercare plans, and you can use danger statements there as well saying something like –” if the [Risk/Danger Statement] comes back you should…..”

**Slide 56**

Creating action steps for any of our plans requires first that everyone is clear about the risks/dangers that need to be addressed (Risk/Danger Statements) and what the family needs to do to address the risks/dangers (the Safety Goals).

Once we have those, we can use a scaling question to help get clear about next steps.

Think about this scaling question:
- **On scale from 0-10 where 0 is 'if the children were in their parent's care the risk/danger statement would be happening all the time' and 10 is 'if the children's 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?**

**NOTE:** Have some discussion about this scale. It is designed to help create action steps directly related to the Risk/Danger Statement and Safety Goal you are working with. What would it be like to try this with a parent and family?
Practice Activity: Creating Meaningful Action Steps

Activity instructions:

1. Ask participants to pair up. On a dry-erase board or large Post-It paper, write down the best versions of the risk/danger statement and of the safety goal created earlier. Draw a 0-to-10 scale in between and ask the worker who initially shared the family’s information to place the situation on the scale based on the question below.

2. On scale from 0 to 10 where 0 is the risk/danger statement would be happening all the time if the child was in the parent’s care and 10 is the safety goal would be happening all the time if the child was in the parent’s care, where would you place the situation?

3. Once the worker provides his/her number, ask the rest of the group: What would be happening differently if this number went up by one? What would the child, parents, and network be doing? What would the agency be doing? Ask the pairs to use this scaling question come up with concrete steps the parents could take that would help to show they are progressing from the risk/danger statement to the safety goal.

4. After approximately 10 minutes, take ideas from the group. Write them on the dry-erase board.

5. It is likely that some ideas will be bigger steps than just “up by one.” If that is the case, ask the person giving the idea, “Do you think if the parent did that it would be just ‘up by one,’ or do you think it might be more than one? What would up by one look like?”

6. Conclude the exercise by asking the worker whose case this is to select which action steps, if any, he/she might take back to the family. Also ask him/her to debrief the day as a whole. Ask: What kind of difference, if any, will it make to have the danger statements, safety goals, and action steps that we created?
**Slide 58**
- Read key ideas on slide.

**Slide 59**
- Read key ideas.
- “Care and courage” is a phrase by Andrew Turnell of what he thinks workers and agencies need that try to make these kinds of plans.

**Slide 60**
- Shift to discussion of the Safety House: A safety planning tool
- We are now going to look at another technique—a wonderful way of surfacing children’s views of what kinds of safety plans they would need to really feel safe.
- Again, you may want to pay attention to the way this really allows children’s voices to be connected to all parts of our work.
- The Safety House was developed by Sonja Parker, a child protection social worker and now trainer and consultant from Perth, Australia.

**Slide 61**
- This is the Safety House. It is also pretty simple in its form. It has five sections.
- Also remind people there is additional information and prompt sheets in the participant guide / supplemental materials.
Before starting the Safety House interview with the child, it is useful to explain the process to the child. Show him/her the drawing like this. Tell him/her what you want to do. Do the “orientation” we talked about earlier so he/she understands what you are looking for and can participate.

The Safety House interview begins by asking the child a solution–focused miracle question. Miracle questions are some of the most well-known questions from solution-focused inquiry.

This one goes like this: “This is your house, but it is your house if you always feel safe. All the reasons for working with you, all the things that worried you or scared you, have been taken care of.”

Review each section of the Safety House.

Here you can see an example Sonja Parker made with 10-year-old Zoe as she prepared for her reunification.

TRAINER NOTE: You can read through each section, or cover some of the highlights.

A closer look: Who lives in this house?
Slide 66
When you get to this part of the Safety House, you say “in this house where you always feel safe, would there need to be any rules, rules to make sure you stayed safe? What would they be?

Slide 67
A closer look: Who can visit?

Slide 68
A closer look: Who cannot come in?

Slide 69
Activity: Reflecting on These New Practices (5 minutes)
Have the group form pairs. Ask them to discuss how they may use the Safety House tool in one of these functions.
Ask them to think about a child with whom they are working now or with whom they worked in the past who they believe would have benefited from the Three Houses tool. Partners should answer these questions.
- What worked well about what you did with the child?
- What were the challenges in working with the child?
- How would the child have benefited from one of these strategies?
- What would you need to be cautious or careful about?
DEBRIEF: What thoughts do they have about applying these new practices?
- **TRAINERS**: take examples from the group and be prepared to give at least one example each for IR/ER, Ongoing, PP, Adoptions.

### Slide 70

- The Rolling Agenda.....this gives us an idea of what SOP with a family looks like over the life of a case.
- Not always a linear process, but important to touch on each piece at some point.
- This page can also be found in the participant guide (supplemental materials).

### Slide 71

- Many times in trainings like this we discuss fantastic innovations...but don’t make the connections back to actual uptake of this work.
- We have one final section of our time together, and during this time we are going to talk about what it would be like to bring this back to your county and begin trying this work.

### Slide 72

- Everett Rogers was a scientist who had an interesting focus: he studied both successful and unsuccessful implementations of new innovations.
- His range was wide: Why would some communities take up new, more modern farming practices while others would not?
- Why would some developing countries take up health practices (like washing hands before a meal) while others were slower to do so?
- Why would a hybrid car like the Prius take off and become an “it” car for years after 15 years of other hybrids went nowhere?
- In his work, Rogers found three things that seemed to contribute most to the uptake of new practices and innovations:
  - The nature of the change
  - The kinds of individuals involved and
  - The context of the change.
Rogers actually is credited with being the first person to use the phrase “early adopter”. He said that when any new practice or idea comes, people hold a particular position towards that idea.

[NOTE: Read some of the words on slide for each category]. Some might be “innovators”, some might be “early adopters” and some might be in the “early majority.” Remember that these are not “fixed identity descriptions” - some of you may be early adopters when it comes to whatever new iPhone that comes out, but be early majority for a new restaurant in your town.

What Rogers pointed out though and that is so important for our work is that the early majority watches and learns from the early adopters and the early adopters watches and learns from the innovators. Knowing this helps us think about how we want to implement new things – who are the people we need to reach.

Slide 73

Begin to show Roger’s ideas what can be done differently to support implementation and transfer of learning.

There was a predictable breakdown of how people responded in a community or organization to any new innovation or change.

Innovators had the smallest group at 2.1%, followed by early adopters at 13.6%, and the other groups as you can see.

The last group he called “laggards” – we call them “traditionalists”. They are people who may be doing good work, working in a way that is effective for them and they see no reason for change.

Thinking this way shifts how we think about implementation. Historically in child welfare we spend 75% of our time, heart, energy and money on convincing those traditionalists to “come around”.

What Rogers said we should do in the opposite: Spend 75% of time, heart, energy and money on the innovators and early adopters, the people who are most excited and ready to try something new. If it works with them others will follow.
Slide 74
- Read slide, take conversation.
- Perhaps go back one slide to the bell graph, see how that fits for people, if they can think of innovations where they have been at one point or another.

Slide 75
- One of the key strategies you should think about as you start up is the use of coaching.
- Many of us are used to attending training in this work, and training does serve a purpose [Read key ideas from slide]. But what we have learned from research and our own personal experiences is that training is not enough.
- For practices to be sustained, training really needs to be supplemented by coaching. Coaching can greatly impact your ability to deepen your skill level.
- Please note: If your County does not utilize a coach, you can still seek out peers or other “SOP Champions” at your workplace to help mentor and coach you.
- Coaching is[read key ideas from ‘coaching’ box above]. Coaches are not necessarily “experts” in SOP. Often the coach is just a little further out ahead than the trainers! But they are someone who can help an individual or group make a plan to try something new, then after, help them reflect on what worked well and what was hard about it.
- The point here is not that “coaching is better than training” – but that we need both!

Slide 76
- Check out these statistics regarding the impact of coaching on retention of Knowledge, Skill level, and Transfer to practice.
  - Coaching increases all three levels to 95%!
Slide 77

- Make the point that this SOP 2-day Foundational Institute is only the beginning!!!!
- It is strongly recommended that participants attend the advanced modules to deepen their knowledge and skill level.

Slide 78

- Refer to handout #10: SOP Practice across CW Continuum
- Additional resource: SOP Documentation Chart (in participant guide / supplemental materials)
  - These handouts offer suggestions on how to use SOP in Child Welfare functions as well as how to document

Activity: Using SOP throughout the life of a case

- Purpose: To have participants begin their reflection and first steps toward implementation
- Options: Assign each table a child welfare role from the list on the slide, OR.....have people pair up and discuss their own role
- NOTE: Be mindful of time and energy level of the group at this point. Ideally you'd want to give them 10-15 min to discuss their role. If short on time, just have them turn to the person next to them to discuss.

Slide 79

- Refer to handout #11: My Action Plan
- Have participants individually complete their action plans (5-10 minutes)
- If there is time, have them share their ideas with a partner.
Slide 80

Additional Resources

Slide 81

Refer to “SOP Practice Profiles” found in the participant guide / supplemental materials

Give a brief overview of The Practice Profiles and its purpose as a self-assessment tool / evaluation tool for SOP practice.

The Practice Profiles handbook is provided as a supplemental handout and will be discussed in greater detail in the SOP Advanced Modules.

This is simply a tool for Social Workers to use to access their skill level and give them an idea of what the different SOP practices look like at an Emergent, Accomplished, and Distinguished level.

The tool was initially implemented as an assessment tool used by Supervisors and Managers to assess level and depth of SOP knowledge and skill among Social Workers.

Slide 82

Introduce the SOP Community of Practice website as an additional resource.

This website includes links to SOP videos, articles, curriculum, webinars, helpful tools, etc.

Optional: Bring up the website to show participants how to utilize this page.
Slide 83

VIDEO: The Dancing Guy

Close the workshop with some inspiration and humor: “We like to close this workshop with a short video”

We have talked a lot about implementation today, and we all know implementation across an organization or group is hard. So we will leave you with a vision of particularly successful implementation, one that takes place quickly and effectively.

This closing inspiration for a successful implementation comes...from a dancing guy.

After the video thank them for being willing to be a “lone nut” or to follow one.

Slide 84

Plus / Delta to get feedback

Slide 85

References

REFERENCES

- [Bibliographic information]
- [Bibliographic information]