



Introduction to Signs of Safety

*Working in partnership with
Children and Families*

This e-learning course is to give you an overview of Signs of Safety and how it is implemented within this authority

Background to Signs of Safety

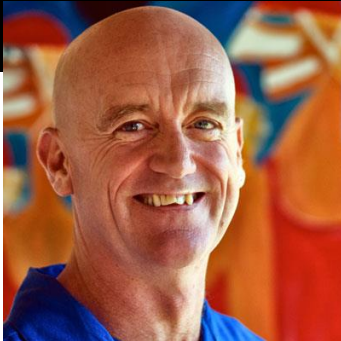


Signs of Safety was created in Western Australia during the 1990s by Andrew Turnell and Steve Edwards. They based it on the use of Strength Based interview techniques and draws upon techniques from Solution Focused Brief therapy (SFBT).

It aims to work collaboratively and in partnership with families and children to conduct risk assessments and produce action plans for increasing safety and reducing risk and danger by focusing on strengths, resources and networks that the family have.

Signs of Safety recognized as **a strengths based approach** alongside an exploration of **danger and risk**.

It's not about ignoring the danger or the risk it's about empowering the family



Signs of Safety



- Is a model underpinned by solution focused ideas and motivational interviewing
- It's about working together with children and families to focus on building safety rather than trying to eliminate danger
- It's about asking good questions
- It's evidence based; searching for detail
- It can help with organising Information- through use of mapping
- It's about collaborative planning- Harnessing professional and family ideas and resources
- Most importantly it's about giving the child a voice and ensuring that they are at the centre of everything we do

Three Core Principles of Signs of Safety



There are three core principles:

- 1. Establishing constructive working relationships.**
- 2. Encourages critical thinking and maintains appreciative inquiry.**
- 3. Staying grounded day to day work – from early help - child protection**

The 4 key questions of Signs of Safety to use

- What are we worried about? (Past, current and future harm and danger)
- What's working well? (Strengths and safety)
- How worried are we? (Safety and Wellbeing scale)
- What needs to happen? (Safety/Wellbeing goals)

Signs of Safety Assessment and Planning tool

When we think about the situation facing this family:

**What are we Worried
About?**

Danger Statements

**What's Working Well?
(Strengths & Safety)**

What Needs to Happen?

Safety Goals

On a scale of 0 to 10 where 0 means immediate response required from Children's Social Care (0= no signs of safety) 10 means no further action required (10 = high levels of safety)

0

10

Assessment and Planning Tool

The page before is the Signs Of Safety assessment and planning tool that you will become familiar with. This is the Signs Of Safety framework in it's basic form.

Signs of Safety as an approach, it helps you:

- Record, assess and plan
- Identify concerns
- Identify safety and strengths
- Scale the level of safety

At its simplest this approach has four elements to explore:

- **What are we worried about? (Past harm, future danger and complicating factors)**
- **What's working well? (Existing strengths and safety)**
- **What needs to happen? (Future safety)**
- **On a scale of 0 to 10 where 0 means immediate response required from Children's Social Care (0= no signs of safety) 10 means no further action required (10 = high levels of safety)**

It doesn't replace the use of more complex assessment tools, but at some stages of your journey working with a family it can be a useful tool to simplify things and focus or drill down to the crux of the issues for this family.

The next page breaks down the columns further.

Assessment and Planning Tool

What Are We Worried About? Harm and Future Danger	What's Working Well? Strengths & Demonstrated Safety	What Needs to Happen? Safety goals & next steps in working towards safety
<p>Past harm: What has happened to these children, that worries us, or to other children in the care of these parents?)</p> <p>Current harm: What is happening now that worries us?</p> <p>Future worries: What are we worried might happen to these children in the care of these parents in the future?</p> <p>Complicating factors: What makes building safety for the children and working with this family more complicated?</p> <p>Grey areas what things are we are unsure about or don't know enough about?</p> <div data-bbox="141 1058 680 1148" style="background-color: red; color: white; padding: 5px;"> DANGER STATEMENT: FUTURE DANGER FOR CHILDREN /YP </div>	<div data-bbox="767 365 1240 591" style="background-color: #90EE90; padding: 10px; text-align: center;"> EXISTING STRENGTHS SAFETY & PROTECTION </div>	<div data-bbox="1280 325 1872 554" style="background-color: #FFD700; padding: 10px;"> SAFETY GOAL STATEMENT: WHAT EXACTLY DO WE NEED TO SEE FOR US TO BE CONFIDENT THAT THERE IS ENOUGH SAFETY FOR US TO CLOSE THE CASE </div> <p>Family View</p> <p>What does the family think they need to be doing in their care of the children for them to be safe & Children's Social Care to end their involvement</p> <p>What are the agency's & family's ideas about what needs to happen next in working towards these goals (<i>SAFETY PLAN</i>)?</p> <div data-bbox="1265 1058 1872 1155" style="background-color: #FF00FF; color: black; padding: 5px;"> NEXT STEPS (must directly relate to danger) </div>
<p>Safety Scale: On a scale of 0 to 10 where 0 means immediate response required from Children's Social Care (0= no signs of safety)10 means no further action required (10 = high levels of safety)</p> <div style="display: flex; justify-content: space-between; align-items: center;"> 0 _____ 10 </div>		

Danger/Worry Statements & Safety/Wellbeing Goals

So what are Danger/Worry Statements and Safety/Wellbeing Goals?

- **Danger/Worry Statements:** Simple behavioral statements of the specific worry we have about this child now and into the future that we need to work on.
- **Safety/Wellbeing Goals:** Clear, simple statements about what (*not how*) the caregiver will DO that will convince everyone the child is safe and their needs are being met now and into the future.

These are little gems of clarity.

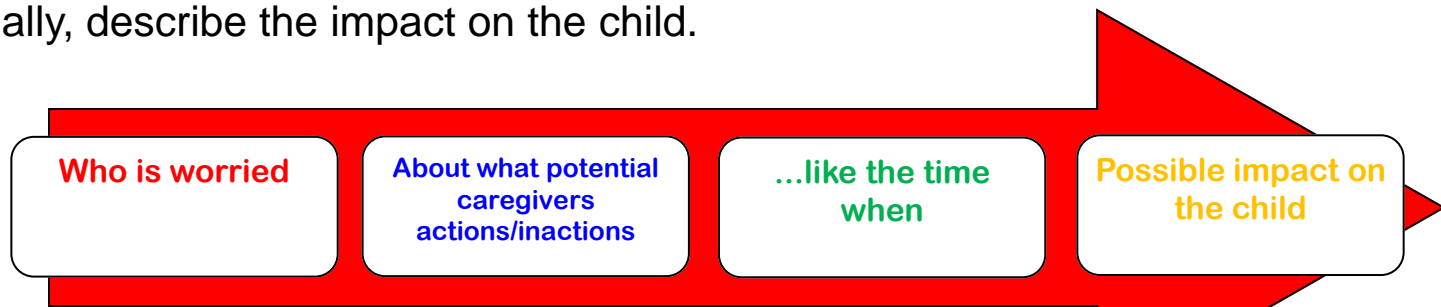
On the next few pages we'll go through how to construct a clear statement or goals.

Danger/Worry Statements

Danger statements keep us focused on what exactly we worry will happen if nothing changes.

One easy formula for writing a good danger/worry statement is to think of it in four parts:

- Begin with a brief phrase about who is worried. It may be just yourself and your organisation or it could include other organisations and family members.
- Next, describe the potential actions or inactions the caregiver may do, make sure that it is something that has happened and is repeated or an escalation of previous actions.
- Next reference when it has happened in the past, like the time when.
- Finally, describe the impact on the child.



Danger Statement Example

“Frankie the social worker, Suzie the school nurse, Ms Brown and Mr Jupe, their teachers are all worried that the children will continue to come to school dirty and wearing a uniform that doesn’t fit properly, like the time when the children came to school in dirty t-shirts that showed their tummies and dirty trousers that came up to their knees. They are worried that the children will stand out in school in a bad way and other children will not want to be friends with them. If this happens the children might get bullied and will grow up feeling they are not as good as other people and are not loveable.”

Who is worried

About what potential
caregivers
actions/inactions

...like the time
when

Possible impact on
the child



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Worry Statement Example

“The children’s centre worker is worried without support Ms Harb’s will struggle to manage Abal’s behaviour and may hit Abal as she has reported she felt like doing this in the past. If this happened Abal, may become sad and frightened of her mother and even get hurt. I am also worried that Ms Harb will find it difficult to introduce healthy foods to Abal’s diet as this is a challenge and that Abal will continue to have a poor diet drinking fizzy drinks and eating toast, which could affect her teeth, health and growth.”

Who is worried

About what potential
caregivers
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Possible impact on
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Safety/Wellbeing Goals

The question that the Safety/Wellbeing Goal answers is “What does the agency need to see the parents doing differently with their children so everyone will know the children are safe and their needs are being met?”

- It is also important to make the distinction that this is not the same question as “what action needs to be taken” or “what services are needed?”
- This is a deceptively simple question that actually tries to help us do something very complex: to think about what behavioural changes the agency would need to see the parents make with their children in order to feel that the danger/worry was addressed **it’s not about what services to put in place.**

These will take us from the future we worry about to the future we want to create.



Safety/Wellbeing Goals Formula

- First, the “who.” We began with “who said” and then went to “who is worried.” Now we will use names of the people who are part of the safety network. In essence, this establishes that there are people who care about the child’s safety and are committed to helping and watching that the caregiver is doing what needs to be done. The safety network is the “jury” that must be persuaded that the child is safe.
- Next, a safety goal describes what the parent will DO differently. Note that the goal is not expressed as going to services, or even completing services, gaining insight, or having clean drug screens. It’s not expressed as what a parent STOPS doing. **It’s extremely important to craft this part of the safety goal in terms of actions the parent will demonstrate.** Anchor what the caregiver needs to do differently in the caregiver’s behaviors that had everyone worried. What could the caregiver do instead? This ties the safety goal to the danger statement.

Safety/Wellbeing Goals Formula

- The last part is make sure the “demonstrated over time” part is mentioned



Safety Goal Example

“Frankie the social worker, the children’s parents and a safety network of family and friends agree to work together to show everyone that the children are always in a clean, well fitting uniform when they start the day at school and that they have all washed before putting on their uniforms. Frankie and the network will need to see this working for a period of nine months so that everyone is confident that the safety plan will keep working once the case closes”

Who is a part of the network/plan

What will caregiver(s) DO differently

For how long?

Wellbeing Goal Example

“Ms Harb will work with her network of people to show that she is able to manage her low mood and have actions that she could take to be in good mental health. Also that Abal has a healthy diet is putting on weight and meeting all her developmental milestones and that Abal will always be disciplined and cared for in ways that leave her feeling safe and cared about and does not involve hitting. We would want to see this happening for six months so that everyone is confident that Abal will continue to thrive.”

Who is a part of the network/plan

What will caregiver(s) DO differently

For how long?



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Remember

- When you share these statements with families, you are being honest and clear with them about what YOU worry about.
- It is important to gain what the family are worried about so that together you can write a danger/worry statement. When the families have a hand in creating the statements, they are more likely to understand agency worries.
- You are responsible for making sure that the agreed-upon danger statement fully expresses the agency worries and is written in plain language.
- If the family does not agree with agency worry, it is still the agency worry and will need to go in the danger/worry statement. (And keep an open mind about your worry. The family COULD be right!)

Questions to explore what are we worried about

Here are a few examples of the questions we can use to explore what we are worried about with the families.

“Tell me about what happened that day”

“What would your child say if they were here?”

“What do you think will happen in your family if nothing else changes?”

“It’s clear from what you’ve said you’re not happy with how things are going. How would you like things to be instead?”

“Has there ever been a time when X could of happened but you were able to do something different?”

“If the kids were here right now, what would they say is going well in your family?”

“Of all the things you are doing to take care of the children, what do you think is keeping them safe?”

Difference between a Safety Plan and a Safety Goal

There will be some overlap between
'vision' and 'plan'



The **safety goal** is the vision. It's the answer to, '**What** will future safety look like?'

The **safety plan** is the action steps. It's the answer to, '**How** will we get to the future safety?'

Neither of these is a list of services!

All safety plans should consider:

A **network** who the parents and the child can access if needed and plans for how that can happen

Agreement on people/ events/situations the family/parents **needs to avoid**

Agreement on signs that the parents/caregivers are **struggling** and what the network will do in those instances

If professionals/**service providers** are involved, what exactly their role will be in enhancing + promoting safety



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Safety Plans



All safety plans will incorporate rules regarding key safety people who the children can contact if they have concerns, people to assist the parents and who will monitor children's safety, people who will help out particularly if/when the primary carer is ill, under stress or unavailable, people the parents need to avoid or when parents wish to use alcohol and or drugs, signs that parents are not coping and what the safety network people and others will do in these circumstances.

Safety Plans



This could include arrangements regarding other children whether relatives or friends or baby sitting, age at which children will have words and pictures and the safety plan explained to them (first time or refreshed) who will do this , child development and how the plan needs to change as the children go. It could also include orienting families to the reunification process if that is the goal.

Eliciting the child's voice

While we have been talking about the family mostly as caregivers, remember to elicit the child's voice as well.

Some of the tools you can use for this is Three Houses and Safety Houses. Remember that these can be great sources of information about the behavioral detail of what the caregiver did (or what we worry the caregiver will do). These tools can be very effective ways to understand the **impact** of caregiver behavior on the child.

- Three Houses
- Safety House



- What happened?
- What was the **impact**?
- What needs to happen for the child to feel safe?
- In the child's own words!



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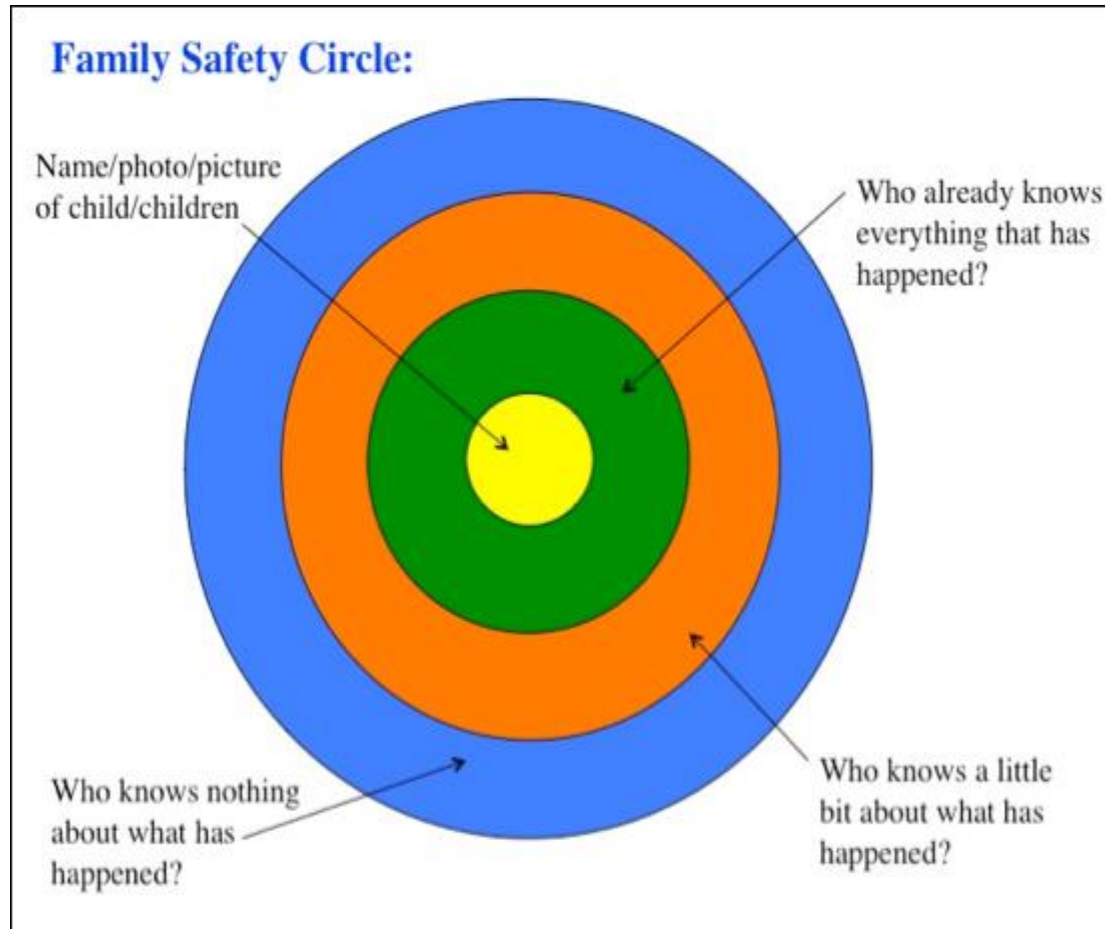


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Building Safety and Support Networks

- The network is important in maintaining the child's wellbeing and safety & quickening the departure of agencies from the family's life. The goal is that a network will continue to be responsible for child safety and wellbeing long after the case closes.
- A good safety network has as many members as possible working together to assure safety. Friends and families should where possible be part of informal or formal networks.
- Ask who is the family already connected with who is helping them in some way. Do a genogram to identify people who could support child and family during this time. Safety circles are an easy and practical way to have a conversation with a family member about their networks to bring up the possibility of bringing some of these people to the table.

Building Safety and Support Networks



Words and Pictures

A 'Words and Pictures' storyboard never opens with a traumatic event or big difficulty. Write it with the family, caregiver or child.

These can be used to explain to the child the danger statements, or for the child to explain what they know to their caregivers in a friendly format.

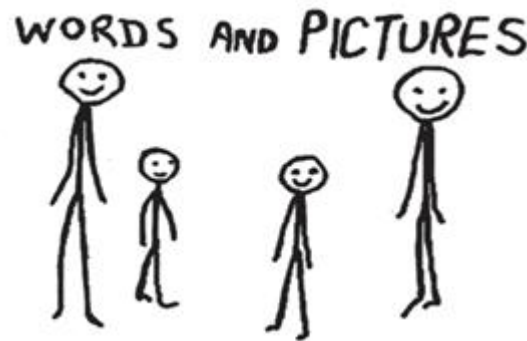
Basic Structure of a words and pictures explanation

1. Title to be clear what this is about
2. Starting picture sets the context, neutral not too worrying
3. Who is worried
4. What are they worried about, clear about what the worries are as this might be the only chance to let everyone in the system know the concerns
5. Who is trying to help and move things forward
6. End with everyone working together. Positive picture and future focussed

Words and Pictures

When writing/drawing a words and pictures explanation consider these 3 points

- Why does the child need to know it?
- What does the child know already?
- What might the child have heard?



Using what you've learnt

Read the case study over the next few pages and think about how you would map the case - what would be your worries, what would need to happen and what strengths are there?



Using what you've learnt

Sharni aged 3

Sharni, aged 3, has been rushed into hospital following a phone call from her neighbours. Sharni was found wandering around outside in nothing but a nappy and socks in the middle of November. When her neighbours found her she was shivering uncontrollably, her socks were wet through and she was stumbling around. They tried to take Sharni into her home but found the door to be locked shut. Concerned for her wellbeing they called the NHS for advice and an ambulance was sent to take her to hospital.

When the ambulance arrived her father, Marcus, was with her and accused the neighbours of being interfering busy-bodies and that he had been watching Sharni play from the window but had momentarily taken his eyes off her to go to the toilet. He explains that Sharni must have taken all her clothes off whilst he was in the toilet, but no clothes were found outside. Upon arriving at the hospital it becomes apparent that Sharni's dad has been drinking and there is a faint smell of alcohol on his breath when he is talking to the staff.

Using what you've learnt

When the doctors at the hospital review her records they find that this is not her first visit to the emergency room, in fact she has been admitted to accident and emergency 3 times in the last six months and 5 times in the past year. Each admittance is for a different reason - one for a broken arm following a fall at a playground when she was seen playing alone with no adult in sight, one for a suspected concussion and small head wound following tripping over a curb near her house when she had been alone and Marcus claimed she had opened the door and left the house whilst he was cooking dinner, one for accidentally swallowing what she thought was sweeties and was actually dishwasher liquid tabs whilst Marcus was on the phone in another room, one for a really high fever after eating some berries she found in the woods and one for a crush injury to her hands after trapping her hand in a door at home after swinging off the doorframe.

Using what you've learnt

On each admission it has been documented that Marcus comes in faintly smelling of alcohol, sometimes accompanying her in the ambulance and bringing her in and sometimes arriving at the hospital after someone else has brought her in.

When asked about the accidents Marcus provides a reason as to how they happen and why, often stating that Sharni is so quick that if you take your eyes off her for a moment she's normally getting into trouble however when other people have been reporting the accident or bringing her to the hospital they state that Marcus is never around and they often see Sharni on her own. Sharni says she loves her daddy very much and daddy sleeps a lot but she always finds things to play with.

Using what you've learnt

Danger/Worry Statements for Sharni

Have a go at writing your danger statement for Sharni

Remember 3 key things; make sure you state who is worried, own your concerns, why are you concerned and make sure it's written in a common language so everyone understands. There is no wrong answer.

Safety/Wellbeing Goals for Sharni

Have a go at writing your safety goal for Sharni

Remember 3 key things; make sure you state who you are and how you know that Sharni would be safe, make sure it's written in a common language so everyone understands and there is no wrong answer.

Using what you've learnt

On a scale...

Thinking about your danger statements and any safety factors or strengths you might have thought about when reading Sharni's case, on a scale of 0 - 10 where is 10 is that although things aren't perfect we have no concerns about Sharni and feel she is safe and properly cared for and 0 is we have serious concerns about Sharni as there is no safety in place and we need to act immediately - where would you rate Sharni and why?

(Think about why you think/feel it's that score rather than another one)



So why use it?

In a survey commissioned by the **NSPCC** in 2012 exploring where the approach is used in England. The key findings of the report were

- *Children and parents feel listened to and that they have a more active role in decisions. They like having their thoughts written on the board in meetings.*
- *Signs of Safety methods are thought to increase participation, co-operation and the engagement of parents/families*
- *Signs of Safety meetings are thought to decrease anxiety and relax parents/families*
- *Parents like having an insight into different perspectives and an understanding of what is expected of them*
- *Parents like focusing on strengths and not just problems*

To find out more look at the website <http://www.signsofsafety.net/signs-of-safety/>



That was a brief introduction to Signs of Safety that outlines the main elements of it.