SAFETY ORGANIZED PRACTICE
FOUNDATIONAL INSTITUTE

PARTICIPANT'S GUIDE
# Safety Organized Practice Foundational Institute
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Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership between the agency and the family exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches, including:

- Solution-focused practice\(^1\)
- Signs of Safety\(^2\)
- Structured Decision Making\(^3\)
- Child and family engagement\(^4\)
- Risk and safety assessment research
- Group Supervision and Interactional Supervision\(^5\)
- Appreciative Inquiry\(^6\)
- Motivational Interviewing\(^7\)
- Consultation and Information Sharing Framework\(^8\)
- Cultural Humility
- Trauma-Informed Practice


Objectives of Safety Organized Practice

1. **Engagement:** To create a shared focus to guide casework among all stakeholders (child, family, worker, supervisor, etc.)

2. **Critical Thinking:** To help these stakeholders consider complicated and ambiguous case information and sort it into meaningful categories that can inform next steps

3. **Enhancing Safety:** To provide a path for stakeholders to engage in “rigorous, sustainable, on-the-ground child safety” efforts

Each of these objectives is detailed below with the associated practices involved.

**Safety Organized Practice Objective One: Engagement**

The engagement piece of SOP is fostered by using the following strategies:

- **Solution-Focused Interviewing (SFT)** – Primarily originating with the work of Steve De Shazer and his wife Insoo Kim Berg at the Milwaukee Brief Therapy Treatment Center, SFT is an interviewing practice based on a simple idea with profound ramifications—that what people pay attention to grows. It highlights the need for child welfare professionals to ask families about safety as rigorously as they do danger and provides a series of strategies (“exception questions,” “relationship questions”) to help do this.

- **Strategies for Interviewing Children** – While children are the focus of any child welfare intervention and most professionals agree that obtaining children’s perspectives is vital for child welfare work, selecting the correct approach can be a daunting task for even a seasoned professional. The temptation to make the work with children a superficial part of the process is great. SOP provides a series of practices, specifically that of the ‘three houses’ and ‘safety house’, which allows children, in a developmentally appropriate way, to meaningfully contribute to both risk assessment and safety planning.

**Safety Organized Practice Objective Two: Critical Thinking**

Critical thinking requires the ability to assess any given situation by looking at the external data which is presented and subsequently how our assumptions and biases may impact our assessment. By doing this we can gain the greatest clarity possible about what is happening with a family. It is the ability, as noted child welfare scholar Eileen Munro has said, “to admit that we might be wrong.”
Safety mapping is a process of organizing all the information known about a family at any given time. It is a process that can be done by a family and a worker, a worker and a supervisor, or a worker alone. It provides some simple, easy to use, utilitarian definitions and a process that organizes the information, allowing increased clarity about the purpose for any particular child welfare intervention.

Safety Organized Practice Objective Three: Enhancing Safety

Part of the safety mapping process involves the development of harm/danger statements and safety goals. Once the safety mapping process is complete, child welfare professionals and the family will have enough information to begin safety planning with a family safety network.

- **Danger statements** are short, behaviorally based statements that in very clear, nonjudgmental language states:
  - What the caregiver actions were
  - What the impact was/is on the child
  - What the child welfare professionals are worried could happen in the future

Such statements provide a clear rationale for the involvement of child welfare and are a foundation for making clear goals about the work. These deceptively simple statements take some time to construct, but once made can be shared with family members, community partners, legal staff and anyone interested in supporting the safety of the particular children involved in the case.

- **Safety goals.** Often in child welfare, goals are service driven rather than safety driven. A key element of SOP is use of simply written goals that clearly and unambiguously address the danger. These safety goals should achieve the following:
  - Address the danger statement
  - Be collaboratively created with the family members—and if that’s not possible, provide choices for the family
  - Be written in clear, everyday language
  - Describe the presence of new, observable behaviors or actions (particularly with the children) rather than simply the absence of old, problematic behavior
• **Safety planning, and family safety networks.** The axiom that “it takes a village to raise a child” is never truer than in child welfare work when caregivers have been found to be a danger to their children. Drawing on much of the wisdom of the Family Group Conferencing (FGC) movement, SOP offers strategies for building a network of people around the child, communicating the danger statement to those in the network and enlisting their help in keeping the children safe (meeting the safety goal). The network is formed on the first day of case planning and supports the family through post permanency as defined by SDM.

The cultivation of a safety network is not just for “immediate” safety, but actually is the vehicle to promote long-lasting change that will continue to be enforced long after child welfare’s involvement ends. SOP makes the distinction between “safety planning” and “service planning”, noting that the culture of child welfare has been one of case management and service planning for some time—even while our goal is always the enhanced safety of children. SOP provides techniques and guidance for building a family safety network to enhance the daily, on-the-ground safety and well-being for children.
Safety Organized Practice (SOP) is a collaborative child welfare practice model that includes both practice strategies and concrete tools for “on-the-ground” child welfare workers, supervisors and managers to enhance family participation and foster equitable decision making.

The three questions are utilized throughout SOP to determine what the family/agency is worried about (harm and danger/risk), what is working well (strengths/protective factors), and what needs to happen next to ensure future and continued safety for the child (safety goal).

Family team meetings (FTMs) are used by child welfare agencies to develop agreements and joint understanding between families, the department, providers and other team members regarding topics such as the cause and level of child welfare intervention, placement changes, case progress and other pertinent decisions. The process used during FTMs allows everyone’s voice to be heard and strives to give all members a sense of ownership and presence in the process. Often times during these meetings, the harm and danger statements, safety goals and families’ action steps are developed and/or reviewed. The use of FTMs throughout the duration of a family’s involvement with child welfare allows all team members to create and use a shared understanding and commitment to work toward desired and agreed upon outcomes.

Harm and danger/risk statements are short but detailed statements disclosing what happened in the past to hurt the child physically, emotionally and/or developmentally (harm), and what people are worried may happen in the future (danger/risk) because of the harm in the past. These statements are composed by the family in collaboration with their family safety network and the child welfare professional.

Safety goals: Serving as a direct follow-up to the harm and danger/risk statement, safety goals are the vision for where the caregiver(s) want(s)/need(s) to get so that everyone (the family, child welfare, and the legal system) can know that their child will be safe in the future.

Consultation and information sharing framework (safety mapping) is a comprehensive approach to elicit information and organize the information to assist in critical thinking and decision-making. The framework is used in partnership with families (information sharing), or can be used as a consultative tool in group supervision or case consultation.

Family safety networks comprise a group of family, friends and professionals who care about the child, are willing to meet with CWS, understand the harm/danger concerns CWS and others have and are willing to do something that supports the family and helps keep the child safe. The network is a key element of safety planning and should be formed on the first day of case planning.

The Three Houses and Safety House tools are information gathering tools designed to bring forward the voice of children and young people in the safety planning process. Within the Safety Organized Practice framework, the tools allow child welfare professionals to ask the three key questions of SOP in a way that children can understand and respond to.

Safety planning is the process of developing the action steps that will move the family from their harm and danger/risk statement to achieving their safety goal. This plan is intended to help caregivers know and understand what to do to show that they will be able to keep their child or children safe over time. It is also what child welfare, attorneys and the judge will use to see if caregivers have demonstrated that they can keep their child safe in their care. Further, it is designed to ensure safety beyond child welfare’s involvement in the family’s lives by helping families identify and rely upon support within the family network and inside their own communities.
SOP Foundational Institute
Learning Objectives

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.
Many Have Influenced the Formation of SOP

Safety Organized Practice Foundational Institute

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*
- 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 & 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
Safety Organized Facilitated Process
By Heather Meitner

A Rolling Agenda

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

- **The Three Questions and Safety Mapping:** To get everyone on the same page regarding worries and what has worked well.

- **The Three Houses:** To include the child’s voice on Three Questions in the safety map.

- **Danger Statements/Safety Goal:** To reach shared understanding/agreement about why we are involved and what the situation needs to look like to end our involvement.

- **Safety Circles:** To build a network of support (informal).

- **Safety Planning With Network:** To co-create a detailed safety plan with day-to-day activities and to find a network of people to monitor plan implementation and success.

- **+/∆ Feedback:** To reflect on what we did well and what we would like to change.
### Dialogue Structure for Facilitating Any Meeting

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

This handout is based on work by Insoo Kim Berg, Steve de Shazer, Sonja Parker, Andrew Turnell, Adriana Urken, Michael White, and members of The Massachusetts Child Welfare Institute. It was compiled by Children’s Research Center (CRC) staff.

Step 1: What Are We Worried About?
Exploring Past Harm

Opening

- There has been a report of concern about your child that said…
- What do you think led to child protective services (CPS) getting involved with your family?
- What have you heard about why your child was removed?
Behavioral Details

- When did [harmful event] happen?
- Can you tell me about what happened that day?
- Where was it? Where were you? Who else was around?
- How did you respond when it happened?
- How long has this been going on?
- What were the first, worst, and most recent times this happened?

Impact on the Child

- Where were the children when this was happening?
- Do you think [harmful event] is affecting your child in any way?
- Do you ever worry about [harmful event]? When do you most worry? What is happening?
- If your child were here right now, what would they say [harmful event] does to them?
- Do you think [harmful event] might be affecting him/her at school?
- Do you think [harmful event] might be affecting how he/she makes friends?
- Does [harmful event] ever come between you and your child?
- Does [collateral] think [harmful event] is affecting your child in any way?
- Does [family member] think [harmful event] is affecting your child in any way?
- On a scale from 0 to 10, with 10 being your child was totally safe when [harmful event] happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when [harmful event] happened?
- What would your child say if he/she were here?

Close

- Of all the things we have talked about that have happened in the past, what do you think is most worrisome?
- What would your child say is most worrisome?
- What do you think my supervisor or I might think is most worrisome?
- We have a way of summing up these kinds of things which is called a harm statement. Can I share it with you and see what you think?
- On a scale from 0 to 10, where 10 is the harm statement really describes something that concerns you too, and 0 is you think I am really off base, where would you say things are?
Follow Up: Impact of Exceptions on Children

- Where were the children when [exception] was happening?
- When you did [exception] did it made a difference to your child in any way? How?
- What do you think your children would say they like best about the fact that you took this step?
- Do any [family members/friends] know you took this step? What kind of difference would they say it made to the children?
- Do any [collaterals] know you took this step? What kind of difference would they say it made to the children?
- On a scale from 0 to 10, with 10 being your child was totally safe when [exception] happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when [exception] happened?
  - What is helping you keep that number as high as you have?

Identifying Potential Network Members

- Who or what else may have helped you do that?
- Who else knows you were able to take this step?
- Who from your life would be least surprised at your ability to take these steps?
- What would your best friend say about how you are doing this?

Coping

- What you have been going through is not so easy. How do you think you have survived as long as you have? What is keeping you going?
- Given everything we have talked about, how do you think you have managed to keep things from getting worse?

Close

- Of all the things you are doing to care for the children, what do you think you are doing that is most protecting the kids?
- What would your child say he/she is most pleased that you are doing?
- What do you think my supervisor or I will be pleased to see?
Step 2: What is Working Well?

*Searching for Safety and Strengths*

**Opening**

- What do you think is working well in your family?
- What are you most proud of in your family?
- What do you see in your child that you are most proud of?
- What is your family like at its best?
- If your child were here right now, what would he/she say is going well in your family?
- What would they say they are most proud of in you? In themselves?
- Who else knows you/your family really well? What would they say is going really well?
- What do you think I see working well?
- Can I tell you what I see working well?

**Searching for Exceptions/Past Examples of Safety**

- Has there ever been a time when [the problem] could have happened, almost did happen, but somehow you were able to do something different?
- Can you tell me about a time you were able to manage [the problem] in a way that you felt good about?
- What are you already doing to help keep your children safe and respond to the concerns?

**Specific Examples of Exceptions**

- Tell me about a time you were able to look after your child even though you were dealing with other difficult things?
- Can you tell me about a time when you were really angry with your child, but rather than hitting him/her, you were able to find a way to calm yourself down?
- Can you tell me about a time you were both really pissed off with each other, but rather than yelling or hitting each other in front of your child, you were able to keep it away from him/her or to sort it out so it did not blow up?
- Can you think of a time you were going to use drugs but either made sure your child was looked after first or made another decision about using altogether?
Follow-Up: Gathering Behavioral Details of Exceptions

- When did that [exception] happen?
- How did you do that? [Specific details of exception.]
- Can you tell me what happened that day?
- When was it? Where were you? Who else was around?
- Suppose I were a fly on the wall when this was happening. What would I have seen you do?
- What were the first, worst, and most recent times this happened?

Step 3: What Are We Worried About?

Exploring Future Danger

Opening

- Of all the things we have talked about today, which are you most worried about happening in the future?
- Of all thing things we have talked about today, which do you think your child is most worried about happening in the future?
- Of all thing things we have talked about today, which do you think I am most worried about for the future?
- What do you think the initial reporter might be most worried about happening in the future?
- On a scale of 0 to 10, with 10 being your child is totally safe now and 0 being your child is in a lot of danger, where do you think things are now?
- What do you think is getting in the way of the number being even higher?

Potential Future Impact on the Children

- What do you think will happen in your family if nothing else changes?
- What do you think might happen to your child?

Identifying Potential Network Members

- Does anyone else in your family worry about what might happen to your family or to your child in the future if nothing changes?
- Do any of your friends worry about this?
- Do any of the collaterals worry about this?
- What do you think they worry will happen to your child if more of [harmful event] occurs?
Close

- Can I take a minute and tell you how we at CPS are trying to think these days?
- Now that I have shared these definitions with you, which of the things we have talked about do you think are real dangers to your child in the future? Which are complicating factors?
- We have a way of summing up these kinds of things called a danger statement. Can I share it with you and see what you think?
- On a scale from 0 to 10, with 10 being the danger statement really describes something that worries you also and 0 being you think it is really off base, where would you place the danger statement?

Step 4: What Needs to Happen?

*Developing Goals*

**Family Goals**

- Ten years from now, what would you like your child’s story about this time to be? What do you think needs to happen for him/her to be able to tell that story?
- It is clear from what you have said that you are not happy with how things are going. How would you like things to be instead?
- Given all we have talked about, what is your biggest hope for what could be different in your life?
- What is the least that could happen that would still leave you feeling like you had accomplished something important?

**Agency Goals**

- Given all we have talked about, what are the next steps you think we need to take to make sure your child is safe?
- Which of the danger statements do you think is most important for us to deal with first?
- You have said you want CPS out of your life. Given everything we have talked about, what do you imagine I am going to say needs to happen for us to get out of your life?
- Our agency has a format for talking about goals that we feel is important. It is called a safety goal and is also going to move us to discuss who else needs to be a part of our work together. Can I show you what this goal format looks like, and
can we think about who else needs to be involved?
- What do you think you will need to see in yourself in order to take these steps?
- What will you need from others?
- Who would be good to talk to about this?
- When you first start making these changes, who will see them? First? Second?

**Identifying Potential Network Members**

Moving toward these kinds of goals is hard work and often requires help. Do you know the phrase, “it takes a village to raise a child”? Who from your community would be important for us to invite to these meeting to help you move in the directions we have been talking about?

**Services**

- Do you think going to [service] might do anything to address the danger statement? What do you think it might do?
- If I were to suggest you to go to [service], what do you think I might be hoping would be different as a result?
- By going to [service] what are you hoping will change about safety for your child?

**Small Steps**

Suppose we meet for coffee a few years from now and all the problems we have talked about, specifically the danger statement, have all been taken care of.

- What do you think you will have done to achieve this?
- Who or what will have helped you make that possible?
- How will I have contributed?

**First Steps**

- What will have been your first step?
- What difference will it have made in your life?
- If you take that step, how will it affect your child?
- Will that be enough to keep your child safe/address the danger statement?
- Will your child think it is enough?
- Will I think that it is enough?
• Now that you have made up your mind to stop doing [harmful event], how long do you think it will be before you take action on it?
• On a scale of 0 to 10, with 10 being “my child is totally safe now” and 0 being “my child is in a lot of danger,” where do you think things are now?
• If we keep working at this and a month from now the danger/safety scale number has improved by one number, what do you think will be concretely different in your family?
• If I were a fly on the wall and saw you taking that step, what would I see?
• What will you or others be doing differently?
• What services will be in place? What will you be doing differently as a result?

Willingness, Confidence, and Capacity

• On a scale from 0 to 10, with 10 being you are very willing to take these first steps and 0 being you are not willing at all, where would you place yourself?
• On a scale from 0 to 10, with 10 being you are very confident you can complete these first steps and 0 being you are not sure at all if you can do it, where would you place yourself?
• On a scale from 0 to 10, with 10 being you have everything you need and all the help you need to take these first steps and 0 being you do not have what you need, where would you place yourself?
• For all questions: What would need to happen to increase that number by one?

Confirming Direction/Monitoring

• What will tell you that you are on the right track?
• How will you know that you have reached this goal and your child is safe?
• What will tell me that you are on the right track?
• How will I or my supervisor know you have reached this goal and your child is safe?
• Who will be the first people to notice a change?
• What will they see?
• What will you see?
• What will your kids notice?
• What will I notice?
Bringing a Trauma Lens to Child Welfare

Trauma-informed child welfare practice mirrors well-established child welfare priorities. Looking through a trauma lens can prevent missteps and allow workers to find better ways to help families and be more productive.

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling). Traumatic events overwhelm a child’s capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal. A child’s response to a traumatic event may have a profound effect on his/her perception of self, the world, and the future. Traumatic events may affect a child’s:

- Ability to trust others;
- Sense of personal safety; and/or
- Ability to effectively navigate life changes.

Types of Traumatic Stress (Cook, 2005)

Acute trauma is a single traumatic event that is limited in time. Examples include:

- Serious accidents;
- Community violence;
- Natural disasters (earthquakes, wildfires, floods);
- Sudden or violent loss of a loved one; and
- Physical or sexual assault (e.g., being shot or raped).

During an acute event, children experience a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

Chronic trauma refers to the experience of multiple traumatic events.

- These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or longstanding trauma, such as physical abuse, neglect, or war.
• The effects of chronic trauma are often cumulative, as each event serves to
remind the child of prior trauma and reinforce its negative impact.

• A child who goes through multiple placements might experience chronic trauma.

**Complex trauma** describes both exposure to chronic trauma—usually caused by adults
entrusted with the child’s care—and the impact of such exposure on the child.

• Children who experienced complex trauma have endured multiple interpersonal
traumatic events from a very young age.

• Complex trauma has profound effects on nearly every aspect of a child’s
development and functioning.

### Possible Effects of Trauma Exposure

• **Attachment**—Traumatized children can feel that the world is uncertain and
unpredictable. They can become socially isolated and can have difficulty relating
to and empathizing with others.

• **Biology**—Traumatized children may experience problems with movement and
sensation, including hypersensitivity to physical contact and insensitivity to
pain. They may exhibit unexplained physical symptoms and increased medical
problems.

• **Mood regulation**—Traumatized children can have difficulty regulating their
emotions as well as difficulty knowing and describing their feelings and internal
states.

• **Dissociation**—Some traumatized children experience a feeling of detachment or
depersonalization, as if they are “observing” something happening to them that
is unreal.

• **Behavioral control**—Traumatized children can show poor impulse control, self-
destructive behavior, and aggression toward others.

• **Cognition**—Traumatized children can have problems focusing on and
completing tasks, or planning for and anticipating future events. Some exhibit
learning difficulties and problems with language development.

- **Self-concept**—Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

- In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors. These behaviors place them at risk for a range of serious mental and physical health problems, including:
  - Alcoholism;
  - Drug abuse;
  - Depression;
  - Suicide attempts;
  - Sexually transmitted diseases (due to high-risk activity with multiple partners);
  - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.

Essential elements of trauma-informed practice …

- Maximize the child’s sense of safety.

- Help children reduce overwhelming emotion.

- Help children make new meaning of their trauma history and current experiences.

- Address the effect of trauma and subsequent changes in the child’s behavior, development, and relationships.

- Coordinate services with other agencies.

- Use comprehensive assessment of the child’s trauma experiences and their impact on his/her development and behavior to guide services.
  - Know how and when to apply the right evidence-based treatments.

- Support and promote positive and stable relationships in the child’s life.

- Provide support and guidance to child’s family and caregivers.
o Recognize that many of the child’s adult caregivers are trauma victims as well (recent and childhood trauma).

• Manage professional and personal stress.

Cultural Humility Practice Principles

1. **Embrace the complexity of diversity:** In our day-to-day existence we occupy multiple positions with related identities and statuses. These identities operate together (intersect), to distinguish us as individuals.

2. **Be open to individual differences and the social experiences due to these differences:** Intersecting group memberships affect people’s expectations, quality of life, capacities as individuals and parents, life chances, and so on. They draw attention to the whole person, power differences in relationships, different past and present experiences based on positional ties and social contexts, and potential resources (or gaps) that are available and accessible.

3. **Reserve judgment:** Cultural humility encourages a less deterministic, less authoritative approach to understanding cultural differences, placing more value on others’ (children and families, agency staff, and community partners) cultural expressions of concern and perspective.

4. **Relate to others in ways that are most understandable to them:** Communication skills and culturally appropriate interaction techniques enable others to describe their experience, thus reducing the need to master completely the wide range of cultural beliefs and practices.

5. **Consider cultural humility as a constant effort to become more familiar with the worldview of the children and families we serve and the agency staff and community partners who serve them:** Involvement with others must be considered an ongoing process rather than an outcome; involvement includes an awareness and appreciation of the physical and social environment in which children and their families live and agency staff and community partners operate.

6. **Instill a collaborative effort in help-giving:** Agencies should encourage all staff to become involved in mutually beneficial, non-paternalistic, and respectful working relationships with families, other staff, and
agency partners, and to become sensitized to factors at play in defining important priorities and activities needed to achieve common goals.

7. **Encourage staff and community partners to offer help that demonstrates familiarity with the living environment of children and families being served, building on their strengths while reducing factors that negatively affect the goals of safety, permanence, and well-being:** From a cultural humility perspective, child welfare staff are challenged to learn to identify, understand, and build on assets and adaptive strengths of children and parents and perhaps engage in efforts to disrupt or dismantle the kind of social forces that act to disenfranchise and disempower them as members of society.

8. **“Know thyself” and the ways in which biases interfere with an ability to objectively listen to or work with others, including children and families, agency staff, and community partners:** A cultural humility perspective calls for self-reflection and self-critique. Everyone can engage simultaneously in a process of realistic, ongoing self-appraisal of biases and stereotypes. They must challenge the false sense of security that these cognitive shortcuts and related behaviors toward diverse groups bring to the service context.

9. **Critically challenge one’s “openness” to learn from others:** A cultural humility perspective requires us to assess the barriers our own attitudes and behaviors present to learning from others, since knowledge alone will not sustain new insights, awareness, and behavioral change.

10. **Build organizational support that demonstrates cultural humility as an important and ongoing aspect of the work itself:** Cultural humility should include an assessment of the organizational environment, policies, procedures, knowledge, and skills connected to agency practices. Agency staff must make an effort to identify ways in which the agency employs and promotes a cultural humility perspective. Likewise, staff must work to uncover barriers and obstacles within the organization that inhibit a cultural humility approach.

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CULTURAL HUMILITY IN SAFETY ORGANIZED PRACTICE

By Jason Borucki, Northern California Training Academy

At the heart of SOP is the belief that a collaborative, partnership-based approach to working with children and families in care will engage families to participate in safety planning, and ultimately result in better outcomes. For child welfare professionals informed by SOP, cultural humility plays a large role in this collaborative, partnership-based effort.

The culture of the child welfare agency and the culture of the children and families served by the agency are rarely the same, especially when breaking down the definition of culture and recognizing that cultures vary from one family to the next, or even within the same family. Even within the same self-identified cultural group, there may be different contexts with which cultural members identify themselves. For a child welfare worker who often deals with multiple families, cultures and cultural contexts daily, “cultural competence” can be an unrealistic goal.

In the place of cultural competence, cultural humility encourages child welfare workers to admit their lack of knowledge about different cultures, learn from the people with whom they interact, reserve judgment and work to bridge the cultural divide between their perspectives and those of others. Within Safety Organized Practice, exhibiting cultural humility means asking as many questions as necessary to better understand the context of the children and families they are working with, as well as sharing the context of the agency with the family openly and honestly. This transparency, especially when presented during initial or early interactions with the family, can build trust and set the tone for collaboration and partnership moving forward. More importantly, it will help to guard against many of the natural fears families in care often bring with them to their first meeting with child welfare, including a fear of being pre-judged, oppressed and/or disrespected.

Given the inherent call for curiosity and openness in cultural humility, there may never be one set way to practice it or measure its complete success. Indeed, the cultural humility perspective requires a willingness to make mistakes and admit those mistakes openly and immediately when they are made (e.g., when a child welfare worker asks a question that includes an assumption that proves false). Self-reflecting upon and disclosing one’s own culture and at times one’s individual bias (or the agency culture or bias), and how that culture informs one’s own perspective and guides their questioning, is just as important as any other element of cultural humility, and calling it out early and often will help children and families understand that they are involved in a collaborative effort—one that will include agreements and changes over time, but one they are ultimately as much part of as the child welfare worker. When this collaborative, partnership-based spirit is achieved, families will be more engaged to participate in their own safety planning.
Three Houses Tool
Created by Nicki Weld and Maggie Greening, New Zealand

A tool for involving children and young people in child protection assessment and planning.

Detailed “Three Houses” booklet and DVD available at www.aspirationsconsultancy.com

Three Houses Case Examples

Emma’s Three Houses (8-year-old girl)
The Three Houses Process

1. **Preparation:** In preparing to use the Three Houses tool with a child or young person, it can be helpful to find out as much background information as you can. The other important part of preparation is working out what materials you will need to take. At minimum, you will need sheets of paper (preferably one for each house, as well as some spares) and some colored pencils and markers. The other important decision is where to meet with the child. If possible, choosing a venue where the child is likely to feel most comfortable is important, particularly for your first meeting.

2. **Inform parents and obtain permission to interview child(ren).** Sometimes, child protection workers have to interview children without advising or seeking the permission of the parents or primary caregivers. Wherever possible, the parents should be advised/asked in advance. Showing the Three Houses tool to the parents can help them to understand what the worker will be doing.

3. **Make decision on whether to work with child with or without the parents present.** Sometimes child protection workers needs to insist that they speak with the children without a parent or caregiver present. Wherever possible it is good to make this a matter of choice for the parents and the child, but when this isn’t possible, all efforts should be made to provide an explanation to the parents as to why the worker feels it is necessary to speak to the child on their own.
4. **Explain and work through three houses with child** using one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. They can re-name houses, use toys, lego houses, picture cut outs, etc. Give the child a choice about where to start. When possible, try to start with the 'house of good things,' particularly when the child is anxious or uncertain.

5. **Explain to and involve the child or young person in what will happen next.**
   Once the Three Houses interview is finished it is important to explain to the child or young person what will happen next, and to obtain their permission to show the Three Houses to others, whether they be parents, extended family or professionals. Usually children and young people are happy for others to be shown their three Houses assessment of their situation, but for some children there will be concerns and safety issues that must be addressed before proceeding with presenting what they have described to others.

6. **When safe and appropriate, present Three Houses to parents/caregivers**
   usually beginning with the 'house of good things.' Before showing the child's Three Houses, it can be useful to ask the parents: 'What do you think the child put in their houses of good things / worries / dreams?'
The Safety House Tool

A tool for involving children and young people in the safety planning process.

Further information available in the Safety House booklet available at www.aspirationsconsultancy.com
Prompt Sheet for Using the Safety House Tool

1. **Inside the safety house: The inner circle and inside the four walls**

   **Inner circle:**
   - Child draws his/herself in the inner circle (leaving space to draw others).
   - Who else would live in your safety house with you?

   **Inside the house:**
   - Imagine that your home/house back with _______ (e.g., mom or dad) was safe and you felt as safe and happy as possible. What sorts of things would _______ (e.g., mom, dad, brother, sister) be doing?
   - What are the important things that _______ (e.g., mom/dad) would do in your safety house to make sure that you are safe?
   - Are there any important objects or things that need to be in your safety house to make sure that you are always safe?

2. **Visiting the safety house: The outer circle**

   - Who would/will come to visit you in your safety house to help make sure that you are safe?
   - When _______ (each of the safety people identified above) come to visit you in your safety house, what are the important things that they need to do to help you be safe?

3. **The red circle: Unsafe people**

   - When you go home to live with _______ (e.g., mom or dad), is there anyone who might live with you or come to visit who you would not feel completely safe with?

4. **The roof**

   - Remember we talked about how all those adults are talking together to make a safety plan for when you go home? One of the things they are trying to decide is what the rules of the safety plan should be. What do you think? What would the rules of the house be so that you and everyone would know that nothing like _______ (use specific worries) would ever happen again?
• What else?

• If your ________ (sister/brother/nana, etc.) was here, what would they say?

5. **The safety path**

• If the beginning of the path is where everyone was very worried and you weren't able to live with ________ (e.g., mom and dad) and the end of the path at the front door is where all of those worries have been sorted out and you will be completely safe living with ________ (mom/dad/etc.), where do you think things are on that path right now?

• If the beginning of the path is that you feel very worried that if you go home to live with ________ (mom/dad/etc.) they will (use specific worries) and then not be able to look after you properly, and the end of the path at the door is that everything in your safety house is happening and you're not worried at all that (use specific worries) will happen again, where are you on the path right now?
Zoe's Safety House

Rules
1. No fighting or hitting because I get really hurt and mum gets hurt.
2. Shane can't come around if he bashes on the door mum will tell him to go away or
   to help her because she cries and stays in bed
3. If mum gets really sad then
4. I get to stay at my school because I like my school.

Mum making yummy things

Me

Mum

Fluffy

Me and mum playing a game!

Mum and Fluffy coming to say goodnight and Fluffy sleeping on my bed with me.

Big lock on the door.

My foster family would come and visit me and I would still sleep over sometimes.

I like my mum's friend Andrea and when she comes over she would help mum.

not shane he can't come over
## Get the Family’s Input

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What’s working well?</th>
<th>What needs to happen next?</th>
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<td>• Past Harm</td>
<td>• Safety</td>
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<td>• Future Danger</td>
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<td>• Complicating Factors</td>
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You can start with any of these three questions.

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# Consultation and Information Sharing Framework

**Purpose/Focus of Consultation:**

Enter text here

**Genogram/Ecomap**

<table>
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Choose 1 through 10
1= safety/protection required
10= enough safety to close

Partnering: Action with family in their position; willingness, confidence, capacity

Consultation and Information Sharing Framework ® Sue Lohrbach, 1999 – Adapted with permission.
Consultation and Information Sharing Framework

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

Purpose of meeting?

Genogram/Ecomap

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Partnership: Action with family in their position; willingness, confidence, capacity
Safety Organized Practice

Consultation and Information Sharing Framework
Consultation and Information Sharing Framework

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

Genogram/Ecomap

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Next Steps

Current Ranking (Immediate Progress)

Choose 1 through 10
1= safety/protection required
10= enough safety to close

Partnering: Action with family in their position; willingness, confidence, capacity

Consultation and Information Sharing Framework * Sue Lohrbach, 1999 – Adapted with permission by the Northern California Training Academy
Purpose

- Purpose/Focus of Consultation: What is the Family/Youth/worker/team looking for in this consult?

- If we come to the end of this meeting, what do you hope we will have accomplished?
- What would be the best outcome for the meeting from your perspective?
- What would be most useful for you as an outcome of this meeting?
- What would you like to get out of this meeting?

Genogram

- Genogram/EcoMap
- Cultural factors

- Develop a Genogram and/or an Eco-map with the family/Engagement – Set up the family/youth as the expert on their family/life. On Flip chart paper ask the parents/youth about their children/family, who lives at home with them (incl. foster/resource families), if they live together, if there are other members of their family, what are the quality of the relationships.
- If there is historical trauma note that. Develop a genogram and talk about the information that they give in positive, resilient terms.
- An eco-map with the child/family in the middle with all of their day to day connections and support systems around them in other circles can also be developed. It can be helpful in reminding the family/youth that they do have community and supports around them and can be a visual of putting the child in the middle and seeing their needs as the most important; ahead of the parent’s needs.
- If the Genogram/Eco Map/Safety Circles have already done then it can be put on the wall and just gone over briefly with the family/youth, asking them for any clarification.
Harm

- WHAT ARE THE WORRIES?
- Purpose/Why we are Here (HARM)?
  (Reason for Referral/Issue)
  - --Detail re: incident bringing the family to the attention of the agency +
  - --Pattern/history

- Parent (youth, child) Behavior and Impact
- CWS History – Pattern
  - (looking at SDM Risk Assessment can be helpful)

Safety/ Belonging

How do we know how worried to be?

- WHAT IS WORKING?
  - Safety/Belonging
  - --Strengths demonstrated as protection/connection over time
  - --Pattern/history of exceptions to danger/harm

- Acts of protection, behaviors that the parent (youth) has demonstrated to keep the child(ren) (themselves) safe, over time. Including
  - pattern/history of exceptions to danger/harm.
- The higher the risk the more time there needs to be where there is demonstrating of the behaviors of protection. The smaller the safety network the more time needed for to build the network and to utilize it to keep their family/youth safe; especially in times of stress.
**Strengths**

- Strengths/Protective Factors
- Assets, resources, capacitates within family, individual, community — Presence of research based protective factors

- Assets, resources, capacitates within family, individual, and community.
- Presence of research based protective factors as it relates to the family's harm, danger and complicating factors. These things support the family but don't by themselves keep children safe from the described harm/danger.
- What do they care about? What is important to them? (Tie “danger” to this. Much more powerful)

**Complicating Factors**

- Complicating Factors
- Conditions/behaviors that contribute to greater difficulty for the family
- Presence of research based risk factors.

- Conditions/behaviors that contribute to greater difficulty for the family (such as drug use, mental health issues and family conflict/domestic violence). Presence of research based risk factors can be listed if useful.
- Detail — Diagnosis, school issues, difficult child behaviors, world views that get in the way
Danger

- Risk to Children? (DANGER)
- Context of Risk
- If nothing else changes what are we worried about as the parent’s (youth’s) behavior impacts the child?
- Current Ranking of Risk:
  1  2  3  4  5  6  7  8  9  10

- If nothing else changes, what are we worried about as the parent’s (youth’s) behavior impacts the child (themselves)?
- Who is worried? Use detailed behaviorally specific statements. There can be more than one statement and they can be ranked.

Sample Danger Statement:

- (#1) CWS, Shana, and Patrice are worried that Jesse and Melissa will continue to use drugs, have drugs around the kids, involve the children in illegal activity and not have a safe home. The kids could test positive for drugs again and get very sick, get kidnapped, be scared, and continue to be dirty.
- (#2) CWS, Shana and Patrice are worried that the parents will not obtain medical care for the kids and they could get very sick and end up in the hospital or even die.
Safety Goal

- Safety/Belonging Goal
- What parent behaviors would make is safe for the children at all times so that we are no longer worried anymore?
- What is the behavior that the parent(s) (youth) would be doing that would keep the child(ren) (themselves) safe over time without agency intervention? The flip side of the danger statement(s). It should include how they are developing and utilizing their family safety network to keep the children safe.

Exploring “what needs to happen” with families

- Ten years from now... what story do you hope your child will tell of this time? What needs to happen so your child can tell that story? [FAMILY GOAL]
- We have a format for goals called a safety goal. Can I show you what that looks like? [SAFETY GOAL]
- Given the goals we are talking about, what will your family be hoping your first step will be? [FIRST STEP]
- If you do take that step, will it make a difference in your life? Who do you think will be the first person in your family or friends to notice that difference? [MONITORING]
Sample Safety Goal:

• Jesse and Melissa will work with CWS and their safety network to develop a plan and show everyone that they are clean and sober, have legal means to provide a safe home for their children, obtain medical care for their kids, and do not involve their children in illegal activity. CWS will need to see this plan in place and working continuously for 6 months before CWS would feel that it would be safe to consider returning the children home.

Taking it Further - Sample Case Plan Goal

• **Case Plan Objectives:**
  (From CWS/CMS Drop Down) Melissa and Jesse will develop a positive support system with friends and family.
  • Melissa and Jesse will identify two members of their safety network who they can call to come pick up the children if they relapse.
  • The family agrees to have two neighbors in their safety network who know everything about their drug use and are authorized to call the police or the social worker if they suspect drug use has resumed.
  • If the children are returned, two members of the safety network visit twice per week to check the house, make sure the children are clean, and that they do not see any signs of the parents using drugs.
Safety/Belonging Statements

Goals

• Kate will live in a safe and stable home environment and be cared for by caregivers who manage their emotions, behaviors and discipline in a respectful and helpful ways that are nurturing and attentive (if you need language check out the definitions in the SDM FSNA).

• (demonstrated over time is longer than the last demonstrated time)

The risk of ______ to (child’s name) when _____ (context) is being/has been addressed by (safety/belonging) built to the context of risk detail.

Trauma Infused Safety Goal Statements

• Carly may accidentally physically hurt herself when her feelings get SO BIG (she will get scared that her mom will use drugs and go to jail and she will live with scary people) that she cuts scratches and hurts herself. When Carly feels her BIG feelings coming on, she will go to her aunt and her aunt will sit next to her and hold her hand. If she is at school, teachers will talk softly to Carly and get her to a safe space to calm down.

• Go beyond “being safe” to what will help the child feel safe? No traumatization but engender healing and emotional growth
Gray Area

- Gray Area
- Speculative/Incomplete
- Information

- Information that as you are discussing the map with the family, that you may not know and would be helpful to complete a rigorous balanced assessment.
- It helps with next steps and with understanding that this is an ongoing process and it's okay not to know everything.
- It also helps with what you might need to ask in the field for next time.

Next Steps

- Next Steps
- Immediate progress
- Safety/Protection Required
- Relevant to risk context

- Specific/behavior steps that the caregiver/youth/network must take to ensure the child/youth will be safe in care and in the future; no matter what. Explore the family’s/youth’s support network and identify who will help the family initiate and maintain the plan.
Enough Safety to Close

• Enough Safety to Close?

• Is there real harm and danger (SDM Safety Threats- Very High Risk on the SDM Risk Assessment) or are there a lot of complicating factors?

• If there are safety threats what are the steps to get to our safety goals? How will we know?

Safety Check

On a scale from 0-10, with 0 being the danger statement is happening all of the time and 10 being the safety goal is occurring all of the time, where are we? What actions would the parents/network need to take for us no longer to be worried? Are we there yet?

0

Parent and network actions of protection?

10

Danger Statement

Safety Goal
• Partnering: Action with family in their position: willingness, confidence, capacity –

• People don’t change in systems they change in relationship.
• There needs to be enough of a helping professional – parent/child/youth relationship where people feel safe enough to look at their role in their problems and try something different. This is more difficult if the person has a history of trusting and getting hurt as a result.
• How will you engage?
The Voice of SDM Assessment

When

1. In a group supervision mapping session THAT

2. Has a PURPOSE related to a KEY DECISION (i.e., whether to remove a child, open a case, develop a safety plan/case plan, return a child, change permanency goal, or close a case).

Why

• To help focus the mapping.

• To help distinguish danger from complicating factors.

How

1. One person in the group is designated the “voice” of the SDM assessment.

2. That person has the relevant SDM assessment and definitions open, and keeps track throughout the mapping.

3. The “voice” of the SDM assessments should ask to pause if:

   a. The group is spending more than a few moments on information that is not relevant;
   b. The group is getting stuck on whether something is a danger versus a complicating factor or a strength versus safety;
   c. The group is misidentifying something as a danger versus a complicating factor or safety versus a strength; or
   d. The group is moving toward “what needs to happen” before covering all relevant information.
4. If pausing, the “voice” should read the relevant item and/or definition. The mapper should then direct questions to help raise the necessary information.

Example

1. In a family team meeting, the group is talking about the extensive arguing and occasional physical fights between parents. Some see this as harm; others see it as a complicating factor. The purpose of the meeting is to decide whether the child needs to be removed. The “voice” should read the SDM safety threat definition for domestic violence. The questioner should then use the definition to craft questions that will raise behavioral detail that, based on the definition, will help sort whether in this family, the domestic violence creates imminent danger of serious harm, based on caregiver actions and the impact on the child.

2. In a family team meeting to determine whether a child should be reunified, if the group is on a tangent about an issue related to the child’s behavior in school that is unrelated to risk, visitation, or safety, the “voice” should pause and redirect the mapping to any aspects of the SDM reunification assessment that have not been mentioned.
RESEARCH BASED PROTECTIVE FACTORS

Research based protective factors are conditions in families and communities that may increase the health and wellbeing of children and families. Research has found that successful interventions must both reduce risk factors and promote protective factors to ensure the well-being of children and families. Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

Nurturing and Attachment
A child’s early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection.

Knowledge of Parenting and of Child and Youth Development
Discipline is both more effective and more nurturing when parents know how to set and enforce limits and encourage appropriate behaviors based on the child’s age and level of development.

Parental Resilience
Resilience is the ability to handle everyday stressors and recover from occasional crises. Parents who are emotionally resilient have a positive attitude, creatively solve problems, effectively address challenges, and are less likely to direct anger and frustration at their children.

Social Connections
Evidence links social isolation and perceived lack of support to child maltreatment. Trusted and caring family and friends provide emotional support to parents by offering encouragement and assistance in facing the daily challenges of raising a family.

Concrete Supports for Parents
Many factors beyond the parent-child relationship affect a family’s ability to care for their children. Parents need basic resources such as food, clothing, housing, transportation, and access to essential services that address family-specific needs (such as child care and health care) to ensure the health and well-being of their children.

Source: FRIENDS National Center for Community-Based Child Abuse Prevention; http://friendsnrc.org/cbcap-priority-areas/protective-factors
Please visit the following website for more information about research based protective factors:

3. FRIENDS National Center for Community Based Child Abuse Prevention: http://friendsnrc.org/cbcap-priority-areas/protective-factors
Ecomap Activity

Creating an ecomap is a graphic and useful way of assessing families in which the families themselves can participate. The assessment process depends upon the mutual engagement and participation of both the Adoption Specialist and the family members. This method of diagramming depicts the family in their dynamic ecological system. Other important systems that influence the family are included in the ecomap. The ecomap also provides a picture of the important nurturing or conflict-laden connections between the family and the world; demonstrates the flow of resources, or lacks and deprivations; and highlights the nature of the interfaces and points of conflicts to be mediated, bridges to be built, and resources to be explored.

The ecomap lends itself to the creativity of the Adoption Specialist and the family. An individual family member or the whole family can be invited to produce the map. The process can be revisited and the map redrawn at various intervals throughout the assessment and matching process to illustrate how the “picture” can change as the family “changes” and at the possible introduction of new members into the family.

Instructions for Ecomapping:

1. Draw a large circle in the middle of the map. This represents the members of household.

2. Inside the large circle, draw a genogram that describes the makeup of the household. It is often useful to add names and ages. Limited space may prevent adding additional descriptive information.

3. Inquire into what outside systems influence the family unit and its members. Examples of these outside systems may include work, extended family, church, school, health care, social welfare, recreation, and friends.
   - Draw smaller circles around the large household circle and label them to represent the outside systems.

4. The next step is to begin to draw the connections of the family unit and its individuals to the various systems in their environment. These connections are indicated by drawing lines between the family and the circles representing the outside systems.
   - Some of the connections may be drawn to the family unit as a whole or to the individual members. This differentiation demonstrates the way the various family members are connected to the environment.

5. Next, indicate the direction of the flow of resources, energy, or interest by drawing arrows along the connecting lines.
6. Finally, write a word or two beside the connecting lines or smaller circles to further describe, clarify or highlight information drawn on the ecomap.
Below, you will find an example of an ecomap and a key to the symbols most commonly used on ecomaps. After you have familiarized yourself with these items, you will have the opportunity to complete an ecomap of your own.

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**Relationship Key**

<table>
<thead>
<tr>
<th>Strong</th>
<th>Examples of systems</th>
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</thead>
<tbody>
<tr>
<td>Stressful</td>
<td>Extended Family</td>
</tr>
<tr>
<td>Tenuous</td>
<td>Health Care</td>
</tr>
<tr>
<td>Broken/ended</td>
<td>Friends</td>
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<tr>
<td></td>
<td>Social Welfare</td>
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<td></td>
<td>School</td>
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<td></td>
<td>Courts</td>
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Now it is your turn to create an ecomap. Utilizing the information above, interview a co-worker, friend or family member (or work with another Adoption Specialist to interview a perspective adoptive family).
ECOMAP

School

Neighborhood
Timeline of residences. Draw a map of each neighborhood. Identify neighbors, friends, etc.

Organizations
Service providers, community agencies, volunteers, CASA, attorneys.

Activities
Clubs, sports, music, scouts, camping, “gatherings”.

Friends
Who are your friends? Check the contacts on your cell phone. Facebook friends?

Employment
Employment history. Bosses, significant coworkers, unions, mentors, etc.

Kin
Extended family/friends who have cared for you or about you in the past

Family
Do Genogram.

Faith Community
Timeline. Clergy, teachers, volunteer staff, friends.

Create this map with each family member.
Ask, “Who do you care about?” and “Who cares about you?”
### Standard Symbols for Genograms

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</tr>
<tr>
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<td>Age '82- written inside symbol</td>
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<td><img src="image" alt="Couple Relationship" /></td>
<td>Couple Relationship Rel 95, LT 97 LT = Living Together</td>
</tr>
<tr>
<td><img src="image" alt="Secret Affair" /></td>
<td>Secret Affair Affair '95</td>
</tr>
<tr>
<td><img src="image" alt="Committed Relationship" /></td>
<td>Committed Relationship LT '95</td>
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<th>Description</th>
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<tr>
<td><img src="image" alt="Divorce" /></td>
<td>Divorce m '90, s '95, d '99</td>
</tr>
<tr>
<td><img src="image" alt="Divorce and Remarriage" /></td>
<td>Divorce and Remarriage m '90, s 95-96, s '96, d '03, remar '00, div '02, m '05</td>
</tr>
</tbody>
</table>

### Children: List in birth order beginning with the oldest on left

- Biological Child 13
- Foster Child 11
- Adopted Child 10
- Stillbirth 97-98
- Miscarriage 99
- Abortion 01
- Twins 03-03
- Identical Twins 04-04
- Pregnancy 05
- "A" 97
- "X" 97-98

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Symbols Denoting Addiction, and Physical or Mental Illness

- Physical or Psychological illness
- Alcohol or Drug abuse
- Suspected alcohol or drug abuse
- In Recovery from alcohol or drug abuse
- Serious mental and physical problems
- In remission
- In recovery from substance abuse and mental or Physical problems
- Smoker
- Obesity
- Language Problem

Symbols Denoting Interactional Patterns between People

- Distant
- Close-Hostile
- Hostile
- Fused-Hostile
- Fused
- Cutoff
- Cutoff Repaired
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Caretaker

Symbols Denoting Immigration

Symbol for Immigration = 🌍

Annual income is written just above the birth & death date.

Typically you would include the person's occupation and education near the name and the person's whereabouts at the top of the line connecting to the symbol.

Symbol for Immigration = 🌍

Artificial Insemination

Lesbian couple whose daughter was conceived with egg of one partner and sperm donor.

Gay Couple whose daughter was conceived with sperm of John and an egg donor, and carried by surrogate mother till birth.

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Siblings of Primary Genogram Members are written smaller and higher. Spouses are written smaller and lower:

Household shown by encircling members living together (Couple living with their dog after launching Children):

Symbol for Immigration

Adopted Child

Use an arrow to show family into which child moved

A = 1999

Adopted at 5

Use an arrow to show family into which child moved

Foster Children

Child Raised from Birth by His Granduncle and Aunt
1丈夫，他的现任妻子和他的前妻（他们的名字在下面以较小的字体显示）。丈夫的妻子们可能会在左边排列，靠近他。指示符“1st,” “2nd”等可以清楚地显示他的婚姻顺序。

2妻子，她的现任丈夫和他的前夫（他们的名字在下面以较小的字体显示）。妻子的前关系在左边显示，以保持儿童在出生顺序，因为他们仍然在她的监护下。

3夫妻有3岁的孩子，显示他们之前的配偶（较小的）和那些配偶的新伴侣（更小的）。

4夫妻与其共同抚养的孩子和来自以前关系的孩子。其他配偶的伴侣显示在较小的字体，更小的，表明在现有家庭的两侧，由虚线表示。
Engage: To participate or become involved in.

Synonyms: participate in, take part in, join in, become involved in, partake in/of, share in, play a part/role in, have a hand in, be a party to, enter into

The lack of authentic participation by families in services is something that has plagued child welfare agencies for decades. Child welfare professionals are constantly challenged with the issues of how to engage with families so they have an active role in the creation of and updates to their case plan; and how to work with them in partnership to navigate the child welfare system so their capacity to safely care for their children increases and their family can remain intact.

Family team meetings (FTMs) serve as one focal point for practitioners, or one indicator that families are engaged in the child welfare system. Safety Organized Practice (SOP) in particular has shed light on the use of family team meetings as something that can and should occur regularly throughout a family’s involvement in the child welfare system as the primary method for working with a family, and increasing overall participation and buy-in to the child welfare process throughout the case. These meetings can be formally arranged and coordinated but can also occur spontaneously or quickly. In fact, it could be argued that every time a social worker meets with a family it is a form of family team meeting. Intentionality is the hallmark of FTMs, which are designed to provide a forum for the participation of the family, primarily the parents or guardians who have an open case in child welfare. Indeed, without the meeting time, space or structure, authentic participation would be very difficult to achieve.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 affirms the use of teaming as a family engagement strategy and mandates assertive family finding efforts, with a goal of locating family members who can serve a variety of roles, including providing concrete and emotional support and placement for children in foster care. Several different formats of family team meetings have been created, some designed specifically for the purpose of a single outcome, such as Team Decision Making which is designed to take place before pending placement changes or moves. However, all family meeting approaches share a set of common values that include, among others, the goal of safety, permanency and well-being for children; involvement of families and their informal supports; shared decision-making; and strengths-based practice.

Team members are critical to identifying strengths, identifying options for accomplishment of goals, contributing their skills and resources as family supports, holding others accountable for their commitments, identifying critical decisions and providing feedback about progress.

Under the auspice of Safety Organized Practice, participants of a family team meeting include the parents or guardians for whom there is a safety concern or open case and the case-carrying social worker. Together, these two parties agree on who else attends, such as children, when appropriate, extended family members, and other supportive people as defined by the family. Sometimes other community members, foster parents, and service providers may also be invited. The key feature of FTMs is that families have a voice to help negotiate who belongs at the meeting and who does not.

The structure of the family team meeting is designed to answer the three predominant SOP questions: what’s working well, what are the challenges, and what are the next steps? Two formats are used in combination to provide structure to the meeting: the Dialogue Structure, discussed in this article, and the Consultation and Information Sharing Framework, discussed in the following article.

The Dialogue Structure is based on the work of Sam Kaner and provides a structure for the facilitator to ensure key topics are addressed at every family team meeting. These topics include:

<table>
<thead>
<tr>
<th>MEETING StAGE</th>
<th>KEY QUESTION TO GUIDE EACH STAGE OF THE MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Overall, why are we meeting today?</td>
</tr>
<tr>
<td>Context</td>
<td>Is there anything that might pull our attention away from our focus today?</td>
</tr>
<tr>
<td>Group Agreements</td>
<td>How do we want to work with each other? (Performance evaluation, reporting to supervisor (if applicable))</td>
</tr>
<tr>
<td>Network/Stakeholders</td>
<td>Is everyone here that should be here? If not, what should we do to get them here?</td>
</tr>
<tr>
<td>Desired Outcome</td>
<td>What do we want to walk away with today, in this meeting? (a plan, list, decision, etc.)</td>
</tr>
<tr>
<td>Content</td>
<td>What do we want to talk about? (could be actual safety mapping, safety circles, etc.)</td>
</tr>
<tr>
<td>Next Steps</td>
<td>What steps do we need to take from here? Who does what? By when? Next meeting date?</td>
</tr>
<tr>
<td>Feedback</td>
<td>What worked? What should we do differently next time?</td>
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</table>

The Dialogue Structure, importantly, does not provide the “meat” of the meeting—which can be found when working through the Consultation and Information Sharing Framework. But the Dialogue Structure will greatly assist the facilitator in ensuring the environment of the meeting is safe for everyone and allows participation by everyone.

It is important to note the amount of clarity and intention that child welfare agencies must provide in their work toward the implementation of family team meetings which promote authentic partnership. Without a consistent and dedicated focus to a more collaborative, partnership-based approach to working with children and families, family team meetings can run the risk of becoming forums for the child welfare agency to continue business as usual and simply provide the family with information regarding their case plan and goals, telling them what the plan is instead of developing the plan together.

An important role of the child welfare agency is to provide the time and space for the family to bring together important people who are invested in working together to support their growth toward a healthy and functioning family. Often times the families who child welfare works with face significant challenges, isolation being one of them. Ideally, families come to the child welfare system with support from extended family and their identified community, but we know that often does not occur. Child welfare has the distinct responsibility to seek out and include all members of the child’s family, extended family and non-related stakeholders, to work toward ensuring the safety and well-being of the children in care.

Reference

What is the Difference Between These Two Plans?

Plan 1

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

Plan 2

- Cheryl agrees to present the following to her children and to her safety network.
- Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy all agree to be part of Cheryl’s safety network.
- Cheryl will ask for help with the children if she feels higher than a 7 on a 10-point scale for depression.
- Cheryl will not be alone if she is thinking about hurting herself again and will ask for help from someone in the network if this happens.
- Cheryl agrees to keep a logbook of her work in resisting the worst of her depression. She will rank the impact of her depression every day in the book and detail everything that is helping her reduce that impact.
- Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one
in the afternoon, one in the evening.) They will talk to Cheryl, ask how she is doing, and rank the impact of depression on her. They also will talk to the kids and ask them how they are doing. When the whole network visits, they will also write in the logbook and ensure the children have their phone numbers as well.

- Betsy will visit the home two to three times per week, and she or her team will be available 24 hours a day if Cheryl wants to call. During her visits, she will also rank the impact of depression on Cheryl and write in the logbook. Betsy will work with Cheryl to make sure she goes to the doctor.

- Cheryl, the safety network, and CPS will meet to review this plan again in three weeks.
Creating Harm and Danger Statements, and Safety Goals

Based on work by Sue Lohrbach, Sonja Parker and Andrew Turnell

Harm statements and danger statements are short, simple behaviorally based statements workers can use to help family members, collaterals, and staff within the department clearly understand what has happened in the past, why the agency is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff are talking with families about items that are the most critical to address. Safety goals are clear, simple statements about what the caregiver will do that will convince everyone the child is safe now and will be safe in the future.

Constructing harm and danger statements and safety goals first involves safety mapping and separating harm from complicating factors. Once that is completed, staff can create these statements.

As much as possible, try to use the family’s own language for these statements. Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why CPS is involved, what the agency is worried about, and what needs to happen next. They should be written in honest, detailed, nonjudgmental “just the facts” language.

Harm Statements

Harm statements are clear and specific statements about the harm or maltreatment that has happened to the child. The harm statement includes specific details: who has reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee, a clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future (danger).

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

**Danger Statements**

One of the most crucial parts of this work is creating detailed statements about the resulting concerns the agency and others have. Danger statements clearly identify what the professionals are worried may happen if there are not enhanced actions of protection by the family and network. Sharing danger statements with the family, agency, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps to avoid “case drift.” Danger statements are composed of the following.

### Cheryl Example:

CPS and doctors at Mercy Hospital are worried that Cheryl may try to injure herself in the future and that the children could be scared, hurt, or seriously injured as a result. We are also worried that if Cheryl were to be seriously hurt or die, the children would have to grow up without their mom.

**Safety Goals**

Safety goals are short, simple, behaviorally based statements used to help family members, staff within the department, and other professionals clearly understand what actions parents need to take to show that the child will be safe. Safety goals lay the groundwork for the family to successfully complete their case plan. They describe what the family can do to create safety to their child.

As much as possible, try to use the family’s own language for these statements. Remember that the best use of these statements is to help ensure that all the key stakeholders—especially the family—are clear about where the family is headed with help from child welfare services. These should be written in honest, detailed, nonjudgmental “just the facts” language.
Safety goals should respond to the danger statements and are typically three or four sentences long. The objectives for the case plan should come almost directly from the safety goals. Safety goals are composed of the following.

Cheryl Example: Cheryl will work with a network of family, friends, and professionals to make a plan that will show everyone she will always ask for help if she is feeling depressed or thinking about hurting herself or the girls. CPS will need to see this plan in place and working continuously for six months to begin planning for the girls to come home.

Family and Safety-Centered Practice
Whenever possible, involve children, family, extended family, and network members in the creation of harm statements, danger statements, and safety goals. They are meant as a bridge between professionals and family members. Perhaps the most important use of these statements is to help family members, network members, and professionals reach agreement about what everyone is worried about and what needs to happen to address concerns and the agency’s bottom lines.

When these statements are not created in partnership with families (e.g., if they are being created at a case consult or in supervision), they should still be shared with families and their network to help ensure that everyone who cares about the child understands why CPS is involved and what the family is being asked to do differently.

One way to think about best practices when creating these statements is to follow these steps:

1. Make sure the danger statement and safety goals address the agency’s bottom lines.
2. Sharing them and refine them with the family (while still holding the bottom line).
3. The best practice is to use solution-focused questions to collaboratively develop statements that address the agency’s bottom lines and have family approval.
<table>
<thead>
<tr>
<th>Harm Statement</th>
<th>Danger Statement</th>
<th>Safety Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domestic violence, teenager witnessed</strong></td>
<td>Child protective services (CPS) is worried that Susan may continue to drink to excess, that during these times she and John will continue to get into physical fights, and that Sam may try to put himself in the middle of an altercation and become hurt, or that he may become so distracted from what is going on at home that he does not finish school.</td>
<td>Susan and John will work with a network of family, friends, and professionals to create a plan that will show everyone that: They can talk about their problems and avoid violence with each other; and If they do have physical arguments, they will find a safe adult to look after Sam first. CPS will need to see this plan in place and working continuously for six months in order to know the plan will continue once the case is closed.</td>
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<tr>
<td><strong>Physical abuse</strong></td>
<td>Hospital staff and CPS are worried that Caleb will continue to be punched, hit, and kicked by his parents, and that Caleb will become bruised and cut by this, as has happened in the past. Hospital staff and CPS are also worried that Caleb will feel so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs, and place himself in dangerous situations that could lead to him being seriously hurt. Caleb is worried that if his parents cannot stop the violence he will have to live with strangers or in a group home.</td>
<td>Paul and Liz will work with CPS and a network of family, friends, and professionals to develop a plan that will show everyone that:  - Caleb will always be in the care of adults with whom he feels safe and comfortable; and  - Caleb will always be disciplined by adults in safe and respectful ways that do not involve punching, hitting, or kicking. CPS will need to see this plan in place and working continuously for a period of at least six months so that everyone is confident the plan will continue to work once CPS closes the case.</td>
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</table>

It was reported that 13-year-old Sam has come to school multiple times stating that his mother, Susan, has gotten drunk and into physical fights with her husband, John. Sam has witnessed the fights, which have included his parents hitting, punching, and throwing things at each other. During this time, Sam’s grades and attendance at school have dropped, and many at school are now worried that he may not be able to complete this grade.

Child protective services (CPS) is worried that Susan may continue to drink to excess, that during these times she and John will continue to get into physical fights, and that Sam may try to put himself in the middle of an altercation and become hurt, or that he may become so distracted from what is going on at home that he does not finish school.

Susan and John will work with a network of family, friends, and professionals to create a plan that will show everyone that: They can talk about their problems and avoid violence with each other; and If they do have physical arguments, they will find a safe adult to look after Sam first. CPS will need to see this plan in place and working continuously for six months in order to know the plan will continue once the case is closed.

It was reported that 14-year-old Caleb was punched, hit, and kicked by both of his parents, Paul and Liz, on Saturday night, resulting in multiple bruises on his face, hands, and chest.

Hospital staff and CPS are worried that Caleb will continue to be punched, hit, and kicked by his parents, and that Caleb will become bruised and cut by this, as has happened in the past. Hospital staff and CPS are also worried that Caleb will feel so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs, and place himself in dangerous situations that could lead to him being seriously hurt.

CPS will need to see this plan in place and working continuously for a period of at least six months so that everyone is confident the plan will continue to work once CPS closes the case.
<table>
<thead>
<tr>
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| **Injured infant case (doctors say caregivers’ explanation does not match injuries)** | Because of the bleeding in the brain that baby Chelsea suffered while in her parents’ (Sam and Diane) care in October and because no one knows how the injuries happened, CPS and doctors at the hospital are worried that if nothing changes, Chelsea could be seriously injured again, could suffer permanent brain damage, or even die. | Sam and Diane agree to work with CPS and a safety network of family, friends, and professionals to develop and put into place a safety plan that will show everyone that:  
- Chelsea is always in the care of at least one adult who could not have hurt her last October.  
CPS will need to see this safety plan in place and working for a period of one year so that everyone is confident the safety plan will keep working once CPS withdraws. |

| Theft with child present | CPS is worried that Rebecca may try to steal again while with her child and that she may have to serve jail time, forcing Lisa to grow up without her mom. | Rebecca will work with a network of family, friends, and professionals to create a safety plan that shows everyone that she will:  
- Follow the law and the rules of her probation; and  
- Ensure that Lisa is always kept away from any criminal activity.  
CPS will need to see this safety plan in place and working for a period of three months so that everyone is confident the safety plan will keep working once CPS withdraws. |

National City Police report that (mother), Rebecca, took her 9-year-old daughter Lisa to the Stop and Shop today and while she was there, Rebecca attempted to steal $45 worth of products. Lisa became very upset when her mother was arrested and could not be soothed until her grandmother picked her up from the police station.
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<tr>
<th>Harm Statement</th>
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</thead>
<tbody>
<tr>
<td>Grandparent who “could “not continue” with placement for adolescent</td>
<td>Child had to be placed in a residential program, and, one year later, the grandfather said he was ready to consider reunification efforts.</td>
<td>Herb and Lesley will work with a network of family, friends, and professionals to create a plan to show everyone that:</td>
</tr>
<tr>
<td>Oceanside police report that while interviewing 15-year-old Lesley about the reports of her assault and battery charges and selling marijuana, Lesley’s grandfather, Herb, became so upset that he threw up his hands and said, “I can’t do this anymore—call child welfare and tell them to take her!” and walked out of the police station. Lesley became quite angry, spitting, swearing, and eventually crying a great deal.</td>
<td>CPS, the program, and therapist are worried that Lesley will come to live with her grandpa again, her grandpa will become overwhelmed if she gets in trouble again, and her grandpa will ask for her to be removed again; as a result of all of this, Lesley will be even more angry and hurt, and may have to live in residential programs “forever.”</td>
<td>- When Lesley comes to visit Herb, she will stay with him and follow the rules they have agreed upon (including refraining from selling drugs); and</td>
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<td>- Herb will follow through on the visits he plans and will call Lesley and the program if he cannot make it.</td>
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<td>CPS will need to see this plan in place and working for six months to begin planning for Lesley to come home.</td>
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<tr>
<td>Neglect due to substance abuse, methamphetamines</td>
<td>CPS; Kim’s sister, Donna, and her wife, Ann; and the hospital treatment team are worried that Kim might use meth again while she is caring for Paul, she might not be able to care for him, and he could be sick, seriously hurt, or injured as a result.</td>
<td>Kim will work with CPS, Donna, Ann, and a network of family friends and professionals to develop a plan that will show everyone that:</td>
</tr>
<tr>
<td>Mercy Hospital; Kim’s landlady, June; and 10-year-old Paul report that Kim overdosed on methamphetamines and became unconscious while cooking dinner. Paul was home at the time. A neighbor heard the fire alarm and had to call the police to open the door.</td>
<td></td>
<td>- She will always be drug free when she is caring for Paul; and</td>
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<td>- If she thinks she will relapse, she will ask for help from Donna, Ann, or someone in the network to ensure that Paul stays safe.</td>
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<td>CPS will need to see this plan in place and working continuously six months to begin planning for Paul to return home.</td>
</tr>
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Collaborative Planning and Action Steps

Once the information about the family has been organized through the mapping process, decision-support tools have been used, and danger statements and safety goals have been created, staff can help the family figure out how to achieve the goal that mitigates or addresses the danger over time. These action steps can be included on the safety plan or the case plan.

Collaborative planning, as it is described here, does not just answer the question, “How can we get through tonight?” or “How can we get through the weekend?” It is an ongoing process that begins at the first phone call and proceeds after the case is closed. It is an attempt by the family and network to create meaningful and sustainable protection for the child over time. It involves significant change for the family and requires leadership, facilitation, patience, and rigor from the child welfare practitioner.

These plans and the action steps that comprise them can take multiple meetings to create, but they require the family, network, and, when appropriate, the child to think through the critical question, “What needs to change in the care of the child so that everyone will know he/she will be safe?”

Here are some stages to consider when collaboratively creating plans and action steps with the family, network, and child.

1. **Building relationships; assessing danger and safety.**
   - Start by creating a good working relationship. Use social work practice skills for connecting, but stay focused on the key information that needs to be gathered: What have the caregiver’s actions been? What has been the impact on the child? This is a good time to use solution-focused questions to help with relationship building, information gathering, and critical thinking.

2. **Be clear about the danger statements and safety goals.**
   - Once you have the needed information, create danger statements and safety goals. Share the danger statement and safety goal with the parents and the network. Ask for their feedback and try to incorporate their ideas. Remember that while the best statements are ones created with families and in their own language, these statements are agency “bottom lines” and have to address the agency’s concerns.

3. **Orient the family and the child to the task.**
Be clear with the family about what a plan is and how it relates to the danger statement and safety goal. The plan will help them demonstrate, through “turn-by-turn” action steps, that they are moving from danger to safety. Acknowledge that this will take some time, hard work, and likely many changes in how the family usually functions. It may also require more than one meeting to create.

4. **Identify and involve the network.**
   If you have not already, ask the family who else should be involved. Remember that you cannot create safety only with the people about whom you are concerned—“no network, no plan.” Networks also help families work toward a different level of accountability; often, the people in the family’s network are the ones who know what steps are realistic for parents to take and know what the caregivers are actually doing (or not doing).

5. **Address the critical concerns.**
   Ask hard questions. “What will happen if …” and “How will you handle it when …” Seek clarifications for unusual circumstances: What if the child is sick or needs to be transported to an unusual place? What if network members cannot do what they said they would do? What is the backup plan? It is relatively easy to create a superficial plan that will look good on paper or in the SACWIS system. Strive to add more rigor and complexity.

6. **Reach agreement on the plan.**
   Once you have the outline of a plan, rate willingness, confidence, and capacity with scaling questions. Use gradients of agreement to test the family’s and network’s commitment to take the steps you have created together. Be willing to keep working on the plan until the whole network has some basic agreement. Figure out if the plan is best written up and documented as a safety plan, a case plan, or something else.

7. **Bring it back to the child.**
   Take the plan back to the child. Write it in a developmentally appropriate way. Ensure that there are ways for the child to take action as well (e.g., safety objects, ensuring he/she knows who is in the network and how to reach them, etc.). Let him/her know that his/her parents have endorsed the plan. Ask the child for his/her ideas or enhancements so he/she also feels a sense of ownership. Finally, give the child a chance to draw parts of the plan and post it around the house.

8. **Monitor, build on it, and continue to assess.**
   Ask, “How will we know?” Create clear methods and timelines for measuring
the plan and coming back together. These plans are a process, not an event, and will need to be adjusted over time. Make changes when needed. Celebrate successes as they come!
Family Safety Circles: Identifying people for the safety network

Family Safety Circles is a visual tool to help identify people for the child’s safety network and to help professionals and family members have conversations about safety networks, the role of the safety network and assessing who can be part of the safety network.

I usually use the family safety circles tool on the very first visit with a family, when I am talking about the need for us to work together to build a safety plan to address the concerns and the importance of having a safety network, of family and friends and involved professionals, who will work together to ensure that the children will always be safe in the family’s care in the future.

![Family Safety Circle](image)

**Process**

Initial question (inner circle): “Who are the people in your life and your child’s life who already know what has happened (that led to your child being in care/to child protection services being involved with your family)?

Middle circle: “Who are the people in your life and the kids’ lives who know a little bit about what has happened, who maybe know that something has happened but don’t know the details?”

Outer circle: “Who are the people who don’t know anything about what has happened?”

*Further information available in Family Safety Circles booklet (www.aspirationsconsultancy.com)*
Prompt sheet for using the Safety Circles

1. **Talking about the need for a safety network**
The first step in the process of using the Family Safety Circles tool flows directly out of the conversation with parents/caregivers about what we mean by a safety network and the fact that a safety network needs to be in place for safety planning to progress.

2. **The Inner Circle**
   "Who are the people in your life and your child’s life who already know about what has happened that led to your child/children being in care (or to child protection services being involved with your family)?"

**Giving compliments**
Pay attention to what parents/caregivers have already done that will help to build future safety and acknowledge this with compliments, wherever and whenever possible.

3. **The Middle Circle**
   "Who are the people in your life and the kids’ lives who know a little bit about what has happened; who don’t know the whole story but maybe know some of what has happened? Or maybe they know that something has happened but don’t know any of the details?"

4. **The Outer Circle**
   "Who are the people in your life and your children's lives who don’t know anything about what has happened?"

5. **Moving people from the outer circles to the inner circle**
   - "Who else from these outer circles do you think needs to be part of this inner circle?"
   - "Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven’t quite gotten there yet?"
   - "Who would Grandma (for example - pick a person already in the inner circle) say needs to be in this inner circle with her?"
   - "Who would the kids want to have in this inner circle?"
   - "You know all of these people, I don’t know them yet, but who do you think I would want to have in this inner circle?"
   - "Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?"

6. **Discussing the following:**
   - What is the role of the safety network?
   - How many people do we need in the safety network?
   - What do we mean by ‘safety’ people and how is this decided?
   - What do people need to know to be part of the safety network?
   - How do we ensure that everyone is informed about the concerns?
FAMILY SAFETY NETWORKS: THE CORE OF SAFETY PLANNING

Parts of this article were adapted from “Introducing an Integrating Safety Organized Practice” from the Northern California Training Academy and the NCCD Children’s Research Center

To support rigorous and ongoing safety planning, SOP offers strategies for building a network of people around the child, communicating the danger statement to those in the network and enlisting their help in keeping the children safe (meeting the safety goal). This network is a key element of safety planning and should be formed as early as possible, or on the first day of case planning. From there, a successful and strong family safety network can help support the family through post permanency as defined by SDM.

Rationale for building safety networks

• CWS involvement is temporary
• A once-a-month home visit is not enough to ensure child safety; a network of permanent support people is needed to enhance safety
• Families often have more people already involved in caring for their children than child welfare knows
• CWS frequently asks clients to engage in “services,” even when it does not directly address the danger. CWS could use a similar “push” to bring more people to the work of enhancing daily safety for children
• All families need a circle of support

Using family safety circles to identify the family safety network

The family safety circle tool is a visual tool to help child welfare professionals and family members have conversations about safety networks, the role of the safety networks and assessing who can be part of the safety network. Families identify the people who may be able to help them reach their safety goal.

FAMILY SAFETY CIRCLE

Name/Photo/Picture of child/children

Who already knows everything that has happened?

Who knows a little about what has happened?

Who knows nothing about what has happened?

Adapted from Introducing an Integrating Safety Organized Practice, from the Northern California Training Academy and the NCCD Children’s Research Center

What is a family safety network?

A group of family, friends and professionals who:
• Care about the child
• Are willing to meet with CWS
• Understand the harm/danger concerns CWS and others have
• Are willing to do something that supports the family and helps keep the child safe
• Provide the family and child with an ongoing connection to the community.
HOW TO BUILD A FAMILY SAFETY CIRCLE

Center circle: The child

Inner circle: People in the family and the child’s life who already know what happened (that led to CWS involvement). Some questions that may help caregivers determine who is a part of their inner circle include:

• Who do you call when you are really proud of something?
• Who do you call when you need help with something?
• If you were to write a will, who would you name as the person who would raise your child(ren)?

Middle circle: People in the family and child’s life who know a little, but not all, about what has happened, or know something happened but have very little information. Some questions that may help caregivers determine who is a part of their middle circle include:

• Are there people in your life you could call but don’t?
• Would you be willing to let them in to help?

Outer circle: People in the family and child’s life who don’t know anything about what has happened. Some questions that may help caregivers determine who is a part of their outer circle include:

• Who are the people who may be important to your child but that you would not have thought to call?
• Who are the people who you have not seen for a long time but you know care about you and your child?

MOVING PEOPLE FROM THE OUTER CIRCLES TO THE INNER CIRCLE

After the first attempt to fill out the family safety circle is completed, it is important to keep working with the family to identify additional supports and the potential for higher levels of support from within the circle. Some of the following follow-up questions may be useful in attempting to move people from the outer circles to the inner circle, and to add additional supports into the circle:

• Who can you move from the outer circles to the inner circle?
• Who else from these outer circles do you think needs to be part of this inner circle?
• Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven’t quite gotten there yet?
• Who would others who are close to you and your children say needs to be in this inner circle?
• Who would your child want to have in this inner circle?
• Who do you think your social worker would want in the inner circle?
• Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?

BUILDING THE NETWORK TO GO THE DISTANCE

The cultivation of a safety network is not just for “immediate” safety, but actually is the vehicle to promote long-lasting change that will continue to be enforced long after child welfare’s involvement ends. SOP makes the distinction between “safety planning” and “service planning,” noting that the culture of child welfare has been one of case management and service planning for some time—even while our goal is always the enhanced safety of children. SOP provides techniques and guidance for building a family safety network that will increase the family’s connection to the community and enhance the daily, on-the-ground safety and well-being for children.

“After the first attempt to fill out the family safety circle is completed, it is important to keep working with the family to identify additional supports...”
### Documenting SOP in Case Files and CWS/CMS

<table>
<thead>
<tr>
<th>SOP Principle</th>
<th>Tool</th>
<th>Who can use?</th>
<th>When can you use?</th>
<th>CWS/CMS</th>
<th>Example</th>
<th>Case File</th>
</tr>
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<tbody>
<tr>
<td><strong>Three Questions to Organize our Interview (Balanced Rigorous Assessment)</strong></td>
<td>The Three Questions:</td>
<td>Hotline calls&lt;br&gt;ER&lt;br&gt;Continuing Supervisors Placement&lt;br&gt;Residential Adoptions&lt;br&gt;EFC&lt;br&gt;CARE&lt;br&gt;Med Frag&lt;br&gt;Voluntary IFPP</td>
<td>Hotline calls&lt;br&gt;Review of referral before assignment&lt;br&gt;ER Investigations&lt;br&gt;Closing a Referral&lt;br&gt;Continuing Case Management&lt;br&gt;Voluntary Case Management&lt;br&gt;Adoption Case Management&lt;br&gt;ERC Case Management&lt;br&gt;Continuing Investigations&lt;br&gt;Supervision&lt;br&gt;TM’s Family Meetings&lt;br&gt;MED’S&lt;br&gt;Closing a case Change of Placement Independence Mapping</td>
<td>In a contact, reference that the questions were used and write out the responses.</td>
<td>• “I asked the mother what she was worried about and she said…”&lt;br&gt;• “I asked the mother what she thought was going well and she said…”&lt;br&gt;• “I asked the mother what she thought she needed to do next to keep her children safe and she said…”&lt;br&gt;• “The foster father told me his concerns regarding Sam and I asked him what was going well and explained to him that I wanted to get a balanced assessment before we moved forward with the next steps.”</td>
<td>Case File</td>
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</table>

**In a Court Report, Investigative Narrative or other written assessment of the family, reference that the questions were used and write out the responses.**

• “In order to get a balanced assessment of the family PSW AhSing asked the mother the three questions to which she responded as follows:…”

**In a contact, reference that the questions were used to have a discussion about safety and worries.**

• “After I asked the mother the three questions we sat and discussed the Agency’s worries and how we could build upon what was currently working well to create more safety.”

| **Three Column Map** | ER Continuing Supervisors Placement Residential Adoptions EFC CARE | Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management | In a contact, reference that the tool was used and write out the responses. | In a Court Report, reference that the tool was used and write out the responses. | • “I used the three column map to guide my discussion with the mother and she said the following…” | Keep hardcopy in the file and label it so that it is not purged. |

**In a Court Report, reference that the tool was used and write out the responses.**

• “In order to get a balanced assessment and to guide my Keep hardcopy in the file and label it so that it is not purged.”
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<td>the file and label it so that it is not purged.</td>
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<td>Voluntary</td>
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<td>Investigations</td>
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<td>Upload PDF copy to CWS/CMS</td>
<td>See the program guide for an example on how to upload a PDF document to CWS/CMS</td>
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<td>IFPP</td>
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<td>Supervision</td>
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<td>In a contact, reference that the tool was used to have a discussion about safety and worries.</td>
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<td>• “After the mother and I filled out the three column map I used the information gathered to discuss the Agency’s worries and together we came up with the following next steps…”</td>
<td>Keep hardcopy in the file and label it so that it is not purged.</td>
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<td>Family Meetings</td>
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<td>Change of</td>
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<td>“I used the four quadrant map to guide my discussion with the mother and she said the following…”</td>
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<td>• “In order to get a balanced assessment and to guide my conversation with the mother I used the four quadrant map (See attached). The mother’s responses were as follows…”</td>
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<td>*See attached example on how to upload a PDF document to CWS/CMS</td>
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<td>Residentials</td>
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<td>Building Working</td>
<td>Solution Focused</td>
<td>Hotline calls</td>
<td>Review of referral</td>
<td>At the hotline, when writing up</td>
<td>• “I asked the RP on a scale from 0-10 where 10 is the home is unlivable and immediately endangering the children’s lives and 0 the children are completely safe in the home, where would they rate the home? They answered…”</td>
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<tr>
<td>Relationships with</td>
<td>Questions</td>
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<td>before assignment</td>
<td>the referral, write out the SFQ</td>
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<td>Children and Families</td>
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<td>that was used and the RP’s</td>
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<td>In a contact, write out the SFQ was used and write out the responses.</td>
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<td>• “I asked the mother what she thought her son was thinking while the fighting was going on and she said…”</td>
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<td>• “I asked the child on a scale from 0-10, zero is you are not ready about being adopted to 10 you feel ready to be adopted, where are you currently?”</td>
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<td>In a Court Report, reference that a SFQ was used and write out the responses.</td>
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<td>• “PSW AhSing asked the father if there was a time when he was not drinking to which he answered…”</td>
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<td>• “I asked the RP was there a time when the family was doing well? They said yes so I asked what was going on during that time. They said…”</td>
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<td>In a contact, write out the AI question that was used and write out the responses.</td>
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<td>• “I asked the mother, what was something that she has done with her family that she was really proud of? She said…”</td>
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<td>In a Court Report, reference that a AI question was used and write out the responses.</td>
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<td>• “PSW AhSing asked the father if there was a time when something could have gone really wrong and in that situation he managed to do a small bit of good work. He said…”</td>
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<td>• “I asked the mother how long she had lived in the neighborhood and she told me she had lived in this same house for over 10 years and”</td>
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</table>

**Author:** J. AhSing  **PCWTA**  **05/2015**
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<td>In a Court Report, reference that a Strengths Chat question was used and write out the responses.</td>
<td>knew many of her neighbors.”</td>
<td>• “PSW AhSing asked the youth what her family’s comforting family traditions were, she said her favorite was at Thanksgiving time when her family…”</td>
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**Trauma Informed Practice**

*Essential Elements:*

1. Maximize the child’s sense of safety.
3. Help children make new meaning of their trauma history and current experiences.
4. Address the impact of trauma and subsequent changes in the child’s behavior, development, and relationships.
5. Coordinate services with other agencies.
6. Utilize comprehensive assessment of the child’s trauma experiences and their impact on the child’s development and behavior to guide services.
7. Support and promote positive and stable relationships in the life of the child.
8. Provide support and guidance to the child’s family and caregivers.
9. Manage professional and personal stress.

*The National Child Traumatic Stress Network*

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<td>Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP</td>
<td>Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case Change of Placement</td>
<td>At the hotline, ask questions specific to trauma and document it in the referral.</td>
<td>Worker uses Solution Focused Questions and Appreciative Inquiry to discuss the mother’s history of trauma as a child and now as an adult and documents it in her case notes.</td>
<td>• “The screener asked the RP if they were aware of a history of trauma for the family, they stated that the mother had been in foster care when she was a child but they did not know why.”</td>
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</table>

Worker spends time building a relationship with the mother by have strengths chat before talking to the mother about her concerns and documents it in their Court Report. | • “After the mother told PSW AhSing that she had been sexually abused as a child PSW AhSing responded with a coping question asking her what she did that helped her survive the abuse. The mother said she had a good friend and their family that she spent a lot of time with and they taught her what a “normal” family looked like.” | |

• “PSW AhSing did a Strengths Chat with the mother and learned that they had a lot of positive things going on in their family, having built some rapport with the mother, PSW AhSing was able to have a good conversation around the Agency’s concerns.” |
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<td>SDM</td>
<td>Safety Assessment</td>
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<td>Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Adoption Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case Change of Placement</td>
<td>Supervisor uses the Safety Assessment to pre-identify possible safety threats based on the referral information that they would like the worker to ensure they address and then puts in a contact that they have provided this information to the worker when they assigned the referral Worker uses the Safety Assessment to pre-identify possible safety threats based on the referral information and then looks them up in the Case Plan Field Tool for suggested SFQ’s to guide their interview. Worker then puts in a quick contact that they have pre-identified some safety threats and have identified some SFQ’s to use in their interviews. In the field, worker utilizes the Safety Assessment to ensure they have made a balanced assessment and covered all the possible safety threats in their investigation. Includes in their contact that while the Safety Assessment was put in the computer later the information was used for their assessment while in the field. Worker uses the Safety Assessment and definitions to explain the Agency’s worries to the family and details they used this tool in their contact.</td>
<td>“PSS Schoonhoven-Scott reviewed the referral and identified two possible safety threats based on the information provided. PSS Schoonhoven-Scott wrote this on the referral before assigning it to PSW AhSing.” “Based on the information provided in the referral PSW AhSing has identified the following safety threats on the safety assessment. PSW AhSing looked up the safety threat in the Case Plan Field Tool (CPFT) and has identified some Solution Focused Questions (SFQ’s) to use in the field. “As PSW AhSing wrapped up her conversations with the family she mentally went through the Safety Assessment items to ensure she had completed a balanced assessment, she would enter this information into the computer once she returned to the office.” “The parents were having a difficult time understanding why the Agency was worried, PSW AhSing explained that as part of the investigation the Agency used a tool to identify safety concerns and pulled out the Structured Decision Making (SDM) booklet and used the written safety assessment and definitions to explain to the parents the Agency’s worries.”</td>
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<td>Risk Assessment</td>
<td>ER Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP</td>
<td>ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case</td>
<td>Worker uses the Risk Assessment and definitions to explain the Agencies future worries to the family and the likelihood of them re-occurring and documents their use of this tool in their contacts.</td>
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<td>“The parents were having a difficult time understanding why they needed to participate in safety planning and creating a safety network; PSW AhSing explained, as part of the investigation the Agency uses a tool to identify the likelihood of an incident happening again. She pulled out the SDM booklet and used the written definitions to explain to the parents that there is a high likelihood of the incident occurring again and the only way to safely close their referral was to create a safety network and plan.”</td>
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<td>Worker documents in their Investigative Narrative the Risk Assessment results.</td>
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<td>“PSW AhSing completed the SDM Risk Assessment based on the information gathered in this investigation and the outcome is “High””</td>
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<td>Worker documents in their Investigative Narrative the Risk Assessment results and how they used the information to make their final determination.</td>
<td>“The allegations are substantiated but the risk assessment is low. The family has a large natural safety network who are aware of the incident and are willing to protect so this referral is being closed and not promoted to a case.”</td>
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<tr>
<td>Family Strengths and Needs Assessment (FSNA)</td>
<td>ER Supervisors Placement Residential Adoptions CARE Med Frag</td>
<td>Opening a case Continuing Case Management Voluntary Case Management Adoption Case Management Supervision TDM’s Family Meetings MDT’s</td>
<td>Worker uses the Family Strengths and Needs Assessment and definitions to explain the Agencies current worries to the family and how the FSNA results inform the creation of their case plan and documents their use of this tool in their contacts.</td>
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<td>“The parents were having a difficult time understanding why there were certain expectations and services on their case plan; PSW AhSing explained as part of the investigation the Agency uses a tool to identify areas of need for the family. She pulled out the</td>
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<td>Risk Reassessment</td>
<td>Voluntary IFPP</td>
<td>Closing a case</td>
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<td>SDM booklet and used the written definitions to show how she determined their different areas of needs and how the Family Strengths and Needs Assessment (FSNA) informed the case plan.</td>
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<td>Risk Reassessment</td>
<td>ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP</td>
<td>Continuing Case Management Voluntary Case Management Adoption Case Management Supervision TDM’s Family Meetings MDT’s Closing a case</td>
<td>Worker uses the Risk Reassessment and definitions to explain the Agencies future worries to the family and the likelihood of them re-occurring and documents their use of this tool in their contacts.</td>
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<td>- “PSW AhSing completed the SDM Risk Reassessment, the final risk level is “low” and the recommendation is to close.” - “The mother filed a 388 so PSW AhSing completed the Risk Reassessment to see if the risk score has changed for the mother.”</td>
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<td>Risk Reassessment</td>
<td>Case File</td>
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<td>IFPP</td>
<td>Worker documents in their Case Notes the Family Strengths and Needs Assessment results.</td>
<td>- “PSW AhSing completed the FSNA and based on the FSNA these are the identified as the family’s areas of need…”</td>
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<tr>
<td>Risk Reassessment</td>
<td>Case File</td>
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<td>IFPP</td>
<td>Worker documents in their Transfer Summary the Family Strengths and Needs Assessment results and how they used the information to help them create and individual case plan to meet the family’s needs.</td>
<td>- “PSW AhSing completed the FSNA and based on the FSNA these are the identified as the family’s areas of need… to address these needs PSW AhSing has created the following case plan.”</td>
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<tr>
<td>Simple Behavioral Language</td>
<td>Asking questions to ensure we have behavioral detail instead of labels or jargon</td>
<td>Hotline</td>
<td>Hotline calls</td>
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<td>Workers document in the referral that they asked for behavioral detail.</td>
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<td>ER</td>
<td>Review of referral before assignment</td>
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<td>• “The RP stated that the home was “unlivable”, I asked if she could describe it in more detail and she said that there were animal feces all over the ground…”</td>
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<td>Continuing Supervisors</td>
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<td>Workers document in their case notes that they asked for behavioral detail.</td>
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<td>Placement</td>
<td>Closing a Referral</td>
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<td>• “During an interview with the mother she stated that she was feeling depressed, I asked her to describe what that looked like and she said…”</td>
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<td>Residential</td>
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<td>Workers document in their Court Reports the use of behavioral detail.</td>
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<td>Adoptions</td>
<td>Voluntary Case Management</td>
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<td>• “The Agency is concerned about the mother drinking alcohol because when she drinks, she starts yelling and screaming at her children making them feel scared and sad.”</td>
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<td>EFC</td>
<td>Adoption Case Management</td>
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<td>Worker’s document in their case plans the use of behavioral detail.</td>
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<td>CARE</td>
<td>EFC Case Management</td>
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<td>• “Mother will show everyone that she can keep the house safe and clean: This means that there is a clear path in which to walk throughout the house, dishes are washed and put away, no food is left out, toilets are flushed….”</td>
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<td>Workers document in their case notes that they asked for behavioral detail.</td>
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<td>• “While checking in with an adoptive family the mother stated the child was “out of control”. I asked her to describe the child’s behaviors to me so we could work on a plan to address the child and family’s needs.”</td>
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<td>Mapping- Formal discussion using the three questions and then sorting to gain clarity around harm and danger</td>
<td>Mapping with your supervisor during supervision</td>
<td>ER</td>
<td>ER Investigations</td>
<td>Worker documents in their case notes that they mapped the case with their supervisor to gain clarity around harm and danger.</td>
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<td>Continuing Supervisors</td>
<td>Closing a Referral</td>
<td>• “While consulting with my supervisor we answered the three questions regarding the family and then sorted to make sure we were not too focused on the complicating factors of this case.”</td>
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<td>Mapping in the office with your supervisor, a co-worker or coach facilitating</td>
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<td>ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case Change of Placement</td>
<td>CWS/CMS</td>
<td>Worker documents in their case notes that they mapped the case with co-workers in the office to gain clarity around harm and danger. • “A mapping was completed in the office with co-workers, based on the mapping we determined our next steps for this family are as follows:…” Worker documents in a Court Report that they mapped the case with co-workers in the office to gain clarity around harm and danger. • “PSW AhSing completed a mapping in the office with co-workers; based on the mapping the following Harm and Danger Statements and Safety Goals were created. These statements were then shared with the family at the next home visit.”</td>
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<tr>
<td>Mapping with the family in the office or in the home.</td>
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<td>ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case Change of Placement</td>
<td>CWS/CMS</td>
<td>Worker documents in their case notes that they mapped the case with the family in the office or home. • “The family was unclear about why their children were in our care, we brought them into the office, went through the mapping process and came up with co-created Harm and Danger Statements.” Worker documents in the case plan that a mapping was done with a family in the office or the home. • “As agreed upon during the mapping process the mother will attend a “Mommy and Me” class once a week at her local park. During these classes she will demonstrate the skills of successful parenting as listed above.” Worker documents in a safety plan. • “As agreed upon during the mapping process with the family at the home, Lisa will stay with the maternal grandparents until the mother has shown the Agency and the grandparents that she has been sober and utilizing her safety network for four months.” Worker documents in a Court Report • “PSW AhSing completed a mapping with the family in the home to come up with the next steps needed so that Lisa could...”</td>
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<td>SOP Principle</td>
<td>Tool/Process</td>
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<td><strong>Harm and Danger Statements and Safety Goals</strong></td>
<td>Creating Provisional Harm and Danger Statements</td>
<td>Hotline ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP</td>
<td>Hotline calls Review of referral before assignment ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case Change of Placement</td>
<td>Hotline worker documents in the referral the provisional Harm and/or Danger Statements.</td>
<td>• “Provisional Harm Statement: It was reported that the mother Jessica hit her daughter Samantha (3) with a belt on her bottom causing three long bruises.” • “Provisional Danger Statement: CWS is worried that the mother Jessica will hit her daughter Samantha (3) again causing more serious injuries.”</td>
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<td>Creating Safety Goals with the Family</td>
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<td>SW documents that they created safety goals with the family</td>
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<td>Supervisor reviews the referral and in order to focus the assigned worker creates a provisional Harm and/or Danger Statement and documents in a case note.</td>
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<td>• “PSS Schoonhoven-Scott reviewed the referral and created a provisional Danger Statement which is as follows: The Agency is worried that the mother, Cynthia will fall asleep again and not watch her daughter Alice (4) and that Alice could be hurt in the home or leave the house and be hurt.”</td>
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<td>Worker reviews the referral and in order to focus their thinking around the possible Harm and Danger writes a provisional Harm and Danger Statement and documents it in their case notes.</td>
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<td>• “PSW AhSing received a referral on 10/17/14, in preparation to go and meet the family she created the following provisional Harm and Danger Statements to share with the family to help explain why she was in their home.”</td>
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<tr>
<td>Creating them on your own or with a supervisor</td>
<td>ER Continuing Supervisors Placement Residential Adoptions EFC</td>
<td>ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision</td>
<td>Worker creates Harm and/or Danger Statements and/or Safety Goals after contact with the family and documents it in their case notes.</td>
<td></td>
<td>• “PSW AhSing met with the family and when she returned to the office she created the following Harm and Danger Statement to share with her supervisor during supervision to discuss next steps for the family.”</td>
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move to weekend overnight visits with her mother, the following was the outcome of that meeting.”
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<th>SOP Principle</th>
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<tbody>
<tr>
<td>CARE Med Frag Voluntary IFPP</td>
<td>TDM’s Family Meetings MDT’s Change of Placement</td>
<td>Worker creates Harm and/or Danger Statements and/or Safety Goals with her supervisor and documents in the case notes.</td>
<td>“PSW AhSing co-created a Danger Statement with her supervisor and it is as follows…”</td>
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<td>ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP</td>
<td>ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Change of Placement</td>
<td>Worker creates a Harm and/or Danger Statements and/or Safety Goals and documents it in her Court Report.</td>
<td>“PSW AhSing created the following Danger Statement which states, in simple words, the reasons why CWS needs to remain involved with this family.”</td>
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<td>Creating them on your own or with a supervisor and sharing them with the family to have a discussion about safety and danger.</td>
<td>Worker creates a Harm and/or Danger Statements and/or Safety Goals and documents it in their Case Plan.</td>
<td>“Danger Statement: CWS and Social Worker PSW AhSing are worried that mother, Desire will hit father, Jeff in the face again, in front of their children and the children will be hurt, scared and sad.”</td>
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<td>Co-creating with the family.</td>
<td>Worker co-creates Harm and/or Danger Statements and/or Safety Goals with the family and documents it in her case notes.</td>
<td>“While speaking to the mother about her concerns PSW AhSing co-created a Harm Statement with the mother in the home. It is as”</td>
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<td>Immediate, Ongoing and Aftercare Safety Plans that address the safety indicators and are behaviorally specific.</td>
<td>Creating Safety Plans and case plans with the ER Continuing Supervisors</td>
<td>ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP</td>
<td>ER Investigations Closing a Referral Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case Change of Placement</td>
<td>Worker creates a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their Case Plan.</td>
<td>“PSW AhSing created and the family agreed to the following case plan. PSW made the case plan detailed so the parents would understand what behavior changes were needed to create safety.”</td>
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<td></td>
<td>Creating Safety Plans and case plans in the office on your own or with your supervisor that address the safety indicators and are behaviorally specific.</td>
<td>Creating Safety Plans and case plans in the office on your own or with your supervisor that address the safety indicators and are behaviorally specific.</td>
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<td>Worker creates a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their Court Reports.</td>
<td>“PSW AhSing created a safety plan with her supervisor on the phone and shared it with the family and they agreed. The plan is as follows and details what each person’s responsibility is to maintain safety for the youth.”</td>
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<td>Worker co-creates with the family a behaviorally specific Case/Safety plan that addresses the safety</td>
<td>“PSW AhSing met with the parents to do social history interviews. After their interviews...”</td>
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- **family that address the safety indicators and are behaviorally specific.**
  - Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP
  - Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations Supervision TDM’s Family Meetings MDT’s Closing a case Change of Placement
  - indicators and documents it in their case notes.
  - PSW AhSing asked each of the parents what they think they needed to be in their case plan to address the safety concerns. The following will be added to the case plan.”
  - Worker co-creates with the family a behaviorally specific Case/Safety plan that addresses the safety indicators and documents it in their Court Report.
  - To address the concern of the children being left home alone for long periods of time the family will work on creating a schedule and safety network to ensure the children are always cared for. The following activities were identified at the mapping session the family attended.”

<p>| Visitation Plans | Co-creating a visitation plan with the child, parents and caregiver and providing verbal or written rules and expectations. | ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP | Continuing Case Management Voluntary Case Management Adoption Case Management TDM’s Family Meetings | Worker co-creating a visitation plan and documenting it in their case notes. | “In the mapping session today with the children (10 and 12), the parents and the foster parents they came up with a visitation plan so the children could do an additional visit every week. The Agency, children, parents and foster parents were all able to contribute to and agree upon the rules and expectations for the visits.” | “PSW AhSing co-created the following visitation plan with the children, parents and foster parents…” |</p>
<table>
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</thead>
<tbody>
<tr>
<td>Having a discussion with the parents before the visit about rules and expectations during the visit</td>
<td>ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP</td>
<td>Continuing Case Management Voluntary Case Management Adoption Case Management</td>
<td>Worker has a discussion with the parents before the visit about rules and expectations during the visit and then documents in their case notes.</td>
<td>• As agreed upon by the children, parents, foster parents and CWS at the mapping on 02/14/14 the following are the schedule, rules and expectations for visitation…”</td>
<td>Worker co-creates a visitation plan, types it up, and sends copies to the parents and foster parents and documents in their case notes.</td>
<td>Keep hardcopy in the file and label it so that it is not purged.</td>
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<tr>
<td>Debriefing with the parents and child after the visit and offering compliments and</td>
<td>ER Continuing Supervisors Placement Residential</td>
<td>Continuing Case Management Voluntary Case Management Adoption Case Management</td>
<td>Worker debriefs with the parents and child after the visit and documents it in their case notes.</td>
<td>• “PSW AhSing met with the mother and father that her role as an adoptions worker was different than the previous worker’s role.”</td>
<td>Worker has a discussion with the parents before the visit about rules and expectations during the visit and then documents in their Court Report.</td>
<td>• “PSW AhSing explained to the mother and father that her role as an adoptions worker was different than the previous worker’s role.”</td>
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<td>Worker writes in the Case Plan that she will attend a number of visits and have a discussion with the parents before the visit about rules and expectations during the visit.</td>
<td>• “PSW AhSing will attend two supervised visits between December and January. They will be scheduled ahead of time so the parents can plan to arrive early and have a discussion about rules, expectations and desired behaviors.”</td>
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<td>Adoption worker writes in their case notes how they clarified their role with the parents around visitation.</td>
<td>• “PSW AhSing explained to the mother and father that her role as an adoptions worker was different than the previous worker’s role.”</td>
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<td>upgradestotheirnextvisit.</td>
<td>Adoptions</td>
<td>Worker debriefs with the parents and child after the visit and documents it in their Court Report.</td>
<td>Worker writes in her Case Plan that after she observes the visit she will debrief with the parents and child.</td>
<td>Worker provides parent coaching during the visit and documents it in their case notes.</td>
<td>“PSW AhSing attended two supervised visits between the parents and the children. After the visits PSW AhSing shared what was working well during the visit and what could be upgraded for the next visit. The parents were receptive to the feedback.”</td>
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<td>Providingparentingcoachingtotheparentsduringthevisit.</td>
<td>ER</td>
<td>Worker provides parent coaching during the visit and documents it in their case notes.</td>
<td>Worker provides parent coaching during the visit and documents it in their Court Report.</td>
<td>Worker provides parent coaching during the visit and documents it in their case notes.</td>
<td>“While the visit was going on PSW AhSing noticed that the parents were not disciplining their three year old son. PSW AhSing pulled each of the parents aside separately and asked some questions, as to why they were not and reminded them that was something the Agency wanted to see.”</td>
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<tr>
<td>CulturalHumility</td>
<td>Acknowledgingandhavingsaconversationwiththefamilyaboutyoubeingdifferentthanthemandaskingthemateteach</td>
<td>Screener tells an RP that they are unfamiliar with a specific culture and asks the RP to educate them and they document it in the referral”</td>
<td>“RP said ‘you know how the home-schooling community can be’ I told the RP that I was unfamiliar with the home-schooling community and asked her to describe it to me. Her children were also home-schooled and so she went into detail about</td>
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Author: J. AhSing PCWTA 05/2015
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<tr>
<td>you about their culture.</td>
<td>CARE Med Frag Voluntary IFPP</td>
<td>Family Meetings MDT’s Change of Placement</td>
<td>Worker asking a parent if there was anything about their family that the worker needed to know in order to better communicate with them and documenting it in their case notes.</td>
<td>their community and underlying values.”</td>
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<td>Worker acknowledging they do not know about someone else’s culture and asking for them to teach them about it and writing it in their Court Report.</td>
<td>“PSW AhSing asked if there was anything about their family that she needed to know in order to better understand them and the mother said they were yellers, they talk in loud voices to each other but that does not mean they are mad.”</td>
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<td>Worker asking a youth about what gender they identify with and ask what pronoun they want used and documenting it in their case notes.</td>
<td>“PSW AhSing asked William (16) ‘What pronoun (he, she or they) do you prefer I use when referring to you in conversation.”</td>
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<td>Worker having a conversation with an adoptive mother about how to engage the child in a conversation about their child’s different race.</td>
<td>“PSW AhSing scaled with the mother her comfort level on having ongoing conversations with her daughter about their different races. The mother said she felt very comfortable having this conversation and had already spent some time talking with her daughter about this topic.”</td>
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<tr>
<td>When discussing services giving the family choices that will honor their cultural beliefs.</td>
<td>ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary</td>
<td>ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management Continuing Investigations TDM’s Family Meetings MDT’s Change of Placement</td>
<td>Worker talks about services and gives the family choices to honor their religious beliefs and documents it in her case notes.</td>
<td>“The mother told PSW AhSing that because of their religion she would not feel comfortable being alone in room with a male therapist so PSW AhSing gave her a list of 6 female therapists in her area to choose from.”</td>
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<td>Worker talks about services and gives the family choices to honor their culture and documents in their case notes.</td>
<td>“Since the father is in the military most of his services are on base which works well into his work.”</td>
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<td>Voice of the Child</td>
<td>Safety House Permanency House Three Houses (Fairy &amp; Wizard)</td>
<td>ER Continuing Supervisors Placement Residential Adoptions CARE Med Frag Voluntary IFPP</td>
<td>ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management Continuing Investigations TDM’s Family Meetings MDT’s Change of Placement</td>
<td>In a contact, reference that the tool was used and write out the child’s responses. Document whether or not the child gave you permission to share.</td>
<td>• “PSW AhSing used the three houses tool to structure her conversation with the child, in the house of dreams the child drew a picture of a big house, PSW AhSing asked him what it was and he said it was a big house where his whole family could live together.”</td>
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<td>• “PSW AhSing used the safety house tool to have a conversation with Sally (7) and she listed the following rules in the roof section of the house…PSW AhSing later used these rules to help create the safety plan.”</td>
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<td>• “PSW AhSing used the three houses tool to have a conversation with the child, in the house of dreams the child drew a picture of a big house, PSW AhSing asked him what it was and he said it was a big house where his whole family could live together. (See uploaded copy in CWS/CMS)”</td>
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<td>• “Sally gave PSW AhSing permission to show her safety house to her parents. PSW showed and explained Sally’s completed safety house to the parents. Mom who did not believe that Sally knew they were fighting started crying when she read the rules that needed to be in the home to keep the home safe.”</td>
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<td>Safety Network</td>
<td>Circles of Safety and Support</td>
<td>ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP</td>
<td>ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management / establishing permanent connections Continuing Investigations Supervision TDM’s Family Meetings MDT’s Change of Placement</td>
<td>In a contact, reference that the tool was used and write out the responses.</td>
<td>• “PSW AhSing used the Circles of Safety and Support to have a conversation with the mother about her support network.”</td>
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<td>• “One of the tools used to help create the safety network was the Circles of Safety and Support (See Attached.)”</td>
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<td>Upload PDF copy to CWS/CMS</td>
<td>• “PSW AhSing used the Circles of Safety and Support to have a conversation with the mother about her support network.(See uploaded copy in CWS/CMS)”</td>
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<tr>
<td>Genogram</td>
<td>ER Continuing Supervisors Placement Residential Adoptions EFC CARE</td>
<td>Review of referral before assignment ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management / establishing permanent</td>
<td>In a contact, reference that the tool was used and write out the responses.</td>
<td>• “PSW AhSing used the Circles of Safety and Support to have a conversation with a prospective adoptive mother. Instead of asking, “Who knows about their CWS involvement?” PSW AhSing asked, “Who is on board to support you at a moment’s notice?”</td>
<td>Keep hardcopy in the file and label it so that it is not purged.</td>
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<td>• “PSW AhSing spent some time working on the genogram with the mother and found there was a long history of sexual abuse.”</td>
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**Example**

- Bringing the completed tool and presenting it in a TDM or Family Meeting to ensure the voice of the child is heard. Documenting in the TDM or Family Meeting notes this was done. Uploading these notes to CWS/CMS.

  - “A TDM was completed today. It was felt that Sally was too young to participate in the meeting but her safety house was brought and shared. Her words and ideas were used to help create the safety plan.”

  - Keep hardcopy in the file and label it so that it is not purged.

**Safety Network**

- **Circles of Safety and Support**
  - ER Continuing Supervisors Placement Residential Adoptions EFC CARE Med Frag Voluntary IFPP
  - ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management / establishing permanent connections Continuing Investigations Supervision TDM’s Family Meetings MDT’s Change of Placement
  - In a contact, reference that the tool was used and write out the responses.
  - • “PSW AhSing used the Circles of Safety and Support to have a conversation with the mother about her support network.”
  - Keep hardcopy in the file and label it so that it is not purged.

- **Review of referral before assignment**
  - ER Investigations Continuing Case Management Voluntary Case Management Adoption Case Management EFC Case Management / establishing permanent
  - In a contact, reference that the tool was used and write out the responses.
  - • “PSW AhSing used the Circles of Safety and Support to have a conversation with a prospective adoptive mother. Instead of asking, “Who knows about their CWS involvement?” PSW AhSing asked, “Who is on board to support you at a moment’s notice?”
  - Keep hardcopy in the file and label it so that it is not purged.

- **In a Court Report, reference that the tool was used and write out the responses**
  - • “One of the tools used to help create the safety network was the Circles of Safety and Support (See Attached.)”
  - Keep hardcopy in the file and label it so that it is not purged.

- **Upload PDF copy to CWS/CMS**
  - • “PSW AhSing used the Circles of Safety and Support to have a conversation with the mother about her support network.(See uploaded copy in CWS/CMS)”
  - Keep hardcopy in the file and label it so that it is not purged.

- **In a contact, reference that the tool was adapted and used with a prospective adoptive family to explore their support network and documented in the worker’s case notes.**
  - • “PSW AhSing used the Circles of Safety and Support to have a conversation with a prospective adoptive mother. Instead of asking, “Who knows about their CWS involvement?” PSW AhSing asked, “Who is on board to support you at a moment’s notice?”
  - Keep hardcopy in the file and label it so that it is not purged.

- **In a Court Report, reference that the tool was used and write out the responses.**
  - • “PSW AhSing used the Circles of Safety and Support to have a conversation with the mother about her support network.(See uploaded copy in CWS/CMS)”
  - Keep hardcopy in the file and label it so that it is not purged.

- **In a contact, reference that the tool was used and write out the responses.**
  - • “PSW AhSing used the Circles of Safety and Support to have a conversation with a prospective adoptive mother. Instead of asking, “Who knows about their CWS involvement?” PSW AhSing asked, “Who is on board to support you at a moment’s notice?”
  - Keep hardcopy in the file and label it so that it is not purged.

- **In a Court Report, reference that the tool was used and write out the responses.**
  - • “PSW AhSing did a genogram with the grandmother and that”
  - Keep hardcopy in the file and label it so that it is not purged.
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<th>When can you use?</th>
<th>CWS/CMS</th>
<th>Example</th>
<th>Case File</th>
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<td></td>
<td>Med Frag</td>
<td>connections</td>
<td>responses</td>
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<td>was how the paternal cousin was located as a potential long term placement for this youth.”</td>
<td>the file and label it so that it is not purged.</td>
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<td>Voluntary</td>
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<td>IFPP</td>
<td>Supervision</td>
<td>TDM’s</td>
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<td>“PSW AhSing spent some time working on the genogram with the mother and found there was a long history of sexual abuse. (See uploaded copy in CWS/CMS)”</td>
<td>Keep hardcopy in the file and label it so that it is not purged.</td>
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<td>Family Meetings</td>
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<td>MDT’s</td>
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<td>Eco-Map</td>
<td>ER</td>
<td>Review of referral before assignment</td>
<td>In a contact, reference that the tool was used and write out the responses.</td>
<td>Upload PDF copy to CWS/CMS</td>
<td>“The teen felt they did not have any supports or anyone to go to so PSW AhSing did an Eco-Map with the youth and found they had many more supports than they originally thought.”</td>
<td>Keep hardcopy in the file and label it so that it is not purged.</td>
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<td>Continuing Supervisors Place</td>
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### Additional Resources

**Safety Organized Practice website**
Contains news, videos, webinar recordings, evaluation tools, resources and a detailed look at SOP courses offered by the Northern California Training Academy.


**The Three Houses: An Introduction with Nicki Weld**
A brief introductory video to the Three Houses Tool by co-creator Nicki Weld.


**Webinar: SOP Empowerment Groups for Parents**

**Using Practice Profiles**
An instructional video guide for child welfare practitioners and supervisors to implement SOP effectively.

[http://ats.ucdavis.edu/ats-video/?kmid=0_ocir1naf](http://ats.ucdavis.edu/ats-video/?kmid=0_ocir1naf)

### References for More Details

**Overall**


**On Inquiry and Using Questions as an Intervention**


On Working With Children


On Safety Mapping


On Building Networks


On Safety Planning

